




# Log In Screen



*Serving Children, Families and Communities*



Office of Juvenile Justice  
and Delinquency Prevention



U.S. Department of Justice

## Census of Juveniles in Residential Placement

Welcome to the Census of Juveniles in Residential Placement. Your participation in this census makes it possible to provide comprehensive and reliable statistical data on the residential placement of juvenile offenders; facilitate the needs of juvenile justice agencies and social service organizations that address the many problems faced by today's youth; and gather the most complete and accurate information regarding issues of juvenile detention, correction, and placement. Thank you for your participation in this endeavor.

### Please login

- Login by entering the appropriate information and press the "Login" button
- Username and Password are case sensitive

Username:

Password:

**Please note: sessions will expire (requiring you to log back in) after 15 minutes of inactivity. No data will be lost.**

**\*\* WARNING \*\***

You have accessed a UNITED STATES GOVERNMENT computer. Use of this computer without authorization or for purposes for which authorization has not been extended is a violation of Federal law and can be punished with fines or imprisonment (PUBLIC LAW 99-474). System usage may be monitored, recorded, and subject to audit. Any information you enter into this system may be used by the Census Bureau for statistical purposes, including but not limited to improving the efficiency of our data collection programs. For information regarding the use of this system, and how your privacy is protected, visit our online privacy webpage at <http://www.census.gov/privacy/>. Use of this system indicates consent to the collection, monitoring, recording, and use of information provided inside this system.

# Facility Verification



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### **IMPORTANT INSTRUCTIONS**

Complete this questionnaire only for **JUVENILE DETENTION**. If additional questionnaires are needed for other facilities you report for, contact Krystal Jimerson at the Census Bureau by phone 1-800-352-7229 or e-mail at [govs.cjrp@census.gov](mailto:govs.cjrp@census.gov).

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 be recorded on separate questionnaires in this census.

**Continue**

# Dashboard



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Facility Name: NORTHWEST REGIONAL JUVENILE DETENTION

Action	Status	Section	Description
<a href="#">Start</a>	<b>Not Attempted</b>	0	Facility and User Contact Information
<a href="#">Start</a>	<b>Not Attempted</b>	1	General Information
<a href="#">Start</a>	<b>Not Attempted</b>	2	Person Level Data

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# Verification of Facility Name

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## Item A - Verification of Facility Name

**Please update the facility name below if corrections are needed:**

**Facility Name:** **JUVENILE DETENTION**

Yes, the name listed above is the correct name for this facility.

No, the name listed above is not the name of this facility.(Enter corrections below.)

**What is the correct name of your facility?**

# Verification of Mailing Address

## Item B - Verification of Mailing Address

**Is the address below the mailing address of the facility?**

JUVENILE DETENTION DIRECTOR

- Yes, the address listed above is the mailing address for this facility. (Proceed to Item C.)
- No, the address listed above is not this facility's mailing address. (Enter corrections below.)

**Enter this facility's mailing address.**

Title

Address 1

Address 2

City

State  Zip Code  -

# Verification of Physical Address

## Item C - Verification of Physical Address

Is your Facility's mailing address the same as the physical address?

- Yes, the mailing address is the same as the physical address.
- No, the mailing address is NOT the same as the physical address. Please enter the physical address below.

Enter the facility's physical address.

Physical Title

Address 1

Address 2

City

State  Zip  -

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# Contact Information

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### Item 1: Person Completing this Questionnaire

**Facility ID:**

**Facility Name:**

**JUVENILE DETENTION**

Respondent Name

Respondent Title

Address

City

State

Zip Code +4

Email Address

Phone Number

Ext.

Fax Number

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# Dashboard after Status is Updated



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Facility Name: NORTHWEST REGIONAL JUVENILE DETENTION

Action	Status	Section	Description
<a href="#">Review</a>	Complete	0	Facility and User Contact Information
<a href="#">Start</a>	<b>Not Attempted</b>	1	General Information
<a href="#">Start</a>	<b>Not Attempted</b>	2	Person Level Data

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# Question 1a



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### Section 1 - General Information

**Facility ID:**

**Facility Name**

JUVENILE DETENTION

**IMPORTANT INSTRUCTIONS:** Complete this questionnaire for the facility listed on this page. If you wish to report for additional facilities, call 1-800-352-7229.

