August 23, 1961

Dear Superintendent:

About two weeks ago we wrote you concerning a survey on state institutions for the retarded which is being made by the Institutions Committee of the National Association for Retarded Children. In this letter we indicated several of the reasons for making this survey and some of the benefits which we believe will accrue to the institutions themselves as the result of such a study.

Each week we are receiving an increasing number of inquiries at our NARC office for the type of information we have requested in the enclosed questionnaires. Upon receipt of the completed questionnaires we hope to process the information obtained in such a way that it will be readily available to all who send in such requests.

You will note the enclosed total questionnaire is so divided that it can, in most instances, be filled in by the appropriate staff member. Part one contains questions of a general nature which will give a brief picture of the institution as a whole. All other sections of the questionnaire relate to specific aspects of the total program and we sincerely hope that you and the members of your staff will cooperate with us by returning the completed questionnaires at your earliest convenience.

Cordially yours,

Mrs. Max Murray, Chairman
Institutions Committee

Vincent J. Fitzpatrick
President
PART ONE: GENERAL INFORMATION

Name of Institution: Fairbault State School and Hospital
Address: Box A Fairbault MN
Name of Superintendent: Dr. E. J. Engberg
Established: 1879
Age: 73
Professional background: M.D. (Psychiatry & Neurology)
Year employed: 1937

State Department under which Institution operates: Dept. of Public Welfare

Number of Residents

<table>
<thead>
<tr>
<th>Type of Residents</th>
<th>Number of Residents</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number in residence (Include those on temporary furlough.)</td>
<td>3200</td>
</tr>
<tr>
<td>Number in foster care or other program supervised by institution.</td>
<td>0</td>
</tr>
<tr>
<td>TOTAL</td>
<td>3200</td>
</tr>
</tbody>
</table>

Approximate number severely retarded: 30
App. number moderately retarded or trainable: 50
App. number mildly retarded or educable: 20

TOTAL: 3200

Of the total number of all residents, all types, please give number: Male 1800 Fem. 1400

PERSONNEL (Please indicate number)

<table>
<thead>
<tr>
<th>Full-time:</th>
<th>No.</th>
<th>Average salary range for positions listed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Physicians</td>
<td></td>
<td>$7,000 to $13,120 (Yearly)</td>
</tr>
<tr>
<td>Nurses</td>
<td>26</td>
<td>$4,016 to $8,328</td>
</tr>
<tr>
<td>Dentists</td>
<td>8</td>
<td>$5,416 to $9,224</td>
</tr>
<tr>
<td>Teachers</td>
<td>10</td>
<td>$5,616 to $9,372</td>
</tr>
<tr>
<td>Psychologists</td>
<td>2</td>
<td>$7,104 to $10,536</td>
</tr>
<tr>
<td>Social Workers</td>
<td>7</td>
<td>$5,196 to $8,024</td>
</tr>
<tr>
<td>Chaplains</td>
<td>1</td>
<td>$9,012 (Yearly)</td>
</tr>
<tr>
<td>Recreation Leaders</td>
<td>14</td>
<td>$3,240 to $7,392</td>
</tr>
<tr>
<td>Business Managers</td>
<td>1</td>
<td>$6,124 to $9,468</td>
</tr>
<tr>
<td>Dietitians</td>
<td>1</td>
<td>$4,904 to $5,844</td>
</tr>
<tr>
<td>Clerical Workers</td>
<td>19</td>
<td>$2,772 to $5,664</td>
</tr>
<tr>
<td>Aides</td>
<td>394</td>
<td>$2,272 to $5,664</td>
</tr>
<tr>
<td>Other:</td>
<td>85</td>
<td></td>
</tr>
<tr>
<td>TOTAL full-time:</td>
<td>718</td>
<td></td>
</tr>
</tbody>
</table>

Part-time personnel: (Please list position, followed by number.)

Please mail one copy to NARC, 386 Park Avenue South, New York 16, New York. Retain second copy for your files.
NATIONAL ASSOCIATION FOR RETARDED CHILDREN
SURVEY ON STATE INSTITUTIONS
PART TWO: PRE-ADMISSION PROCEDURES; MAINTAINING FAMILY-RESIDENT RELATIONSHIP

Name of Institution: __________________________ State: __________

Pre-Admission

1. a. Please check requirement for accepting retardate for admission into your institution:
   - x. Legal commitment
   - y. Voluntary admission
   - z. Either legal commitment or voluntary admission

   If legal commitment is required, please attach copy of commitment law or laws if available. If not, please give reference number and year statute was passed by your legislature. Number ______ Date ________________

   b. (Optional) Based on your broad experience in the institutional field, which of the three alternatives under 1 a. would you prefer for admitting residents into your institution? x. ___ y. ____ z. ____ Why: To meet all contingencies.

   c. Do you consider the majority of the physicians who serve on legal commissions for sending residents to your institution to be generally knowledgeable in the field of mental retardation? Yes ___ No ___ Rarely ___?

