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# Census of Adult Probation Supervising Agencies (CAPSA)

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U.S. Department of Justice  
Bureau of Justice Statistics

and acting as data collection agent,  
Westat

## 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.

## INSTRUCTIONS

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.

- **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.

**As part of this special pilot test, we hope to determine the how much time is associated with responding to the census.** At the end of the questionnaire, you will be asked to report how much time you (or your staff) spent, including time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing your responses. Please monitor the time spent as you prepare and provide your responses.

**Please complete this questionnaire online by August 15, 2013. If you have questions, please contact the CAPSA Agency Support Team at 1-888-329-8124 or by email at [bjscapsa@westat.com](mailto:bjscapsa@westat.com).**

**If you prefer to provide the information by telephone or email, please contact the CAPSA Agency Support Team at 1-888-329-8124 or by email at [bjscapsa@westat.com](mailto:bjscapsa@westat.com).**

## 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 50 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, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531; and to the Office of Management and Budget, OMB No. 1121-0064, Washington, DC 20503.

OMB No. 1121-0339

Approval expires 01/31/2016

## **GLOSSARY**

The terms below are defined in the questionnaire the first time they appear, and are indicated with a ►. 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.

### **Other Definitions**

#### *Administrative functions of probation*

Record storage and maintenance, budget preparation, personnel management or similar clerical or management activities.

#### *Authority*

The ability to make decisions about adult probation.

#### *Correctional residential facilities*

Community-based facilities operated for correctional purposes. Residents may be allowed extensive contact with the community, such as for employment, work, or attending school, but 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 through 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 through automated or electronic means, such as interactive voice recognition (IVR) or reporting kiosks for routine reporting. It does not include telephone, 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.

*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 that never required the probationer, 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 by electronic means.

*Operational responsibility*

The responsibility for implementing decisions.

*Reporting functions of probation*

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

*Staffing*

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

*Subsidiary probation office*

A field, district, satellite or other similar type of office operated by a central office. While a subsidiary office may actually manage/supervise adult probationers, the central office has authority over adult probation.

*Supervision officers*

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

*Supervisory functions of probation*

Officer supervision of adult probationers either through face-to-face visits, mail, phone, or electronic means.

Agency name: NAME, ADDRESS

Throughout this questionnaire, the term “your agency” will be used to identify NAME, ADDRESS.

Please think of this agency when responding to the questions, regardless of whether your agency is associated with a larger agency or department in any way. Also, please consider only *adult probation*, unless instructed otherwise in specific questions, even if your agency supervises other correctional populations.

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**SECTION A. Contact Information**

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

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Agency Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_ Extension: \_\_\_\_\_

Email: \_\_\_\_\_

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**SECTION B. Organizational Structure**

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2. In which branch of government is NAME located?

<sup>1</sup>  Executive branch

<sup>2</sup>  Judicial branch

<sup>3</sup>  Other (Please describe) \_\_\_\_\_

\_\_\_\_\_

3. Which of the following best describes NAME'S level of government?

<sup>1</sup>  Federal

<sup>2</sup>  State

<sup>3</sup>  Local

<sup>4</sup>  Other (Please describe) \_\_\_\_\_

\_\_\_\_\_

4. Is NAME a *subsidiary probation office* that is operated by a central office?

► *Subsidiary probation office* is a field, district, satellite or other similar type of office operated by a central office. While a subsidiary office may actually manage/supervise adult probationers, the central office has authority over adult probation.

<sup>1</sup>  Yes

<sup>2</sup>  No → **SKIP TO QUESTION 6.**

5. What is the name and address of the central office that your subsidiary office is a part of?

Name \_\_\_\_\_

Address \_\_\_\_\_

**SKIP TO QUESTION 31.**

6. Does NAME perform any of the following functions of adult probation?

	<u>Yes</u>	<u>No</u>
a. Administrative functions, such as record storage and maintenance, budget preparation, personnel management or similar clerical or management activities.	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
b. Reporting functions, such as data collection and reporting activities, for example the preparation of monthly or annual reports.	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
c. Supervisory functions, where your staff (e.g., officers, agents, caseworkers) supervise adult probationers either through face-to-face visits, mail, phone, or electronic means.	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
d. Other functions	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
d1. Please describe the other functions performed by your agency.		

