


Name of agency reporting			FORM CJ-17 (7-27-71)	U.S. DEPARTMENT OF COMMERCE BUREAU OF THE CENSUS
			JUVENILE DETENTION AND CORRECTION FACILITY CENSUS	
Data supplied by			In correspondence pertaining to this report, please refer to this number ↓ v1 - Seq. No. v2 - State No. v3 - Gov't level v4 - County v5 - City v6 - Check Dept	
Name				
Title				
Official address (Number and street, city, State, ZIP code)				
Telephone			(Please correct any error in name and address including ZIP code)	
Area code	Number	Extension	RETURN THIS COPY TO 	
			Bureau of the Census Governments Division Washington, D.C. 20233	

Dear Sir:

On behalf of the Law Enforcement Assistance Administration (LEAA), U.S. Department of Justice, the Bureau of the Census is conducting a national census of public juvenile detention and correction facilities. The census questionnaire supplants for this year the questionnaire usually collected by the Department of Health, Education, and Welfare "Report from Public Institutions for Delinquent Children." As there is an urgent need for information about these facilities to enable LEAA to meet its responsibilities in implementing programs in the criminal justice field, your cooperation in completing this questionnaire will be most helpful.

Please note that if there are any questions for which the answer cannot be obtained from available records, reasonable estimates will be useful for purposes of this survey. Simply indicate estimates with an asterisk.

The duplicate copy of the questionnaire is for your files. The addressed copy should be returned in the enclosed preaddressed, postage-paid envelope.

If we can be of assistance in completing this questionnaire, please call us collect at (301) 735-2000, extension 7282. Your cooperation in this project is very much appreciated.

Sincerely,



GEORGE H. BROWN
Director
Bureau of the Census

Enclosures

Annual Period Covered by Report	FROM: (Month, Day, Year) <u>1/6</u> <u>1/7</u> <u>1/8</u> <u>1/9</u> <u>1/20</u> <u>1/21</u>	ANNUAL INFORMATION — Indicate the annual period covered by the report. Data are requested on a fiscal year basis from July 1 through June 30. If possible, report data for fiscal year 1970-71.
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Section I — IDENTIFICATION A. Please give name and address of the agency responsible for administering the institution or program. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="height: 20px;">NAME</td></tr> <tr><td style="height: 20px;">STREET</td></tr> <tr> <td style="width: 30%;">CITY</td> <td style="width: 30%;">STATE</td> <td style="width: 40%;">ZIP CODE</td> </tr> </table>	NAME	STREET	CITY	STATE	ZIP CODE	Section III — INSTITUTIONAL POPULATION <i>Items A and B to be completed for TRAINING SCHOOLS, FORESTRY CAMPS, RANCHES, and similar institutions. All others skip to C.</i>
NAME						
STREET						
CITY	STATE	ZIP CODE				

Section II — TYPE OF INSTITUTION OR PROGRAM A. Is this facility or program primarily a — (Mark one) <u>1/3</u> 1 <input type="checkbox"/> Detention center — Provides temporary care in a physically restricting facility for juveniles in custody pending court disposition, and often for juveniles who are adjudicated delinquent or are awaiting return to another jurisdiction. 2 <input type="checkbox"/> Shelter — Provides temporary care, similar to that of a detention center, in a physically unrestricting facility. 3 <input type="checkbox"/> Reception or diagnostic center — screens juvenile court commitments and assigns them to appropriate treatment facilities. 4 <input type="checkbox"/> Training school — a specialized institution serving delinquent juveniles committed directly to it by juvenile courts or placed in it by an agency having such authority. 5 <input type="checkbox"/> Ranch, forestry camp, farm — residential treatment facility for juveniles, whose behavior does not necessitate the strict confinement of a training school often allowing them greater contact with the community. 6 <input type="checkbox"/> Half-way house, group-home — facility where children live in the facility but are permitted extensive contact with the community such as jobs and schools. 7 <input type="checkbox"/> Non-residential community program — children live at home but are required to attend daily sessions at the facility that usually include educational and counseling services. (Completion of remainder of questionnaire is not required). 8 <input type="checkbox"/> Other — Specify <u>7</u>	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 80%;"></th> <th style="width: 10%;">Male</th> <th style="width: 10%;">Female</th> </tr> <tr> <td>A. Movement into institution during the period covered by this report.</td> <td></td> <td></td> </tr> <tr> <td>1. Committed by court: First commitments (Where applicable include first placements received through reception and diagnostic centers)</td> <td style="text-align: center;"><u>122</u></td> <td style="text-align: center;"><u>123</u></td> </tr> <tr> <td>2. Committed by court: Recommitments (new offense) (Include juveniles under aftercare/parole who commit a new offense and are recommitted)</td> <td style="text-align: center;"><u>24</u></td> <td style="text-align: center;"><u>25</u></td> </tr> <tr> <td>3. 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B. Is this facility operated under the auspices of (administered by) — (Mark one) <u>1/4</u> 1 <input type="checkbox"/> State 2 <input type="checkbox"/> County 3 <input type="checkbox"/> City 4 <input type="checkbox"/> Multi-governmental — Specify 5 <input type="checkbox"/> Private — (Completion of remainder of questionnaire is not required).	C. Does the facility hold — <u>1/5</u> 1 <input type="checkbox"/> Males only 2 <input type="checkbox"/> Females only 3 <input type="checkbox"/> Both males and females
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Section III - INSTITUTIONAL POPULATION - Continued		
Item C to be completed for SHORT TERM institutions, such as DETENTION CENTERS and SHELTERS.	Male	Female
C. Movement of institutional population during the period covered by this report.		
1. Persons admitted to custody	44	45
2. Persons discharged or remanded to other court agencies or institutions	46	47

