

2021 Census of Juveniles in Residential Placement

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



User ID:

Password:

(Please correct any error in name, mailing address, and ZIP Code above)

**This questionnaire asks about persons who had assigned
beds in this facility on Wednesday, October 27, 2021.**

PLEASE COMPLETE ONLINE AT:
<https://respond.census.gov/cjrp>
(see enclosed flyer for details)

OR

COMPLETE AND MAIL THIS FORM
IN THE ENCLOSED ENVELOPE BY
NOVEMBER 24, 2021.

**RETURN THE
COMPLETED
FORM TO**



**US Census Bureau
PO Box 5000
Jeffersonville, IN 47199-5000
GOVS/CJRP**

Fax: 1-888-262-3974

EMAIL: govs.CJRP@census.gov

**If you have any questions, call Megan Minnich
U.S. Census Bureau, 1-800-352-7229.**

PERSON COMPLETING THIS QUESTIONNAIRE

Name			E-mail address		
Title					
Business address – Number and street/or P.O. Box/Route number			Telephone		
			Area code	Number	Extension
			Fax Number		
City	State	ZIP Code	Area code	Number	

Section I – GENERAL INFORMATION

IMPORTANT INSTRUCTIONS

Complete this questionnaire for just the one facility listed on the cover. If additional questionnaires are needed for other facilities for which you report, call 1-800-352-7229 to request more forms.

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

01 Yes

02 No → **Go to Note A**

1b. What is the name of this agency?

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 –

Mark (X) all that apply.

01 a private non-profit agency

02 a for profit agency

03 a government agency → **Go to Question 3**

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

→ **Go to NOTE B**

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

Mark (X) all that apply.

01 A Native American Tribal Government

02 Federal

03 State

04 County

05 Municipal (includes Washington, DC)

06 Other – Specify ↴

NOTE B

Questions 4 and 5 ask who OPERATES this facility.

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

Mark (X) all that apply.

01 a private non-profit agency

02 a for profit agency

03 a government agency → **Go to Question 5**

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

→ **Go to Question 6**

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

Mark (X) all that apply.

01 A Native American Tribal Government

02 Federal

03 State

04 County

05 Municipal (includes Washington, DC)

06 Other – Specify ↴

Section I – GENERAL INFORMATION

6. What type of residential facility is the one listed on the front cover? Mark (X) those that apply.

- 01 **Detention center:** 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).
- 02 **Training school/Long-term secure facility:** 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.
- 03 **Reception or diagnostic center:** A short-term facility that screens juvenile offenders committed by the courts and assigns them to appropriate correctional facilities.
- 04 **Group home/Halfway house:** A long-term facility that is generally non-secure and intended for post-adjudication commitments in which young persons are allowed extensive contact with the community, such as attending school or holding a job.
- 05 **Residential treatment center:** A facility that focuses on providing some type of individually planned treatment program for youth (substance abuse, sex offender, 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.
- 06 **Boot camp:** 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.
- 07 **Ranch, forestry camp, wilderness or marine program or farm:** 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.
- 08 **Runaway and homeless shelter:** 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.
- 09 **Other type of shelter:** This includes emergency non-secure shelters where juveniles are housed short-term until another placement can be found.
- 10 **Other:** This includes independent living programs and anything that cannot be classified above. *Specify* ↴

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 27, 2021**. 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.

Please use your records to answer the following questions.

7a. According to your records, at the end of the day on October 27, 2021, did ANY persons have assigned beds in this facility? Include persons who were temporarily away, but had assigned beds on October 27, 2021. Do NOT include staff.

01 Yes

02 No → **STOP HERE** and mail this form **ONLY** if there were **NO PERSONS IN YOUR FACILITY OR THE FACILITY WAS CLOSED** (permanently or temporarily) on this date. Indicate the reason in the **COMMENTS** Section on Page 18.

7b. According to your records, at the end of the day on October 27, 2021, how many persons had assigned beds in this facility?

