**Staff Questionnaire - Youth Care Worker/Lead Youth Care Worker**

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| **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.

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|  | 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?** * **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?** * **What additional training do you think a person in your position could benefit from?**

**(Lead Youth Care Worker) Do you have a system to assess ongoing staff training needs?** * **Please describe any training needs that your staff currently have.**
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| **Tell me about how you usually handle behavioral challenges among UACs?** * **How effective do you think the behavior management system is?**

**Have you received trainings on Behavior Management?** * **If yes, what did you learn in the training?**
* **Are you allowed to use restraints? Please elaborate.**
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| **What does *trauma-informed care* mean to you?****How do you deliver trauma-informed care as part of the YCW team?** |  |
| **How do you usually handle mental health concerns among UACs in the program?** * 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?
 |  |
| **What are the required UAC to staff ratios?** * + Daytime:
	+ Evenings
	+ During transportation:
 |  |
| **What does line of sight supervision mean to you? How do you ensure line of sight supervision during the following periods?** * Daytime:
* Nighttime:
* Weekends:
* During transportation:
* Legal Orientation:
 |  |
| **What activities are provided to UAC every day?** * + Outdoor:
	+ Indoor:
	+ Weekends:
 |  |
| **How often are youth required to be outside?*** Weekdays:
* Weekends:
 |  |
| **How often do you have staff meetings?*** + **Team Meetings**
	+ **All Staff Meetings**

**(Lead Youth Care Worker) How often do you have meetings with department leads*?*** |  |
| **Tell me about your relationship with your supervisor.** * **How often do you have meetings with your supervisor?**
* **Do you feel that your supervisor provides appropriate support, supervision, constructive criticism, and feedback?**
 |  |
| **When YCWs come on shift, how are updates/lingering issues communicated between shifts?** * How are YCWs informed about the following:
* UAC with special conditions:
* Disabilities:
* Allergies:
 |  |
| **Describe the procedures for the following situations:** (*Please note: any/multiple example(s) can be used for this question)** An allegation of child abuse or maltreatment: (*Example: UAC reports that a staff has made sexually inappropriate comments to youth*)
* Runaway:
* Fire drill:
* Grievances:
 |  |
| **What are some of the topics covered by the Code of Conduct?*** **What happens if you violate the Code of Conduct?** *(Ask YCW to answer the question with an example.)*

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

## Additional Notes

Enter Additional Notes.