2. a. Do parents have diagnostic and counselling services regarding their child available either at the institution itself or at a community clinic before the final decision is reached for placing an individual? Yes ___ No ___

   b. Are parents encouraged ( ) required ( ) to visit the institution one or more times before admission of retardate? (Please check.)

   c. If the retardate is admitted are orientation sessions held for the parents? Yes ___ No ___

       By whom are these usually conducted?
       Superintendent ___; Social worker ___; Chaplain ___;
       Psychologist ___; Other _________________. (Please check.)

3. a. What is the average length of waiting time between the acceptance of an individual's commitment to your institution and the actual admission to the institution? 2—6 months______; 1—2 years______; 3—4 years ___

   b. When a retardate has been officially accepted for the waiting list and the family has been advised of the probable length of time before admission, what, if any, specific services are rendered by the institution to assist the family in the interim? Please describe briefly.

   County Welfare Dept. continues services. Parents asked to visit with staff & see facilities.
Name of Institution ___________________________ State ___________________________

Activities during Visits.

1. Please indicate briefly regulations concerning the following at your institution:
   a. Policy on length of time between admission and first visit from family: Varies with individual needs; immediately to 2 or 3 weeks.
   b. Regular visiting hours: 9 am to 4 pm every day.
   c. Are parents encouraged ( ), permitted ( ) to feed ( ) dress ( ), bathe ( ) or otherwise help fulfill the physical needs of their child on visiting the institution? Please check.
   d. Home visits: Up to 60 days except school children during the school terms. If trial placement, up to one year.

2. Mail
   What, if any, effort is made to keep in regular contact with families of your residents? Institutional Newsletter: V Monthly V Weekly
   Personal letters to parents? Yes V No ____. How often? By request

3. If you have other specific ways of keeping in touch with the parents of your residents will you please describe briefly? Notices to parental chapters, interviews during visits.

Please send one copy of this questionnaire to:
NATIONAL ASSOCIATION FOR RETARDED CHILDREN, 386 PARK AVENUE SOUTH, NEW YORK 16, N.Y.
Retain second copy for your files.
If you have any printed material relating to Pre-Admission Procedure or Maintaining Family Relations, please attach to copy of questionnaire mailed to NARC.
PART THREE: FOOD SERVICE

Name of Institution: Fairbault State School and Hospital State: Minnesota

1. Number of food service workers: Staff 60 Residents 300

Division of residents working in food service:

Preparation: (No.) 75 Serving: (No.) 25 Clean-up after meals: (No.)

2. a. If central preparation is used with separated dining facilities—what means are used to transport food? Tunnel and land truck

b. What distance is food moved? Nearest 1/2 block Furthest 3 miles

c. Is food reheated in serving kitchen? Yes ✓ No . In steam table? Yes ✓ No

d. Listed below are food serving aids that could be used for residents who are able to feed themselves. Please check those commonly used in your dining room(s).

Knife ✓ Plastic cup ✓ Plastic plate ✓ Plastic glass ✓
Fork ✓ Metal cup ✓ Metal plate ✓ Regular glass ✓
Spoon ✓ Ceramic cup ✓ Ceramic plate ✓ Plastic bowl ✓
Paper napkin ✓ Cloth napkin ___

e. Are special utensils or feeding innovations used for those residents confined to their wards? Yes ✓ No . (Please enclose picture and description of same if possible.) aluminum feeding cup, feeding tray for hyperactivity

f. To what age (mental) are pureed foods usually served? ____________

g. To what mental age are foods cut by attendant? ____________

3. a. What is cost per daily food ration for each resident? 63¢ + surplus

b. What is the approximate value percentage-wise of government surplus food used in your daily food ration? (Per person) 5.6 %

What is the approximate value percentage-wise of food contributed by others or grown by institutional personnel? (Per person) 18.1 %

Cash outlay? (Per person) Total 76.3 %

4. a. What calorie intakes per day are provided for the following age groups?

