

PbS Family Survey (Detention/Assessment)

Facility Name:

PbS Form ID:

Your participation in the PbS Family Survey is completely voluntary and your responses and comments will be kept completely anonymous and confidential. Neither your name nor your child's name will be associated with the survey information. You can refuse to participate or stop filling out the survey at any time and it will not affect your child's care in the program or any other program.

This facility asks families and people who support youths who are incarcerated for their perceptions and experiences as part of the national Performance-based Standards (PbS) program. PbS collects information about the quality of life and services in facilities. PbS guides participating facilities to use information, like the answers families give to this survey, to identify issues and problems and then helps them make changes in the practices to better serve youths and families.

PbS also surveys youths and staff and analyzes data on facility safety, education, fairness, rehabilitation programming, health/mental health services and planning for the youths to return to the community.

Your answers will help the facility do a better job of working with families in the future. PbS is asking for your feedback on today's visit, the information provided to you about the facility and your experience here to provide information to help facilities and families work together to help youths. There is no right or wrong answer.

All the answers from all families are added together anonymously two times a year to provide a report summarizing what all families and people who support youths think and experience.

If you would like more information, please contact PbS at the toll free number: 1-888-PbS-LiTA (1-888-727-5482).

Please check one of the following:

- I agree to participate in the Family Survey
- I do not agree to participate in the Family Survey

For your confidentiality, please do not write your name or your child's name on the survey.

Today's date:

Month/year

_____ / _____

Today's Visit

1. How helpful was staff with arranging today's visit?

e.g. scheduling, transportation

- Very helpful
- Helpful
- Somewhat helpful
- Not at all helpful
- Refuse to answer

2. Did a staff member greet you and ask how they could help when you arrived at the facility today?

- Yes
- No
- Refuse to answer

3. How would you describe the amount of time you had during this visit?

- Too long
- Just right
- Too short

4. How did you get to the facility today?

Check all that apply

- | | |
|---|--------------------------------------|
| <input type="checkbox"/> Own car | <input type="checkbox"/> Case worker |
| <input type="checkbox"/> Friend's car | <input type="checkbox"/> Rental car |
| <input type="checkbox"/> Public transportation | <input type="checkbox"/> Walk |
| <input type="checkbox"/> Facility provided transportation | <input type="checkbox"/> Other |
| <input type="checkbox"/> Taxi | |

If other, please explain how you got to the facility.

5. Approximately how many miles did you travel to visit this facility today?

- Less than 10 miles 10-25 miles 26-50 miles 51-100 miles more than 100 miles

6. Approximately how long did it take you to travel to visit this facility today?

- Less than 10 minutes 10-30 minutes 31-60 minutes 61-90 minutes more than 90 minutes

7. What would have made it easier to visit?

Check all that apply

- | | |
|---|---|
| <input type="checkbox"/> The program was closer to where I lived | <input type="checkbox"/> It was more affordable |
| <input type="checkbox"/> The program had different visiting hours | <input type="checkbox"/> I had the option of visiting by video conference in addition to contact visits |
| <input type="checkbox"/> Transportation was provided | <input type="checkbox"/> I had more time during the visit |
| <input type="checkbox"/> I had a more flexible job schedule | <input type="checkbox"/> Other |
| <input type="checkbox"/> I had child care | <input type="checkbox"/> Nothing, it's already easy to visit |

If other, please specify.

Please indicate your agreement with the following statements:

8. I am confident that private conversations with my child are not overheard at this facility.

- Strongly agree Agree Disagree Strongly disagree

9. I feel welcome at the facility.

- Strongly agree Agree Disagree Strongly disagree

10. I feel my child is safe in the program.

- Strongly agree Agree Disagree Strongly disagree

11. Staff treat me with respect.

- Strongly agree Agree Disagree Strongly disagree

12. I get the same answers to my questions, no matter whom I ask.

- Strongly agree Agree Disagree Strongly disagree

13. Staff value my opinion regarding my child's care.

- Strongly agree Agree Disagree Strongly disagree

14. Staff praise me and my family for our efforts.

- Strongly agree Agree Disagree Strongly disagree

Visitation and Contact

15. How many times have you visited your child at this facility?

- This is my first visit
 2-3 times
 4-5 times
 More than 5 times

16. Are people who support your child other than immediate family members allowed to visit?

- Yes No

17. Have you talked over the phone with your child while he/she was at this facility?

- Yes No

If yes,

17a. How many times have you talked over the phone with your child?

- 1
- 2-3 times
- 4-5 times
- More than 5 times

17b. Did you have enough time when you talked?

- Yes
- No

18. What would make it easier to call?

Check all that apply

- Different calling hours
- It wasn't long distance
- I had a landline
- He/she had access to a phone card
- He/she could call my cell phone
- It was less expensive
- Nothing, it's already easy to talk

19. What keeps you from talking over the phone with your child?

Check all that apply

- I don't know how to call my child
- I don't have a phone
- I can't afford it
- My child isn't allowed phone calls
- Other

If other, please explain.

Receiving Information About the Facility

20. Did you receive an orientation packet or written information about the facility and what your child will be doing while here?

- Yes
- No

If yes,

20a. Was the information provided in your first language?

- Yes
- No

21. Has a staff member talked to you about the facility operations and the process for your child?

- Yes
- No

22. Have you been given a tour of the facility?

- Yes
- No

23. Has someone from the facility talked to you about what trauma is and why it matters?

- Yes No Don't know Refuse to answer

24. Has someone from the facility asked you if any bad or upsetting things have ever happened to your child?

- Yes No Don't know Refuse to answer

25. Have you been told that the facility has a Family Council or formalized group of family members you can contact for more information?

- Yes No Don't know

26. Do you know who to contact if you have questions about your child's wellbeing?

- Yes No

27. Do you know how to contact the ombudsman or person to report a grievance or complaint?

- Yes No

28. Do you know how to reach your child in an emergency?

- Yes No

29. Do you know who to contact about your child's health and mental health?

- Yes No

30. Do you know who to contact about your child's education?

- Yes No

31. Do you know the facility visiting hours?

- Yes No

32. Have you been invited to facility programs or events?

- Yes No

33. Do you know what is available to meet your child's cultural and religious needs?

- Yes No

34. Do you understand the facility's rules?

- Yes No

35. What would help you understand the rules better?

Check all that apply

- | | |
|--|---|
| <input type="checkbox"/> The rules were easier to understand | <input type="checkbox"/> They were provided to me in a handbook |
| <input type="checkbox"/> They were in my native language | <input type="checkbox"/> They were posted on the wall |
| <input type="checkbox"/> They didn't change so often | <input type="checkbox"/> Nothing, I already understand the facility's rules |
| <input type="checkbox"/> They were explained to me in person | |

36. Do you have a clear understanding of your child's legal rights in this facility?

Yes No

When Your Child Leaves the Facility

37. Did someone from the facility talk to you about the next steps for your child during today's visit?

Yes No

38. Do you know when your child is going to be leaving this facility?

Yes No

Please indicate your agreement with the following statements:

39. Someone from the facility talked to me about what to do if my child starts to engage in negative behavior(s), like who to contact and what the appropriate consequences will be.

Strongly agree Agree Disagree Strongly disagree

40. I have relatives, friends and community members who can help support me and my family when my child leaves the facility.

Strongly agree Agree Disagree Strongly disagree

Thank You