# Appendix D: CJRP Questionnaire

*All changes from the 2019 CJRP instrument are denoted with red font. Variable names and question numbering may be different.*

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## INTRO PAGES

|  |  |
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| **LOGIN** | |
| *ASK* | *All Respondents* |
| Welcome to the 2021 Census of Juveniles in Residential Placement (CJRP) Pilot Study. Your participation in this ~~census~~ pilot study will help improve the ongoing CJRP data collection. The CRJP ~~makes it possible to~~ provides comprehensive and reliable statistical data on the residential placement of juvenile offenders; facilitates the needs of juvenile justice agencies and social service organizations that address the many problems faced by today’s youth; and gathers the most complete and accurate information regarding issues of juvenile detention, correction, and placement. Thank you for your participation in this endeavor.  Please enter the ~~username and~~ password provided in the mailing packet sent to your facility. <i>Please note that the ~~username and~~ password ~~are~~ is case sensitive. </i> | |

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| **INTRO** | |
| *ASK* | *All Respondents* |
| <b>Important Instructions</b>   * Complete this questionnaire only for <b>[FACILITY\_NAME]</b>. We are not requesting forms for any additional facilities in this current round of data collection. * Sessions will expire (requiring you to log back in) after 30 minutes of inactivity. * A juvenile residential facility is a place where young persons who have committed offenses may be housed overnight. A facility has living/sleeping units, such as wings, floors, dorms, barracks, or cottages on one campus or in one building. * Any buildings with living/sleeping units that are not on the same campus should be considered separate facilities and should not be included in this questionnaire. | |

## SECTION 0: FACILITY AND CONTACT INFORMATION

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| **S0\_NAME\_CONFIRM** | |
| *ASK* | *All Respondents* |
| <b>Facility and Contact Information</b>  ~~Please update the facility name below if corrections are needed.~~ We have the following name listed for this facility.  <b>[FACILITY\_NAME]</b>  Is this the correct name for this facility?   1. Yes~~, the name listed above is correct for this facility.~~ 2. No~~, the name list above is not the name of this facility. (Enter corrections below.)~~ | |

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| **S0\_NAME\_UPDATE** | |
| *ASK* | *If* ***S0\_NAME\_CONFIRM*** *= 2* |
| What is the correct name of this facility? | |

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| **S0\_MAILADDR\_CONFIRM** | |
| *ASK* | *All Respondents* |
| We have the following mailing address listed for this facility.  <b>[FACILITY\_MAILADDR]</b>  ~~Is the address below~~ Is this the correct mailing address for this facility?   1. Yes~~, the address listed above is the mailing address for this facility.~~ 2. No~~, the address listed above is not this facility’s mailing address. (Enter corrections below.)~~ | |

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| **S0\_MAILADDR\_UPDATE** | |
| *ASK* | *If* ***S0\_MAILADDR\_CONFIRM*** *= 2* |
| What is the correct mailing address for your facility? | |

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| **S0\_PHYSADDR\_CONFIRM** | |
| *ASK* | *All Respondents* |
| We have the following physical address listed for this facility.  <b>[FACILITY\_PHYSADDR]</b>  ~~Is the address below~~ Is this the correct physical address for this facility?   1. Yes~~, the address listed above is the physical address for this facility.~~ 2. No~~, the address listed above is not this facility’s physical address. (Enter corrections below.)~~ | |

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| **S0\_PHYSADDR\_UPDATE** | |
| *ASK* | *If* ***S0\_PHYSADDR\_CONFIRM*** *= 2* |
| What is the correct physical address for your facility? | |

## SECTION 1: GENERAL INFORMATION

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| **S1\_AGENCY** | |
| *ASK* | *All Respondents* |
| 1a. Is this facility part of a larger agency?   1. Yes 2. No | |

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| **S1\_AGENCY\_NAME** | |
| *ASK* | *If* ***S1\_AGENCY*** *= 1* |
| 1b. What is the name of this agency? | |

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| **S1\_OWN** | |
| *ASK* | *All Respondents* |
| **<b>NOTE:</b>** Questions 2 and 3 ask who OWNS this facility. Later you will be asked who OPERATES this facility.  2a. Is this facility OWNED by one or more of the following? *<i>Select all that apply.</i>*   1. A private non-profit agency 2. A for profit agency 3. A government agency | |

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| --- | --- |
| **S1\_OWN\_NAME** | |
| *ASK* | *If* ***S1\_OWN =*** *1, 2 or missing* |
| 2b. What is the name of the private non-profit or for-profit agency that OWNS this facility? | |

|  |  |
| --- | --- |
| **S1\_OWN\_GOVTLEVEL** | |
| *ASK* | *If* ***S1\_OWN*** *= 3 or missing* |
| 3. What is the level of the government agency that OWNS this facility? *<i> Select all that apply</i>*   1. A Native American Tribal Government 2. Federal 3. State 4. County 5. Municipal (includes Washington, DC) 6. Other – Please specify: | |

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| --- | --- |
| **S1\_OPERATE** | |
| *ASK* | *All Respondents* |
| **<b>NOTE:</b>** Questions 4 and 5 ask who OPERATES this facility.  4a. Is this facility OPERATED by one or more of the following? *<i>Select all that apply.</i>*   1. A private non-profit agency 2. A for profit agency 3. A government agency | |

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| **S1\_OPERATE\_NAME** | |
| *ASK* | *If* ***S1\_OPERATE*** *= 1, 2 or missing* |
| 4b. What is the name of the private non-profit or for-profit agency that OPERATES this facility? | |

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| **S1\_OPERATE\_GOVTLEVEL** | |
| *ASK* | *If* ***S1\_OPERATE*** *= 3 or missing* |
| 5. What is the level of the government agency that OPERATES this facility (either directly or under a contract with)? *<i>Select all that apply.</i>*   1. A Native American Tribal Government 2. Federal 3. State 4. County 5. Municipal (includes Washington, DC) 6. Other – Please specify: | |

