



# National Survey of Youth in Custody Facility Questionnaire

Facility name:

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			Telephone		
Facility Name					
Facility Address – Number/street/PO Box number			Area code	Number	Extension
Fax Number					
City	State	ZIP Code	Area code	Number	

Under the Paperwork Reduction Act, we cannot ask you to respond to a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection is estimated to average 60 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding this burden estimate or any aspect of this collection of information, including suggestions for reducing this burden, to the Director, Bureau of Justice Statistics, 810 Seventh Street, NW, Washington, DC 20531; and to the Office of Management and Budget, OMB No. 1121-XXXX, Washington, DC 20503.

If you have any questions, please contact the National Survey of Youth in Custody Help Desk at XXX-XXX-XXXX or xxxxxx@westat.com.

## 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, and staff paid under contractual agreements/grants.*

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.

	TOTAL	SEX	
		Male	Female
<b>TOTAL STAFF</b>	_____	_____	_____
a. Frontline supervision staff, direct care staff, and correctional officers	_____	_____	_____
b. Program staff (e.g., instructors, teachers, librarians, education assistants, and other program staff)	_____	_____	_____

2. Compared to 12 months ago, has the current number of paid staff at this facility increased, decreased, or stayed the same? Include ONLY full and part-time payroll staff.

- Increased  
 Decreased  
 Stayed the same

3. How many paid staff have been hired and how many paid staff have left this facility in the past 12 months?

	TOTAL
a. Paid staff who have been hired	_____
b. Paid staff who have left	_____

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

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

NOTE: If there were no vacant or unfilled positions, please enter '0' in the space above and skip to Item 5.

**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.)**

	<b>TOTAL</b>
a. Frontline supervision staff, direct care staff, and correctional officers	_____
b. Program staff (e.g., instructors, teachers, librarians, education assistants, and other program staff)	_____

Please consider **only frontline supervision staff, direct care staff, and correctional officers** when answering the next seven questions.

**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 .**

	<b>TOTAL</b>
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	_____
<b>TOTAL (Sum of items 5a to 5i)</b>	_____

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 .

	TOTAL
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 .

	TOTAL
a. Less than 1 year	_____
b. 1-2 years	_____
c. 3-4 years	_____
d. 5-9 years	_____
e. 10 or more years	_____
f. Unknown	_____

**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 officer positions, does this facility utilize the following sources?**

	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"/>

**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:

**9. 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?**

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"/>

10. 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?

\_\_\_\_\_  None [IF "NONE" IS SELECTED, SKIP TO ITEM 12]  
Hours

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

- 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**

This section asks about youth in the facility. When providing responses, please include youth who:

- **Have been adjudicated** for an offense in juvenile court. 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.
- **Have been convicted** for an offense in adult court.

12. How many adjudicated/convicted youth were held in this facility on Wednesday, <date2>?

\_\_\_\_\_  
Adjudicated/convicted youth

13. During the past 12 months, how many adjudicated/convicted youth were admitted to this facility?

\_\_\_\_\_  
Admitted youth (include all youth admitted to this facility including those transferred from another facility)

14. During the past 12 months, how many adjudicated/convicted youth were released from this facility?

\_\_\_\_\_  
Released youth (include all youth released from this facility including those transferred to another facility)

15. 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.

<b>TOTAL ASSIGNED BEDS</b>	_____
a. Standard beds	_____
b. Makeshift beds	_____

16. On Wednesday, <date2>, how many beds were not assigned?

	<b>Not assigned</b>
a. Standard beds	_____
b. Makeshift beds	_____

17. Does this facility currently house any transgender youth?

- Yes → How many? \_\_\_\_\_
- No

18. During the past 12 months, has this facility housed youth with any of the following limitations?

	<b>Yes</b>	<b>No</b>
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 (e.g., dyslexia, language processing disorder)	<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"/>

**GRIEVANCE PROCESS**

**19. Which of these ways can a youth use to report a complaint against a staff member in this facility?**

	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"/>

**SPECIAL HOUSING**

**20. During the past 12 months, did this facility isolate youth in a separate room or area without sight and sound contact from other youth or staff for more than 20 hours (excluding protective or medical isolation)?**

- Yes  
 No [IF "NO" IS SELECTED, SKIP TO ITEM 23]

**21. On Wednesday, <date2> how many youth did this facility isolate in a separate room or area without sight and sound contact from other youth or staff for more than 20 hours (excluding protective or medical isolation)?**

\_\_\_\_\_  None  
 Youth

**22. On Wednesday, <date2> how many youth did this facility isolate in a separate room or area without sight and sound contact from other youth or staff for more than 20 hours for discipline or misconduct?**

\_\_\_\_\_  None  
 Youth

**23. Does this facility have a written policy requiring approval from the superintendent before youth can be isolated for any reason (excluding protective and medical)?**

- Yes  
 No



24. Does your facility have a written policy stating the maximum amount of time youth can be isolated for any reason (excluding protective and medical)?

- Yes
- No [IF "NO" IS SELECTED, SKIP TO ITEM 25]

24a. What is the maximum amount of time youth can be isolated for any reason (excluding protective and medical)?

\_\_\_\_\_ hours

25. In the last 30 days, were any youth placed in "time out" in a room or area other than their own room or housing unit? By "time out" we mean confinement lasting less than one hour at either a youth's request or a staff member's direction.

- Yes
- No

26. On Wednesday, <date2> how many youth did this facility place in "time out" in a room or area other than their own room or housing unit?

\_\_\_\_\_  None  
Youth

27. In the last 30 days, were any youth placed in "time out" in their own room or housing unit as punishment or for an administrative reason (such as waiting to be transferred to another unit or facility)?

- Yes
- No [IF "NO" IS SELECTED, SKIP TO ITEM 29]

28. On Wednesday, <date2> how many youth did this facility place in "time out" in their own room or housing unit as punishment or for an administrative reason (such as waiting to be transferred to another unit or facility)?

\_\_\_\_\_  None  
Youth

**YOUTH EDUCATION ON PREA**

**29. How are youth typically given information that sexual activity is not allowed in this facility?**

	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"/>

**GENERAL COMMENTS**

**30. Please provide any additional suggestions, explanations, or comments.**

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**Thank you very much!**