**1a. Is this facility part of a larger agency?**

- Yes
- No

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# Question 1b



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### Section 2 - General Information

**1b. What is the name of this agency?**

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# Question 2a

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## Section 1 - General Information

**NOTE A:** 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 -**

*Select all that apply.*

- a private non-profit agency
- a for profit agency
- a government agency

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# Question 2b

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## Section 1 - General Information

**2b. What is the name of the private non-profit or for-profit agency that OWNS this facility?**

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## Section 1 - General Information

3. What is the level of the government agency that OWNS this facility?

*Select those that apply.*

- A Native American Tribal Government
- Federal
- State
- County
- Municipal (includes Washington, DC)
- Other - Specify

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# Question 4a

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## Section 1 - General Information

**NOTE B:** Questions 4 and 5 ask who OPERATES this facility.


**4a. Is this facility OPERATED by one or more of the following -**

*Select all that apply.*

- a private non-profit agency
- a for profit agency
- a government agency

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## Section 1 - General Information

**4b. What is the name of the private non-profit or for-profit agency that OPERATES this facility?**

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# Question 5

## Section 1 - General Information

5. What is the level of the government agency that **OPERATES** this facility (either directly or under a contract with)?

*Select those that apply.*

- A Native American Tribal Government
- Federal
- State
- County
- Municipal (includes Washington, DC)
- Other - Specify

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# Question 6

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## Section 1 - General Information


### 6. What type of residential facility is the one listed on the front cover?

*Select those that apply.*


[Facility Type Definitions \[PDF\]](#)

- Detention center
- Training school/Long-term secure facility
- Reception or diagnostic center
- Group home/Halfway house
- Residential treatment center (substance abuse, sex offender, mental health, etc.)
- Boot camp
- Ranch, forestry camp, wilderness or marine program, or farm
- Runaway and homeless shelter
- Other type of shelter
- Other - Specify

# General Section 1 Instructions



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## Section 1 - General Information

### IMPORTANT INSTRUCTIONS

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 Wednesday, October 25, 2017. 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.

- Do not include staff
- Include persons who were temporarily away but had assigned beds on October 25th
- Include juveniles being tried as adults in criminal court


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# Questions 7a & 7b



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## Section 1 - General Information

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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 **Wednesday, October 25, 2017**. 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 21; and
2. Those persons 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 only underage persons or for both underage persons and adults.
2. Those here for reasons other than offenses.

Please Classify each person under the 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.

Please use your records to answer the following questions.

**7a. According to your records, at the end of the day on October 25, 2017, did ANY persons have assigned beds in this facility?**

1 - Yes  
 2 - No

**7b. How many persons?**

# Question 7c



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### Section 2 - General Facility Information

**7c. Based on your prior answer, what was the reason there was no one with assigned beds in your facility?**

- Facility Permanently Closed - Specify Reason and Date of Closure
- Facility Temporarily Closed
- Adult Only Facility
- Other - Specify

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# Question 8

assigned beds in the facility.

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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 **Wednesday, October 25, 2017**. 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 21; and
2. Those persons 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 only underage persons or for both underage persons and adults.
2. Those here for reasons other than offenses.

Please Classify each person under the 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.

Please use your records to answer the following questions.

**8. How many of the persons who had assigned beds at the end of the day on Wednesday, October 25, 2017 were AGE 21 or older?**

*Please enter "0" if there are NO persons age 21 or older.*

Persons 21 or older

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# Questions 9a & 9b

## Section 1 - General Information

**NOTE C:** As a check, the sum of persons 21 and older and persons under age 21 should equal the number of persons assigned beds in the facility.

### [— Hide Instructions](#)

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 **Wednesday, October 25, 2017**. 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 21; and
2. Those persons 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 only underage persons or for both underage persons and adults.
2. Those here for reasons other than offenses.

Please Classify each person under the 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.

Please use your records to answer the following questions.

**9a. At the end of the day on Wednesday, October 25, 2017, did ANY persons UNDER AGE 21 have assigned beds in this facility?**

- 1 - Yes  
 2 - No

**9b. How many persons?**

# Questions 9a & 9b

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**Section 1 - General Information**

**NOTE C:** As a check, the sum of persons 21 and older and persons under age 21 should equal the number of persons assigned beds in the facility.


