

2025 Juvenile Facility Census Program: Facility Operations Module



This questionnaire asks about services, staff, and persons assigned beds in this facility on Wednesday, March 25, 2026.

Instructions:

1. A juvenile residential facility is a place where young persons who have committed offenses may be housed overnight as direct result of those offenses. A facility has living/sleeping units, such as wings, floors, dorms, barracks, or cottages on one campus or in one building.
2. Any buildings with living/sleeping units that are not on the same campus should be considered separate facilities and should submit a separate questionnaire. Please request additional questionnaires using the contact information below.

You may find it helpful to use this form to gather the requested information. We ask that you submit your response online **BY APRIL 30, 2026:**

<https://respond.census.gov/jfcp>

If you cannot submit your information online, please mail or fax your information to the following:

U.S. Census Bureau
PO Box 5000
Jeffersonville, IN 47199-5000
GOVS/JFCP

Fax: 1-888-262-3974

If you have any questions, contact the U.S. Census Bureau: 1-800-352-7229 | erd.jfcp@census.gov

FACILITY NAME

PERSON COMPLETING THIS QUESTIONNAIRE

Name			E-mail address		
Title					
Street Address or P.O. Box					
Apt, Suite, or Unit (Optional)					
			Telephone		
City	State	ZIP Code	Area code	Number	Extension

MAILING ADDRESS OF FACILITY

Street Address or P.O. Box

Apt, Suite, or Unit (Optional)

City

State

ZIP Code

PHYSICAL ADDRESS OF FACILITY

☐ Physical address is the same as the mailing address

Street Address (DO NOT provide P.O. Box)

Apt, Suite, or Unit (Optional)

City

State

ZIP Code

Section 1 – GENERAL FACILITY INFORMATION

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. Who OWNS this facility?

Mark (X) only one.

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 (either directly or under contract).

4a. Who OPERATES this facility?

Mark (X) only one.

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?

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 1 – GENERAL FACILITY INFORMATION – Continued

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

Mark (X) all that apply.

- 01 ☐ **Detention Center:** A short-term facility that provides temporary care in a physically restricting environment for young persons in custody pending court disposition and, often, for young persons 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 young persons committed for short periods of time as part of their disposition (e.g., weekend detention).
- 02 ☐ **Long-term Secure Facility:** A specialized type of facility that provides strict confinement and long-term treatment generally for post-adjudication committed young persons placed for delinquency or status offenses. Includes training schools, juvenile correctional facilities, youth development centers.
- 03 ☐ **Reception or Diagnostic Center:** A short-term facility that screens young persons committed by the courts and assigns them to appropriate correctional facilities.
- 04 ☐ **Group Home or Halfway house:** These facilities are 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.
- 05 ☐ **Residential Treatment Center:** A facility that focuses on providing some type of individually planned treatment program for young persons (substance use, 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 ☐ **Ranch or Wilderness Camp:** A long-term facility focused on providing structured outdoor programs, such as farming, forestry, wildlife conservation, and environmental education. These facilities are generally non-secure and typically located in a remote area.
- 07 ☐ **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.
- 08 ☐ **Other Type of Shelter:** This includes emergency non-secure shelters where young persons are housed short-term until another placement can be found.
- 09 ☐ **Other:** This includes independent living programs and anything that cannot be classified above.
Specify 

7a. What was the TOTAL NUMBER OF STANDARD BEDS in this facility on the night of Wednesday, March 25, 2026?

Do NOT include staff beds.

- A single bed is one standard bed
- A double bunk bed is two standard beds

Total number of standard beds

7b. On the night of Wednesday, March 26, 2026, were there ANY OCCUPIED MAKESHIFT BEDS in this facility?

Makeshift beds are:

- Roll-out mats
- Fold-out cots
- Roll-away beds
- Pull-out mattresses
- Sofas
- Any other beds that are put away or moved during non-sleeping hours

01 ☐ Yes

02 ☐ No → **Go to Question 8**

7c. How many makeshift beds were occupied that night?

Occupied makeshift beds

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, March 25, 2026**. 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 this 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 just 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.

Section 1 – GENERAL FACILITY INFORMATION – Continued

8. According to your records, at the end of the day on March 25, 2026, how many persons had assigned beds in this facility in the following categories?

Include persons who were temporarily away but had assigned beds on the reference date. Do not include staff.

Write "0" if there are No persons in a category.