D. What was the population in the facility on the following dates?
 (Provide estimates when exact counts are not available from records. If a facility usually holds a category of residents, e.g., dependent children, but has not held any in a specific quarter answer with a "0" in the appropriate box. If a facility never holds a specific category of residents place "NA" in the appropriate box.)

Date	Juveniles adjudicated delinquent		Juveniles held pending disposition by court		Dependent and neglected children		Juveniles awaiting transfer to another jurisdiction	
	Male	Female	Male	Female	Male	Female	Male	Female
1. 9/30/70	48	49	50	51	52	53	54	55
2. 12/31/70	56	57	58	59	60	61	62	63
3. 3/31/71	64	65	66	67	68	69	70	71
4. 6/30/71	72	73	74	75	76	77	78	79

E. How many juveniles is your facility designed to hold, without overcrowding?
 (Overcrowding would include double decked bunks where facility was designed for single bunk, or temporary use of a room as sleeping quarters that would not ordinarily be used as such.)


NUMBER OF MALES	NUMBER OF FEMALES
92	93

Section IV - INSTITUTIONAL POPULATION CHARACTERISTICS		
A. Age limit	Male	Female
1. Youngest age currently under supervision	88	89
2. Oldest age currently under supervision	90	91

Section IV - INSTITUTIONAL POPULATION CHARACTERISTICS - Continued			
B. Population types held separately	Yes	No	Not applicable
1. Adults are held separately from juveniles 94	1	2	3
2. Juveniles adjudicated delinquent are held separately from juveniles held pending disposition by court 95	1	2	3
3. Adjudicated delinquents are held separately from dependent or neglected children 96	1	2	3
4. Juveniles held pending disposition by court are held separately from dependent or neglected children 97	1	2	3
5. Dependent or neglected children are held separately from alleged juvenile delinquents awaiting transfer to another jurisdiction 98	1	2	3

C. If your facility holds adjudicated delinquents, please enter in the following spaces the number of juveniles held on 6/30/71, by type of offense.

Type of offense	Juveniles adjudicated delinquent	
	Male	Female
1. Felony (number of juveniles held on charges that would be felonies if committed by adults) except drug offenses	80	81
2. Misdemeanor (number of juveniles held on charges that would be misdemeanors if committed by adults) except drug offenses	82	83
3. Drug offenses	84	85
4. Juvenile offenses (number of juveniles held on charges that would not be crimes if committed by adults)	86	87

(Continue with Section V )

Section V - INSTITUTIONAL PERSONNEL

Section V - INSTITUTIONAL PERSONNEL - Continued

A. Number of employees on 6/30/71.

If an employee works regularly for 30 hours or more per week, then count him as a full-time employee. If an employee works regularly less than 30 hours per week, then count him as a part-time employee.

Under the administrative personnel category, "other" includes positions such as business manager, purchasing agent, stenographer, bookkeeper, accountant, switchboard operator, clerk, typist. Operational and Maintenance personnel include positions such as gardener, janitor, watchman, chauffeur, carpenter, plumber, cook, baker, painter, printer, barber, laundress, maid, dairyman.