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**9a. At the end of the day on Wednesday, October 25, 2017, did ANY persons UNDER AGE 21 have assigned beds in this facility?**

1 - Yes

2 - No

**9b. How many persons?**

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# Question 9c



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### Section 2 - General Facility Information

**9c. Based on your prior answer, what was the reason there was no one under 21 with assigned beds in your facility?**

- Facility Permanently Closed - Specify Reason and Date of Closure
- Facility Temporarily Closed
- Adult Only Facility
- Other - Specify

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# Questions 10a & 10b

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Section 1 - General Information

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**10a. At the end of the day on Wednesday, October 25, 2017, did ANY persons UNDER AGE 21 have assigned beds in this facility SPECIFICALLY BECAUSE they were CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE?**

1 - Yes  
 2 - No

**10b. How many persons under age 21 because they were CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE?**

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# Questions 11a & 11b

Form Number: CJ-14 OMB No.: 1121-0218 Approval Expires: 05/31/2019



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### Section 1 - General Information

**NOTE D:** As a check, the sum of persons under 21 with offenses and persons under 21 with reasons other than offenses should equal the number of persons under age 21.

**11a. At the end of the day on Wednesday, October 25, 2017, did ANY of the persons UNDER AGE 21 have assigned beds in this facility FOR REASONS OTHER THAN OFFENSES? Do NOT include staff. [More Detail](#)**

- 1 - Yes
- 2 - No

**11b. How many persons under age 21 because of non-offense reasons?**

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# Question 12a



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### Section 1 - General Information

**12a. Does this facility provide ON-SITE RESIDENTIAL TREATMENT?**


- Yes
- No

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# Question 12b



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### Section 1 - General Information

**12b. What kind of treatment is provided INSIDE this facility?**


Select those that apply.

- Mental health treatment
- Substance abuse treatment
- Sex offender treatment
- Treatment for arsonists
- Treatment specifically for violent offenders
- Other - Specify

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# Question 13



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### Section 1 - General Information

**13. Does this facility provide foster care?**

Select one.

- Yes, for all young persons
- Yes, for some but not all young persons
- No

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# Question 14



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### Section 1 - General Information

**14. Does this facility provide independent living arrangements for any young persons?**

- Yes
- No

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# Question 15

Form Number: CJ-14 OMB No.: 1121-0218 Approval Expires: 05/31/2019



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### Section 1 - General Information

#### 15. On Wednesday, October 25, 2017, did this facility house any overflow detention population?

"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**.

- 1 - Yes
- 2 - No

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# Question 16a



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### Section 1 - General Information

**16a. Are ANY young persons in this facility locked into their sleeping rooms by staff at ANY time to confine them?**

- Yes
- No


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# Question 16b



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### Section 1 - General Information


**16b. When are young persons in this facility locked into their sleeping rooms by staff?**

Select those that apply.


- When they are out of control
- When they are suicidal
- Rarely, no set schedule
- During shift changes
- Whenever they are in their sleeping rooms
- At night
- Part of each day
- Most of each day
- All of each day
- Other - Specify

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# Questions 17 & 18a



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### Section 1 - General Information

**17. Does the facility have any of the following features intended to confine young persons within specific areas?**

Select those that apply.

- Doors for secure day rooms that are locked by staff to confine young persons within specific areas
- Wing, floor, corridor, or other internal security doors that are locked by staff to confine young persons within specific areas
- Outside doors that are locked by staff to confine young persons within specific buildings
- External gates in fences or walls WITHOUT razor wire that are locked by staff to confine young persons
- External gates in fences or walls WITH razor wire that are locked to confine young persons
- Other - Specify
- The facility has NONE of the above features

**18a. Are outside doors to any buildings with living/sleeping units in this facility ever locked by staff?**

- Yes
- No

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# Questions 18b & 18c



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### Section 1 - General Information

#### 18b. Why are outside doors to buildings with living/sleeping units in this facility locked?

Select those that apply.

- To keep intruders out
- To keep young persons inside this facility

#### 18c. WHEN are outside doors to buildings with living/sleeping units in this facility locked?

Select those that apply.