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| **S1\_CLASSIFY\_A** | |
| *ASK* | *If* ***FORM*** *= A* |
| 6. What type of residential facility is the one listed on the front cover? <i> Select all that apply </i>   1. <b>Detention center:</b> A short-term facility that provides temporary care in a physically restricting environment for juveniles in custody pending court disposition and, often, for juveniles who are adjudicated delinquent and awaiting disposition or placement elsewhere, or are awaiting transfer to another jurisdiction. In some jurisdictions, detention centers may also hold juveniles committed for short periods of time as part of their disposition (e.g., weekend detention). 2. <b>~~Training school/~~Long-term secure facility: </b> A specialized type of facility that provides strict confinement and long-term treatment generally for post-adjudication committed juvenile offenders. Includes training schools, juvenile correctional facilities, youth development centers. 3. <b>Reception or diagnostic center: </b> A short-term facility that screens juvenile offenders committed by the courts and assigns them to appropriate correctional facilities. 4. <b>Group home/Halfway house: </b> A long-term facility that is generally non-secure and typically intended for post-adjudication commitments in which young persons are allowed extensive contact with the community, such as attending school or holding a job. 5. <b>Residential treatment center: </b> A facility that focuses on providing some type of individually planned treatment program for youth (substance abuse, sex offender, behavioral/mental health, etc.) in conjunction with residential care. Such facilities generally require specific licensing by the state that may require that treatment provided is Medicaid-reimbursable. 6. ~~<b>Boot camp: </b> A secure facility that operates like military basic training. It is designed to combine elements of basic military training programs, correctional components and treatment programs. The emphasis is on strict discipline, drills, and work.~~ 7. <b>Ranch, forestry camp, wilderness or marine program or farm: </b> These are long-term generally non-secure residential facilities often located in a relatively remote area. The juveniles participate in a structured program that emphasizes outdoor work, including conservation and related activities. 8. <b>Runaway and homeless shelter: </b> A short-term facility that provides temporary care in a physically unrestricted environment. It can also provide longer-term care under a juvenile court disposition order. 9. <b>Other type of shelter: </b> This includes emergency non-secure shelters where juveniles are housed short-term until another placement can be found. 10. <b>Other: </b> This includes independent living programs and anything that cannot be classified above. – Please specify: | |

|  |  |
| --- | --- |
| **S1\_CLASSIFY\_B** | |
| *ASK* | *If* ***FORM*** *= B* |
| 6. What type of residential facility is the one listed on the front cover? <i> Select all that apply </i>   1. ~~<b>Detention center:</b>~~ A short-term facility that provides temporary care in a physically restricting environment for juveniles in custody pending court disposition and, often, for juveniles who are adjudicated delinquent and awaiting disposition or placement elsewhere, or are awaiting transfer to another jurisdiction. In some jurisdictions, detention centers may also hold juveniles committed for short periods of time as part of their disposition (e.g., weekend detention). 2. ~~<b>Training school/Long-term secure facility: </b>~~ A specialized type of facility that provides strict confinement and long-term treatment generally for post-adjudication committed juvenile offenders. Includes training schools, juvenile correctional facilities, youth development centers. 3. ~~<b>Reception or diagnostic center: </b>~~ A short-term facility that screens juvenile offenders committed by the courts and assigns them to appropriate correctional facilities. 4. ~~<b>Group home/Halfway house: </b>~~ A long-term facility that is generally non-secure and typically intended for post-adjudication commitments in which young persons are allowed extensive contact with the community, such as attending school or holding a job. 5. ~~<b>Residential treatment center: </b>~~ A facility that focuses on providing some type of individually planned treatment program for youth (substance abuse, sex offender, behavioral/mental health, etc.) in conjunction with residential care. Such facilities generally require specific licensing by the state that may require that treatment provided is Medicaid-reimbursable. 6. ~~<b>Boot camp: </b> A secure facility that operates like military basic training. It is designed to combine elements of basic military training programs, correctional components and treatment programs. The emphasis is on strict discipline, drills, and work.~~ 7. ~~<b>Ranch, forestry camp, wilderness or marine program or farm: </b>~~ These are long-term generally non-secure residential facilities often located in a relatively remote area. The juveniles participate in a structured program that emphasizes outdoor work, including conservation and related activities. 8. ~~<b>Runaway and homeless shelter: </b>~~ A short-term facility that provides temporary care in a physically unrestricted environment. It can also provide longer-term care under a juvenile court disposition order. 9. ~~<b>~~Other type of shelter~~: </b> This~~ ~~includes~~ including emergency non-secure shelters where juveniles are housed short-term until another placement can be found. 10. ~~<b>~~Other~~: </b> This~~ ~~includes~~ including independent living programs and anything that cannot be classified above. – Please specify: | |

|  |  |
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| **S1\_CLASSIFY\_SCREENPROG** | |
| *ASK* | *All Respondents* |
| Does this facility screen young persons to assign them to the appropriate program within this facility?   1. Yes 2. No | |

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| **S1\_CLASSIFY\_SCREENLIV** | |
| *ASK* | *All Respondents* |
| Does this facility screen young persons to assign them to the appropriate living arrangement within this facility?   1. Yes 2. No | |

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| **S1\_CLASSIFY\_SCREENOTH** | |
| *ASK* | *All Respondents* |
| Does this facility screen young persons to assign them to another facility?   1. Yes 2. No | |

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| **S1\_CLASSIFY\_SCREENCOMM** | |
| *ASK* | *All Respondents* |
| Does this facility screen young persons to assign them to a community-based program?   1. Yes 2. No | |

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| **S1\_CLASSIFY\_POP** | |
| *ASK* | *All Respondents* |
| Which of the following types of young persons does your facility house? <i>Select all that apply.</i>   1. Young persons awaiting adjudication 2. Young persons awaiting disposition 3. Young persons post disposition awaiting placement 4. Young persons post disposition in placement 5. Young persons awaiting transfer to another facility within this jurisdiction 6. Young persons awaiting transfer to another jurisdiction 7. None of the above | |

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| **S1\_CLASSIFY\_CONTACT** | |
| *ASK* | *All Respondents* |
| Are any young persons in this facility allowed contact with the community, such as attending school or vocational training, or working outside this facility?   1. Yes 2. No | |

|  |  |
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| **S1\_CLASSIFY\_TREATPROG** | |
| *ASK* | *All Respondents* |
| Does this facility provide an individually planned treatment program for youth in conjunction with residential care?   1. Yes 2. No | |

|  |  |
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| **S1\_CLASSIFY\_OUTDOOR** | |
| *ASK* | *All Respondents* |
| Does this facility provide a structured program for youth emphasizing outdoor experiences, such as through outdoor work or conservation training?   1. Yes 2. No | |

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| **S1\_CLASSIFY\_JOBTRAIN** | |
| *ASK* | *All Respondents* |
| Does this facility provide a vocational training program, workforce development services, or job training?   1. Yes 2. No | |