\_\_\_\_\_

**IF 6a, 6b, 6c, AND 6d = NO, SKIP TO QUESTION 31.**

7. On June 30, 2013, did your agency supervise adults on *non-reporting probation*?

► *Non-reporting probation* means that the probationer was never required, during any period of their probation term, to report to a court or correctional authority on a regular basis either in person, by telephone or mail, or by electronic means.

<sup>1</sup>  Yes

<sup>2</sup>  No → **SKIP TO SECTION C.**

8. On June 30, 2013, did your agency's total adult probation population consist only of probationers on non-reporting probation?

<sup>1</sup>  Yes

<sup>2</sup>  No

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**SECTION C. Authority and Operational Responsibility**

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As you continue with this questionnaire, please remember to think of NAME when asked about "your agency," regardless of whether your agency is associated with a larger agency or department in any way. Also, please consider only *adult probation*, unless instructed otherwise in specific questions, even if your agency supervises other correctional populations.

The next few questions ask about authority and operational responsibility.

- ▶ *Authority* refers to the ability to make decisions about adult probation.
- ▶ *Operational responsibility* refers to the responsibility for implementing those decisions.

9. Who has authority to set the budget for your agency?

- ▶ 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. Legislature	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
b. Higher level agency		
b1. Please name/describe _____	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
c. Your agency	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
d. Other	<sup>1</sup> <input type="checkbox"/>	<sup>2</sup> <input type="checkbox"/>
d1. Please name/describe _____		

10. Once your agency's budget has been set, who is responsible for operations spending by your agency?

- |                                | <u>Yes</u>                 | <u>No</u>                  |
|--------------------------------|----------------------------|----------------------------|
| a. Legislature                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Higher level agency         |                            |                            |
| b1. Please name/describe _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Your agency                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Lower level agency          |                            |                            |
| d1. Please name/describe _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Other                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e1. Please name/describe _____ |                            |                            |

11 Who has authority to set the number of full-time equivalent (FTE) or part-time equivalent (PTE) positions for your agency?

- 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. Legislature                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Higher level agency         |                            |                            |
| b1. Please name/describe _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Your agency                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Other                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d1. Please name/describe _____ |                            |                            |

12. Once the numbers of FTE and PTE positions are set, who is responsible for *staffing* at your agency?

- *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. Legislature                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Higher level agency         |                            |                            |
| b1. Please name/describe _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Your agency                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Lower level agency          |                            |                            |
| d1. Please name/describe _____ | 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 and implementing policies or procedures for adult probation 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. However, establishing probation standards is not considered setting policies or procedures for the purposes of this census.

13. Who has the authority to establish policies or procedures for the supervision of adult probationers in your agency?

- |                                | <u>Yes</u>                 | <u>No</u>                  |
|--------------------------------|----------------------------|----------------------------|
| a. Legislature                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Higher level agency         |                            |                            |
| b1. Please name/describe _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Your agency                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Other                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d1. Please name/describe _____ |                            |                            |

14. Who is responsible for implementing the policies or procedures for the supervision of adult probationers at your agency?

- |                                | <u>Yes</u>                 | <u>No</u>                  |
|--------------------------------|----------------------------|----------------------------|
| a. Legislature                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b. Higher level agency         |                            |                            |
| b1. Please name/describe _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| c. Your agency                 | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d. Lower level agency          |                            |                            |
| d1. Please name/describe _____ | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e. Other                       | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e1. Please name/describe _____ |                            |                            |

15. From July 1, 2012 to June 30, 2013, did your agency use funding from any of the following sources for adult probation?

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

j1. Please identify the other sources: \_\_\_\_\_

16. Does your agency collect fines from any adult probationers either directly or through a collection agent?

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

- <sup>1</sup> No fines are collected
- <sup>2</sup> Collected directly by agency
- <sup>3</sup> Collected through a collection agent
- <sup>4</sup> Collected both directly and through a collection agent

17. Does your agency collect fees from any adult probationers either directly or through a collection agent?

- ▶ 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.

- <sup>1</sup>  No fees are collected
- <sup>2</sup>  Collected directly by agency
- <sup>3</sup>  Collected through a collection agent
- <sup>4</sup>  Collected both directly and through a collection agent

**IF 6c = NO, SKIP TO QUESTION 31.**

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**SECTION D. Functions of Supervision**

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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.