- Rarely, no set schedule
- At night
- Part of each day
- Most of each day
- All of each day
- When the facility is unoccupied
- Other - Specify

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# Question 19

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### Section 1 - General Information

**19. During the YEAR between October 1, 2016 and September 30, 2017, 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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# Question 20

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### Section 1 - General Information

**20. How many young persons died while assigned beds at this facility during the year between October 1, 2016 and September 30, 2017?**

Person(s)

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# Issue Preview Page

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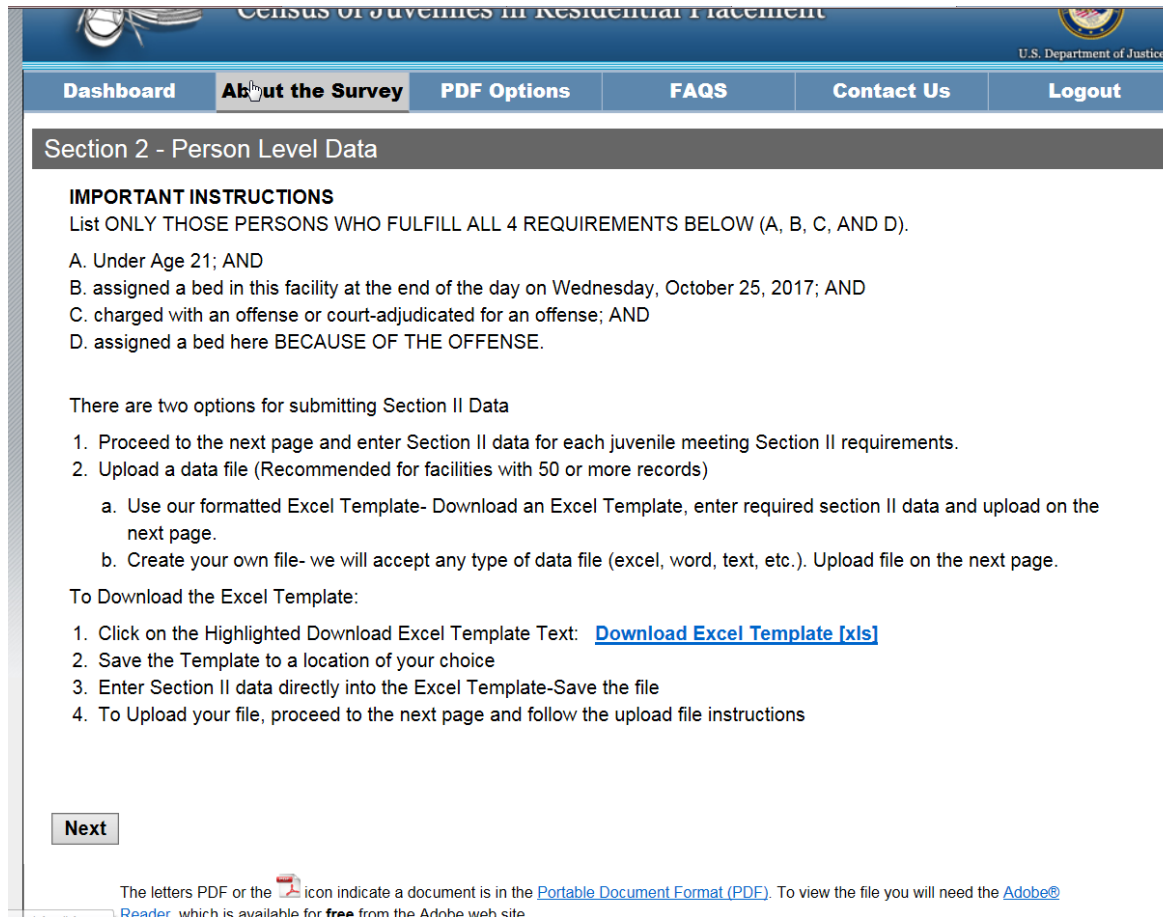
## Review Your Responses

Listed below are potential issues. You may click on a page name to return to that page and review and/or correct any issues, or continue.