1-6 2200 ; 6-12 2400 ; 12-Up 2800 ; Others: 2800 - 3000

b. Are food supplements used? Yes ✓ No Name of supplement ____________

Extent of use: on doctor's request

c. Are vitamin supplements used? Yes ✓ No Multiple ✓ One

Extent of use: for young patients during winter on doctor's request
Name of Institution Fairbault State School Hospital State Minnesota

5. a. Are standard recipes used? Yes ✓ No __. Institution set? Yes ✓ No __.
   State set? Yes __ No ✓.

   b. Is a master menu used for State? Yes No ✓.

   c. Are cycle menus used? Yes ✓ No __. What cycle? 13 week ___.

6. a. What is the age of your food preparation center? 51 Years (1909)

   When last modernized? 1952 Year

   b. What is the age of your central dining room or serving center? 50-60 Years

   When last modernized? 1959 Year

7. a. What are your major problem areas in food preparation center?

   - Outdated outdated kitchen with an unorganized delivery system - the necessity to use patient labor.

   b. What are your major problem areas in serving? again we are dependent on patient help and do not have a coordinated delivery and waiting system and variety of equipment.

8. List in order of importance your greatest needs in providing more adequate meals: (Check 1, 2, 3 in order of need.)

   a. More modern equipment 1
   b. Larger daily food allowance per person 3
   c. More staff 2

9. Do you have any outstanding special innovations in preparation or serving of food in your institution? If so, please describe.

   In our dining room we prepare breakfasts (eggs, bacon, pancakes, etc.) right at the serving center for the better flavor.

Please send one copy of questionnaire to:

NATIONAL ASSOCIATION FOR RETARDED CHILDREN, 386 PARK AVENUE SOUTH, NEW YORK 16, N.Y.

Retain second copy for your file.

If you have any printed material relating specifically to the food service department in your institution, please attach two copies to questionnaire mailed to NARC.
PART FOUR: CLOTHING FOR RESIDENTS

Name of Institution: Fairbault State School and Hospital State Minnesota

Responsibility for provision of clothing.

1. a. If your annual or biennium budget is itemized to the extent you can readily give the total amount allowed for clothing, please indicate that figure.
   Per year: $57,342. Percent residents supplied with clothing __________ %

b. Are you required by state law or by precedent to buy all institutional clothing from a specified source? Yes ___ No ✓. If answer is yes, who determines the source? Name ___________________________ Title ___________________________

c. Do you have the privilege of buying on the open market so as to exercise the privilege of obtaining competitive bids on clothing needs? Yes ✓; No ___.

d. Does any part of your clothing supply come from other State Institutions, i.e. prisons (manufactured at such)? Yes ___; No ✓.

e. Is good, used clothing accepted from service organizations, civic clubs, etc.? Yes ✓; No ___.

2. a. Are parents encouraged to bring clothing for resident at the time of admission? Yes ✓; No ___. To what extent? Complete wardrobe (parent or county)

b. Do you send a form letter indicating clothing needs? Yes ✓; No ___.

c. Are parents encouraged to periodically replenish resident's wardrobe after admission? Yes ✓; No ___.

d. Are parents asked not to send or bring clothing for resident at any time? Yes ___ No ✓. If answer is yes, why? ____________________________

e. When parents visit, in cases where the child is able, is the child allowed to go shopping with the parents for his own clothes? Yes ✓; No ___.

Distribution, fitting and care of clothing.

3. a. Please give a brief description of your clothing storage center if you have such. All clothing purchased by the institution is stored in the warehouse. Cosmetic clothing is taken care of and distributed in an area apart from the warehouse.

b. Are clothes distributed at specified times during year? Yes ✓ No ___. When? Monthly

c. Are clothes distributed as needed by individuals? Yes ✓ No ___.

d. Does the cottage parent or attendant requisition clothes for residents? Yes ✓ No ___. Please attach 2 copies of requisition form to questionnaire if available.

e. If the cottage parent or attendant is not responsible, who is? Title ___________________________

f. Are residents ever permitted to visit clothing storage center to make a choice of colors, style, etc.? Yes ✓; No ___.
Name of Institution: Fairbault State School and Hospital, State of Minnesota.