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| **S1\_INSTRUCT** | |
| *ASK* | *All Respondents* |
| **<b> IMPORTANT INSTRUCTIONS </b>**  The following items ask you to use your records to provide counts of persons who had assigned beds in this facility at the end of the day on **<b>[REF\_DATE]</b>.** This date has been chosen carefully to give a standardized count of persons in facilities like yours across the country. You will be asked to classify your facility population into two age groups:   1. those persons under age 21; and 2. those persons age 21 and older.   You will then be asked to classify each person UNDER THE AGE OF 21 into one of the two following categories:   1. those here because they have been charged with or court-adjudicated for an offense. An offense is any behavior that is illegal in your state for underage persons alone or for both underage persons and adults. 2. those here for reasons other than offenses.   Please classify each person under age 21 into just one of these categories. Detailed descriptions of the above categories are provided in the questions themselves and on the Offense Codes on Pages 19 and 20 of the CJRP form. You may also view the descriptions <link>here</link>.  Please use your records to answer the following questions. | |

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| --- | --- |
| **S1\_COUNT** | |
| *ASK* | *All Respondents* |
| According to your records, at the end of the day on <b>[REF\_DATE]</b>, how many persons had assigned beds in this facility in each of the following categories?  *<i>Include persons who were temporarily away (such as such as those released for medical care at a hospital), but had assigned beds on [REF\_DATE\_SHORT].* *Please write “0” if there are NO persons in a category.</i>*   1. Under the age of 21 \_\_\_\_\_\_\_ 2. 21 or older \_\_\_\_\_\_\_ 3. Total \_\_\_\_\_\_\_ | |

|  |  |
| --- | --- |
| **S1\_DEFINE** | |
| *ASK* | *If* ***S1\_COUNT (a)*** *> 0 or missing* |
| **<b>NOTE</b>:**  For all remaining questions, “young persons” refers to “young persons under the age of 21 who have assigned beds” unless otherwise specified in the question. | |

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| --- | --- |
| **S1\_COUNTCATS** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| At the end of the day on <**b>[REF\_DATE]</b>,** how many young persons did this facility have for each of the following categories?  *<i>Include persons who were temporarily away (such as such as those released for medical care at a hospital), but had assigned beds on [REF\_DATE\_SHORT].* *Please write “0” if there are NO persons in a category.</i>*   |  |  | | --- | --- | | 1. Young persons charged with or court adjudicated for an offense. *<i>An offense is any behavior that is illegal in your state for underage persons alone or for both underage person and adults. See the Offense Codes <link>here</link> for reference.</i>*   INCLUDE:   * ANY offense that is illegal for both adults and underage persons. * ANY offense that is ILLEGAL IN YOUR STATE for underage persons but not for adults. Examples are running away, truancy, incorrigibility, curfew violation, and underage liquor violations. Count persons with these behaviors here ONLY IF THE BEHAVIORS ARE ILLEGAL IN YOUR STATE. This includes those CHINS (Children in Need of Services) and PINS (Persons in Need of Services) who are here BECAUSE of an offense. * ANY offense being adjudicated in juvenile or criminal court, including a probation or parole violation.   EXCLUDE:   * Young persons who have committed one or more offenses in the past BUT are here FOR REASONS OTHER THAN OFFENSES. * Young persons here BECAUSE OF REASONS OTHER THAN OFFESES, such as neglect, abuse, dependency, abandonment, behavioral/mental health problems, substance abuse problems, etc. * Young persons who have run away, been truant or incorrigible, or violated curfew, if these behaviors are NOT considered illegal in your state. * Young persons who are PINS (Persons in Need of Services) or CHINS (Children in Need of Services) who are here because of REASONS OTHER THAN OFFENSES. |  | | 1. Young persons assigned beds for other reasons   INCLUDE:   * Young persons here for NON-OFFENSE REASONS such as neglect, abuse, dependency, abandonment, behavioral/mental health problems, substance abuse problems, or another NON-OFFENSE reason. * Young persons who have committed one or more offenses in the past BUT are here FOR REASONS OTHER THAN OFFENSES. * Young persons who have run away, been truant or incorrigible, or violated curfew, if these behaviors are NOT considered illegal in your state. * Young persons here due to voluntary or non-offense related admissions.   EXCLUDE:   * Young persons here BECAUSE THEY WERE CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE. |  | | 1. Total |  | | |

|  |  |
| --- | --- |
| **~~S1\_ANYBEDS~~** | |
| *~~ASK~~* | *~~All Respondents~~* |
| ~~7. According to your records, at the end of the day on~~ **~~<b>[REF\_DATE]</b>,~~** ~~did ANY persons have assigned beds in this facility?~~  *~~<i> Include persons who were temporarily away, but had assigned beds on [REF\_DATE\_SHORT]. Do NOT include staff.</i>~~*   1. ~~Yes~~ 2. ~~No~~ | |

|  |  |
| --- | --- |
| **~~S1\_TOTCOUNT~~** | |
| *~~ASK~~* | *~~If~~* ***~~S1\_ANYBEDS~~*** *~~= 1 or missing~~* |
| ~~7b. According to your records, at the end of the day on~~ **~~<b>[REF\_DATE]</b>,~~** ~~how many persons had assigned beds in this facility?~~  ~~\_\_\_\_\_ Persons~~ | |

|  |  |
| --- | --- |
| **~~S1\_GE21PERSONS~~** | |
| *~~ASK~~* | *~~If~~* ***~~S1\_TOTCOUNT~~*** *~~> 0 or missing~~* |
| ~~How many of the~~ **~~<b> [S1\_TOTCOUNT]</b>~~** ~~persons who had assigned beds at the end of the day on~~ **~~<b>[REF\_DATE]</b>,~~** ~~were AGE 21 or older?~~  *~~<i>Include persons who were temporarily away, but had assigned beds on [REF\_DATE\_SHORT].~~**~~Do NOT include staff. Please write “0” if there are NO persons age 21 or older.</i>~~*  ~~\_\_\_\_\_ Persons 21 or older~~ | |