- [Question 1a](#) (has 1 issue)
- [Questions 2a](#) (has 0 issues)
- [Question 2b](#) (has 1 issue)
- [Questions 4a](#) (has 1 issue)
- [Questions 4b](#) (has 1 issue)
- [Question 6](#) (has 1 issue)
- [Question 7a](#) (has 1 issue)
- [Questions 8, 9a](#) (has 1 issue)
- [Questions 10a](#) (has 0 issues)
- [Questions 11a](#) (has 1 issue)
- [Questions 12a](#) (has 0 issues)
- [Question 12b](#) (has 0 issues)
- [Question 13](#) (has 0 issues)
- [Question 14](#) (has 0 issues)
- [Questions 15](#) (has 0 issues)
- [Questions 16a](#) (has 0 issues)
- [Questions 16b](#) (has 0 issues)
- [Questions 17, 18a](#) (has 1 issue)
- [Questions 18b, 18c](#) (has 2 issues)
- [Question 19](#) (has 0 issues)
- [Questions 20](#) (has 0 issues)

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# Section 2 General Instructions



The screenshot shows a web interface for the 'Census of Juveniles in Residential Placement' by the U.S. Department of Justice. The navigation menu includes 'Dashboard', 'About the Survey', 'PDF Options', 'FAQS', 'Contact Us', and 'Logout'. The main content area is titled 'Section 2 - Person Level Data' and contains the following instructions:

**IMPORTANT INSTRUCTIONS**  
List ONLY THOSE PERSONS WHO FULFILL ALL 4 REQUIREMENTS BELOW (A, B, C, AND D).  
A. Under Age 21; AND  
B. assigned a bed in this facility at the end of the day on Wednesday, October 25, 2017; 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

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# Section 2 Data

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### Section 2 - Person Level Data

[Section 2 Instructions](#)  
All rows displayed below have been saved, upon completion please use the Finalize Survey button to complete the survey.

ID Number	Sex	Date of Birth		
Showing entries 0 to 0 of 0				

[Download Template \(Excel\)](#) | [Add a Person](#) | [Upload a File](#) | [View/Print Report as PDF](#) | [Finalize Survey](#)


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# Section 2 File Upload



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### File Uploads


- 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.

**Select File to Upload**

No file selected.

No files have been uploaded.


# Section 2 Data Entry



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### Section 2 - Person Level Data

**1. Enter an identifying number or first name and last initial for all persons meeting ALL 4 section 2 requirements. Use an identifier that will allow YOU to reidentify each person 6 months from now, if a callback is needed.**

**2. What is this person's sex?**

Select One ▾

**3. What is this Person's date of birth?**

Month ▾ Day ▾ Year ▾

**4. What is this person's race? [More Detail](#)**

Select One ▾

**If two or more races please specify:**

If two or more races please specify

**5. Which one of the following placed this person at this facility?**

Select One ▾

# Section 2 Data Entry Continued

6. Is the court, law enforcement agency, or other agency referred to in question 5 at the federal, tribal, state, county or municipal level?

If other please specify:

7. What was the most serious offense for which this person was assigned a bed here on October 25? [More Detail](#)

Select the code for the most serious offense resulting in this placement.

8. In which state or territory did this person commit the offense?

9. On October 25, 2017, what was this person's court adjudication status for the offense listed in question 7?


Adjudication is the court process which determines whether or not the person committed the offense.

If other please specify:

10. On what date was this person admitted to this facility for the offense listed in question 7?

If more than one date applies, enter the earliest one for the offense listed in question 7.


# Data Submission Page



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### General Comments


Please provide any comments below:

[Previous](#) [Submit data](#)


Message from webpage

Once data has been submitted, you will be locked out of the survey and unable to make any changes. Are you sure you want to continue?

OK Cancel


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# Thank You Screen



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Thank you for electronically submitting the Census of Juveniles in Residential Placement. 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.

[Exit Survey](#)

Would you like a PDF of the form with your answers? 

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# Survey Closed Screen



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## Census of Juveniles in Residential Placement



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The 2017 Census of Juveniles In Residential Placement Web Collection is now closed. If you have questions, please contact Krystal Jimerson at 1-800-352-7229 or [krystal.m.jimerson@census.gov](mailto:krystal.m.jimerson@census.gov). Also, our Juvenile Residential Facility Census data collection is under way. If you have not received your form, please contact Sabrina Webb at 1-800-352-7229 or [Sabrina.webb@census.gov](mailto:Sabrina.webb@census.gov). Also visit <http://www.ojjdp.gov/publications/index.html> for additional data research information and findings.

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