4. a. Are regular checks made to insure the fact that the resident has not outgrown shoes? Yes ✓ No ___ By whom? Charge Aide.

b. When clothing is outgrown by one resident is it given to another resident or discarded completely? (Assuming the clothing is still in good condition.) Passed on ✓ Discarded ___.

5. a. Do you expect cottage personnel to keep clothing separated for each child? Yes ✓ No ___.

b. Do your residents have one outfit for Sunday or dress-up occasions that differs from their daily wear? Yes ✓ No ___.

6. a. Do you have adequate laundry facilities? Yes ✓ No ___.

b. Are your cottages or dormitories for high-grade female residents equipped with laundry facilities so the residents can assume responsibility for some of their own clothing? Yes ✓ No (A few)

7. What do you consider your three most difficult problems in the area of clothing institutionalized retardates? (List in order of severity.)
   a. Securing the proper type of clothing to meet the individual needs
   b. Developing and maintaining a basic wardrobe for each patient
   c. Repairing and mending of shoes and clothing

8. Do you feel that clothing plays an important role in the training of your residents? Yes ✓ No __. How? To look well dressed ( neat & clean) tends to boost morale. It instills in the individual the desire to take more pride in the care of his clothes and his appearance.

9. Further comments you may wish to make relating to the problem of providing and maintaining institutional clothing. Many problems now existing in the clothing department could probably be eliminated or at least simplified if the responsibilities for fitting, ordering, and repairs could be placed with personnel who can train and understand clothing, rather than the Charge Aide from each building carrying this responsibility.

Please send one copy of this questionnaire to:

NATIONAL ASSOCIATION FOR RETARDED CHILDREN, 386 PARK AVENUE SOUTH, NEW YORK 16, N.Y.

Retain second copy for your files.

If you have any printed material relating to the way in which your clothing problem is handled, please attach to copy of questionnaire mailed to NARC.
PART FIVE: VOLUNTEER SERVICES

Name of Institution: Fairbault State School and Hospital, State: Minnesota

1. a. Is there someone responsible at the state level for developing and coordinating volunteer services in all of your State's institutions for the retarded? Yes □ No □
   If answer is yes, please give:
   Name: Mrs. Miranda Karkins
   Title: State Coordinator of Volunteer Services
   State Dept.: D. P. W.

   b. Individual responsible for program at your institution:
   Name: Mrs. Helen Stabbert
   Title: Coordinator of Volunteer Services

   c. Do you have a staff advisory committee on volunteer services? Yes □ No □
   If yes, please describe their responsibility briefly.
   We are in the process of organizing such a committee.

   Do you have a volunteer advisory committee? Yes □ No □
   If yes, please describe their responsibility and their working relationship with the staff advisory committee.
   We have a Volunteer Council. Our program is still fairly young; it will evolve in time.

2. a. Do you have plans to expand your volunteer program? Yes □ No □
   If yes, please indicate your reasons for doing so.
   Since this program is quite new, it is a natural process that it will expand as time goes on.

   b. What is your most effective means of volunteer recruitment? Talking to Cynamps.

   c. Do you have some type of program or award system for recognizing the services rendered by volunteers? Yes □ No □
   If yes, please describe briefly.
   (It is hoped that an award ceremony may be conducted in the near future.)

3. a. Do your volunteers work directly with the residents in the following areas of service: (Answer yes or no.)
   Hospital Ward no; recreation program yes; feeding children yes; bathing children yes; dressing children yes; educational program no; religious training program yes; other

   b. Please name any other areas of services in which your volunteers regularly participate such as meeting visitors, clerical work, etc., etc.
   Volunteer as a Secretary in the Division of Volunteering, clothes room, Bay Street program.

   c. What is the magnitude of your volunteer services? 
   No. of volunteers? 313
   Volunteer hours per year? 2,581 (average)
Section two. (Pertaining to informal volunteer activities where individuals or community groups have provided gifts, money for special equipment, entertainment for residents, etc., etc.)

4. Do you have a planned procedure for enlisting the interest and support of community groups throughout the state in your institution? Yes ✓ No __
(Womens' Clubs, Associations for Retarded Children, Kiwanis, Civitans, etc.) If yes, please outline briefly.

5. Please give the approximate value of tangible gifts made to your institution by volunteers (either groups or individuals) over the past five years. (This would include recreational equipment, training equipment, special furniture, anything bought for the institution aside from that purchased with tax funds provided by the state.)
Amount: $84,193.