As you continue, please remember to think of NAME when asked about “your agency,” regardless of whether your agency is associated with a larger agency or department in any way. Also, please consider only *adult probation*, unless instructed otherwise in specific questions, even if your agency supervises other correctional populations.

18. Does your agency use the following methods to conduct supervision of any adult probationers, either directly or through a third party?

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

19. Does your agency conduct *face-to-face supervision* of any adult probationers, either directly or through a third party?

▶ *Face-to-face supervision* is conducted through in-person visits such as office or field visits.

<sup>1</sup>  No face-to-face supervision is done

<sup>2</sup>  Done directly by agency

<sup>3</sup>  Done through a third party

<sup>4</sup>  Done both directly and through a third party

20. Does your agency conduct *intensive supervision (ISP)* of any adult probationers, either directly or through a third party?

▶ *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.

<sup>1</sup>  No ISP is done

<sup>2</sup>  Done directly by agency

<sup>3</sup>  Done through a third party

<sup>4</sup>  Done both directly and through a third party

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

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

<sup>1</sup>  No electronic supervision is done

<sup>2</sup>  Done directly by agency

<sup>3</sup>  Done through a third party

<sup>4</sup>  Done both directly and through a third party

22. Does your agency use *electronic monitoring* for the supervision of any adult probationers, either directly or through a third party?

► *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.

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

23. Which of the following are used by your agency to determine level, type, or conditions of supervision for any adult probationers?

	<u>Yes</u>	<u>No</u>
a. Standardized risk or needs assessment (such as the LSI-R or COMPAS)	<input type="checkbox"/>	<input type="checkbox"/>
b. Agency-developed risk or needs assessment	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff (e.g., officer, agent, caseworker) judgment of risks and needs	<input type="checkbox"/>	<input type="checkbox"/>
d. Other	<input type="checkbox"/>	<input type="checkbox"/>
d1. Specify: _____		

24. Does your agency provide specialized services or programs for sex offenders on adult probation, either directly or through a third party?

- No specialized services or programs for sex offenders on adult probation are provided
- Done directly by agency
- Done through a third party
- Done both directly and through a third party

25. Does your agency provide specialized services or programs for mentally ill offenders on adult probation, either directly or through a third party?

- No specialized services or programs for mentally ill offenders on adult probation are provided
- Done directly by agency
- Done through a third party
- Done both directly and through a third party

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

As you continue, please remember to think of NAME when asked about "your agency," regardless of whether your agency is associated with a larger agency or department in any way. Also, please consider only *adult probation*, unless instructed otherwise in specific questions, even if your agency supervises other correctional populations.

26. 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.

- |                               | <u>Yes</u>                            | <u>No</u>                             |
|-------------------------------|---------------------------------------|---------------------------------------|
| a. Impose standard conditions | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| b. Impose special conditions  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |

27. Can your agency grant an early positive discharge to any type of adult probationer prior to the scheduled expiration of their sentence without appearing before 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.

- <sup>1</sup> Yes  
<sup>2</sup> No

28. Can your agency extend the period of probation supervision for any type of adult probationer without appearing before a judge or court?

- |   | <u>Yes</u>                            | <u>No</u>                             |
|---|---------------------------------------|---------------------------------------|
| a. Agency can extend a period of supervision beyond the court imposed sentence  | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |
| b. Agency can only extend a period of supervision if a 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 and drug treatment has not yet been completed) | <sup>1</sup> <input type="checkbox"/> | <sup>2</sup> <input type="checkbox"/> |

29. Can your agency impose a period of incarceration on any type of adult probationer without appearing before a judge or court? Incarceration may be imposed in response to a violation of conditions or a revocation and may vary in duration.

- <sup>1</sup> Yes  
<sup>2</sup> No

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

- ▶ *Correctional residential facilities* are community-based facilities operated for correctional purposes. Residents may be allowed extensive contact with the community, such as for employment, work, or attending school, but 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.

30. Does your agency use *correctional residential facilities* to confine or provide services to any adult probationers?

<sup>1</sup>  Yes

<sup>2</sup>  No

31. (Excluding any correctional residential facilities that your agency uses), are you aware of any *correctional residential facilities* used to confine or provide services to adult probationers in your state?

