

Form Number

Form  
CJ-29  
(11-80-91)

1-3

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

# 1991 CENSUS OF PRIVATE JUVENILE DETENTION, CORRECTIONAL, AND SHELTER FACILITIES

## Data supplied by

Name

Title

Official address (Number and street, city, State, ZIP Code)

Telephone →

Area code

Number

Extension

**RETURN TO**

Bureau of the Census  
1201 East 10th Street  
Jeffersonville, IN 47132-0001

FROM THE ADMINISTRATOR  
OFFICE OF JUVENILE JUSTICE AND  
DELINQUENCY PREVENTION

On behalf of the Department of Justice, the Bureau of the Census is conducting the periodic census of privately administered juvenile facilities. We are conducting this survey under the authority of Title 42, United States Code, Sections 5652 and 3789g. The law requires both the Census Bureau and the Department of Justice hold strictly confidential any information that could identify individuals or private facilities. The Justice Department and its contractors will use the information reported in this survey only for research and statistical purposes.

Department of Justice officials will use the data to develop programs under the Juvenile Justice and Delinquency Prevention Act of 1974, as amended, and otherwise improve assistance provided to those concerned with juvenile problems. Since 1974, the Justice Department has also published these findings in a report series, "Children in Custody."

In order to complete data collection as soon as possible and permit early publication of census results, we will appreciate a prompt response, preferably within 4 weeks. If there are any items on the questionnaire for which answers cannot be readily obtained from available records, please provide reasonable estimates and identify them with an asterisk (\*). If we can be of help in completing the questionnaire, please call Ms. Peggy King on (301) 763-2842.

We estimate that it will take from 30 to 120 minutes to collect this information, with 60 minutes being the average time per response. This includes the time for reviewing the definitions and instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the information collected. You may send comments regarding this burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Ms. Barbara Allen-Hagen, Office of Juvenile Justice and Delinquency Prevention, 633 Indiana Avenue, NW, Washington, DC 20531; and to the Public Use Reports Project, 1121-0064, Office of Information and Regulatory Affairs, Office of Management and Budget, Washington, DC 20503.

While you are not legally required to respond, we need your participation to make the results of the census comprehensive, accurate, and timely.

Thank you for your cooperation.

Sincerely,

ROBERT W. SWEET, Jr.

Enclosures

Name of agency reporting

PLEASE CORRECT ANY ERROR  
IN NAME, ADDRESS, AND  
ZIP CODE



PLEASE REFER TO THIS NUMBER



Region Code = 21 (Computer Entered)  
First Line of Address = 22-54  
SECOND REQUEST

4-12

13

14-20

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Govt ID Check Digit Agency ID

**ANNUAL PERIOD COVERED BY THIS REPORT**

Indicate the period covered by this report. Data are requested for the calendar year January 1, 1990 through December 31, 1990, if possible. If you must report for a fiscal period other than a calendar year, report for the period that ended during calendar year 1990.

**Beginning**

Month

Day

Year

55 56

57 58

59 60

**Ending**

Month

Day

Year

61 62

63 64

65 6

DO NOT COMPLETE THE QUESTIONNAIRE FOR MORE THAN ONE FACILITY.  
IF MORE QUESTIONNAIRES ARE NEEDED, CALL COLLECT AT (301) 763-7825.

**Section I EXCLUSIONS**

If this facility falls into any of the following categories, you need NOT complete the remainder of the questionnaire. Simply mark (X) the appropriate box and return the questionnaire in the enclosed envelope.

- 1 ☐ This facility operates only a nonresidential community program — the juveniles receive counseling or educational services from this facility but do not stay here overnight.
- 2 ☐ This is a foster home for fewer than 3 juveniles

**Section II DEFINITIONS**

**Juvenile** — A person subject to the exercise of juvenile court jurisdiction for purposes of adjudication and treatment based on age and offense limitations as defined by State law.

For the purposes of this census, a person who was of juvenile age at the time of admittance is still considered a juvenile even though retained beyond the juvenile age up to the maximum retention authority set by law.

For the purposes of this census, a person of juvenile age is still considered a juvenile even though tried as an adult in criminal court.

**Adult criminal offender** — A person subject to the original jurisdiction of the criminal court rather than the juvenile court because at the time of the offense the person was above a statutorily specified age.

