

## **NSYC-3 Facility Survey**

# National Survey of Youth in Custody Facility Questionnaire



Facility name:

[Name of Facility]

NSYC researchers are scheduled to visit your facility on **<date1>**.  
 This questionnaire asks about staffing and youth in this facility as of  
**<date2>**, the Wednesday before the NSYC visit.

Person Completing this Questionnaire					
Name			Email Address		
Title					
Facility Name			Telephone		
Facility Address – Number/street/PO Box number			Area code	Number	Extension
			Fax Number		
City	State	ZIP Code	Area code	Number	

**FACILITY STATISTICS**

1. Please use your most recent payroll records to provide the number and gender of staff members working at this facility as of Wednesday, <date2>. Include full and part-time payroll and non-payroll staff. *Examples of non-payroll staff: staff provided by outside agencies such as teachers provided by schools, social workers provided by health and human services agencies, and staff paid under contractual agreements/grants. (NSYC-2, modified)*  
 For each category, please provide the number of staff members working at this facility as of Wednesday, <date2>.  
 Include each staff person in only one category. If a staff member serves in more than one capacity, categorize the person based on his or her primary role.  
*[Programming Note: Respondent fills in Total column, then system performs an edit check. Prompt respondent if Male+Female don't match total.]*

	TOTAL	SEX	
		Male	Female
a. Frontline supervision staff, direct care staff, and correctional officers	_____	_____	_____
b. Program staff (e.g., instructors, teachers, librarians, education assistants and other program staff)	_____	_____	_____
c. Medical or health care staff (e.g., certified counselors, doctors, dentists, psychologists, psychiatrists, social workers, nurses, and medical assistants)	_____	_____	_____
d. Administrative staff (e.g., wardens, superintendents, assistants, office clerical, and others in administrative positions)	_____	_____	_____
e. Support staff (e.g., cafeteria workers, maintenance, ground crew, drivers, religious staff)	_____	_____	_____
f. Volunteers	_____	_____	_____
<b>[TOTALS TO BE GENERATED AUTOMATICALLY]</b>			
<b>TOTAL STAFF</b>	_____	_____	_____

2. Excluding volunteers, how many paid staff have been hired or have left this facility in the past 12 months? Include ONLY full and part-time payroll staff. (NEW)
- a. Paid staff who have been hired \_\_\_\_\_
- b. Paid staff who have left \_\_\_\_\_
3. Compared to 12 months ago, has the current number of paid staff at this facility... (NEW)
- increased
- decreased
- stayed the same

4. As of Wednesday, <date2>, how many vacant or unfilled positions existed within this facility? (NEW)

\_\_\_\_\_  
Vacant positions (include partial FTEs)

*[Programming note: Use a single decimal so that it's possible to enter a number less than zero (##).]*

4a. Indicate how many vacant or unfilled positions exist currently for each category. Include full and part-time payroll and non-payroll staff. (Include partial FTEs.) (NEW)

*[Programming note: check that the total from a-g below matches the total entered for #4 and use a single decimal so that it's possible to enter a number less than zero (##).]*

- a. Frontline supervision staff, direct care staff, and correctional officers \_\_\_\_\_
- b. Program staff (e.g., instructors, teachers, librarians, education assistants and other program staff) \_\_\_\_\_
- c. Medical or health care staff (e.g., certified counselors, doctors, dentists, psychologists, psychiatrists, social workers, nurses, and medical assistants) \_\_\_\_\_
- d. Administrative staff (e.g., wardens, superintendents, assistants, office clerical, and others in administrative positions) \_\_\_\_\_
- e. Support staff (e.g., cafeteria workers, maintenance, ground crew, drivers, religious, etc.) \_\_\_\_\_
- f. Volunteers \_\_\_\_\_
- g. Unknown \_\_\_\_\_

5. Please use your most recent payroll records to provide counts of frontline supervision staff, direct care staff, and correctional officers at this facility as of Wednesday, <date2>. If exact counts are not available, please provide estimates and check this box . (NEW)