B. Staff turnover of full-time employees during the period covered by this report.

Type of Personnel	Number	
	Additions	Separations
1. Administrative	206	207
2. Treatment and Educational	208	209
3. Operational and Maintenance	210	211

C. Estimated average number of full-time employees on duty during the period covered by this report.

Number

2/2

Type of personnel and title of position

On duty

Vacancies

Civil service

Full-time

Part-time

Full-time

Part-time

Yes

No

Administrative

Superintendent

101

102

103

104

105

→

Assistant Superintendent

106

107

108

109

110

→

Other

111

112

113

114

115

→

Treatment and Educational

Psychiatrist

116

117

118

119

120

→

Psychologist

121

122

123

124

125

→

Chaplain

126

127

128

129

130

→

Cottage personnel

131

132

133

134

135

→

Academic principal, Director of vocational training

136

137

138

139

140

→

Academic teacher

141

142

143

144

145

→

Vocational teacher

146

147

148

149

150

→

Social Worker

151

152

153

154

155

→

Librarian

156

157

158

159

160

→

Aftercare/parole worker

161

162

163

164

165

→

Recreation worker

166

167

168

169

170

→

Physician

171

172

173

174

175

→

Registered nurse

176

177

178

179

180

→

Dentist

181

182

183

184

185

→

Medical aides

186

187

188

189

190

→

Classification officer

191

192

193

194

195

→

Other - Specify →

196

197

198

199

200

→

Operational and Maintenance

201

202

203

204

205

→

Section VI - INSTITUTIONAL COST

Annual Period Covered

BEGINNING: (Month, Year)

ENDING: (Month, Year)

2/13

2/14

2/15

2/16

A. Capital Expenditures

(Includes new buildings, major repairs or improvements, and new equipment for which the cost is \$100 or more.)

\$ 217

B. Salaries, wages, and other compensation

(Include the value of compensation such as meals, lodging, and uniforms.)

1. Administrative personnel

\$ 218

2. Treatment and Educational personnel

\$ 219

3. Operational and Maintenance personnel

\$ 220

C. All other

(Include the fair market value of free commodities or services received from any public or charitable organization)

\$ 221

Section VII - INSTITUTION FACILITY CHARACTERISTICS

A. Age of institution

Year

1. What year was construction begun on your facility? An estimate will suffice if the facility is very old and the exact year is not known.

222

2. What year did the latest construction or renovation of your facility costing more than \$50,000 take place?

223

3. Is your institution undertaking or does it plan to undertake construction during fiscal year 1970-71?

1 ☐ Yes x ☐ No

If "Yes" enter the approximate cost.

\$ 224

Section VIII - TREATMENT PROGRAMS

A. Medical facilities (Mark one)

- 1 ☐ None **225**
- 2 ☐ Infirmary without beds for overnight stays
- 3 ☐ Infirmary with beds for overnight stays
- 4 ☐ Other - Specify **7**

B. Recreation facilities and programs

(Mark as many as applicable)

- 226** 1 ☐ Competitive or intramural sports
- 227** 2 ☐ Radio
- 228** 3 ☐ Television
- 229** 4 ☐ Motion Pictures
- 230** 5 ☐ Library
- 231** 6 ☐ Gymnasium
- 232** 7 ☐ Athletic field
- 233** 8 ☐ Other (etc.) **7**

x ☐ None

C. Educational services (Mark where applicable)

- 1 ☐ Academic - if such services are provided, are they located:
- 234** 1 ☐ In the community
- 234** 2 ☒ At the institution
- 3** **Both**
- 4** **None**
- 2 ☐ Vocational - if such services are provided, are they located:
- 235** 1 ☐ In the community
- 235** 2 ☐ At the institution
- 3** **Both**
- 4** **None**
- xx ☐ No educational facilities

Section VIII - TREATMENT PROGRAMS - Continued

D. Treatment services

1. Which, if any, of the following forms of counseling does the facility routinely provide.
(Mark as many as applicable.)

- 236** 1 ☐ Individual counseling
- 237** 2 ☐ Group counseling
- 238** 3 ☐ Counseling involving the juvenile and his family
- x ☐ None

To be completed for training schools, forestry camps, ranches and similar institutions.

2. Who operates the aftercare/parole program for children who are released from your institution?
(Mark one or more)

- 239** 1 ☐ No program available
- 240** 2 ☐ Institution itself
- 241** 3 ☐ State parole authority
- 242** 4 ☐ Probation department of committing court
- 243** 5 ☐ State department of which institution is a unit
- 244** 6 ☐ Other - Specify **7**

To be completed for training schools, forestry camps, ranches, and similar institutions.

3. Does the facility have a job placement program for juveniles who are released, and planning to enter the work force?

- 245** 1 ☐ Yes
- 2 ☒ No
- 3** **M.B.S.M.**

Section IX - LENGTH OF STAY

To be completed for training schools, forestry camps, ranches, and similar institutions.

- A. What is the average length of stay in your facility?

Months

99

To be completed for short term institutions such as detention centers and shelters.

- B. What is the average length of stay in your facility?

Days

100