For purposes of this report **youthful offenders** should be considered adults. A **youthful offender** is a person adjudicated in criminal court, who may be above the statutory age limit for juveniles but below a specified upper age limit and for whom special correctional commitments and special record-sealing procedures are made available by statute.

**Committed or commitment** — Refers to placement of juvenile offenders following adjudication and any placement procedure. May be referred to as "placement."

**Detained or detention** — Refers to juveniles who are pending adjudication or who have been adjudicated but are awaiting disposition or placement. Include those juveniles undergoing diagnosis or classification before disposition or placement.

**Section III ADULTS HELD**

**A. At any time during the annual period covered by this report, did the facility hold any persons who were admitted to the facility as adult criminal offenders, as defined by the laws of your State?**

- 1 ☐ Yes — Please complete B and C
- 2 ☐ No — Skip to section IV, item A

*Begin Binary Word #31*

**B. Number of adult criminal offenders admitted and discharged from the facility during the annual period.**

**Adult criminal offenders**Males  
(1)Females  
(2)

1. Admissions

#32

#33

2. Discharges

#34

#35

**C. Number of adult criminal offenders held on February 15, 1991.** (In the data items which follow, please include or exclude these adults, as instructed.)

#36

#37

**Section IV TYPE OF FACILITY**

**A. Facility type**

This facility is primarily a —

Mark (X) the one box that best describes this facility.

0 ☐ Detention center1 ☐ Shelter2 ☐ Reception or diagnostic center3 ☐ Training school5 ☐ Ranch, forestry camp, or farm6 ☐ Halfway house or group home

*#38*

**Section IV TYPE OF FACILITY – Continued****B. Custodial authority****1. Which of the following categories of juveniles does the facility usually hold?**

Mark (X) as many boxes as apply and **circle** the box that applies to the largest group of juveniles usually held.

- # 39 ☐ 1 Accused status offenders (held pending adjudication for an offense that would not be considered a crime if committed by an adult, e.g., truancy, incorrigibility, running away.) Also include those juveniles charged with violation of a valid court order stemming from a previous status offense petition.
- # 40 ☐ 2 Adjudicated status offenders (also those juveniles adjudicated for violation of a valid court order stemming from a previous status offense petition)
- # 41 ☐ 3 Accused delinquent offenders (held pending adjudication for an offense that would be considered a crime if committed by an adult, e.g., felony, misdemeanor)
- # 42 ☐ 4 Adjudicated delinquent offenders
- # 43 ☐ 5 Nonoffenders (held for dependency, neglect, or abuse)
- # 44 ☐ 6 Other nonoffenders (held for emotional disturbance, mental retardation, etc.) — Specify 7
- # 45 ☐ 7 Voluntary admissions (juveniles who admitted themselves or were referred to the facility by a parent, court, school, social agency, etc., for treatment without being adjudged for an offense)
- # 46 ☐ 8 Other — Specify 7

**CENSUS USE ONLY**

# 47

**C. Reason for custody**

For which of the following purposes does the facility usually hold juveniles? Mark (X) as many boxes as apply and **circle** the box that applies to the largest group of juveniles usually held.

- # 48 ☐ 1 Diagnosis and/or classification #51
- # 49 ☐ 2 Detention pending adjudication, commitment, or placement #52
- 50 ☐ 3 Commitment/placement for treatment (except on probation or aftercare) #53
- ☐ 4 Probation or aftercare
- ☐ 5 Voluntary admission
- ☐ 6 Other — Specify 7

**CENSUS USE ONLY**

# 54

**D. Security arrangements**

Mark (X) one box.

**1. How would you describe the physical security for MOST juveniles at your facility?**

- ☐ 1 Strict (Maximum)
- ☐ 2 Medium

- ☐ 3 Minimum
- ☐ 4 None

# 55

**2a. Is your facility one that is designed and operated so as to ensure that all entrances and exits are under the control of the staff of the facility?**

Mark (X) one box.

- ☐ 1 Yes

- ☐ 2 No

# 56

**b. Does your facility rely on construction fixtures such as locked rooms, buildings, and fences to physically restrict free access of MOST residents into the community?**

Mark (X) one box.