- a. White, not of Hispanic origin \_\_\_\_\_
- b. Black or African American, not of Hispanic origin \_\_\_\_\_
- c. Hispanic or Latino \_\_\_\_\_
- d. American Indian or Alaska Native, not of Hispanic origin \_\_\_\_\_
- e. Asian, not of Hispanic origin \_\_\_\_\_
- f. Native Hawaiian or Other Pacific Islander, not of Hispanic origin \_\_\_\_\_
- g. Two or more races, not of Hispanic origin \_\_\_\_\_
- h. Additional categories in your information system  
Other (*Please specify*): \_\_\_\_\_
- i. Not known \_\_\_\_\_
- j. TOTAL \_\_\_\_\_ (Sum of items 5a to 5j)

6. Please use your most recent payroll records to provide counts of frontline supervision staff, direct care staff, and correctional officers by age working at this facility as of Wednesday, <date2>. If exact counts are not available, please provide estimates and check this box . (NEW)

- a. 29 or younger \_\_\_\_\_
- b. 30-39 \_\_\_\_\_
- c. 40-49 \_\_\_\_\_
- d. 50 or older \_\_\_\_\_

7. Please use your most recent payroll records to provide counts of frontline supervision staff, direct care staff, and correctional officers by length of service working at this facility as of Wednesday, <date2>. If exact counts are not available, please provide estimates and check this box . (NSYC-2, modified)
- a. Less than 1 year \_\_\_\_\_
  - b. 1-2 years \_\_\_\_\_
  - c. 3-4 years \_\_\_\_\_
  - d. 5-9 years \_\_\_\_\_
  - e. 10 or more years \_\_\_\_\_

**PERSONNEL SCREENING**

Personnel screening involves procedures that go beyond asking someone to self-disclose information. Examples of screening include checking police records and records of other public agencies.

Please consider **only frontline supervision staff, direct care staff, and correctional officers** when answering the following questions:

8. When screening potential new hires for frontline supervision staff, direct care staff, and correctional officers positions, does this facility utilize the following sources? (NSYC-2, modified)

	Yes	No
a. Criminal record/history check	<input type="checkbox"/>	<input type="checkbox"/>
b. Test for current drug use	<input type="checkbox"/>	<input type="checkbox"/>
c. Child abuse/sex offender registry check	<input type="checkbox"/>	<input type="checkbox"/>
d. Domestic violence/civil protective order check	<input type="checkbox"/>	<input type="checkbox"/>

9. How often are periodic checks conducted for frontline supervision staff, direct care staff, correctional officer staff positions? Mark one for each row. (NEW)

	Once a year or more	Less than once a year	Only in response to an incident	Never
a. Criminal record/history check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Test for current drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Child abuse/sex offender registry check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Domestic violence/civil protective order check	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**STAFF TRAINING**

**The next questions ask about staff training programs.**

Examples of training programs include supervised on-the-job instruction, classroom training, distance learning, self-directed learning, workshops, lectures, group discussions, demonstrations, role play, and other methods of group and individual interaction.

Please consider only frontline supervision staff, direct care staff, and correctional officers when answering the following questions:

10. What topics are covered during required training programs for new hires and refresher training for current frontline supervision staff, direct care staff, and correctional officers? (NEW)

Mark all that apply. Please consider training for new hires and current employees *separately*.

Employee Training Topics	New hires	Refresher training for current employees	Not currently offered
a. Cross-gender supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. LGBT responsiveness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Managing mentally disordered youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Staff boundaries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Conflict de-escalation training and communication with youth	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Gang management, identification, and prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

11. What is the required number of training hours on PREA-related topics that new frontline supervision staff, direct care staff, and correctional officers must complete either pre-service and/or during their first year of employment? (NEW)

\_\_\_\_\_  None

Hours

12. What is the required timeframe for new frontline supervision staff, direct care staff, and correctional officers to complete all PREA-related trainings? (NEW)

- Pre-service (prior to starting position)
- Within first 24 hours of starting position
- After first 24 hours but within first week (7 days) of starting position
- After first week but within first month (30 days) of starting position
- After first month but within first six months (180 days) of starting position
- After first six months but within first year (365 days) of starting position
- Other (*Please specify*):