<sup>1</sup>  Yes

<sup>2</sup>  No

**ROUTING #1.**

**IF 30 = NO AND 31 = NO, SKIP TO ROUTING #3.**

**IF 30 = BLANK AND 31 = NO, SKIP TO ROUTING #3.**

**ELSE, CONTINUE WITH QUESTION 32.**

32. Who operates *correctional residential facilities* in your state?

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

33. We would like to know the name and, if possible, county in which each correctional residential facility 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 ID number.

<sup>1</sup>  Email → **SEND THE INFORMATION TO [bjscapsa@westat.com](mailto:bjscapsa@westat.com)**

<sup>2</sup>  Fax → **FAX THE INFORMATION TO THE CAPSA SURVEY DESK AT XXX-XXX-XXXX**

<sup>3</sup>  Enter information now

<sup>4</sup>  I cannot provide this information

**ROUTING #2.**

**IF 33 = ENTER INFORMATION NOW, CONTINUE WITH QUESTION 34.**

**ELSE, SKIP TO ROUTING #3.**

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

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Name of correctional residential facility

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County

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Name of correctional residential facility

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County

**ROUTING #3.**

**IF 6a, 6b, 6c, AND 6d = NO, SKIP TO QUESTION 49.**

**IF 4 = NO, SKIP TO QUESTION 49.**

**IF 6c = NO, SKIP TO QUESTION 49.**

**ELSE, CONTINUE WITH SECTION E.**



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**SECTION E. Supervision Officers**

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The next questions ask about supervision officers in your agency.

- ▶ *Supervision officers* are full- and part-time staff who supervise adult probationers, regardless of their position or the amount of time they spend conducting supervision activities. Some agencies may refer to these staff as officers, agents, or caseworkers.

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

- <sup>1</sup>  None → **SKIP TO QUESTION 37.**
- <sup>2</sup>  Some
- <sup>3</sup>  All

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

- <sup>1</sup>  None
- <sup>2</sup>  Some
- <sup>3</sup>  All

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

- <sup>1</sup>  None
- <sup>2</sup>  Some
- <sup>3</sup>  All

38. On June 30, 2013, how many full- and part-time supervision officers worked in your agency?

\_\_\_\_\_ Officers

39. Is this an exact count or an estimate?

- <sup>1</sup>  Exact count
- <sup>2</sup>  Estimate

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**SECTION F. Populations Supervised**

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The next questions ask about populations that may be supervised by your agency. As you answer these questions, please remember to think about supervision done by NAME, ADDRESS.

40. On June 30, 2013, what type(s) of populations did your agency supervise?

- ▶ 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 is responsible for supervising.

	<u>Yes</u>	<u>No</u>
a. Adults on pretrial status awaiting trial	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b. Adults whose criminal proceedings have been suspended prior to adjudication or conviction and pending completion of a period of supervision in the community	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c. Adults on probation for a 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 40c = NO AND 40d = NO, SKIP TO QUESTION 49.**

**ELSE, CONTINUE.**

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

41. On June 30, 2013, what was the total number of individuals supervised by your agency? Please include all populations represented in your answer to the previous question. **To review the previous question, press the BACK button.**

\_\_\_\_\_ Total population

**IF ZERO, SKIP TO QUESTION 48.**

As you answer the following questions, please remember to think about supervision done by NAME, ADDRESS. Also, focus only on *adult probation* supervision even if your agency supervises other populations.

► *Adult probationers* are 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.

- Include all adult probationers regardless of their supervision or reporting status.
- Include absconders who have not been officially removed from your agency's caseload.
- Include adult probationers legally your agency's responsibility but supervised by another agency, such as through a "courtesy supervision: or an interstate compact agreement.
- Include adult probationers legally your agency's responsibility but supervised by private companies.

42. On June 30, 2013, what was the total number of adult probationers supervised by your agency?

\_\_\_\_\_ Probationers

**IF ZERO, SKIP TO QUESTION 48.**

**IF 40c = NO, SKIP TO QUESTION 44.**

43. How many of those adult probationers had a misdemeanor as their most serious offense?

\_\_\_\_\_ Probationers

**IF 40d = NO, SKIP TO QUESTION 45.**

44. How many of those adult probationers had a felony as their most serious offense?

\_\_\_\_\_ Probationers

45. Does the information you provided about the numbers of probationers represent individuals or cases?  
*MARK ALL THAT APPLY.*

<sup>1</sup>  Individuals

<sup>2</sup>  Cases

46. Does the information you provided about the numbers of probationers represent exact counts or estimates? *MARK ALL THAT APPLY.*

<sup>1</sup>  Exact counts

<sup>2</sup>  Estimates

47. Does your agency ever use private companies to supervise any adult probationers?

<sup>1</sup>  Yes

<sup>2</sup>  No → **SKIP TO QUESTION 49.**

48. Of those adult felony and/or misdemeanor probationers that your agency reported supervising on June 30, 2013, how many were supervised by a private company?