- ☐ 1 Yes

- ☐ 2 No

# 57

**E. Community access****1. How would you describe the extent to which juveniles in the facility have routine access to activities and resources in the community such as schools, treatment, training, or employment? Mark (X) one box. Do not include court appearances.**

- ☐ 1 Most juveniles (50% or more) have routine access to community resources and activities
- ☐ 2 Some juveniles (less than 50%) have routine access to community resources and activities
- ☐ 3 Generally, no juveniles have routine access to community resources and activities — Skip to F

# 58

**2. How often are MOST juveniles allowed to leave your facility to routinely attend activities and utilize resources in the community? Mark (X) one box.**

- ☐ 1 Daily or almost every day
- ☐ 2 About once a week
- ☐ 3 Less frequently than once a week, but at least once a month
- ☐ 4 Less frequently than once a month

# 59

**3. For those juveniles who have routine community access to resources, are they usually accompanied by an official for supervision reasons?**

Mark (X) one box.

- ☐ 1 Yes

- ☐ 2 No

# 60

**Section IV TYPE OF FACILITY — Continued****F. Capacity**

How many residents is your facility constructed to hold without crowding? .....

Design capacity

#61

(Examples of crowding include double bunking when a sleeping quarter is constructed for one resident, or temporary use of a room as a sleeping quarter that would not ordinarily be used as such.)

**G. Is this facility administered by —**

Mark (X) one box.

- 1 ☐ State?  
2 ☐ One county?  
3 ☐ One municipality?  
4 ☐ Multi-governmental arrangement, e.g., 2 or more counties,  
a county and municipality, etc.? — Specify 7

NOT  
KEYED#95 ☐ Private organization?**H. Sources of financial support**

What percentage of this facility's funding, for the annual period covered by this report, was received from the following sources?

Percentages should total 100%. Estimates are acceptable.

1. Public sources — Include amounts received from Federal, State,  
county, and municipal governments. ....

2. Private sources .....

3. Other — Specify .....

TOTAL .....

Percent

#80

%

#81

%

#82

%

100 %

**I. As a matter of practice, does your facility house —**1 ☐ Males only?2 ☐ Females only?3 ☐ Both males and females?

#83

**J. Physical settings**In what kind of neighborhood is your facility  
located? Mark (X) the one box that best describes  
your immediate neighborhood.1 ☐ Big city or urban area2 ☐ Suburb near big city3 ☐ Small city or town4 ☐ A rural area

#84

Remarks

**Section V JUVENILE RESIDENTIAL POPULATION ON FEBRUARY 15, 1991**

**A. What was the juvenile residential population at the facility on the one day, February 15, 1991?** — Include all juveniles who were ON THE ROLLS on the ONE DAY February 15, 1991 as committed, detained, or voluntarily admitted as residents. Exclude adults, if any. If counts are not available from records, please provide reasonable estimates and indicate each with an asterisk (\*).

Number	
Males (1)	Females (2)
#85	#86
#87	#88
#89	#90
#91	#92
#93	#94
#95	#96
#97	#98
#99	#100
#101	#102
#103	#104
#105	#106
#107	#108
#109	#110
#111	#112
#113	#114
#115	#116
#117	#118
#119	#120
#121	#122
#123	#124
#125	#126
#127	#128
#129	#130
#131	#132

**1. TOTAL juvenile residential population ON THE ROLLS February 15, 1991**

*Sum of lines 2, 3, and 4 below*

**2. TOTAL juvenile population COMMITTED to the facility — Sum of lines 2a through 2e** (Juveniles being detained should be reported in 3 below.)

**a. Committed delinquent offenders** — Juveniles who have been adjudicated for an offense that **would be considered a crime if committed by an adult** (e.g., felony, misdemeanor) and **were committed** to the facility

**b. Committed status offenders** — Juveniles who were adjudicated for an offense that **would not be considered a crime if committed by an adult** (e.g., truancy, incorrigibility, running away) and **were committed** to the facility. *Also include those committed juveniles adjudicated for violation of a valid court order stemming from a previous status offense petition.*

**c. Committed dependent, neglected, or abused nonoffenders** — Juveniles committed strictly for dependency, neglect, or abuse

**d. Other committed nonoffenders** — Juveniles committed strictly for emotional disturbance, mental retardation, etc.

**e. Other committed juveniles** — Juveniles whose case records are unavailable and who therefore cannot be classified in one of the categories above

**3. TOTAL juvenile population DETAINED in the facility — Sum of lines 3a through 3c**

**a. Total juveniles detained for delinquent offenses — Sum of a(1) and a(2)**

**(1)** Juveniles who are **pending** adjudication for an offense that **would be considered a crime if committed by an adult** (e.g., felony, misdemeanor)