Category	Number of Persons	Skip Instructions
a. Total persons assigned beds	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-size: small;">(sum of b + c)</div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 10px;">→</div> <div style="background-color: black; color: white; padding: 5px; font-weight: bold;">If "0" go to Question 9a</div> </div>
Age Group		
b. Persons age 21 or older	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>	
c. Persons under age 21 <i>Include persons under 21 being tried as adults in criminal court.</i>	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div> <div style="text-align: right; font-size: small;">(sum of d + e)</div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 10px;">→</div> <div style="background-color: black; color: white; padding: 5px; font-weight: bold;">If "0" go to Question 9b</div> </div>
Reason for Admission		
d. Persons under age 21 charged with or court-adjudicated for an offense <i>An offense is any behavior that is illegal in your state for an underage person alone or both underage persons and adults. This includes a CRIMINAL OR DELINQUENCY OFFENSE, a STATUS OFFENSE (e.g., running away, truancy, curfew violation IF ILLEGAL in your state), or an offense being ADJUDICATED IN JUVENILE OR CRIMINAL COURT, including a probation or parole violation. It includes CHINS (Children in Need of Services) and PINS (Persons in Need of Services) here BECAUSE of an offense.</i>	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 10px;">→</div> <div style="background-color: black; color: white; padding: 5px; font-weight: bold;">If "0" go to Question 9c</div> </div>
e. Persons under age 21 assigned beds for reasons other than an offense <i>Include persons here for NON-OFFENSE reasons (e.g., neglect, abuse, dependency, mental health, or substance use problems, or other non-offense reasons); who have committed one or more offenses in the past but are here on the census date for reasons OTHER THAN THESE OFFENSES; here for behaviors such as running away, truancy, incorrigibility, or curfew violations if such behaviors are NOT ILLEGAL in your state; or voluntarily admitted. Include CHINS (Children in Need of Services) and PINS (Persons in Need of Services) not held for an offense.</i>	<div style="border: 1px solid black; width: 150px; height: 30px; margin: 0 auto;"></div>	<div style="display: flex; align-items: center; justify-content: center;"> <div style="font-size: 2em; margin-right: 10px;">→</div> <div style="background-color: black; color: white; padding: 5px; font-weight: bold;">Go to Section 2</div> </div>

9a. Specify why there were "0" persons reported in 8a.

Mark (x) only one and THEN STOP and submit this form.

- 01 ☐ Facility permanently closed → Date of Closure:

//_
- 02 ☐ Facility temporarily closed
- 03 ☐ Other - Specify:

9b. Specify why there were "0" persons reported in 8c.

Mark (x) only one and THEN STOP and submit this form.

- 01 ☐ Adult only facility
- 02 ☐ No persons under age 21 were placed in this facility
- 03 ☐ Other - Specify:

9c. Specify why there were "0" persons reported in 8d.

Mark (x) only one and THEN STOP and submit this form.

- 01 ☐ No persons under age 21 were placed in this facility for an offense.
- 02 ☐ This facility is no longer under contract to hold persons under age 21 for offense reasons.
- 03 ☐ Other – Specify:

Section 2 – FACILITY CHARACTERISTICS

1a. 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 2**

1b. (If yes) In what situations are young persons locked in their sleeping rooms?

Mark (X) all that apply.

01 ☐ When they are out of control

02 ☐ When they are suicidal

03 ☐ For medical reasons other than suicide

04 ☐ During shift changes

05 ☐ Whenever they are in their sleeping rooms

06 ☐ As part of a set schedule

07 ☐ Other – Specify ↗

1c. (If part of a set schedule) When are young persons in this facility locked into their sleeping rooms?

Mark (X) all that apply.

01 ☐ All of the time

02 ☐ During the day for 2 hours or less

03 ☐ During the day for more than 2 hours

04 ☐ At night

2. Does this facility have any of the following features utilized by staff to secure or confine young persons within specific areas?

Mark (X) all that apply.

01 ☐ Locked doors for secure day rooms

02 ☐ Locked internal security doors (e.g., wing, floor, corridor)

03 ☐ Locked outside doors

04 ☐ Fences or walls without razor wire

05 ☐ Fences or walls with razor wire

06 ☐ Other – Specify ↗

07 ☐ None of the above

3a. Are outside doors to any buildings with living/sleeping units in this facility ever locked?

01 ☐ Yes

02 ☐ No → **Go to Question 4a**

3b. 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

3c. When are outside doors to buildings with living/sleeping units in this facility locked?

Mark (X) all that apply.

01 ☐ All of the time

02 ☐ During the day for 2 hours or less

03 ☐ During the day for more than 2 hours

04 ☐ At night

05 ☐ Other – Specify ↗

4a. Is treatment provided INSIDE this facility?

Inside refers to any location on the facility grounds.

01 ☐ Yes

02 ☐ No → **Go to Question 5**

4b. What kind of treatment is provided INSIDE this facility?

Mark (X) all that apply.

01 ☐ Mental health treatment

02 ☐ Substance use treatment

03 ☐ Sex offender treatment

04 ☐ Treatment for arsonists

05 ☐ Treatment specifically for violent offenders

06 ☐ Behavioral modification or therapy

07 ☐ Trauma treatment

08 ☐ Anger management

09 ☐ Other – Specify ↗

5. Which of the following training requirements are front-line supervision staff and direct care staff required to take before working with young persons?

Mark (X) all that apply.

01 ☐ Behavioral health interventions and resources

02 ☐ Conflict de-escalation training and communication with young persons

03 ☐ Cross-sex supervision

04 ☐ Defensive tactics and restraint techniques

05 ☐ Gang identification, prevention, and management

06 ☐ Managing young persons with mental health problems

07 ☐ Professional conduct and ethics

08 ☐ Staff boundaries

09 ☐ Trauma-informed care

10 ☐ Other – Specify ↗

Section 2 – FACILITY CHARACTERISTICS – Continued

6a. Does this facility provide any of the following activities or services for the young persons in this facility through either the facility's own staff or by bringing in external providers?

Mark (X) all that apply.

	Provided by the facility's staff (1)	Provided by bringing in external providers (2)	This facility does not provide this (3)
a. Artistic opportunities (e.g., music, painting, drama)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
b. Formal mentoring program	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
c. Recreation (e.g., team sports, playing games)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
d. Reentry planning	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
e. Religious/Spiritual/Faith-based	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
f. Wellness (e.g., yoga, meditation)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>
g. Workforce development or vocational training	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>

6b. Are there any other activities or services not listed above that are provided for young persons in this facility? Please list any other activities or services provided. ➤

7. Which of the following best describes the physical layout of this facility?

Mark (X) only one.