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| **~~S1\_LT21BEDS~~** | |
| *~~ASK~~* | *~~If~~* ***~~S1\_TOTCOUNT~~*** *~~> 0 or missing~~* |
| ~~9a. At the end of the day on~~ **~~<b>[REF\_DATE]</b>,~~** ~~did ANY persons UNDER AGE 21 have assigned beds in this facility?~~  *~~<i>INCLUDE juveniles being tried as adults in criminal court. Do NOT include staff.</i>~~*   1. ~~Yes~~ 2. ~~No~~ | |

|  |  |
| --- | --- |
| **~~S1\_LT21PERSONS~~** | |
| *~~ASK~~* | *~~If~~* ***~~S1\_LT21BEDS~~*** *~~= 1 or missing~~* |
| ~~9b. According to your records at the end of the day on~~ **~~<b>[REF\_DATE]</b>,~~** ~~how many persons UNDER AGE 21 had assigned beds in this facility?~~  *~~<i>Include persons who were temporarily away, but had assigned beds on [REF\_DATE\_SHORT]. Do NOT include staff.</i>~~*  ~~\_\_\_\_\_ Young persons under the age of 21~~ | |

|  |  |
| --- | --- |
| **~~S1\_CHARGEANY~~** | |
| *~~ASK~~* | *~~If~~* ***~~S1\_LT21PERSONS >~~*** *~~0 or missing~~* |
| ~~10a. At the end of the day on <~~**~~b>[REF\_DATE]</b>,~~** ~~did ANY persons UNDER AGE 21 have assigned beds in this facility SPECIFICALLY BECAUSE they were CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE?~~  *~~<i>An offense is any behavior that is illegal in your state for underage persons alone or for both underage person and adults. See the Offense Codes <link>here</link> for reference.~~*  ~~INCLUDE in your count persons UNDER AGE 21 here BECAUSE THEY WERE CHARGED WITH OR ADJUDICATED FOR:~~   * ~~ANY offense that is illegal for both adults and underage persons.~~ * ~~ANY offense that is ILLEGAL IN YOUR STATE for underage persons but not for adults. Examples are running away, truancy, incorrigibility, curfew violation, and underage liquor violations. Count persons with these behaviors here ONLY IF THE BEHAVIORS ARE ILLEGAL IN YOUR STATE. This includes those CHINS (Children in Need of Services) and PINS (Persons in Need of Services) who are here BECAUSE of an offense.~~ * ~~ANY offense being adjudicated in juvenile or criminal court, including a probation or parole violation.~~   ~~DO NOT INCLUDE here:~~   * ~~Persons under age 21 who have committed one or more offenses in the past, BUT HAVE ASSIGNED BEDS ON [REF\_DATE\_SHORT] FOR REASONS OTHER THAN OFFENSES such as neglect, abuse, dependency, abandonment, or another NON-OFFENSE reason.~~ * ~~Persons under age 21 assigned beds here because of mental health problems, substance abuse problems, etc. UNLESS THE OFFENSE THEY COMMITTED REQUIRED TREATMENT AS PART OF THE COURT ORDER.~~ * ~~Persons under age 21 who have run away, been truant or incorrigible, or violated curfew, IF THESE BEHAVIORS ARE NOT CONSIDERED ILLEGAL IN YOUR STATE. These persons will be counted in questions 11a and 11b.~~ * ~~Those persons who are PINS (Persons in Need of Services) or CHINS (Children in Need of Services) who have assigned beds because of REASONS OTHER THAN OFFENSES.</i>~~  1. ~~Yes~~ 2. ~~No~~ | |

|  |  |
| --- | --- |
| **~~S1\_CHARGECOUNT~~** | |
| *~~ASK~~* | *~~If~~* ***~~S1\_CHARGEANY~~*** *~~= 1 or missing~~* |
| ~~10b. According to your records at the end of the day on~~ **~~<b>[REF\_DATE]</b>,~~** ~~HOW MANY PERSONS UNDER AGE 21 had assigned beds in this facility SPECIFICALLY BECAUSE they were CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE, as defined in the previous question?~~  *~~<i>Later you will be asked to provide information about each of these persons. Include persons who were temporarily away but had assigned beds on [REF\_DATE\_SHORT]. Do NOT include staff.</i>~~*  ~~\_\_\_\_\_ Persons under the age of 21 here because they were charged with or court-adjudicated for an offense~~ | |

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| --- | --- |
| **~~S1\_OTHEROFFENSES~~** | |
| *~~ASK~~* | *~~If~~* ***~~S1\_LT21PERSONS >~~*** *~~0 or missing~~* |
| ~~11a. At the end of the day on~~ **~~<b>[REF\_DATE]</b>~~**~~, did ANY of the persons UNDER AGE 21 have assigned beds in this facility FOR REASONS OTHER THAN OFFENSES? Do NOT include staff.~~  ~~INCLUDE here:~~   * ~~Persons under age 21 assigned beds here for NON-OFFENSE REASONS such as neglect, abuse, dependency, abandonment, or another NON-OFFENSE reason.~~ * ~~Persons under age 21 assigned beds here because of mental health problems UNLESS THE OFFENSE THEY COMMITTED REQUIRED TREATMENT AS PART OF THE COURT ORDER.~~ * ~~Persons under age 21 who have run away, been truant or incorrigible, or violated curfew, IF THESE BEHAVIORS ARE NOT CONSIDERED ILLEGAL IN YOUR STATE.~~ * ~~Persons assigned beds here due to voluntary or non-offense related admissions.~~   ~~DO NOT INCLUDE here:~~   * ~~Persons assigned beds here BECAUSE THEY WERE CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE. These persons are counted in questions 10a and 10b.~~  1. ~~Yes~~ 2. ~~No~~ | |

|  |  |
| --- | --- |
| **~~S1\_OTHERCOUNT~~** | |
| *~~ASK~~* | *~~If~~* ***~~S1\_OTHEROFFENSES~~*** *~~= 1 or missing~~* |
| ~~11b. According to your records at the end of the day on~~ **~~<b>[REF\_DATE]</b>~~**~~, how many PERSONS UNDER AGE 21 had assigned beds in this facility FOR REASONS OTHER THAN OFFENSES?~~  *~~<i>Include persons who were temporarily away but had assigned beds on [REF\_DATE\_SHORT]. Do NOT include staff.</i>~~*   1. ~~Assigned beds because they were charged with or court-adjudicated for an offense~~ 2. ~~Assigned beds for non-offense reasons~~ | |