We are interested in trying to assess the intangible value of engendering a more active concern for state institutions for the retarded in the lay public in general. As an individual working directly with this area of service, we would be interested in your frank observations on the questions listed below.

6. a. What do you consider as some of the advantages to be gained by enlisting lay interest and support in your total institutional program?

   Bringing personal attention to our patients.
   Understanding of the mentally retarded patient's problems and needs.
   Doing for our patients according to interest of the person or the group.

   b. What do you envision as some risks or disadvantages? Hoping that an individual or a group's interest would wane, decrease, and become disappointment to our patients (making it an "angry" thing - as mentioned above) in groups or clubs, making sure someone would carry on project.

7. In your opinion, what are several specific ways in which the lay public in general (both individuals and groups) could best serve your total institutional program?

Please mail one copy of questionnaire to

NATIONAL ASSOCIATION FOR RETARDED CHILDREN, 386 PARK AVENUE SOUTH, NEW YORK 16, N.Y.
Retain second copy for your files.
If you have any printed material specifically relating to your volunteer services program, please send two copies to NARC office.
PART SIX: EDUCATION AND TRAINING PROGRAM

Name of Institution: Fairbault State School and Hospital State: Minnesota

1. a. Is your educational program supervised by your State Department of Education?  
   Yes ☐ No ☑ With reservations DPH supervised with State Dep't of Ed. offering consultant service.

   b. Is it financed wholly or in part by other than the State Department under which your institution operates?  
   Yes ☐ No ☑ Department of Public Health and Welfare.

   How?  

2. Staff  
   a. Are teachers fully accredited according to standards set by your State Department of Education? (Please check)  
      DPH ☑ in compliance with State Ed. Dept. standards.  
      Yes ☑ No ☐  
      For educable or mildly retarded: Yes ☑ No ☐  
      For trainable or moderately retarded: Yes ☑ No ☐  

   b. Are teachers required to have a degree or special training in special education?  
      For the educable: Yes ☑ No ☐  
      For the trainable: Yes ☑ No ☐  

   c. Is there a difference in salary scale in your state for teachers with training in special education?  
      Yes ☑ No ☐  

   d. Do you use volunteer help or college students as "teacher's aides" in your academic program?  
      Yes ☑ No ☐  

   e. Do you follow any organized or planned procedure for teacher recruitment?  
      Yes ☑ No ☐  If "yes", please explain. Through Civil Service through Manometer State Recruitment.

3. a. What percent of your total institutional population is included in your school academic program? 60%  
      How many of this total percent fall into the educable category? 30-40 (Number)  
      How many in the trainable? 150-170 (Number)

   b. What is the average size of your academic classes? 15

   c. What is the average size of your manual arts classes? 20 classes
      Note: Comes under Rehab.  

   d. What disposition is made of articles produced by students?  
      Used by Institution ☑; given to student for personal disposition ☑; Sold by Institution ☑; Other unknown check with.

4. Listed below are reasons often named in relation to difficulty of obtaining and keeping teachers in institutions for the retarded. Based on your experience and judgment, please list in order of severity, 1-2-3-4.

   a. Low salary scale  
      a. 1
      b. __
      c. __
      d. __

   b. Personality problems  
      a. __
      b. __
      c. __
      d. __

   c. Reticence toward working with handicapped  
      Other __

   d. Unsatisfactory living and working conditions  
      Other __

5. Cost of formal education program: Total $ __________? Per student $ __________
Please give a brief description of your educational program for the groups indicated below. The term "education" is used here in its broadest context and would include not only your academic program as such but all organized and consistently regular programs of training such as may be carried out on the wards and in other areas of the institution.

1. Pre-school Age Group (Birth to 6-8 years) Please indicate approximate number involved.
   a. For the very severely retarded. (No. 7) Self help, Self care, Social adjustment, Communication, Health, Safety, Music, Rhythm, Physical Education.
   b. For moderately retarded. (No. 3) same.
   c. For mildly retarded. (No. 1) same.

2. School Age Group (App. 7-20)
   c. For mildly retarded. (No. 25) Training plus modified academic - up to and including 3-4 grade level, Language Development, Art, Craft, Reading, Writing, Citizenship, Physical Education.

3. For Adults (20 years Up)
   a. For very severely retarded. (No.)
   b. For moderately retarded. (No.)
   c. For mildly retarded. (No.)