This facility is -

- 01 ☐ a part of one building
 02 ☐ all of one building
 03 ☐ more than one building at a single site or on one campus
 04 ☐ Other – Specify ➤

8. Are there any other buildings with living/sleeping units that are associated with this facility that are not next to this facility building or on the same campus?

- 01 ☐ Yes
 02 ☐ No

INSTRUCTIONS

Please use the contact information on Page 1 to request additional questionnaires for each building with living/sleeping units associated with this facility that is not at the site of this facility building or campus.

9a. Are there any other juvenile residential facilities located within the same building or on the same campus as the facility being reported on here?

- 01 ☐ Yes
 02 ☐ No ➤ **Go to Section 3**

9b. How many OTHER juvenile residential facilities are located within the same building or on the same campus as the facility being reported on here?

Juvenile residential facilities

9c. Does the facility being reported on here share any of the following with the other facilities located in the same building or on the same campus?

Mark (X) all that apply.

- 01 ☐ The same agency affiliation
 02 ☐ The same mailing address
 03 ☐ The same on-site administrators
 04 ☐ One or more staff directly caring for the young persons
 05 ☐ One or more security staff
 06 ☐ The same school rooms
 07 ☐ The same infirmary
 08 ☐ The same food services
 09 ☐ The same dining room
 10 ☐ The same laundry services
 11 ☐ None of the above services are shared

Section 3 – MENTAL HEALTH SERVICES

1a. For each of the following behavioral/mental health providers, please indicate if young persons have access to these providers as paid facility employees, contract staff, or are available as needed in the community.

Mark (X) all that apply.

	Available as paid facility employees (1)	Available as contract staff (2)	Available as needed in the community (3)	Not available (4)
a. Psychiatrists (MDs or DOs)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. Licensed clinical psychologists (PhDs)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. Licensed clinical social worker or licensed mental health clinicians (e.g., persons with a master's degree in social work)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

1b. Do young persons have access to any other behavioral/mental health providers not listed above?

Please list any other behavioral/mental health providers. ↴

2a. After arrival in this facility, are ANY young persons asked questions or administered a form which asks questions to determine risk for suicide?

01 ☐ Yes

02 ☐ No → **Go to Question 7**

2b. What best describes the process through which young persons are asked questions or administered a form which asks questions to determine risk of suicide?

Mark (X) all that apply.

- 01 ☐ One or more questions about suicide incorporated into the medical history or intake process
- 02 ☐ A form or questions designed by this facility to assess suicide risk
- 03 ☐ A form or questions designed by a county or state juvenile justice system to assess suicide risk
- 04 ☐ MAYSI – Full Form
- 05 ☐ MAYSI – Suicide/depression module
- 06 ☐ C-SSRS
- 07 ☐ Other – Specify ↴

INSTRUCTIONS

Mental health professionals are limited in this census to:

- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with at least a Master's in SOCIAL WORK (MSW, LCSW)

Counselors in this census are:

- persons with a Master's degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor's in any field

3. Who asks questions or administers a form which asks questions to determine risk of suicide?

Mark (X) all that apply.

- 01 ☐ Counselors/intake workers who have NOT been trained by mental health professionals
- 02 ☐ Counselors/intake workers who have been trained by mental health professionals
- 03 ☐ A mental health professional
- 04 ☐ Some other person – Specify ↴

Section 3 – MENTAL HEALTH SERVICES – Continued

4. When are young persons FIRST asked questions or administered a form which asks questions to determine risk of suicide?

Mark (X) all that apply.

- 01 ☐ Within less than 24 hours after arrival
- 02 ☐ Between 24 hours and less than 7 days after arrival
- 03 ☐ Seven or more days after arrival
- 04 ☐ Other – Specify ☐

5. Which young persons are asked questions or administered a form which asks questions to determine risk of suicide?

Mark (X) all that apply.

- 01 ☐ ALL young persons are asked questions or administered a form which asks questions to determine suicide risk → **Go to Question 6**
- 02 ☐ Young persons who come directly from home, rather than from another facility
- 03 ☐ Young persons who display or communicate suicide risk
- 04 ☐ Young persons known to have prior suicide attempts
- 05 ☐ Young persons for whom no mental health care record is available
- 06 ☐ Other young persons not listed above – Specify ☐

6. Are ANY young persons re-asked questions or re-administered a form to evaluate suicide risk?

Mark (X) all that apply.

- 01 ☐ Yes, as necessary on a case-by-case basis
- 02 ☐ Yes, systematically, based on length of stay, facility events, or negative life events (for example, after each court appearance, every time the young person re-enters the facility, after a death in the family)
- 03 ☐ Other – Specify ☐
- 04 ☐ No, they are not re-asked questions or re-administered a form to determine suicide risk

7. Does this facility assign different levels of risk to young persons based on their perceived risk of suicide?

- 01 ☐ Yes
- 02 ☐ No

NOTE

The following questions ask about preventative measures taken once a young person is identified to be at risk for suicide. Please include all levels of suicide risk used by this facility, if any, when answering these questions.

8a. Are young persons who are determined to be at risk for suicide ever placed in a sleeping room or observation room that is locked or under staff security?

- 01 ☐ Yes
- 02 ☐ No → **Go to Question 9**

8b. Which of the following best describes what happens in the sleeping room or observation room that is locked or under staff security?

Mark (X) all that apply.