Persons

Section I – GENERAL INFORMATION – Continued

- 8. How many of the persons who had assigned beds at the end of the day on Wednesday, October 27, 2021, were AGE 21 or older?** Include persons who were temporarily away, but had assigned beds on October 27, 2021.

Do NOT include staff. Please write "0" if there are NO persons age 21 or older.

Persons 21 or older

- 9a. At the end of the day on Wednesday, October 27, 2021, did ANY persons UNDER AGE 21 have assigned beds in this facility?** INCLUDE juveniles being tried as adults in criminal court. Do NOT include staff.

01 Yes

02 No → **STOP HERE** and mail this form ONLY if there were NO persons under 21 in your facility on this date. Indicate the reason in the COMMENTS Section on Page 18.

- 9b. According to your records at the end of the day on Wednesday, October 27, 2021, how many persons UNDER AGE 21 had assigned beds in this facility?** Include persons who were temporarily away but had assigned beds on October 27, 2021. Do NOT include staff.

Persons under the age of 21

**NOTE
C**

As a check, the sum of question 8 (persons 21 and older) and 9b (persons under age 21) should equal the sum reported in question 7b (number of persons assigned beds in the facility).

- 10a. At the end of the day on Wednesday, October 27, 2021, did ANY of the persons UNDER AGE 21 have assigned beds in this facility SPECIFICALLY BECAUSE they were 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. See the Offense Codes on Page 19 and 20.

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 OCTOBER 27, 2021 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.

01 Yes

02 No → **Go to Question 11a**

- 10b. According to your records at the end of the day on Wednesday, October 27, 2021, HOW MANY PERSONS UNDER AGE 21 had assigned beds in the facility SPECIFICALLY BECAUSE they were CHARGED WITH OR COURT-ADJUDICATED FOR AN OFFENSE, as defined in question 10a?**

Later you will be asked to provide information about each of these persons. Include persons who were temporarily away but had assigned beds on October 27, 2021. Do NOT include staff.

Persons under age 21 here because they were charged with or court-adjudicated for an offense.

Section I – GENERAL INFORMATION – Continued

11a. At the end of the day on Wednesday, October 27, 2021, 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.

01 Yes

02 No → **Go to Note D**

11b. According to your records at the end of the day on Wednesday, October 27, 2021, HOW MANY PERSONS UNDER AGE 21 had assigned beds in this facility FOR REASONS OTHER THAN OFFENSES, as defined in question 11a?

Include persons who were temporarily away but had assigned beds on October 27, 2021. Do NOT include staff.

Persons under age 21 here because of non-offense reasons.

**NOTE
D**

As a check, the sum of questions 10b (persons under 21 with offenses) and 11b (persons under 21 with reasons other than offenses) should equal 9b (the number of persons under age 21)

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

01 Yes

02 No → **Go to Question 13**

12b. What kind of treatment is provided INSIDE this facility? Mark (X) those that apply.

01 Mental health treatment

02 Substance abuse treatment

03 Sex offender treatment

04 Treatment for arsonists

05 Treatment specifically for violent offenders

06 Other – Specify ↴

13. Does this facility provide foster care?

01 Yes, for all young persons

02 Yes, for some but not all young persons

03 No

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

01 Yes

02 No

15. On Wednesday, October 27, 2021, 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**.

01 Yes

02 No

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

01 Yes

02 No → **Go to Question 17**

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

Mark (X) all that apply.

01 When they are out of control

02 When they are suicidal

03 Rarely, no set schedule

04 During shift changes

05 Whenever they are in their sleeping rooms

06 At night

07 Part of each day

08 Most of each day

09 All of each day

10 Other – Specify ↴

Section I – GENERAL INFORMATION – Continued

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

Mark (X) all that apply.

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

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

- 01 Yes
- 02 No → **Go to Question 19**

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

Mark (X) all that apply.

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

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

Mark (X) all that apply.

- 01 Rarely, no set schedule
- 02 At night
- 03 Part of each day
- 04 Most of each day
- 05 All of each day
- 06 When the facility is unoccupied
- 07 Other – Specify ↴

19. During the YEAR between October 1, 2020 and September 30, 2021, did ANY young persons die while assigned a bed at this facility at a location either INSIDE or OUTSIDE of this facility?

