

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.

1. PERSON COMPLETING THIS QUESTIONNAIRE				
Name			Email Address	
Title				
Facility name			Telephone	
			Area code	Number
Facility address – <i>Number and street/or P.O. Box/Route number</i>			Fax Number	
City	State	ZIP Code	Area code	Number

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is xxx-xxxx. The time required to complete this information collection is estimated to average 30 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have any comments concerning the accuracy of the time estimates or suggestions for improving this form, please write to: _____ . If you have any comments or concerns regarding the status of your individual submission of this form, write directly to: _____ .

D R A F T

FACILITY STATISTICS

1. Please provide the number of staff members working at the facility as of Wednesday, <date2>. Include full and part-time payroll and non-payroll staff. (Examples of non-payroll staff: personnel of a parent agency or those paid under contractual agreements/grants.)

	TOTAL	GENDER		LENGTH OF SERVICE IN FACILITY	
		Male	Female	Less than 1 year	1 year or more
a. All staff	_____	_____	_____	_____	_____

2. For each category, please provide the number of staff members working at the facility as of Wednesday, <date2>.

- Include full and part-time payroll and non-payroll staff.
- 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	GENDER		LENGTH OF SERVICE IN FACILITY	
		Male	Female	Less than 1 year	1 year or more
a. Front line supervision staff / correctional officers	_____	_____	_____	_____	_____
b. Program staff (instructors, teachers, librarians, education assistants and other program staff)	_____	_____	_____	_____	_____
c. Medical or health care staff (certified counselors, doctors, dentists, psychologists, psychiatrists, social workers, nurses, and medical assistants)	_____	_____	_____	_____	_____
d. Administrative staff (wardens, superintendents, assistants, office clerical, and others in administrative positions)	_____	_____	_____	_____	_____
e. Other staff	_____	_____	_____	_____	_____

3. During the past 12 months, has there been change in the number of staff?

Yes → (Please describe the change.)

No

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4. Please provide the number of volunteers working at the facility as of Wednesday, <date2>. Include full and part-time volunteers working in the facility who receive no compensation of any type.

	TOTAL	GENDER	
		Male	Female
a. Volunteers	_____	_____	_____

5. Please provide the start and end times for each shift and the numbers of front line staff and other direct care staff that worked each shift on **Wednesday, <date2>**. (If staff in your facility do not work standard shifts (e.g., the facility operates "rolling shifts"), please approximate the number of staff by category working during the following time periods: Day = 6:00am-2:00pm; Evening = 2:00pm-10:00pm; Overnight = 10:00pm-6:00am.)

	Day	Evening	Overnight
a. Start and end times for each shift	_____ to _____ Start End	_____ to _____ Start End	_____ to _____ Start End
	or	or	or
	Check here if no standard shifts <input type="checkbox"/> , and define the shift as 6:00am-2:00pm.	Check here if no standard shifts <input type="checkbox"/> , and define the shift as 2:00pm-10:00pm.	Check here if no standard shifts <input type="checkbox"/> , and define the shift as 10:00pm-6:00am.
b. Number of front line supervision staff / correctional officers from Question 2, row a, working by shift on Wednesday, <date2>	_____	_____	_____
c. Number of other staff from Question 2, rows b-e, providing direct care by shift on Wednesday, <date2>. This would include program staff, medical and health care staff, administrative staff, and any other staff with direct care responsibility during the shift.	_____	_____	_____

6. This question asks about all youth in this facility on Wednesday, <date2>.

6a. On Wednesday, <date2>, how many youth had assigned beds in this facility?

_____ youth with assigned beds

6b. How many of these youth were adjudicated?

_____ adjudicated youth with assigned beds

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7. On Wednesday, <date2>, how many standard and makeshift beds were in this facility? Makeshift beds are those used when the number of standard beds is insufficient for the number of youth assigned to the facility.

_____ Beds

8. On Wednesday, <date2>, how many of each type of bed were assigned and how many were not assigned? (The total number of beds reported in this question should match the number reported in Question 7.)

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

9. What are the arrangements of the sleeping rooms in this facility? (Mark only one answer.)

- 1 youth per sleeping room
- 2 youth per sleeping room
- 3 youth per sleeping room
- 4 youth per sleeping room
- 5 to 10 youth per sleeping room
- 11 to 25 youth per sleeping room
- More than 25 youth per sleeping room

Other → (Please describe the arrangements.) _____

PERSONNEL SCREENING

10. 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 indicate whether or not any of the following are considered when screening new hires (full or part-time payroll and non-payroll positions) and volunteers involved in direct care of youth.

Subject	Considered for new hires		Considered for volunteers (N/A=no volunteers)		
	Yes	No	Yes	No	N/A
a. Criminal record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Conviction for drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Conviction for child abuse or sexual abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Test for current drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Psychological evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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11. In the past 12 months, has there been a change in this practice?