- 01 ☐ Camera observation
- 02 ☐ 15-minute staff checks
- 03 ☐ 5-minute staff checks
- 04 ☐ Line of site supervision (direct or through glass)
- 05 ☐ Staff assigned to doorway or in sleeping room/ One-on-one supervision/Arms length supervision
- 06 ☐ Other – Specify ☐

9. Are any of the following preventative measures taken when a young person is determined to be at risk for suicide?

Mark (X) all that apply.

- 01 ☐ One-on-one supervision/Arms length supervision
- 02 ☐ Line-of-sight supervision
- 03 ☐ Special clothing to identify young persons as at risk for suicide
- 04 ☐ Special clothing designed to prevent suicide attempts
- 05 ☐ Restraints used to prevent suicide attempts
- 06 ☐ Removal of personal items that may be used to attempt suicide
- 07 ☐ Removal from the general population
- 08 ☐ Other – Specify ☐

- 09 ☐ No preventative measures are taken when a young person is determined to be at risk for suicide

Section 3 – MENTAL HEALTH SERVICES – Continued

NOTE F

Questions 10 through 14 ask about mental health services provided at a location either **INSIDE** or **OUTSIDE** this facility. **INSIDE** refers to any location on the facility grounds. **OUTSIDE** refers to any location in the community or off facility grounds.

10. Do young persons assigned beds receive mental health services other than a suicide evaluation either **INSIDE** or **OUTSIDE** this facility?

Mental health services include:

- evaluations and appraisals conducted by mental health professionals to diagnose or to identify mental health needs
 - ongoing mental health therapy
 - ongoing counseling
- 01 ☐ Yes, provided both **INSIDE** and **OUTSIDE** this facility
- 02 ☐ Yes, provided **INSIDE** this facility
- 03 ☐ Yes, provided **OUTSIDE** this facility
- 04 ☐ No, this facility does not provide mental health services → **Go to Question 14a**

11a. Is ongoing **COUNSELING** for mental health problems provided **INSIDE** or **OUTSIDE** this facility by a **COUNSELOR**?

Counselors are limited to:

- persons with a Master's degree in a field other than psychology or social work
 - persons whose highest degree is a Bachelor's in any field
- 01 ☐ Yes, **INSIDE** and **OUTSIDE** this facility
- 02 ☐ Yes, **INSIDE** this facility
- 03 ☐ Yes, **OUTSIDE** this facility
- 04 ☐ No, ongoing counseling is not provided → **Go to Question 12a**

11b. Which forms of ongoing **COUNSELING** for mental health problems are provided by a **COUNSELOR**?

Mark (X) all that apply.

- 01 ☐ Individual counseling
- 02 ☐ Group counseling
- 03 ☐ Family counseling
- 04 ☐ Other – Specify ↴

12a. Are **ANY** young persons evaluated or appraised by a **MENTAL HEALTH PROFESSIONAL** at a location **INSIDE** or **OUTSIDE** this facility?

Evaluations and appraisals are conducted by mental health professionals to diagnose or to identify mental health needs.

Mental health professionals are limited to:

- psychiatrists
- psychologists with at least a Master's degree in **PSYCHOLOGY**
- social workers with at least a Master's degree in **SOCIAL WORK** (MSW, LCSW)

- 01 ☐ Yes, **INSIDE** and **OUTSIDE** this facility
- 02 ☐ Yes, **INSIDE** this facility
- 03 ☐ Yes, **OUTSIDE** this facility
- 04 ☐ No → **Go to Question 13a**

12b. When are young persons evaluated or appraised by a **MENTAL HEALTH PROFESSIONAL**?

Mark (X) all that apply.

- 01 ☐ Within less than 24 hours
- 02 ☐ Between 24 hours and less than 7 days after arrival
- 03 ☐ Seven or more days after arrival
- 04 ☐ Other – Specify ↴

12c. Which young persons are evaluated or appraised by a **MENTAL HEALTH PROFESSIONAL**?

Mark (X) all that apply.

- 01 ☐ ALL young persons are evaluated or appraised by a **MENTAL HEALTH PROFESSIONAL** → **Go to Question 13a**
- 02 ☐ Young persons who come directly from home, rather than from another facility
- 03 ☐ Young persons who are ordered by the court to get an evaluation
- 04 ☐ Young persons whom staff identify as needing an evaluation
- 05 ☐ Young persons known to have mental health problems
- 06 ☐ Young persons for whom no mental health record is available
- 07 ☐ Other young persons not listed above – Specify ↴

Section 3 – MENTAL HEALTH SERVICES – Continued

13a. Is ongoing THERAPY for mental health problems provided to young persons by a MENTAL HEALTH PROFESSIONAL INSIDE or OUTSIDE this facility?

Mental health professionals are limited to:

- psychiatrists
- psychologists with at least a Master's degree in PSYCHOLOGY
- social workers with at least a Master's degree in SOCIAL WORK (MSW, LCSW)

- 01 ☐ Yes, INSIDE and OUTSIDE this facility
02 ☐ Yes, INSIDE this facility
03 ☐ Yes, OUTSIDE this facility
04 ☐ No, ongoing THERAPY is not provided → **Go to Question 14a**

13b. Which forms of ongoing THERAPY for mental health problems are provided by MENTAL HEALTH PROFESSIONALS?

Mark (X) all that apply.

- 01 ☐ Individual therapy
02 ☐ Group therapy
03 ☐ Family therapy
04 ☐ Other – Specify ↗

14a. Are there one or more special living/sleeping unit(s) in this facility reserved just for young persons with mental health problems that are separate from other living/sleeping units?