**(2)** Juveniles who have been **adjudicated** and are awaiting disposition or placement for an offense that **would be considered a crime if committed by an adult** (e.g., felony, misdemeanor)

**b. Total juveniles detained for status offenses — Sum of b(1) and b(2)**

**(1)** Juveniles who are **pending adjudication** for an offense that **would not be considered a crime if committed by an adult** (e.g., truancy, incorrigibility, running away). *Also include those juveniles being charged with violation of a valid court order stemming from a previous status offense petition.*

**(2)** Juveniles who have been **adjudicated** and are awaiting disposition or placement for an offense that **would not be considered a crime if committed by an adult** (e.g., truancy, incorrigibility, running away). *Also include those detained juveniles adjudicated for violation of a valid court order stemming from a previous status offense petition.*

**c. Total detained other juveniles — Sum of c(1) through c(3)**

**(1)** Juveniles detained for dependency, neglect, or abuse

**(2)** Juveniles detained for emotional disturbance, mental retardation, etc.

**(3)** Other detained juveniles that cannot be classified in one of the categories above

**4. TOTAL number of juveniles voluntarily admitted to the facility — Sum of lines 4a and 4b(1) through 4b(5)**

**a. Juveniles who admitted themselves — Include runaways.**

**b. Juveniles who were referred to the facility:**

**(1)** As part of a diversion program, informal probation, etc., in lieu of court action or as condition of probation or aftercare

**(2)** By parents

**(3)** By school officials or social services agency

**(4)** Other — Specify

**Section V JUVENILE RESIDENTIAL POPULATION ON  
FEBRUARY 15, 1991 — Continued**

**B. What was the juvenile delinquent population, by offense,  
on the one day, February 15, 1991?**

Indicate the number of "committed delinquent offenders" and "detained delinquent offenders" by type of offense. — If a juvenile is committed or detained for more than one offense, report the most serious. If exact offense data are not available, please estimate and indicate with an asterisk (\*).

**1. Total number of committed and detained delinquent offenders on February 15, 1991. — Sum of lines 2 through 9 below, should also equal sections VA2a on page 4 and VA3a(1) and (2), on page 5** .....

**2. Total crime against persons** .....

a. Violent crimes — Murder, non-negligent manslaughter, forcible rape, robbery, and aggravated assault .....

b. Other crimes against persons — Negligent manslaughter, simple assault, sexual assault, etc. ....

**3. Total crimes against property** .....

a. Serious property crimes — Burglary, arson, larceny-theft, motor vehicle theft .....

b. Other property crimes — Vandalism, forgery, counterfeiting, fraud, stolen property, unauthorized use of a motor vehicle .....

**4. Alcohol related offenses** — Drunkenness, liquor law violations, driving under the influence of alcohol .....

**5. Total drug related offenses** .....

a. Distribution of drugs (includes growing or manufacturing for the purpose of distributing) .....

b. Other drug related offenses — Possession, use, or driving under the influence (includes growing or manufacturing for the purpose of self use) .....

**6. Public order offenses** — Weapons offense, prostitution, commercialized vice, disorderly conduct, minor traffic offenses, curfew or loitering laws, and offenses against morals and decency and the like .....

**7. Technical probation or parole violators** — Violators of the terms of probation or parole only (those alleged or adjudicated of a new offense should be reported above) .....

**8. Offense of juvenile unknown or unavailable at this time** .....

**9. Other — Specify** 7

Committed delinquent offenders (adjudicated) <small>Sum of cols. (a) and (b) should equal item 2a, page 5</small>		Detained delinquent offenders			
		Pending adjudication <small>Sum of cols. (c) and (d) should equal item 3a(1), page 5</small>		Adjudicated <small>Sum of cols. (e) and (f) should equal item 3a(2), page 5</small>	
Male (a)	Female (b)	Male (c)	Female (d)	Male (e)	Female (f)
# 133	# 134	# 135	# 136	# 137	# 138
# 139	# 140	# 141	# 142	# 143	# 144
# 145	# 146	# 147	# 148	# 149	# 150
# 151	# 152	# 153	# 154	# 155	# 156
# 157	# 158	# 159	# 160	# 161	# 162
# 163	# 164	# 165	# 166	# 167	# 168
# 169	# 170	# 171	# 172	# 173	# 174
# 175	# 176	# 177	# 178	# 179	# 180
# 181	# 182	# 183	# 184	# 185	# 186
# 187	# 188	# 189	# 190	# 191	# 192
# 193	# 194	# 195	# 196	# 197	# 198
# 199	# 200	# 201	# 202	# 203	# 204
# 205	# 206	# 207	# 208	# 209	# 210
# 211	# 212	# 213	# 214	# 215	# 216
# 217	# 218	# 219	# 220	# 221	# 222