- 01 Yes
- 02 No → **Go to Section II on page 7**

20. How many young persons died while assigned beds at this facility during the year between October 1, 2020 and September 30, 2021?

Person(s)

Section IA – COVID Addendum

COVID Addendum

The National Institute of Justice and Office of Juvenile Justice and Delinquency Prevention are interested in timely and relevant information on events that may impact residential facilities and the juvenile population housed within these facilities. As such, the following questions are related to the Coronavirus pandemic (COVID-19). Please answer the following questions regarding the Coronavirus pandemic (COVID-19) using the time frame October 29, 2020 through October 27, 2021. Note that the term “young person” refers to persons 21 and under.

1a. Between October 29, 2020 to October 27, 2021, how many Coronavirus (COVID-19) TESTS were conducted on YOUNG persons assigned beds in this facility? Coronavirus test refers to the viral test for COVID-19. Do not count serology tests (also known as antibody tests).

INCLUDE –

- Tests conducted either on or off facility grounds (e.g., at hospitals, medical centers, private labs, patient service centers, and other health vendors).
- Tests conducted on persons on transfer to treatment facilities, but who remained under the jurisdiction of your facility.
- Count the number of tests, regardless if any single young person was tested more than once. You will report the number of people later in this survey

EXCLUDE –

- Antibody tests that are used to detect antibodies produced in response to Coronavirus (COVID-19), but do not confirm current infection.
- Suspected cases that were showing symptoms of Coronavirus (COVID-19), but were not tested.
- Persons who tested positive for Coronavirus (COVID-19) during the **INTAKE** process, and therefore were **NOT** admitted into your facility.

Number of tests conducted

01 Don't Know

1b. Of those tests in question 1a, how many TESTS were positive? Please, respond “0” if there were NO positive tests.

Positive Tests

01 Don't Know

2a. Individuals may test positive for the Coronavirus (COVID-19) multiple times. Between October 29, 2020 to October 27, 2021, how many PERSONS assigned beds in this facility tested POSITIVE?

Multiple positive results for the same individual should be counted only once.

YOUNG Persons assigned beds – received a Coronavirus (COVID-19) vaccine

TOTAL Persons assigned beds – received a Coronavirus (COVID-19) vaccine

01 Don't Know

2b. Between October 29, 2020 to October 27, 2021, how many STAFF employed in your facility tested POSITIVE for Coronavirus (COVID-19)?

Multiple positive results for the same individual should be counted only once.

INCLUDE staff tested either on or off facility grounds (e.g., at hospitals, medical centers, private labs, patient service centers, and other health vendors).

EXCLUDE –

- Antibody tests that are used to detect antibodies produced in response to Coronavirus (COVID-19), but do not confirm current infection.
- Suspected cases that were showing symptoms of Coronavirus (COVID-19), but were not tested.

Staff - tested positive for Coronavirus (COVID-19)

01 Don't Know

Section I – COVID ADDENDUM – Continued

3a. Between October 29, 2020 to October 27, 2021, were any YOUNG persons medically isolated or quarantined because of Coronavirus (COVID-19)?

- 01 Yes
02 No

3b. Which YOUNG persons assigned beds in this facility were medically isolated or quarantined because of Coronavirus (COVID-19)?

Mark (X) all that apply.

- 01 Residents who tested positive
02 Residents who presented symptoms
03 Residents who were contacts of confirmed or suspected COVID-19 cases
04 New intakes into the facility
05 Residents returning to the facility following public exposure (e.g., court hearing, hospitalization)

3c. How were YOUNG persons medically isolated or quarantined due to COVID-19?

Mark (X) all that apply.

- 01 Solo secured room
02 Quarantine unit

3d. What was the maximum amount of time a YOUNG person could be isolated or quarantined due to COVID-19?