\_\_\_\_\_

—

\_\_\_\_\_

—

**FACILITY CHARACTERISTICS**

13. Does this facility have any of the following features intended to confine youth within specific areas? (NEW)

	Yes	No
a. Doors for secure day rooms that are locked by staff to confine youth within specific areas	<input type="checkbox"/>	<input type="checkbox"/>
b. Wing, floor, corridor, or other internal security doors that are locked by staff to confine youth within specific areas	<input type="checkbox"/>	<input type="checkbox"/>
c. Outside doors that are locked by staff to confine youth within specific buildings	<input type="checkbox"/>	<input type="checkbox"/>
d. External gates in fences or walls WITHOUT razor wire that are locked by staff to confine youth	<input type="checkbox"/>	<input type="checkbox"/>
e. External gates in fences or walls WITH razor wire that are locked to confine youth	<input type="checkbox"/>	<input type="checkbox"/>
f. Other (Please specify): _____ _____	<input type="checkbox"/>	<input type="checkbox"/>

14. Are outside doors to any buildings with living/sleeping units in this facility ever locked? (NEW)

- Yes  
 No (go to 16)

15. Why are outside doors to buildings with living/sleeping units in this facility locked? (NEW)

	Yes	No
a. To keep intruders out	<input type="checkbox"/>	<input type="checkbox"/>
b. To keep youth inside this facility	<input type="checkbox"/>	<input type="checkbox"/>

16. As of Wednesday, <date2>, how many youth were assigned beds in this facility? Include standard and makeshift beds. Makeshift beds are roll-out mats, fold-out cots, roll-away beds, pull-out mattresses, sofas, or any other beds that are put away or moved during non-sleeping hours. (NSYC-2, modified)

\_\_\_\_\_ Youth

17. On Wednesday, <date2>, how many of each type of bed were assigned and how many were not assigned? (NSYC-2)

	Assigned	Not assigned
a. Standard beds	_____	_____
b. Makeshift beds	_____	_____

18. How many adjudicated youth were held in this facility on Wednesday, <date2>? Adjudication is the court process that determines if the juvenile committed the act for which he or she is charged. The term "adjudicated" is analogous to "convicted" and indicates that the court concluded the juvenile committed the act. (NSYC-2)

\_\_\_\_\_  
Adjudicated youth

19. During the past 12 months, how many adjudicated youth were admitted to this facility? (NEW)

\_\_\_\_\_  
Admitted youth

20. During the past 12 months, how many adjudicated youth were released from this facility? (NSYC-2, modified)

\_\_\_\_\_  
Released youth

<b>YOUTH ASSESSMENT AND SCREENING</b>
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21. Does your facility conduct or receive results of youth assessments or screening for the following types of issues? (NEW)

	Yes	No
a. Risk for suicide	<input type="checkbox"/>	<input type="checkbox"/>
b. Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>
c. Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>
e. Level of emotional and cognitive development	<input type="checkbox"/>	<input type="checkbox"/>
f. Prior sexual victimization	<input type="checkbox"/>	<input type="checkbox"/>
g. Prior sexual exploitation/trafficking	<input type="checkbox"/>	<input type="checkbox"/>
h. History of trauma (e.g., victimization, abuse by parents, witnessing violence)	<input type="checkbox"/>	<input type="checkbox"/>
i. Prior predatory sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>
j. Prior non-sexual abusiveness or violence to others	<input type="checkbox"/>	<input type="checkbox"/>
k. Gang membership or affiliation	<input type="checkbox"/>	<input type="checkbox"/>
l. LGBT identification	<input type="checkbox"/>	<input type="checkbox"/>



m. Gender non-conforming identification or appearance or manner

22. Are any of the results from these assessments/screenings used to make decisions about any of the following aspects of the youths' stay at this facility? Check all that apply. (NEW)  
*[Programming note: Only include the response options checked "yes" in previous question in the table below]*

	Housing assignments	Mental health treatment/ counseling	Other programs or services
a. Risk for suicide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Mental health issues	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Physical disabilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Level of emotional and cognitive development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Prior sexual victimization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Prior sexual exploitation/trafficking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. History of trauma (e.g., victimization, abuse by parents, witnessing violence)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Prior predatory sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Prior non-sexual abusiveness or violence to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Gang membership or affiliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. LGBT identification	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Gender non-conforming identification or appearance or manner	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