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| --- | --- |
| **S1\_ONSITE\_TREAT** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| *<b>INSIDE</b> refers to any location on the facility grounds.*  *<b>OUTSIDE</b> refers to any location in the community or off facility grounds.*  12a. Does this facility provide ~~ON-SITE~~ RESIDENTIAL TREATMENT INSIDE this facility?   1. Yes 2. No | |

|  |  |
| --- | --- |
| **S1\_ONSITE\_TREAT\_TYPE** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| 12b. What kind of treatment is provided INSIDE this facility? *<i> Select all that apply </i>*   1. Mental health treatment 2. Behavioral modification or therapy 3. Substance abuse treatment 4. Sex offender treatment 5. Treatment for arsonists 6. Treatment specifically for violent offenders 7. Trauma treatment 8. Anger management 9. Other – Please specify: | |

|  |  |
| --- | --- |
| **~~S1\_FOSTERCARE~~** | |
| *~~ASK~~* | *~~If~~* ***~~S1\_LT21PERSONS >~~*** *~~0 or missing~~* |
| ~~13. Does this facility provide foster care?~~   1. ~~Yes, for all young persons~~ 2. ~~Yes, for some but not all young persons~~ 3. ~~No~~ | |

|  |  |
| --- | --- |
| **~~S1\_INDLIVING~~** | |
| *~~ASK~~* | *~~If~~* ***~~S1\_COUNT (a) >~~*** *~~0 or missing~~* |
| ~~14. Does this facility provide independent living arrangements for any young persons?~~   1. ~~Yes~~ 2. ~~No~~ | |

|  |  |
| --- | --- |
| **~~S1\_OVERFLOW~~** | |
| *~~ASK~~* | *~~If~~* ***~~S1\_COUNT (a) >~~*** *~~0 or missing~~* |
| ~~15. On~~ **~~<b>[REF\_DATE]</b>~~**~~, did this facility house any overflow detention population?~~  *~~<i>”Overflow detention population” refers to those young persons who, because of the unavailability of beds in a detention center, are placed temporarily in a non-detention facility.~~*  ~~If this facility is a detention center, answer “No”.~~ *~~</i>~~*   1. ~~Yes~~ 2. ~~No~~ | |

|  |  |
| --- | --- |
| **S1\_LOCKED** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| 16a. Are ANY young persons in this facility locked into their sleeping rooms by staff at ANY time to confine them?   1. Yes 2. No | |

|  |  |
| --- | --- |
| **~~S1\_LOCKREAS~~** | |
| *~~ASK~~* | *~~If~~* ***~~S1\_LOCKED~~*** *~~= 1 or missing~~* |
| ~~16b. When are young persons in this facility locked into their sleeping rooms by staff?~~ *~~<i>Select all that apply.</i>~~*   1. ~~When they are out of control~~ 2. ~~When they are suicidal~~ 3. ~~Rarely, no set schedule~~ 4. ~~During shift changes~~ 5. ~~Whenever they are in their sleeping rooms~~ 6. ~~At night~~ 7. ~~Part of each day~~ 8. ~~Most of each day~~ 9. ~~All of each day~~ 10. ~~Other – Please specify:~~ | |

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| **S1\_LOCKSITS** | |
| *ASK* | *If* ***S1\_LOCKED*** *= 1 or missing* |
| In what situations are young persons locked in their sleeping rooms? *<i>Select all that apply.</i>*   1. When they are out of control 2. When they are suicidal 3. For medical reasons other than suicide 4. During shift changes 5. Whenever they are in their sleeping rooms 6. As part of a set schedule 7. Other – Please specify: | |

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| **S1\_LOCKSCHED\_A** | |
| *ASK* | *If* ***S1\_LOCKSITS*** *= 5 or missing and* ***FORM*** *= A* |
| When are young persons locked in their sleeping rooms? *<i>Select all that apply.</i>*   1. All of the time 2. During the day for 2 hours or less 3. During the day for more than 2 hours 4. At night | |

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| **S1\_LOCKSCHED\_B** | |
| *ASK* | *If* ***S1\_LOCKSITS*** *= 5 or missing and* ***FORM*** *= B* |
| When are young persons locked in their sleeping rooms? *<i>Select all that apply.</i>*   1. Rarely 2. Sometimes 3. Often 4. Always | |

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| **S1\_LOCKFEATS** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| 17. Does this facility have any of the following features intended to confine young persons within specific areas? *<i>Select all that apply.</i>*   1. Doors for secure day rooms that are locked by staff to confine young persons within specific areas or rooms 2. Wing, floor, corridor, or other internal security doors that are locked by staff to confine young persons within specific areas 3. Outside doors that are locked by staff to confine young persons within specific buildings 4. External gates in fences or walls WITHOUT razor wire that are locked by staff to confine young persons 5. External gates in fences or walls WITH razor wire that are locked to confine young persons 6. Other – Please specify: 7. The facility has none of the above features. | |

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| **S1\_OUTDOORLOCKED** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| 18a. Are outside doors to any buildings with living/sleeping units in this facility ever locked?   1. Yes 2. No | |

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| **S1\_OUTDOORLOCKED\_REAS** | |
| *ASK* | *If* ***S1\_OUTDOORLOCKED******=*** *1 or missing* |
| 21b. ~~Why~~ Are outside doors to buildings with living/sleeping units in this facility locked to keep young persons inside this facility? ~~<i> Select all that apply.</i>~~   1. Yes ~~To keep intruders out~~ 2. No ~~To keep young persons inside this facility~~ | |

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| **S1\_OUTDOORLOCKED\_WHEN** | |
| *ASK* | *If* ***S1\_OUTDOORLOCKED******=*** *1 or missing* |
| 18c. WHEN are outside doors to buildings with living/sleeping units in this facility locked? *<i>Select all that apply.</i>*   1. All of the time 2. Rarely, no set schedule 3. ~~Part of each day~~ During the day for 2 hours or less 4. ~~Most of each day~~ During the day for more than 2 hours 5. At night 6. ~~All of each day~~ 7. ~~When the facility is unoccupied~~ 8. Other – Please specify: | |

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| **S1\_DEATHS** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| *<b>INSIDE</b> refers to any location on the facility grounds.*  *<b>OUTSIDE</b> refers to any location in the community or off facility grounds.*  19. During the YEAR between <b>[YEAR\_REF\_START]</b> and <b>[YEAR\_REF\_END]</b>, did ANY young persons die while assigned a bed at this facility at a location either INSIDE or OUTSIDE of this facility?   1. Yes 2. No | |

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| **S1\_DEATHS\_COUNT** | |
| *ASK* | *If* ***S1\_DEATHS*** *= 1 or missing* |
| 20. How many young persons died while assigned beds at this facility during the year between [YEAR\_REF\_START] and [YEAR\_REF\_END]?  \_\_\_\_\_ Person(s) | |