**Section V JUVENILE RESIDENTIAL POPULATION ON FEBRUARY 15, 1991 — Continued**

**C. Indicate the number of committed status offenders and detained status offenders by type of offense.**

**1. TOTAL number of committed and detained status offenders on February 15, 1991 — Sum of lines a through g below, should also equal sections VA2b on page 5 and VA3b(1) and (2) on page 5)** .....

a. Running away .....

**(b.)** Truancy .....

c. Incurability .....

d. Curfew violations .....

e. Possession, purchase or consumption of alcohol beverage .....

f. Violation of valid court order stemming from a previous status offense .....

g. Other — Specify .....

Committed status offenders (adjudicated)		Detained status offenders			
		Pending adjudication		Adjudicated	
Sum of cols. (a) and (b) should equal item 2b, page 5		Sum of cols. (c) and (d) should equal item 3b(1), page 5		Sum of cols. (e) and (f) should equal item 3b(2), page 5	
Male (a)	Female (b)	Male (c)	Female (d)	Male (e)	Female (f)
# 223	# 224	# 225	# 226	# 227	# 228
# 229	# 230	# 231	# 232	# 233	# 234
# 235	# 236	# 237	# 238	# 239	# 240
# 241	# 242	# 243	# 244	# 245	# 246
# 247	# 248	# 249	# 250	# 251	# 252
# 253	# 254	# 255	# 256	# 257	# 258
# 259	# 260	# 261	# 262	# 263	# 264
# 265	# 266	# 267	# 268	# 269	# 270

**Section VI RESIDENTIAL POPULATION ON FEBRUARY 15, 1991, BY RACE AND ETHNICITY**

**A. Population by race**

**What was the TOTAL residential (criminal and nonoffenders) population, BY RACE, on February 15, 1991? — If your facility held any adults on February 15, 1991, include them. If counts are not available from records, please provide reasonable estimates and indicate each with an asterisk (\*).**

**1. TOTAL residential population on February 15, 1991**  
Sum of lines a through e .....

a. White, not of Hispanic origin .....

b. Black, not of Hispanic origin .....

c. Total Hispanic origin\* — Sum of lines c(1) and c(2) .....

(1) White, Hispanic origin .....

(2) Black, Hispanic origin .....

d. American Indian/Alaskan Native .....

e. Asian or Pacific Islander .....

Juveniles		Adults	
Males (a)	Females (b)	Males (c)	Females (d)
# 271	# 272	# 273	# 274
# 275	# 276	# 277	# 278
# 279	# 280	# 281	# 282
# 283	# 284	# 285	# 286
# 287	# 288	# 289	# 290
# 291	# 292	# 293	# 294
# 295	# 296	# 297	# 298
# 299	# 300	# 301	# 302

\*Persons of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture or origin, excluding persons from Brazil, Jamaica, and Haiti.

**Section VII AGE OF JUVENILE RESIDENTIAL POPULATION**

Indicate in the appropriate box(es) below the number of JUVENILES of a specific age that are on the ROLLS on the ONE DAY February 15, 1991. — If counts are not available from records, please provide reasonable estimates and indicate each with an asterisk (\*).

	Number			Number	
	Males (a)	Females (b)		Males (a)	Females (b)
1. Under 9 .....	# 303	# 304	8. 15 years of age .....	# 317	# 318
2. 9 years of age .....	# 305	# 306	9. 16 years of age .....	# 319	# 320
3. 10 years of age .....	# 307	# 308	10. 17 years of age .....	# 321	# 322
4. 11 years of age .....	# 309	# 310	11. 18 years of age .....	# 323	# 324
5. 12 years of age .....	# 311	# 312	12. 19 years of age .....	# 325	# 326
6. 13 years of age .....	# 313	# 314	13. 20 years of age .....	# 327	# 328
7. 14 years of age .....	# 315	# 316	14. 21 years or over .....	# 329	# 330

**Section VIII AVERAGE DAILY POPULATION**

What was the average (mean) daily residential population in the facility during the annual period covered by this report? — If counts are not available from records, please provide reasonable estimates and indicate each with an asterisk (\*).