- 01 ☐ Yes
02 ☐ No → **Go to Section 4 on page 11**

14b. What are the differences between special living/sleeping units reserved just for young persons with mental health problems and the other living/sleeping units?

Mark (X) all that apply.

- 01 ☐ average length of stay
02 ☐ physical security and/or monitoring of young persons
03 ☐ number of staff per young persons
04 ☐ type of treatment program
05 ☐ characteristics of young persons
06 ☐ specialized criteria for staff selection
07 ☐ specialized curriculum of treatment for the residents of these units
08 ☐ Other – Specify ↗

- 09 ☐ No differences between units

Section 4 – EDUCATIONAL SERVICES

- 1. After arrival in this facility, are ANY young persons evaluated to determine their educational grade levels and their educational needs at a location either INSIDE or OUTSIDE this facility?**

01 ☐ Yes

02 ☐ No → **Go to Note G**

- 2. After arrival in this facility, when are young persons evaluated to determine their educational grade level?**

Mark (X) all that apply.

01 ☐ Within less than 24 hours after arrival

02 ☐ Between 24 hours and less than 7 days after arrival

03 ☐ Seven or more days after arrival

04 ☐ Other – Specify ↘

- 3. Which of the following methods are used to evaluate young persons to determine their educational grade levels and their educational needs?**

Mark (X) all that apply.

01 ☐ Review of previous academic records

02 ☐ Interview with an education specialist

03 ☐ Administration of one or more written or computerized tests

04 ☐ Interview with an intake or admissions counselor

05 ☐ Interview with guidance counselor

06 ☐ Other – Specify ↘

- 4. Which young persons are evaluated to determine their educational grade levels and their educational needs?**

Mark (X) all that apply.

01 ☐ ALL young persons are evaluated → **Go to Note G**

02 ☐ Young persons who come directly from home, rather than from another facility

03 ☐ Young persons whom the staff identify as needing an assessment

04 ☐ Young persons for whom no educational record is available

05 ☐ Young persons with known educational problems

06 ☐ Other young persons not listed above – Specify ↘

NOTE G

Questions 5 through 6 ask about educational services provided either **INSIDE** and/or **OUTSIDE** this facility. **INSIDE** this facility refers to any location on the facility grounds. **OUTSIDE** this facility refers to any location in the community or off facility grounds.

- 5a. Do ANY young persons assigned beds here attend school or receive teacher instruction at a location either INSIDE or OUTSIDE this facility?**

Mark (X) only one.

01 ☐ Yes, provided both INSIDE and OUTSIDE this facility

02 ☐ Yes, provided INSIDE this facility

03 ☐ Yes, provided OUTSIDE this facility

04 ☐ No, educational services are not provided to young persons while assigned beds here → **Go to Section 5 on page 12**

- 5b. Which young persons attend school or receive teacher instruction?**

Mark (X) all that apply.

01 ☐ All young persons are required to attend school or receive teacher instruction → **Go to Question 6**

02 ☐ Those young persons who have not completed high school or their GED

03 ☐ Those young persons with special needs for remedial education

04 ☐ Those young persons who have been in the facility long enough to receive educational services

05 ☐ Those young persons who are required by the state to attend school because of their age

06 ☐ Those young persons assigned beds in special living/sleeping units – Specify unit type ↘

07 ☐ Other young persons not listed above – Specify ↘

- 6. Which of the following educational services are provided to young persons assigned beds here at a location either INSIDE or OUTSIDE this facility?**

Mark (X) all that apply.

01 ☐ Elementary-level education

02 ☐ Middle school-level education

03 ☐ High school-level education

04 ☐ Special education

05 ☐ GED preparation

06 ☐ GED testing

07 ☐ post-high school education or post-high school correspondence courses

08 ☐ Vocational/technical education

09 ☐ Life skills training

10 ☐ Other – Specify ↘

Section 5 – SUBSTANCE USE SERVICES

1a. After arrival in this facility, are ANY young persons evaluated to determine whether they have substance use problems?

Substance use problems include problems with drugs and/or alcohol.

01 ☐ Yes

02 ☐ No → **Go to Question 4a**

1b. Which of the following methods are used to evaluate persons after arrival in this facility to determine whether they have substance use problems?

Mark (X) all that apply.

01 ☐ Visual observation

02 ☐ Standardized self-report instruments, such as the SASSI, JASI, ACDI, ASI

03 ☐ Self-report check list inventory which asks about substance use

04 ☐ A staff-administered series of questions which asks about substance use

05 ☐ Other – Specify ↴

2. When are young persons FIRST evaluated to determine whether they have substance use problems?

Mark (X) all that apply.

01 ☐ Within less than 24 hours after arrival

02 ☐ Between 24 hours and less than 7 days after arrival

03 ☐ Seven or more days after arrival

04 ☐ Other – Specify ↴

3. After arrival in this facility, which young persons are evaluated for substance use problems?

Mark (X) all that apply.

01 ☐ ALL young persons → **Go to Question 4a**

02 ☐ Young persons charged with or adjudicated for a drug or alcohol-related offense

03 ☐ Young persons identified by the court or a probation officer as potentially having substance use problems

04 ☐ Young persons identified by facility staff as potentially having substance use problems

05 ☐ Other young persons not listed above – Specify ↴

4a. Are ANY young persons required to provide urine FOR DRUG ANALYSIS after arrival IN THIS FACILITY?