- Yes → *(Please describe the change and note whether it was in response to PREA Standards or Guidelines.)*
- No

VIDEO SURVEILLANCE

12. Currently, how many of the following areas in your facility use video surveillance?

	All	Some	None
a. Classrooms/Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Entrances to sleeping areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sleeping areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Entrances to bathrooms/showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bathrooms/Showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other indoor areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Outdoor recreation areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other outdoor areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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13. If your facility does not use video surveillances (i.e., all areas in Question 12 were answered “None”), check this box and go to Question 14.

How does your facility use the video surveillance in each of these areas?

	Live monitoring		Recording for investigation		Other purpose		No video surveillance
	Yes	No	Yes	No	Yes	No	
a. Classrooms/Library	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Entrances to sleeping areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Sleeping areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Entrances to bathrooms/showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Bathrooms/Showers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Other indoor areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Outdoor recreation areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Other outdoor areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

14. During the past 12 months, have there been any changes in video surveillance?

Yes → *(Please describe the change.)*

No

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FACILITY CHARACTERISTICS

15. What is the gender of youth in this facility? (Mark only one answer.)

- All male
- All female
- Mixed gender

16. On Wednesday, <date2>, what was the age range of youth assigned to this facility?

_____ to _____
minimum age maximum age

17. During the past 12 months, how many youth have left the facility? Include youth who have been discharged, transferred to another facility, or had some other type of exit from the facility.

Youth

18. What was the average length of stay for youth who left the facility in the past 12 months? Consider the average length of time youth spent in this facility from admission through discharge, transfer, or other type of exit from the facility.

_____ . _____ OR _____
Months Days

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19. What type of facility is this?

	Yes	No
a. Detention center	<input type="checkbox"/>	<input type="checkbox"/>
b. Training School/Long-term secure facility	<input type="checkbox"/>	<input type="checkbox"/>
c. Reception or diagnostic center	<input type="checkbox"/>	<input type="checkbox"/>
d. Group home/Halfway house	<input type="checkbox"/>	<input type="checkbox"/>
e. Residential treatment center	<input type="checkbox"/>	<input type="checkbox"/>
f. Boot camp	<input type="checkbox"/>	<input type="checkbox"/>
g. Ranch, forestry camp, wilderness or marine program, or farm	<input type="checkbox"/>	<input type="checkbox"/>
h. Runaway and homeless shelter	<input type="checkbox"/>	<input type="checkbox"/>
i. Other type of shelter	<input type="checkbox"/>	<input type="checkbox"/>
j. Other → <i>(Please describe the type of facility.)</i>	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		

20. If Question 19 has only one type marked, check this box and go to Question 21.

If Question 19 has more than one type marked, please select the primary function of this facility? *(Mark only one answer.)*

- Detention center
- Training School/Long-term secure facility
- Reception or diagnostic center
- Group home/Halfway house
- Residential treatment center
- Boot camp
- Ranch, forestry camp, wilderness or marine program, or farm
- Runaway and homeless shelter
- Other type of shelter
- Other → *(Please describe the type of facility.)* _____

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21. We would like your estimate of the percent of youth in residence who have a history or currently have any of these problems, conditions, or patterns of behavior.

Please think about each of the categories separately in relation to your total population. Some youth may be represented in more than one category.

	0%	1-25%	26-50%	51-75%	76-100%
a. Self-injury/suicidal	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Violent to others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Abused by parents (physical, emotional, and/or sexual abuse)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Predatory sexual behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Rape victimization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Prostitution	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Gang membership/affiliation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Psychiatric condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Developmental disability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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22. Does the facility specialize in a particular treatment?

- Yes
- No → (Thank you. You have completed the questionnaire.)

23. What kind of treatment does this facility specialize in?

	Yes	No
a. Mental health treatment	<input type="checkbox"/>	<input type="checkbox"/>
b. Substance abuse treatment	<input type="checkbox"/>	<input type="checkbox"/>
c. Sex offender treatment	<input type="checkbox"/>	<input type="checkbox"/>
d. Treatment for arsonists	<input type="checkbox"/>	<input type="checkbox"/>
e. Treatment for specifically violent offenders	<input type="checkbox"/>	<input type="checkbox"/>
f. Other → (Please describe.)	<input type="checkbox"/>	<input type="checkbox"/>
<div style="background-color: #e0e0e0; padding: 5px;"><hr/><hr/><hr/></div>		

24. If Question 23 has only one type marked, check this box ; thank you, you have completed this questionnaire.

If Question 23 has more than one type marked, please select the primary treatment specialization of this facility.
(Mark only one answer.)

- Mental health treatment
- Substance abuse treatment
- Sex offender treatment
- Treatment for arsonists
- Treatment for specifically violent offenders
- Other → (Please describe the specialization.)