- A. All residents .....
- B. Juveniles only .....

Average daily population	
Males (1)	Females (2)
# 331	# 332
# 333	# 334

**Section IX POPULATION MOVEMENT AND LENGTH OF STAY****A. Length of stay**

In the annual period covered by this report, what was the average (mean) length of stay (in months and days) for juveniles held in the facility? — If counts are not available from records, please provide reasonable estimates and indicate each with an asterisk (\*).

1. All juveniles .....
2. Males .....
3. Females .....

Months (a)	Days (b)
# 335	# 336
# 337	# 338
# 339	# 340

Movement of residential population during the annual period covered by this report. (Should be completed for juveniles and adults, both criminal and nonoffenders.) — If counts are not available from records, please provide reasonable estimates and indicate each with an asterisk (\*).

- B. Persons admitted to the facility .....
- C. Persons discharged or transferred out of the facility .....

Juveniles		Adults	
Males (1)	Females (2)	Males (3)	Females (4)
# 341	# 342	# 343	# 344
# 345	# 346	# 347	# 348



**Section X. PERSONNEL**

**Count each staff member only once** — In the primary position that person fills

**Payroll staff** — Full-time and part-time staff on the payroll of this facility

**Nonpayroll staff, exclude community volunteers** — Full-time and part-time staff who are NOT on the payroll of the facility. Include personnel of a parent agency or service (including school system), who are assigned for some or all of their working time to this facility; also include personnel paid under contractual agreements or Federal grants, and college interns who receive class credit for their work at the facility.

**Community volunteers** — Full-time and part-time personnel who receive NO compensation of any type, such as salaries, payments, or class credit, for their services at the facility

**A. TOTAL number of staff on February 15, 1991**

Sum of lines 1 through 8 .....

1. **Administrative staff** — Superintendent, director, administrator, assistant superintendent, business manager, etc. ....

2. **Clerical staff** — Stenographer, bookkeeper, switchboard operator, clerk, typist, etc. ....

3. **Treatment staff** — Personnel who provide professional services such as social workers, caseworkers, probation/aftercare (parole) worker, counselor, chaplain, recreation worker, classification officer, psychologists/psychiatrists, etc. ....

**4. Educational staff**

a. Instructional staff only (teachers, vocational/educational and special education personnel, etc.) .....

b. Other educational staff .....

5. **Youth supervision staff** — Personnel who primarily are in charge of the daily handling of youth such as houseparent, group worker, cottage parent, matron, etc. ....

6. **Medical personnel** — Medical doctors, nurses, physical therapists, technicians, etc. ....

7. **Maintenance and culinary staff** — Housekeeper, maintenance person, cook and other kitchen staff .....

8. **Other staff** — Any other positions not included above — Specify   

Payroll staff		Nonpayroll staff (Exclude community volunteers.)		Community volunteers	
Full-time (1)	Part-time (2)	Full-time (1)	Part-time (2)	Full-time (1)	Part-time (2)
# 378	# 379	# 380	# 381	# 382	# 383
# 384	# 385	# 386	# 387	# 388	# 389
# 390	# 391	# 392	# 393	# 394	# 395
# 396	# 397	# 398	# 399	# 400	# 401
# 402	# 403	# 404	# 405	# 406	# 407
# 408	# 409	# 410	# 411	# 412	# 413
# 414	# 415	# 416	# 417	# 418	# 419
# 420	# 421	# 422	# 423	# 424	# 425
# 426	# 427	# 428	# 429	# 430	# 431
# 432	# 433	# 434	# 435	# 436	# 437

**B. Staff by RACE, on February 15, 1991**

**What was the TOTAL number of staff, BY RACE, on February 15, 1991?**  
If counts are not available from records, please provide reasonable estimates and indicate each with an asterisk.

**1. TOTAL number of staff on February 15, 1991**

Sum of lines 2 through 6 below .....

2. White, not of Hispanic origin .....

3. Black, not of Hispanic origin .....

4. Hispanic origin \* — Sum of lines 4a and 4b below .....

a. White, Hispanic origin .....

b. Black, Hispanic origin .....