01 ☐ Yes

02 ☐ No → **Go to NOTE H**

4b. Which statements below describe the circumstances under which young persons are required to provide urine INSIDE this facility FOR DRUG ANALYSIS?

Mark (X) all that apply.

PERSONS PROVIDING URINE SAMPLE	CIRCUMSTANCES OF TESTING				
	After initial arrival in this facility (1)	Each time young persons reenter the facility during their stay (2)	At randomly scheduled times (3)	When drug use is suspected or drug is present (4)	At the request of the court or probation officer (5)
a. Young persons who are suspected of recent drug or alcohol use	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
b. Young persons with substance use problems	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>
c. ALL young persons assigned beds here	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>	05 <input type="checkbox"/>

Section 5 – SUBSTANCE USE SERVICES – Continued

NOTE H

Questions 5 through 9 ask about substance use services provided at a location either **INSIDE** or **OUTSIDE** this facility. **INSIDE** refers to any location within facility grounds. **OUTSIDE** refers to any location in the community or off facility grounds.

INSTRUCTIONS

Substance use services include:

- developing a substance use treatment plan assigning a
- case manager to oversee substance use treatment
- assigning young persons to special living units just for those with substance use problems
- ongoing substance use therapy or counseling
- substance use education

Substance use treatment professionals are limited in this census to:

- CERTIFIED substance use or addictions counselors
- psychiatrists
- psychologists with a Master's or higher in PSYCHOLOGY
- social workers with a Master's or higher in SOCIAL WORK (MSW, LCSW)

Counselors who are NOT substance use treatment professionals are limited to:

- persons with a Master's degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor's in any field

5. Do ANY young persons assigned beds here receive substance use services INSIDE or OUTSIDE this facility other than urinalysis or a substance use screening?

- 01 ☐ Yes, both INSIDE and OUTSIDE this facility
 02 ☐ Yes, INSIDE this facility
 03 ☐ Yes, OUTSIDE this facility
 04 ☐ No, this facility does not provide substance use services → **Go to Section 6**

6. Which of the following SUBSTANCE USE services are provided INSIDE or OUTSIDE this facility?

Mark (X) all that apply.

- 01 ☐ Substance use education
 02 ☐ Assignment of a case manager to oversee substance use treatment
 03 ☐ Development of a treatment plan to specifically address substance use problems
 04 ☐ Special living units in which all young persons have substance use offenses and/or problems
 05 ☐ None of these services are offered

7. Which of the following self-led, self-help groups are provided INSIDE or OUTSIDE this facility?

Mark (X) all that apply.

- 01 ☐ Alcoholics Anonymous or other related groups
 02 ☐ Narcotics Anonymous or other related groups
 03 ☐ Other – Specify
 04 ☐ No self-led, self-help groups are provided

8a. Is ongoing COUNSELING for substance use problems provided to young persons INSIDE or OUTSIDE this facility by a COUNSELOR who is NOT a substance use treatment professional?

Counselors who are NOT substance use treatment professionals are:

- persons with a Master's degree in a field other than psychology or social work
- persons whose highest degree is a Bachelor's in any field

- 01 ☐ Yes, provided both INSIDE and OUTSIDE this facility
 02 ☐ Yes, provided INSIDE this facility
 03 ☐ Yes, provided OUTSIDE this facility
 04 ☐ No, this facility does not provide COUNSELING for substance use problems → **Go to Question 9a**

8b. Which forms of ongoing COUNSELING for substance use problems are provided INSIDE or OUTSIDE this facility to young persons by a COUNSELOR who is NOT a substance use treatment professional?

Mark (X) all that apply.

- 01 ☐ Individual counseling
 02 ☐ Group counseling
 03 ☐ Family counseling
 04 ☐ None of these are provided

9a. Is ongoing THERAPY for substance use problems provided to young persons INSIDE or OUTSIDE this facility by a SUBSTANCE USE TREATMENT PROFESSIONAL?

- 01 ☐ Yes, both INSIDE and OUTSIDE this facility
 02 ☐ Yes, INSIDE this facility
 03 ☐ Yes, OUTSIDE this facility
 04 ☐ No, ongoing THERAPY for substance use problems is not provided → **Go to Section 6**

9b. Which forms of ongoing THERAPY for substance use problems are provided INSIDE or OUTSIDE this facility to young persons by a SUBSTANCE USE TREATMENT PROFESSIONAL?

Mark (X) all that apply.

- 01 ☐ Individual therapy
 02 ☐ Group therapy
 03 ☐ Family therapy
 04 ☐ None of these are provided

Section 6 – MEDICAL SERVICES

INSTRUCTIONS

Questions 1 through 7 ask about the availability of medical services at locations either **INSIDE** and/or **OUTSIDE** this facility.

INSIDE this facility refers to any location on the facility grounds.

OUTSIDE this facility refers to any location in the community or off facility grounds.

1. For each of the following medical providers, please indicate if this facility has access to these providers as paid facility employees, contract staff, available as needed in the community, or if the medical providers are not available.

Mark (X) all that apply.