## SECTION 2a: LENGTH OF STAY

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| **S2a\_RELEASE14** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| How many young persons were released from this facility in the <b>14 days prior</b> to [REF\_DATE], that is between [REF\_DATE\_14] and [REF\_DATE]?  <i>Please do not include any young persons who were only temporarily released from your facility, such as those released for medical care at a hospital.</i>  \_\_\_\_\_ Young persons released in the 14 days prior to [REF\_DATE] | |

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| **S2a\_RELEASE30** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| How many young persons were released from this facility in the <b>30 days prior</b> to [REF\_DATE], that is between [REF\_DATE\_30] and [REF\_DATE]?  <i>Please do not include any young persons who were only temporarily released from your facility, such as those released for medical care at a hospital.</i>  \_\_\_\_\_ Young persons released in the 30 days prior to [REF\_DATE] | |

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| **S2a\_LOS30** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing and* ***FORM*** *= B* |
| What was the average length of stay (in days) for all young persons who were released from this facility in the 30 days prior to [REF\_DATE], that is between [REF\_DATE\_30] and [REF\_DATE]? To calculate, sum the total number of days in custody for the youths who were released in the last 30 days. Divide the total number of days by the total number of youths released in the last 30 days to get an average length of stay. Please report up to 2 decimal places.  \_\_\_\_\_ Average length of stay (in days) for all young persons released in the 30 days prior to [REF\_DATE] | |

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| **S2a\_LOSINTRO\_A** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing and* ***FORM*** *= A* |
| In this section you will be asked to record individual-level information on the last 20 young persons released from the facility prior to [REF\_DATE].  For the last 20 young persons who were released from your facility, please provide the sex assigned at birth, date of birth, race, three most serious offenses, date of admission, date of release and where this person was released to.  <i>Please do not include any young persons who were only temporarily released from your facility, such as those released for medical care at a hospital.</i>  **<b>Data requested and required format for each person:</b>**   1. An identifier (ID number or first name and last initial) 2. Sex assigned at birth (select 1 code from list below)    1. Male    2. Female 3. Date of birth (month/day/year) 4. Race (select 1 code from list below)    1. White, not of Hispanic origin    2. Black or African American, not of Hispanic origin    3. Hispanic or Latino (i.e. Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)    4. American Indian/Alaska Native, not of Hispanic origin    5. Asian, not of Hispanic origin    6. Native Hawaiian or other Pacific Islander, not of Hispanic origin    7. Two or More Races, not of Hispanic origin (specify) 5. Three most serious offenses resulting in this placement. If the offense(s) was also a probation or parole violation, please check the box to the right of the code you entered. See the Offense Codes <link>here</link> for reference. 6. Date person was admitted to this facility for the most serious offenses listed in #5 (month/day/year) 7. Date person was released from this facility for the most serious offenses listed in #5 (month/day/year) 8. Where person was release to (text box for written response) | |

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| **S2a\_LOSINTRO\_B** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing and* ***FORM*** *= B* |
| In this section you will be asked to record individual-level information on the last 20 young persons released from the facility prior to [REF\_DATE].  For the last 20 young persons who were released from your facility, please provide the sex assigned at birth, date of birth, race, three most serious offenses, date of admission, date of release and where this person was released to.  <i>Please do not include any young persons who were only temporarily released from your facility, such as those released for medical care at a hospital.</i>  **<b>Data requested and required format for each person:</b>**   1. An identifier (ID number or first name and last initial) 2. Sex assigned at birth (select 1 code from list below) 3. Male 4. Female 5. Date of birth (month/day/year) 6. Race (select 1 code from list below) 7. White, not of Hispanic origin 8. Black or African American, not of Hispanic origin 9. Hispanic or Latino (i.e. Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race) 10. American Indian/Alaska Native, not of Hispanic origin 11. Asian, not of Hispanic origin 12. Native Hawaiian or other Pacific Islander, not of Hispanic origin 13. Two or More Races, not of Hispanic origin (specify) 14. Three most serious offenses resulting in this placement. If the offense(s) was also a probation or parole violation, please check the box to the right of the code you entered. See the Offense Codes <link>here</link> for reference. 15. Date person was admitted to this facility for the most serious offenses listed in #5 (month/day/year) 16. Date person was released from this facility for the most serious offenses listed in #5 (month/day/year) 17. Where person was release to (select 1 code from list below)     1. Released to another facility     2. Released to the supervision of probation or parole     3. Released without supervision of probation or parole     4. Other (specify)     5. Don’t know | |

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| **S2a\_LOSROSTER** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| **<b>IMPORTANT INSTRUCTIONS:</b>** Please upload your Template file provided on the previous page, <u>OR</u> enter information below for the last 20 young persons released from this facility prior to **<b>[REF\_DATE]</b>**.  Click ‘Finished Adding Persons’ when all persons have been entered.  *[button-*UPLOAD TEMPLATE*]* **<b>OR</b>** *[button-*ADD A PERSON*]*  *[button-*FINISHED ADDING PERSONS*]*   |  |  |  |  | | --- | --- | --- | --- | | Count | ID Number/Name | Sex assigned at birth | Date of Birth | | 1 | *[row populates after a new person is added]* | *[row populates after a new person is added]* | *[row populates after a new person is added]* | | |

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| **S2a\_LOSROSTER\_UPLOAD** | |
| *ASK* | *Respondents who choose File Upload* |
| **<b>FILE UPLOADS</b>**   * Click the “Browse” button to browse for the file you’d like to upload to our site. * Select the file you want to upload. * Click the “Upload File” button to start the uploading process. * Once your file has been uploaded successfully the file name will appear in the box below. * Click ‘Submit’ after you file has been uploaded.   **<b>Select File to Upload</b>**  *[button-*Browse*]*  *[button-*Upload file*]*  No files have been uploaded  *[button-*Return to Section 2a Instructions*] [button-*Submit*]* | |

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| **S2a\_LOSROSTER\_ADD\_A** | |
| *ASK* | *Respondents who choose to Add a Person and* ***FORM*** *= A* |
| 1. Enter an identifier (ID number or first name and last initial). Use an identifier that will allow YOU to reidentify each person in the future. 2. Sex assigned at birth 3. Male 4. Female 5. Date of birth 6. Race    * 1. White, not of Hispanic origin      2. Black or African American, not of Hispanic origin      3. Hispanic or Latino (i.e. Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race)      4. American Indian/Alaska Native, not of Hispanic origin      5. Asian, not of Hispanic origin      6. Native Hawaiian or other Pacific Islander, not of Hispanic origin      7. Two or More Races, not of Hispanic origin (specify) 7. What were the three most serious offenses for which person was assigned bed on [REF\_DATE\_SHORT]? Enter the code for the three most serious offenses resulting in this placement. If the offense(s) was also a probation or parole violation, please check the box to the right of the code you entered. See the Offense Codes <link>here</link> for reference. 8. On what date was this person admitted to this facility for the three most serious offenses? If more than one date applies, enter the earliest one for the offenses listed. 9. On what date was this person released from this facility? 10. Where was this person released to?   *[button-*Cancel*] [button-*Add Person*]* | |