5. American Indian/Alaskan Native .....

6. Asian/Pacific Islander .....

7. Unknown .....

**Payroll staff**

Male  
(1)

Female  
(2)

# 438

# 439

# 440

# 441

# 442

# 443

# 444

# 445

# 446

# 447

# 448

# 449

# 450

# 451

# 452

# 453

# 454

# 455

\* Persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, excluding Brazil, Jamaica, and Haiti

# Section XI EDUCATIONAL, TREATMENT, AND MEDICAL PROGRAMS

## A. Educational programs (For juveniles while residents of your facility)

For each of the following educational programs, indicate where the instruction is provided and teacher employment status.

Type of program (a)	Mark (X) the box(es) where instruction is provided		Teachers Mark (X) the box(es)		
	Inside facility (b)	Outside facility (c)	Salaried staff <sup>1</sup> (d)	Public school employees <sup>2</sup> (e)	Other <sup>3</sup> (f)
<b>1. Basic academic instruction</b>	# 456	# 457	# 458	# 459	# 460
a. Formal elementary or secondary education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Special education (e.g., for juveniles with learning disabilities or handicaps) — Exclude tutoring.	# 461	# 462	# 463	# 464	# 465
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Vocational/Technical education program</b>	# 466	# 467	# 468	# 469	# 470
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. GED preparation</b>	# 471	# 472	# 473	# 474	# 475
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. College program</b>	# 476	# 477	# 478	# 479	# 480
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

<sup>1</sup> Salaried staff include staff hired by the facility or parent agency.

<sup>2</sup> Public school employees include those hired by a State, county, municipal school system, or independent school district.

<sup>3</sup> Other includes, for example, private contract teachers, volunteer teachers, etc.

## B. Treatment programs

Listed below are a variety of general and specialized treatment programs for juveniles. For each type of treatment program, please indicate whether the service is provided for juveniles in your facility.

Type of program (a)	Program/Service available Mark (X) the appropriate box(es)	
	Yes (b)	No (c)
<b>1. Counseling programs</b>	# 481	
a. Psychological/psychiatric counseling (emotional/behavioral disorders)	<input type="checkbox"/>	<input type="checkbox"/>
b. Family counseling	<input type="checkbox"/> # 482	<input type="checkbox"/>
c. Employment counseling (job readiness, etc.)	<input type="checkbox"/> # 483	<input type="checkbox"/>
d. Health and nutrition (family life/sex education, health, personal hygiene)	<input type="checkbox"/> # 484	<input type="checkbox"/>
e. AIDS prevention	<input type="checkbox"/> # 485	<input type="checkbox"/>
f. Other (e.g., parent effectiveness training) — Specify <input checked="" type="checkbox"/>	<input type="checkbox"/> # 486	<input type="checkbox"/>
<b>2. Specialized treatment programs for:</b>		
a. Juvenile sex offenders	<input type="checkbox"/> # 487	<input type="checkbox"/>
b. Violent juvenile offenders	<input type="checkbox"/> # 488	<input type="checkbox"/>
c. Juveniles with drug/alcohol dependency	<input type="checkbox"/> # 489	<input type="checkbox"/>
d. Suicide risks	<input type="checkbox"/> # 490	<input type="checkbox"/>
e. Juvenile arsonists	<input type="checkbox"/> # 491	<input type="checkbox"/>
f. Other — Specify <input checked="" type="checkbox"/>	<input type="checkbox"/> # 492	<input type="checkbox"/>

**Section XI EDUCATIONAL, TREATMENT, AND MEDICAL PROGRAMS — Continued****C. Medical service**

1. When juveniles first arrive at the facility, do staff conduct an initial health screening to identify those who are sick, under the influence of drugs or alcohol, or potentially suicidal?

1 ☐ Yes # 493  
2 ☐ No

If "Yes," are persons who conduct initial health screenings: Mark (X) one box.

- 1 ☐ licensed health care personnel?  
2 ☐ persons trained by licensed health care personnel? # 494  
3 ☐ other personnel?

2. Are health assessments, consisting of a physical exam, blood pressure tests, urine samples, ear and eye exams, done as part of the admission process?

1 ☐ Yes # 495  
2 ☐ No

If "No," is one conducted some time after the admission process? Mark (X) one box.