	Available as paid facility employee (1)	Available as paid contract staff (2)	Available as needed in the community (3)	Not available (4)
a. Physicians (MDs or DOs)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. Nurse practitioners (NPs) or physician assistants (PAs)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. Registered nurses (RNs)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. Licensed practical nurses (LPNs) or licensed vocational nurses (LVNs)	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
e. Certified nursing assistants, nursing assistants, medication technicians or medication aides	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
f. Licensed social workers or persons with a bachelor's or master's degree in social work	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

2. Do ANY young persons assigned beds here receive the following examinations by a qualified provider, including a physician or ophthalmologist (MD or DO), nurse practitioner (NP), physician assistant (PA), optometrist (OD), or audiologist (AuD), either INSIDE or OUTSIDE of this facility?

Mark (X) only one in each row.

	Yes, provided INSIDE and OUTSIDE this facility (1)	Yes, provided only INSIDE this facility (2)	Yes, provided only OUTSIDE this facility (3)	No, not provided (4)
a. Physical Examination	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
b. Dental Examination	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
c. Vision Examination	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>
d. Hearing Examination	01 <input type="checkbox"/>	02 <input type="checkbox"/>	03 <input type="checkbox"/>	04 <input type="checkbox"/>

Section 6 – MEDICAL SERVICES – Continued

3. When a medical provider orders vaccinations for ANY young persons assigned beds here, can the young persons receive the vaccinations at a location either INSIDE or OUTSIDE of this facility?

- 01 ☐ Yes, provided INSIDE and OUTSIDE this facility
02 ☐ Yes, provided INSIDE this facility
03 ☐ Yes, provided OUTSIDE this facility
04 ☐ No, vaccinations are not provided

4. Do medical providers INSIDE or OUTSIDE this facility prescribe psychotropic medication for young persons?

- 01 ☐ Yes, prescribed INSIDE and OUTSIDE this facility
02 ☐ Yes, prescribed INSIDE this facility
03 ☐ Yes, prescribed OUTSIDE this facility
04 ☐ No, psychotropic medications are not prescribed

5. Do medical providers INSIDE or OUTSIDE this facility monitor psychotropic medication for young persons?

- 01 ☐ Yes, monitored INSIDE and OUTSIDE this facility
02 ☐ Yes, monitored INSIDE this facility
03 ☐ Yes, monitored OUTSIDE this facility
04 ☐ No, psychotropic medications are not monitored

6. Do ANY female young persons assigned beds here receive a gynecological examination by a physician (MD or DO), nurse practitioner (NP), or physician assistant (PA) at a location either INSIDE or OUTSIDE of this facility?

A gynecological examination involves the medical provider gathering a medical history regarding reproductive health and sexual behavior and conducting a pelvic and breast exam.

- 01 ☐ Yes, provided INSIDE and OUTSIDE this facility
02 ☐ Yes, provided INSIDE this facility
03 ☐ Yes, provided OUTSIDE this facility
04 ☐ No, gynecological examinations are not provided
05 ☐ No, this facility does not house female young persons

7a. Were ANY young persons assigned beds in this facility known by facility staff to be pregnant between March 1, 2025 and February 28, 2026?

01 ☐ Yes

02 ☐ No → **Go to Section 7 on page 16**

7b. How many young persons assigned beds in this facility were pregnant between March 1, 2025 and February 28, 2026?

Number of pregnant young persons

7c. Did ANY young persons assigned beds in this facility who were pregnant between March 1, 2025 and February 28, 2026 receive prenatal care from a physician (MD or DO), nurse practitioner (NP), or physician assistant (PA) at a location either INSIDE or OUTSIDE of this facility?

- 01 ☐ Yes, provided INSIDE and OUTSIDE this facility
02 ☐ Yes, provided INSIDE this facility
03 ☐ Yes, provided OUTSIDE this facility
04 ☐ No, prenatal care was not provided

Section 7 – THE PRIOR MONTH

INSTRUCTIONS

The following items ask you to answer questions about different events that may have occurred at this facility over a 28-day period.

The 28-day REFERENCE PERIOD for this section covers the time between the beginning of the day on February 1, 2026 and the end of the day on February 28, 2026.

1. During the month of February 2026, were there ANY UNAUTHORIZED DEPARTURES of any young persons who were assigned beds at this facility?

An "unauthorized departure" includes any incident in which a young person leaves without staff permission or approval for more than 10 minutes from:

- The physical security perimeter of the facility
- The mandatory supervision of a staff member when there is no physical security
- The mandatory supervision of transportation staff
- Any other approved area

01 ☐ Yes

02 ☐ No

2a. During the month of February 2026, were ANY young persons assigned beds at this facility transported to a hospital emergency room by facility staff, transportation staff, or by an ambulance?

01 ☐ Yes

02 ☐ No → **Go to Question 3**

2b. For what reason(s) were the young persons transported to a hospital emergency room DURING THIS 28 DAY PERIOD in February?

Mark (X) all that apply.

01 ☐ Sports-related injury

02 ☐ Work or chore-related injury

03 ☐ An injury that resulted from interpersonal conflict between one or more young persons, not including a sports-related injury

04 ☐ An injury that resulted from interpersonal conflict between a young person and a non-resident (including staff, visitors, or persons from the community)

05 ☐ Illness

06 ☐ Pregnancy complications

07 ☐ Labor and delivery

08 ☐ Suicide attempt

09 ☐ A non-emergency injury or illness that occurred when no physical health professional was available at the facility or on call

10 ☐ A non-emergency injury or illness that occurred when no doctor's appointment could be obtained in the community

11 ☐ Other – Specify ↗

3. During the month of February 2026, were ANY of the young persons assigned beds here restrained by facility staff with a mechanical restraint?