- 01 Until negative test
02 Fewer than 10 days
03 10 days or longer

4a. Between October 29, 2020 to October 27, 2021, did this facility make available the opportunity to receive the Coronavirus (COVID-19) vaccine to any YOUNG persons?

INCLUDE: Vaccines administered either on or off facility ground (e.g. at hospitals, medical centers, mass vaccinations sites, patient service centers, and other health vendors).

- 01 Yes
02 No

4b. What month did your facility first administer a vaccine for Coronavirus (COVID-19) to any young persons assigned a bed in this facility?

Month Year

- 01 N/A

4c. For which YOUNG persons assigned beds in this facility on October 27th, 2021 can you report on their Coronavirus (COVID-19) vaccination status?

Mark (X) all that apply.

- 01 All young persons
02 Young persons vaccinated on-site
03 Young persons vaccinated outside of this facility
04 Information not available to any young persons
05 Other, specify ↴

4d. On October 27, 2021, how many PERSONS assigned beds in this facility had received at least one dose of the Coronavirus (COVID-19) vaccine?

YOUNG Persons assigned beds – received a Coronavirus (COVID-19) vaccine

TOTAL Persons assigned beds – received a Coronavirus (COVID-19) vaccine

- 01 Don't Know

IMPORTANT INSTRUCTIONS FOR SECTION II

- 1.** Record individual-level information in Section II on the persons under age 21 you included in **Section I, question 10b.**
- 2.** You may choose one of the following ways to record this information:
 - **Manual data entry**
Continue to write information directly on this form.
 - **Upload a data file**
Go to our website at <https://respond.census.gov/cjrp> **(Do not type "www" as a prefix)** and enter your Section I data. You can then upload a data file with Section II-Person Level data. The acceptable formats are spreadsheet, text file, or data base file.
 - **Complete all data entry on the web**
Go to our website at <https://respond.census.gov/cjrp> **(Do not type "www" as a prefix)** and enter Section I and Section II data.
- 3. BE SURE TO KEEP COPIES OF THE DATA YOU SUBMIT.**

Section II – PERSON LEVEL DATA

START HERE | 

Please **COMPLETE** a **LINE** on the table below for **EACH** person who on October 27, 2021, was

List below ONLY THOSE PERSONS WHO FULFILL ALL 4 REQUIREMENTS ABOVE (A, B, C, AND D). →

Line number	1. Enter an identifying number or first name and last initial for all persons meeting ALL 4 requirements above. 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? Enter the code on the line. 1 – Male 2 – Female	3. What is this person's date of birth?			4. What is this person's race? Enter the code on the line. 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 <i>For definitions of these categories, please refer to Page 18.</i>	5. Which one of the following placed this person at this facility? Enter the code on the line. 1 – Court, probation agency, or law enforcement agency 2 – Corrections or other justice agency not included in 1 3 – Social services agency 4 – School official, parent or guardian, or young person him/herself 5 – Other – Specify	Line number	
	Code	Mo.	Day	Yr.	Code	Specify Other only	Code		Specify Other only
EX	2071	1	02	14	2004	3		1	EX
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12									12

Section II – PERSON LEVEL DATA

- A.** UNDER age 21; **AND**
- B.** assigned a bed in this facility at the end of the day on Wednesday, October 27, 2021; **AND**
- C.** charged with an offense or court-adjudicated for an offense; **AND**
- D.** assigned a bed here BECAUSE OF THE OFFENSE.

Do NOT list persons assigned beds here for reasons other than offenses, as described in Section I, 11a.

Line number	6. 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?		7. What was the most serious offense for which this person was assigned a bed here on October 27, 2021?		8. In which state or territory did this person commit the offense?		9. On October 27, 2021, what was this person's court adjudication status for the offense listed in question 7?		10. On what date was this person admitted to this facility for the offense listed in question 7?			Line number
	Code	Specify Other only	Code	State	Code	Specify Other only	Mo.	Day	Yr.			
EX	4		25	Vt.	04		09	15	2021	EX		
01										01		
02										02		
03										03		
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12										12		