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| **S2a\_LOSROSTER\_ADD\_A** | |
| *ASK* | *Respondents who choose to Add a Person and* ***FORM*** *= B* |
| 1. Enter an identifier (ID number or first name and last initial). Use an identifier that will allow YOU to reidentify each person in the future. 2. Sex assigned at birth 3. Male 4. Female 5. Date of birth 6. Race 7. White, not of Hispanic origin 8. Black or African American, not of Hispanic origin 9. Hispanic or Latino (i.e. Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race) 10. American Indian/Alaska Native, not of Hispanic origin 11. Asian, not of Hispanic origin 12. Native Hawaiian or other Pacific Islander, not of Hispanic origin 13. Two or More Races, not of Hispanic origin (specify) 14. What were the three most serious offenses for which person was assigned bed on [REF\_DATE\_SHORT]? Enter the code for the three most serious offenses resulting in this placement. If the offense(s) was also a probation or parole violation, please check the box to the right of the code you entered. See the Offense Codes <link>here</link> for reference. 15. On what date was this person admitted to this facility for the three most serious offenses? If more than one date applies, enter the earliest one for the offenses listed. 16. On what date was this person released from this facility? 17. Where was this person released to? 18. Released to another facility 19. Released to the supervision of probation or parole 20. Released without supervision of probation or parole 21. Other (specify) 22. Don’t know   *[button-*Cancel*] [button-*Add Person*]* | |

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| **S2a\_FEAS\_ETHNICITY** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| Does your facility document the Hispanic ethnicity of a young person separate from his/her race, such that you would be able to report both the Hispanic ethnicity and the race(s) for each young person in your facility? <i>For example, Hispanic and Black, or Non-Hispanic and Black.</i>   1. Yes 2. No | |

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| **S2a\_FEAS\_RACE** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| Does your facility document all races of a young person who identifies as two or more races, such that you would be able to report all races associated with each young person in your facility?   1. Yes 2. No | |

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| --- | --- |
| **S2a\_FEAS\_RACEETH\_HOW** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| How is race/ethnicity information determined? <i>Select all that apply</i>   1. Race/ethnicity are self-reported by youth 2. Race/ethnicity is determined by staff 3. Race/ethnicity is obtained from the referral source (e.g., Juvenile court) 4. Other, please specify | |

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| **S2a\_FEAS\_GENDERID** | |
| *ASK* | *If* ***S1\_COUNT (a) >*** *0 or missing* |
| Does your facility document gender identity of all young persons, such that you would be able to report both the sex assigned at birth and the self-reported gender identity for each young person in your facility? <i>For example, male and transgender male to female.</i>   1. Yes 2. No | |

## SECTION 2: PERSON LEVEL DATA

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| --- | --- |
| **S2\_INTRO** | |
| *ASK* | *If* ***S1\_COUNTCATS (a) >*** *0 or missing* |
| ~~IMPORTANT INSTRUCTIONS~~  ~~List ONLY THOSE PERSONS WHO FULFILL ALL 4 REQUIREMENTS BELO (A, B, C, AND D)~~  ~~A. Under Age 21; AND~~  ~~B. assigned a bed in this facility at the end of the day on [ref\_date]; AND~~  ~~C. charged with an offense or court-adjudicated for an offense; AND~~  ~~D. assigned a bed here BECAUSE OF THE OFFENSE~~  ~~There are two options for submitting Section II Data~~  ~~1. Proceed to the next page and enter Section II data for each juvenile meeting Section II requirements~~  ~~2. Upload a data file (Recommended for facilities with 50 or more records)~~  ~~a. Use our formatted Excel Template-Download an Excel Template, enter required Section II data and upload on the next page.~~  ~~b. Create your own file-we will accept any type of data file (excel, word, text, etc.). Upload file on the next page.~~  ~~To download the Excel Template:~~  ~~1. Click on the Highlighted Download Excel Template Text:~~ **~~Download Excel Template [xls]~~**  ~~2. Save the Template to a location of your choice~~  ~~3. Enter Section II data directly into the Excel Template-Save the file~~  ~~4. To upload your file, proceed to the next page and follow the upload file instructions.~~  In this section you will be asked to record individual-level information on the young persons in the facility on **<b>[REF\_DATE]</b>** specifically because they were charged with or court-adjudicated for an offense. You reported <u>[fill S1\_COUNTCATS (a) value]</u> persons that fit this description in Section I, question 10b.  For all <u>[fill S1\_COUNTCATS(a) value]</u> persons, please provide the 10 pieces of information listed below. You may find it helpful to use this <link>Excel Template</link> to fill information in. Save the Template to a location of your choice before filling it out. On the next screen you may re-upload the Template or instead enter information directly into the webpage.  **<b>Data requested and required format for each person:</b>**   1. An identifier (ID number or first name and last initial) 2. Sex assigned at birth (select 1 code from list below) 3. Male 4. Female 5. Date of birth (month/day/year) 6. Race (select 1 code from list below) 7. White, not of Hispanic origin 8. Black or African American, not of Hispanic origin 9. Hispanic or Latino (i.e. Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race) 10. American Indian/Alaska Native, not of Hispanic origin 11. Asian, not of Hispanic origin 12. Native Hawaiian or other Pacific Islander, not of Hispanic origin 13. Two or More Races, not of Hispanic origin (specify) 14. Who placed this person at this facility (select 1 code from list below)     1. Court, probation agency, or law enforcement agency     2. Corrections or other justice agency not included in option 1     3. Social services agency     4. School official, parent or guardian, or young person him/herself     5. Other (specify) 15. Level of the agency that placed this person at this facility (select 1 code from list below) 16. Federal 17. A Native American Tribal Government 18. State 19. County 20. Municipal (includes Washington, DC) 21. Other (specify) 22. Three most serious offenses for which person was assigned bed on [REF\_DATE\_SHORT]. If the offense(s) was also a probation or parole violation, please check the box to the right of the code you entered. See the Offense Codes <link>here</link> for reference. 23. State or territory where person committed the most serious offense listed in #7 24. Person’s adjudication status on [REF\_DATE\_SHORT] for the most serious offense listed in #7. “Adjudication” is the court process which determines whether or not the person committed the offense. (select 1 code from list below) 25. Agreement not to adjudicate (diversion) 26. Awaiting adjudication hearing in juvenile court 27. Adjudicated, awaiting disposition by juvenile court 28. Adjudicated and disposed in juvenile court and awaiting placement elsewhere 29. Adjudicated and disposed in juvenile court, in placement here 30. Awaiting transfer hearing to adult criminal court 31. Awaiting hearing or trial in adult criminal court 32. Convicted in adult criminal court 33. Don’t Know 34. Other (specify) 35. Date person was admitted to this facility for the most serious offense listed in #7 | |