23. Does this facility currently house any transgender youth? (NEW)

- Yes  
 No

## TREATMENT AND SERVICES

24. During the past 12 months, has this facility housed youth with any of the following limitations? (NEW)

	Yes	No
a. Limited English proficiency	<input type="checkbox"/>	<input type="checkbox"/>
b. Deaf or hard of hearing	<input type="checkbox"/>	<input type="checkbox"/>
c. Blind or limited vision	<input type="checkbox"/>	<input type="checkbox"/>
d. Learning disabilities ( <i>e.g., dyslexia, language processing disorder</i> )	<input type="checkbox"/>	<input type="checkbox"/>
e. Intellectual/developmental disabilities	<input type="checkbox"/>	<input type="checkbox"/>
f. Other physical, mental, or medical disabilities that cause impairment to youth functioning	<input type="checkbox"/>	<input type="checkbox"/>

25. Does this facility allow youth to access legal assistance (*e.g., lawyers, law students, paralegals*)? (NEW)

- No
- Yes, but only pre-adjudication
- Yes, but only post-adjudication
- Yes, both pre- and post-adjudication

**EDUCATIONAL SERVICES**

26. When youth arrive at this facility, do staff assess educational background and needs in any of the following ways? (NEW)

	Yes	No
a. Staff obtain educational records from youth's prior school in the community	<input type="checkbox"/>	<input type="checkbox"/>
b. Staff obtain Individual Education Program (IEP) and 504 plans (if applicable)	<input type="checkbox"/>	<input type="checkbox"/>
c. Staff administer a brief educational assessment and/or obtain results of an assessment conducted at a prior facility placement	<input type="checkbox"/>	<input type="checkbox"/>

27. What types of educational programs and services does this facility offer to youth? (NEW)

	Yes	No
a. Curricula required by the state for graduation from high school	<input type="checkbox"/>	<input type="checkbox"/>
b. Special education	<input type="checkbox"/>	<input type="checkbox"/>
c. GED or High School Equivalency Diploma preparation	<input type="checkbox"/>	<input type="checkbox"/>
d. GED or High School Equivalency Diploma testing	<input type="checkbox"/>	<input type="checkbox"/>
e. College coursework	<input type="checkbox"/>	<input type="checkbox"/>
f. Job or vocational training	<input type="checkbox"/>	<input type="checkbox"/>

**RESTRICTIVE HOUSING**

28. During the past 12 months, did this facility hold any youth in a separate room, other than their own room, without contact with other youth? Exclude youth held for medical purposes. (NEW)

- Yes
- No

29. [If Yes to item 28]: How many of these youth were held in locked rooms without being allowed contact with other youth on Wednesday, <date2>? (NEW)

\_\_\_\_\_ Youth

30. During the past 12 months, did this facility confine youth to their rooms for breaking facility rules? (NEW)

- Yes
- No

31. [If Yes to item 30]: How many youth were confined to their rooms for breaking facility rules on Wednesday, <date2>? (NEW)

\_\_\_\_\_ Youth

**GRIEVANCE PROCESS**

32. Which of these ways can a youth use to report a complaint against a staff member in this facility? (NEW)

	Yes	No
a. Make a report or talk to a different staff member or administrator	<input type="checkbox"/>	<input type="checkbox"/>
b. Report by phone or hotline	<input type="checkbox"/>	<input type="checkbox"/>
c. Talk to someone outside the facility	<input type="checkbox"/>	<input type="checkbox"/>
d. Talk to someone who visits from outside the facility	<input type="checkbox"/>	<input type="checkbox"/>
e. Report some other way	<input type="checkbox"/>	<input type="checkbox"/>

33. If a youth wanted to report a complaint against a staff member, is there a process by which they could do so anonymously? (NEW)

- Yes  
 No

**YOUTH EDUCATION ON PREA**

34. How are youth typically given information that sexual activity is not allowed in this facility? (NEW)

	Yes	No
a. Facility staff	<input type="checkbox"/>	<input type="checkbox"/>
b. Posters/signs	<input type="checkbox"/>	<input type="checkbox"/>
c. Brochure/flier/pamphlet	<input type="checkbox"/>	<input type="checkbox"/>
d. Handbook with facility rules	<input type="checkbox"/>	<input type="checkbox"/>
e. Video	<input type="checkbox"/>	<input type="checkbox"/>
f. Other ( <i>Please specify</i> ): _____	<input type="checkbox"/>	<input type="checkbox"/>

**COMMENTS**

35. Please provide any additional suggestions, explanations, or comments.