Line number	1. Enter an identifying number or first name and last initial for all persons meeting ALL 4 requirements above. 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? Enter the code on the line. 1 – Male 2 – Female	3. What is this person's date of birth?			4. What is this person's race? Enter the code on the line. 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 – <i>Specify</i> <i>For definitions of these categories, please refer to Page 18.</i>		5. Which one of the following placed this person at this facility? Enter the code on the line. 1 – Court, probation agency, or law enforcement agency 2 – Corrections or other justice agency not included in 1 3 – Social services agency 4 – School official, parent or guardian, or young person him/herself 5 – Other – <i>Specify</i>		Line number
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Line number	6. 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?		7. What was the most serious offense for which this person was assigned a bed here on October 27, 2021?		8. In which state or territory did this person commit the offense?		9. On October 27, 2021, 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.		10. On what date was this person admitted to this facility for the offense listed in question 7?			Line number
	Code	Specify Other only	Code	State	Code	Specify Other only	Mo.	Day	Yr.			
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Line number	1. Enter an identifying number or first name and last initial for all persons meeting ALL 4 requirements above. 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? Enter the code on the line. 1 – Male 2 – Female	3. What is this person's date of birth?			4. What is this person's race? Enter the code on the line. 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 – <i>Specify</i> <i>For definitions of these categories, please refer to Page 18.</i>		5. Which one of the following placed this person at this facility? Enter the code on the line. 1 – Court, probation agency, or law enforcement agency 2 – Corrections or other justice agency not included in 1 3 – Social services agency 4 – School official, parent or guardian, or young person him/herself 5 – Other – <i>Specify</i>		Line number
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Line number	6. 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?		7. What was the most serious offense for which this person was assigned a bed here on October 27, 2021?		8. In which state or territory did this person commit the offense?		9. On October 27, 2021, 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.		10. On what date was this person admitted to this facility for the offense listed in question 7?			Line number
	Code	Specify Other only	Code	State	Code	Specify Other only	Mo.	Day	Yr.			
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48												48

Line number	1. Enter an identifying number or first name and last initial for all persons meeting ALL 4 requirements above. 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? Enter the code on the line. 1 – Male 2 – Female	3. What is this person's date of birth?			4. What is this person's race? Enter the code on the line. 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 – <i>Specify</i> <i>For definitions of these categories, please refer to Page 18.</i>		5. Which one of the following placed this person at this facility? Enter the code on the line. 1 – Court, probation agency, or law enforcement agency 2 – Corrections or other justice agency not included in 1 3 – Social services agency 4 – School official, parent or guardian, or young person him/herself 5 – Other – <i>Specify</i>		Line number
49									49	
50									50	
51									51	
52									52	
53									53	
54									54	
55									55	
56									56	
57									57	
58									58	
59									59	
60									60	
61									61	
62									62	
63									63	
64									64	
65									65	
66									66	

Line number	6. 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?		7. What was the most serious offense for which this person was assigned a bed here on October 27, 2021?		8. In which state or territory did this person commit the offense?		9. On October 27, 2021, 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.			10. On what date was this person admitted to this facility for the offense listed in question 7?			Line number
	Code	Specify Other only	Code	State	Code	Specify Other only	Mo.	Day	Yr.				
49												49	
50												50	
51												51	
52												52	
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63												63	
64												64	
65												65	
66												66	

Line number	1. Enter an identifying number or first name and last initial for all persons meeting ALL 4 requirements above. 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? Enter the code on the line. 1 – Male 2 – Female	3. What is this person's date of birth?			4. What is this person's race? Enter the code on the line. 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 – <i>Specify</i> <i>For definitions of these categories, please refer to Page 18.</i>		5. Which one of the following placed this person at this facility? Enter the code on the line. 1 – Court, probation agency, or law enforcement agency 2 – Corrections or other justice agency not included in 1 3 – Social services agency 4 – School official, parent or guardian, or young person him/herself 5 – Other – <i>Specify</i>		Line number
			Code	Mo.	Day	Yr.	Code	<i>Specify Other only</i>	Code	

Line number	6. 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?		7. What was the most serious offense for which this person was assigned a bed here on October 27, 2021?		8. In which state or territory did this person commit the offense?		9. On October 27, 2021, 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.		10. On what date was this person admitted to this facility for the offense listed in question 7?			Line number
	Code	Specify Other only	Code	State	Code	Specify Other only	Mo.	Day	Yr.			

