

Staff Questionnaire - Youth Care Worker/Lead Youth Care Worker

Interview Details	
Program Name:	Past and Current Position(s) at Program:
Level of Care:	Date/Time of Interview:
Full Name:	Interviewer:

*Note: Before beginning the interview and/or providing this questionnaire to staff, provide a brief introduction, including monitor role and purpose of monitoring visit, confidentiality of staff interview, and clarify any questions. See *Introduction Prompt for Staff* for additional guidance as needed.

	NOTES
Tell me about your role and main responsibilities as a Youth Care Worker.	
What are the things that you love/enjoy about your job? What are the challenges you face in your job?	
Do you have access to the UAC Portal? <ul style="list-style-type: none"> ▪ If yes, are you aware of ORR tools, such as the UAC MAP, and where updates are located on the homepage? ▪ Ask YCW to describe where/how they would access the tools in the UAC Portal. 	
What formal/informal trainings have you received?	

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<ul style="list-style-type: none"> ▪ What additional training do you think a person in your position could benefit from? <p>(Lead Youth Care Worker) Do you have a system to assess ongoing staff training needs?</p> <ul style="list-style-type: none"> ▪ Please describe any training needs that your staff currently have. 	
<p>Tell me about how you usually handle behavioral challenges among UACs?</p> <ul style="list-style-type: none"> ▪ How effective do you think the behavior management system is? <p>Have you received trainings on Behavior Management?</p> <ul style="list-style-type: none"> ▪ If yes, what did you learn in the training? ▪ Are you allowed to use restraints? Please elaborate. 	
<p>What does <i>trauma-informed care</i> mean to you?</p> <ul style="list-style-type: none"> o How do you deliver trauma-informed care as part of the YCW team? 	
<p>How do you usually handle mental health concerns among UACs in the program?</p> <ul style="list-style-type: none"> ▪ With whom would you talk to and how would you respond to the concern? ▪ Do you feel confident in your ability to appropriately handle a mental health emergency or crisis situation? 	

<p>What are the required UAC to staff ratios?</p> <ul style="list-style-type: none"> ▪ Daytime: ▪ Evenings ▪ During transportation: 	
<p>What does line of sight supervision mean to you? How do you ensure line of sight supervision during the following periods?</p> <ul style="list-style-type: none"> ▪ Daytime: ▪ Nighttime: ▪ Weekends: ▪ During transportation: ▪ Legal Orientation: 	
<p>What activities are provided to UAC every day?</p> <ul style="list-style-type: none"> ▪ Outdoor: ▪ Indoor: ▪ Weekends: 	
<p>How often are youth required to be outside?</p> <ul style="list-style-type: none"> ▪ Weekdays: ▪ Weekends: 	
<p>How often do you have staff meetings?</p> <ul style="list-style-type: none"> ▪ Team Meetings ▪ All Staff Meetings <p>(Lead Youth Care Worker) How often do you have</p>	

<p>meetings with department leads?</p>	
<p>Tell me about your relationship with your supervisor.</p> <ul style="list-style-type: none"> ▪ How often do you have meetings with your supervisor? ▪ Do you feel that your supervisor provides appropriate support, supervision, constructive criticism, and feedback? 	
<p>When YCWs come on shift, how are updates/lingering issues communicated between shifts?</p> <ul style="list-style-type: none"> ▪ How are YCWs informed about the following: <ul style="list-style-type: none"> ▪ UAC with special conditions: ▪ Disabilities: ▪ Allergies: 	
<p>Describe the procedures for the following situations: <i>(Please note: any/multiple example(s) can be used for this question)</i></p> <ul style="list-style-type: none"> ▪ An allegation of child abuse or maltreatment: <i>(Example: UAC reports that a staff has made sexually inappropriate comments to youth)</i> ▪ Runaway: ▪ Fire drill: ▪ Grievances: 	
<p>What are some of the topics covered by the Code of Conduct?</p> <ul style="list-style-type: none"> ▪ What happens if you violate the Code of Conduct? <i>(Ask YCW to answer the question with an example.)</i> 	

<p>Do you have any concerns with the treatment of UAC in care?</p> <p>Do you have concerns about any particular staff members (any staff members you think should NOT be working with UAC)?</p>	
<p>What would you do to improve or strengthen the program here?</p>	
<p>What recommendations do you have for ORR that I can take back to share with our headquarter teams?</p>	

Additional Notes

Enter Additional Notes.