

Staff Questionnaire - Youth Care Worker/Lead Youth Care Worker - Unlicensed Facility (UF) Quarterly Health and Safety Visit

| Interview Details | |
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| 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. Questions in **bold** should be asked during the interview if possible. Other questions are optional prompts to assist the interviewer.

| | NOTES |
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| 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? | |
| What formal/informal trainings have you received? ▪ What additional training do you think a person in your position could benefit from? | |
| (Lead Youth Care Worker) Do you have a system to | |

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| <p>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 UCs?</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 UCs 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 UC to staff ratios?</p> <ul style="list-style-type: none"> ▪ Daytime: | |

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| <ul style="list-style-type: none"> ▪ 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 UC 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>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> | |

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| <ul style="list-style-type: none"> ▪ An allegation of child abuse or maltreatment: (<i>Example: UC 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? (Ask YCW to answer the question with an example.) | |
| <p>Do you have any concerns with the treatment of UC in care?</p> <p>Do you have concerns about any particular staff members (any staff members you think should NOT be working with UC)?</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.