The Federal Government uses the following definitions for the various racial categories.

White – A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

Black or African American – A person having origins in any of the black racial groups of Africa.

Hispanic or Latino – A person of Cuban, Mexican, Puerto Rican, South or Central American or other Spanish culture or origin, regardless of race.

American Indian or Alaska Native – A person having origins in any of the original peoples of North America and South America (including Central America) and who maintains tribal affiliations or community attachment.

Asian – A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

Native Hawaiian or other Pacific Islander – A person having origins in any of the original peoples of Hawaii, Guam, Samoa or other Pacific Islands.

Two or More Races, not of Hispanic origin – Refers to combinations of two or more of the following race categories: White, Black or African American, American Indian/Alaska Native, Asian, Native Hawaiian or other Pacific Islander. In cases of Hispanic origin, regardless of race(s), mark "Hispanic or Latino".

Thank you for completing this questionnaire. If you would like to give us any comments on this form, please write them below.

Please make copies for your own records of this completed questionnaire, so that if we need to call you about an answer, you will be able to refer to your copies.

Please mail the completed form in the enclosed envelope to:

**U.S. Census Bureau
P.O. Box 5000
Jeffersonville, IN 47199-5000
GOVS/CJRP**

Comments

OFFENSE CODES

Census of Juveniles in Residential Placement

These Offense Codes are divided into two main categories: (1) offenses for both underage persons and for adults, and (2) possible offenses for underage persons only. Information on these codes may make it easier for you to classify persons placed in the facility because of an offense.

In Section II, question 7, you are again referred to these offense codes. There, you are asked to match each young person's offense to the category and type of offense listed below. Note the two-digit code number, and write that number in Section II, question 7, on the line for that person. Please record the most serious offense for which this person had an assigned bed here on October 27, 2021.

Attempted offenses should be coded as if they were actual offenses, except for attempted murder which should be coded as 20 (assault, aggravated).

Definitions of the offenses are provided on Page 20.

OFFENSES FOR BOTH UNDERAGE PERSONS AND ADULTS

OFFENSES AGAINST PROPERTY

- 10** Arson
- 11** Auto theft, unauthorized use of auto, joyriding
- 12** Burglary, breaking and entering, household larceny
- 13** Theft, non-household larceny
- 14** Property damage, vandalism
- 19** Other property offense

OFFENSES AGAINST PERSONS

- 20** Assault, aggravated (include attempted murder)
- 21** Assault, simple
- 22** Kidnapping
- 23** Murder, manslaughter, negligent homicide
- 24** Violent sexual assault including forcible rape
- 25** Robbery
- 29** Other person offense

DRUG-RELATED OFFENSES

- 30** Drugs or narcotics, trafficking
- 31** Drugs or narcotics, possession
- 39** Other drug-related offense

OFFENSES AGAINST THE PUBLIC ORDER

- 40** Alcohol or drugs, driving under the influence of
- 41** Obstruction of justice
- 42** Non-violent sex offense, statutory rape
- 43** Weapons-related offenses
- 49** Other public order offense

PROBATION OR PAROLE VIOLATION

- 50** Probation or parole violation, violation of a valid court order

POSSIBLE OFFENSES FOR UNDERAGE PERSONS ONLY

The behaviors identified below are considered offenses in this census ONLY IF THEY ARE ILLEGAL in your state for underage persons:

- 60** Curfew violation
- 61** Incurable, ungovernable
- 62** Running away
- 63** Truancy
- 64** Alcohol: underage use, possession or consumption of
- 69** Other offense that is illegal for underage persons only

UNKNOWN OFFENSES

- 97** Unknown offense for both underage persons and adults
- 98** Unknown offense for underage persons only
- 99** Unknown offense