\_\_\_\_\_ Probationers

49. (Excluding any private company that your agency uses), are you aware of any private companies that are responsible for any function of adult felony or misdemeanor probation in your state?

<sup>1</sup>  Yes

<sup>2</sup>  No

**ROUTING #5.**

**IF 47 = NO AND 49 = NO, SKIP TO SECTION G.**

**IF 47 = BLANK AND 49 = NO, SKIP TO SECTION G.**

**ELSE, CONTINUE WITH QUESTION 50.**

50. We would like to know the name and, if possible, county in which a private company 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 ID number.

<sup>1</sup>  Email → **SEND THE INFORMATION TO [bjscapsa@westat.com](mailto:bjscapsa@westat.com)**

<sup>2</sup>  Fax → **FAX THE INFORMATION TO THE CAPSA SURVEY DESK AT XXX-XXX-XXXX**

<sup>3</sup>  Enter information now

<sup>4</sup>  I cannot provide this information

**ROUTING #6.**

**IF 50 = ENTER INFORMATION NOW, CONTINUE WITH QUESTION 51.**

**ELSE, SKIP TO SECTION G.**

51. Please provide the name and county (or counties) in which each private company operates in your state.

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Name of private company

---

County/Counties

---

Name of private company

---

County/Counties

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**SECTION G. Other Probation Agencies**

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52. CAPSA is designed to identify and enumerate adult probation supervising agencies in the United States. Please review this list of agencies responsible for adult probation supervision throughout your state.

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 is missing from the list?

<sup>1</sup>  Yes

<sup>2</sup>  No

**ROUTING #7.**

**IF 52 = NO, SKIP TO SECTION H.**

**ELSE, CONTINUE WITH QUESTION 53.**

53. We would like to know the name and, if possible, county in which any missing agency 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 ID number.

- <sup>1</sup> Email → **SEND THE INFORMATION TO [bjscapsa@westat.com](mailto:bjscapsa@westat.com)**
- <sup>2</sup> Fax → **FAX THE INFORMATION TO THE CAPSA SURVEY DESK AT XXX-XXX-XXXX**
- <sup>3</sup> Enter information now
- <sup>4</sup> I cannot provide this information

**ROUTING #8.**

**IF 53 = ENTER INFORMATION NOW, CONTINUE WITH QUESTION 54.**

**ELSE, SKIP TO SECTION H.**

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

---

Name of agency

---

County

---

Name of agency

---

County

---

**SECTION H. Comments**

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55. 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.

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

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57. How long did it take you to respond to this census? Please include time for reviewing instructions, searching existing data sources, gathering the data needed, and completing and reviewing your responses.

\_\_\_\_\_ minutes

Thank you for participating in the Census of Adult Probation Supervising Agencies. You indicated that you will share information about <<community residential facilities>> <<private agencies>> <<and/or>> <<other probation agencies>> via email or fax. Please remember to send the information to Westat at [bjscapsa@westat.com](mailto:bjscapsa@westat.com) or XXX-XXX-XXXX and be sure to include your agency's login ID number.

**Thank you letter will be sent upon submission of each survey and if appropriate, remind agencies to submit information by email (or fax):**

Dear <<D\_SAL>> <<D\_NAME>>,

Thank you for participating in the Census of Adult Probation Supervising Agencies. Your survey indicates that you will share information about <<community residential facilities>> <<private agencies>> <<and/or>> <<other probation agencies>> via email or fax. Please send the information to bjscapsa@westat.com or XXX-XXX-XXXX at your earliest convenience and be sure to include your agency's ID number: XXXX.

Our analysts will review your survey, and we will be in touch if we have any questions. If you ever need to make updates to your responses or have any questions about the census, please contact us at 1-888-329-8124 or by email at bjscapsa@westat.com. Thank you for your support of this data collection.