Mechanical restraints include handcuffs, leg cuffs, waist bands, leather straps, restraining chairs, strait jackets, or other mechanical devices

If the facility staff ONLY used mechanical restraints during transportation to and from this facility answer NO.

01 ☐ Yes

02 ☐ No

4. During the month of February 2026 were ANY of the young persons assigned beds here locked for more than four hours alone in an isolation, seclusion, or sleeping room to regain control of their unruly behavior?

Answer NO if:

- Young persons were locked in their sleeping rooms as part of the facility routine
- OR
- Young persons were locked in their rooms ONLY for purposes of quarantine, suicide watch, facility wide lockdown, or self-requested seclusion

01 ☐ Yes

02 ☐ No

Section 8 – THE PAST YEAR

INSTRUCTIONS

Questions 1 through 3 ask about deaths of young persons at locations either **INSIDE** and/or **OUTSIDE** this facility during the period between **March 1, 2025** and **February 28, 2026**.

INSIDE this facility refers to any location on the facility grounds.

OUTSIDE this facility refers to any location in the community or off facility grounds.

- 1. During the YEAR between March 1, 2025 and February 28, 2026, 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 Note 1**

- 2. How many young persons died while assigned beds at this facility during the year between March 1, 2025 and February 28, 2026?**

Person(s)

- 3. What was the cause of death, location of death, age, sex, race, date of admission to the facility, and date of death for each young person who died while assigned a bed at this facility?**

	Young person 1 (1)	Young person 2 (2)	Young person 3 (3)
a. Cause of death 1 – Illness/natural causes 2 – Injury suffered prior to placement here 3 – Suicide 4 – Homicide or manslaughter by another resident 5 – Homicide or manslaughter by non-resident(s) 6 – Accidental death 7 – Other – <i>Specify in box</i> →	<div>Code</div>	<div>Code</div>	<div>Code</div>
b. Location of death 1 – Inside this facility 2 – Outside this facility	<div>Code</div>	<div>Code</div>	<div>Code</div>
c. Age at death (in years)	<div></div>	<div></div>	<div></div>
d. Sex 1 – Male 2 – Female	<div>Code</div>	<div>Code</div>	<div>Code</div>
e. Race 1 – White, not Hispanic origin 2 – Black or African American, not of Hispanic origin 3 – Hispanic or Latino 4 – American Indian/Alaskan Native 5 – Asian 6 – Native Hawaiian or other Pacific Islander 7 – Middle Eastern or North African 8 – Other – <i>Specify in box</i> →	<div>Code</div>	<div>Code</div>	<div>Code</div>
f. Date of admission to facility (mm/dd/yyyy)	<div></div>	<div></div>	<div></div>
g. Date of death (mm/dd/yyyy)	<div></div>	<div></div>	<div></div>

COMMENTS

NOTE I

Thank you for completing this questionnaire. If you would like to give us any comments on this form, please write them on this page or attach another sheet.

Please make a copy of this questionnaire for your records so that if we need to contact you about a response, you will be able to refer to your copy.

**If you are unable to submit online, please mail the completed form to –
U.S. Census Bureau
P.O. Box 5000
Jeffersonville, IN 47199-5000
ERD/JFCP
or FAX toll free to: 1-888-262-3974.**

Comments

DEFINITIONS OF TERMS

Court-adjudicated: Refers to a youth who has been determined by a court to have committed the delinquent act or status offense for which they were charged.

Facility: A place that has living/sleeping units such as wings, floors, dorms, barracks, or cottages on one campus or in one building.

Gynecological Exam: Involves the medical provider gathering a medical history regarding reproductive health and sexual behavior and conducting a pelvic and breast exam.

Makeshift Beds: Alternative beds including roll-out mats, fold-out cots, roll-away beds, pull-out mattresses, sofas, and any other beds that are put away or moved during non-sleeping hours.

Medical Providers: Individuals who are authorized to practice by the state and are performing within the scope of their practice as defined by state law, such as physicians (MDs or DOs), registered nurses (RNs), nurse practitioners (NPs), etc.

Mental Health Professionals: Individuals that are Psychiatrists or Psychologists with at least a master's degree in psychology, and Social Workers with at least a Master's in social work (MSW, LCSW).

Mental Health Services: Includes evaluations and appraisals conducted by mental health professionals to diagnose or to identify mental health needs, as well as ongoing mental health therapy and ongoing counseling.

Residential Facility: A facility that houses persons overnight.

Services "Inside" a Facility: A service provided at any location on the facility grounds.

Services "Outside" a Facility: A service provided at any location in the community or off facility grounds.

Status Offense: An offense that is illegal in a state for underage persons but not for adults. Examples include running away, truancy, incorrigibility, curfew violation, and underage liquor violations.

Substance Use Services: Include substance use evaluations, developing a substance use treatment plan, assigning a case manager to oversee substance use treatment, assigning young persons to special living units for those with substance use problems, ongoing substance use therapy or counseling, and substance use education.

Substance Use Treatment Professionals: Individuals that are certified substance use or addiction counselors, psychiatrists, or psychologists, with at least a master's degree in psychology, as well as social workers with at least a Master's degree in social work (MSW, LCSW).

Therapy: Treatment of physical, mental, or behavioral disorders or disease.

Treatment: Intervention designed to manage illness, injury, disease or disorders.

Unauthorized Departures: Incidents in which a young person leaves without staff permission or approval for more than 10 minutes from the following: the physical security perimeter of the facility, the mandatory supervision of a staff member when there is no physical security; the mandatory supervision of transportation staff, or any other approved area.