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| **S2\_ROSTER** | |
| *ASK* | *If* ***S1\_COUNTCATS (a) >*** *0 or missing* |
| **<b>IMPORTANT INSTRUCTIONS:</b>** Please upload your Template file provided on the previous page, <u>OR</u> enter information below for all <u>[fill S1\_COUNTCATS (a)value]</u> persons under age 21 that were assigned beds in the facility on **<b>[REF\_DATE]</b>** specifically because they were charged with or court-adjudicated for an offense.  **<b> Do NOT list persons assigned beds here for reasons other than offenses. </b>.** Click ‘Finished Adding Persons’ when all persons have been entered.  *[button-*UPLOAD TEMPLATE*]* **<b>OR</b>** *[button-*ADD A PERSON*]*  *[button-*FINISHED ADDING PERSONS*]*   |  |  |  |  | | --- | --- | --- | --- | | Count | ID Number/Name | Sex assigned at birth | Date of Birth | | 1 | *[row populates after a new person is added]* | *[row populates after a new person is added]* | *[row populates after a new person is added]* | | |

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| **S2\_ROSTER\_UPLOAD** | |
| *ASK* | *Respondents who choose File Upload* |
| **<b>FILE UPLOADS</b>**   * Click the “Browse” button to browse for the file you’d like to upload to our site. * Select the file you want to upload. * Click the “Upload File” button to start the uploading process. * Once your file has been uploaded successfully the file name will appear in the box below. * Click ‘Submit’ after you file has been uploaded.   **<b>Select File to Upload</b>**  *[button-*Browse*]*  *[button-*Upload file*]*  No files have been uploaded  *[button-*Return to Section II Instructions*] [button-*Submit*]* | |

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| **S2\_ROSTER\_ADD** | |
| *ASK* | *Respondents who choose to Add a Person* |
| 1. Enter an identifier (ID number or first name and last initial). Use an identifier that will allow YOU to reidentify each person in the future. 2. Sex assigned at birth 3. Male 4. Female 5. Date of birth 6. Race 7. White, not of Hispanic origin 8. Black or African American, not of Hispanic origin 9. Hispanic or Latino (i.e. Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race) 10. American Indian/Alaska Native, not of Hispanic origin 11. Asian, not of Hispanic origin 12. Native Hawaiian or other Pacific Islander, not of Hispanic origin 13. Two or More Races, not of Hispanic origin (specify) 14. Who placed this person at this facility (select 1 code from list below)   1 Court, probation agency, or law enforcement agency  2 Corrections or other justice agency not included in option 1  3 Social services agency  4 School official, parent or guardian, or young person him/herself  5 Other (specify)   1. Is the court, probation, or law enforcement agency, or other agency referred to in question 5 at the federal, tribal, state, county, or municipal level?   1 Federal  2 A Native American Tribal Government  3 State  4 County  5 Municipal (includes Washington, DC)  6 Other (specify)   1. What ~~was the~~ were the three most serious offenses for which person was assigned bed on [REF\_DATE\_SHORT]? Enter the code for the three most serious offenses resulting in this placement. If the offense(s) was also a probation or parole violation, please check the box to the right of the code you entered. See the Offense Codes <link>here</link> for reference. 2. In which state or territory did this person commit the most serious offense? 3. On [REF\_DATE\_SHORT], what was this person’s court adjudication status for the most serious offense? “Adjudication” is the court process which determines whether or not the person committed the offense.   1 Agreement not to adjudicate (diversion)  2 Awaiting adjudication hearing in juvenile court  3 Adjudicated, awaiting disposition by juvenile court  4 Adjudicated and disposed in juvenile court and awaiting placement elsewhere  5 Adjudicated and disposed in juvenile court, in placement here  6 Awaiting transfer hearing to adult criminal court  7 Awaiting hearing or trial in adult criminal court  8 Convicted in adult criminal court  99 Don’t Know  10 Other (specify)   1. On what date was this person admitted to this facility for the most serious offense? If more than one date applies, enter the earliest one for the offense listed.   *[button-*Cancel*] [button-*Add Person*]* | |

## END PAGES

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| **ELIGIBILITY** | |
| *ASK* | *If* ***S1\_COUNT (c)*** *= 0 or* ***S1\_COUNT (a) =0*** |
| Based on your prior answer, what was the reason there was no one *(if* ***S1\_COUNT (a)*** *=0:* under 21*)* with assigned beds in your facility?   1. Facility Permanently Closed – Specify reason and date of closure 2. Facility Temporarily Closed – Specify reason and reopen date (if known) 3. Adult Only Facility – Specify when facility stopped holding juvenile offenders 4. Other – Specify | |

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| **BURDEN\_ESTIMATE** | |
| *ASK* | *All Respondents* |
| Thank you for participating in the 2021 CJRP pilot test. To help inform future CJRP data collection efforts, we would like to understand more about your experience filling out this questionnaire.  About how many hours did it take you to complete this questionnaire? <i>*Please include any time you spent gathering the necessary information.</i>* | |

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| **COMMENTS** | |
| *ASK* | *All Respondents* |
| Please provide any comments you have about the data submitted on this form.  Click the ‘Submit Data’ button below to finalize your survey. Once data has been submitted you will be locked out of the survey an unable to make any changes.  *[button-*Previous*] [button-***<b>Submit Data</b>***]* | |

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| --- | --- |
| **THANKYOU** | |
| *ASK* | *All Respondents* |
| Thank you for electronically submitting the 2021 Census of Juveniles in Residential Placement Pilot Study questionnaire. ~~Please remember to print a copy of your submission so that if we need to call you about an answer, you will be able to refer to your copy.~~  ~~Would you like a PDF of the form with your answers?~~  If you have any questions, please contact 2021 CJRP Pilot Study help desk staff at [phone] or [email]. | |