1 ☐ Yes # 496  
2 ☐ No

3. Typically, how often are the following personnel available within the facility?  
Mark (X) one box for each type.

	Scheduled daily (1)	Scheduled less than daily (2)	On call (3)	Never — juveniles sent to outside health care facilities (e.g., clinic, hospital emergency room, etc.) (4)
a. Doctor(s) # 497	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nurse(s) # 498	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nurse practitioner, physician assistant # 499	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental health personnel (psychiatric social worker, psychologist, etc.) # 500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section XII EXPENDITURES****Annual period covered by this report of expenditures**

Indicate the period covered by this report. Data are requested for the calendar year January 1, 1990 through December 31, 1990, if possible. If you must report for a fiscal period other than a calendar year, report for the period that ended during calendar year 1990 .....

Beginning			Ending		
Month	Day	Year	Month	Day	Year
←	# 501	→	←	# 502	→
—	—	—	—	—	—

**A. Operating expenditures — Exclude expenditures for nonresidential programs.**

1. Gross salaries and wages including room and board provided as all or part of salary compensation — Exclude employer contributions to employee benefits and report in item 2 below. ....

# 503  
\$

2. Other operating expenditures, such as the purchase of food, supplies, contractual services, and employer contributions to employee benefits .....

# 504  
\$

**B. Capital expenditures, including new buildings, major repairs or improvements, and new equipment — Enter "NA" if not available or "0" if facility had no capital expenditures. ....**

# 505  
\$

**Section XI EDUCATIONAL, TREATMENT, AND MEDICAL PROGRAMS — Continued****C. Medical service**

1. When juveniles first arrive at the facility, do staff conduct an initial health screening to identify those who are sick, under the influence of drugs or alcohol, or potentially suicidal?

1 ☐ Yes # 493  
2 ☐ No

If "Yes," are persons who conduct initial health screenings: Mark (X) one box.

1 ☐ licensed health care personnel?  
2 ☐ persons trained by licensed health care personnel? # 494  
3 ☐ other personnel?

2. Are health assessments, consisting of a physical exam, blood pressure tests, urine samples, ear and eye exams, done as part of the admission process?

1 ☐ Yes # 495  
2 ☐ No

If "No," is one conducted some time after the admission process? Mark (X) one box.

1 ☐ Yes # 496  
2 ☐ No

3. Typically, how often are the following personnel available within the facility?  
Mark (X) one box for each type.

	Scheduled daily (1)	Scheduled less than daily (2)	On call (3)	Never — juveniles sent to outside health care facility (e.g., clinic, hospital emergency room, etc.) (4)
a. Doctor(s) # 497	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Nurse(s) # 498	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Nurse practitioner, physician assistant # 499	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Mental health personnel (psychiatric social worker, psychologist, etc.) # 500	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Section XII EXPENDITURES****Annual period covered by this report of expenditures**

Indicate the period covered by this report. Data are requested for the calendar year January 1, 1990 through December 31, 1990, if possible. If you must report for a fiscal period other than a calendar year, report for the period that ended during calendar year 1990 . . . . .

Beginning			Ending		
Month	Day	Year	Month	Day	Year
←	# 501	→	←	# 502	→
—	—	—	—	—	—

**A. Operating expenditures — Exclude expenditures for nonresidential programs.**

1. Gross salaries and wages including room and board provided as all or part of salary compensation — Exclude employer contributions to employee benefits and report in item 2 below. . . . .

Amount  
(Omit cents)

# 503

2. Other operating expenditures, such as the purchase of food, supplies, contractual services, and employer contributions to employee benefits . . . . .

# 504

**B. Capital expenditures, including new buildings, major repairs or improvements, and new equipment — Enter "NA" if not available or "0" if facility had no capital expenditures. . . . .**

# 505

# Section XIII NUMBER OF JUVENILE DEATHS

A. How many juveniles died while under the jurisdiction of this facility between January 1, 1990 and December 31, 1990? — Include juveniles who may not have been in custody at the time of death but were still under the jurisdiction of this facility, such as those sent to a hospital.

Juvenile deaths	
Male (a)	Female (b)
# 516	# 517
# 518	# 519
# 520	# 521
# 522	# 523
# 524	# 525
# 526	# 527
# 528	# 529

1. Total .....
2. Illness/natural causes — Exclude AIDS and report below. ....
3. Acquired immune deficiency syndrome (AIDS) \*). ....
4. Suicide .....
5. Homicide by other resident(s) .....
6. Homicide — Other. ....
7. Other deaths — Specify

\* The immediate cause of death in AIDS mortalities may be Pneumocystis Carinii Pneumonia, Kaposi's Sarcoma, or other AIDS-related diseases.

Notes