Please mail one copy of questionnaire to:

NATIONAL ASSOCIATION FOR RETARDED CHILDREN, 386 PARK AVENUE SOUTH, NEW YORK 16, N.Y.
Retain second copy for your file. If you have descriptive material pertaining to your educational or training program, please send two copies to NARC office.
PART SEVEN: RECREATIONAL PROGRAM

Name of Institution ___________________________  State ___________________________

1. Does a recreation program now exist in your institution? Yes  No X 
The recreation program serves the following classifications for residents: (Check) The educable group  X  The trainable group  X  The severely retarded  X

2. Name and Title of person in charge of your recreational program:

3. a. How many persons are assigned full time recreational duties? No. 
   Please list titles of the positions: (recreational supervisor, physical ed, instructor, etc.)
   Patient Activities Level I
   1. Recreation Supervisor 2. Patient Activities Leader I 3. Activity Leader II

   b. How many recreational leaders are employed during the summer months? No. 
   4 leaders  7 assistants (all year)
   3 student this summer

4. Do you offer in-service training in recreational leadership? Yes  No
   If answer is yes, check groups included in your training program:
   Recreation leaders  X  Summer recreation workers  X
   Ward personnel  X  Others (specify)  
   Volunteer leaders  X

5. Please check below those recreational facilities available to you either on a full-time or part-time basis. (Mark those owned by institution FT, those used on occasion PT, such as community facilities made available.)

   Athletic fields  FT
   Playgrounds  FT
   Bowling Alley
   Canteen
   Auditorium  FT
   Gymnasium  FT
   Day Camp
   Tennis Court
   All purpose court FT
   Picnic Areas
   Swimming Pool
   Resident Camp
   Others (specify)

6. What activities are included in your program? (Check)

   Baseball
   Softball  X
   Basketball
   Soccer  X
   Volleyball
   Swimming
   Band
   Model Airplanes  X
   Camping
   Bowling
   Movies
   Some type of organized recreation for severely retarded  X
   Simple games
   Arts and Crafts
   Hobby Clubs
   Quiet games
   Entertainments
   Girl Scouts
   Boy Scouts
   Brownies
   Cubs
   Dances
   Square Dancing
   Cheer Leading
   Stamp Collecting
   Bus rides
   Other Wheel chair activity explorer scouts, dramatic

7. To what extent are the physically handicapped retardates involved in your recreational program? Please describe briefly.

   Ward Activity Central Wheel Chair Clinic Activity
   (Painne, Marches, Circle Games Relay, etc.)
8. Do you use volunteers in your recreational program? Yes No
   How many?        What areas? Soft Ball, Playground
Do you use high school or college students in your volunteer recreational program? Yes No.

9. Do you utilize community resources in your recreational program? Yes No
   Do your residents leave the institution for such activities as: (check)
   Circus          Trips to State Parks
   Ice Capades     Sporting Events
   Parades         Roller Skating Rink
   Beach Parties   Trips to Zoo
   Others: (list)  Public Swimming Pools

10. Does your institution have its own camping program? Yes No
    Day             Residential
    Approximate number of residents participating
    Both            in camping:

11. What types of recreational experiences do you arrange for the severely retarded?
    Simple games    Unorganized playground activities
    Rhythm band     Organized playground activities
    Hiking          Finger painting
    Singing         Musical games

12. Do you have a Scout program? Yes No
    If "yes", briefly describe program for:
    Girl Scouts: No. ( )
    Boy Scouts: No. (26)
    Cub Scouts: No. (19)
    Brownies : No. (9)

13. Are ward service personnel encouraged to carry on some type of recreational program on the wards? Yes No. Describe the relationship between the recreation department personnel and the ward service personnel in working together for the patient's benefit: Fair to Good

14. Please give a brief description of the highlights of your program, emphasizing unique activities that may be of interest to other institutions:
   3/4 POPULATION OF 3200 ATTEND RECREATION ACTIVITIES IN CENTRAL PROGRAM AT AUDITORIUM. ACTIVITY IS CONDUCTED FOR GROUPS OF SPECIFIC LEVELS, WHEEL CHAIR PROGRAM INCLUDED.

Please mail one copy of questionnaire to:
NATIONAL ASSOCIATION FOR RETARDED CHILDREN, 386 PARK AVENUE SOUTH, NEW YORK 16, N.Y.
Retain second copy for your file.
PART EIGHT: RELIGIOUS EDUCATION

Name of Institution: FARIBAULT STATE SCHOOL & HOSPITAL
State: FARIBAULT, MINNESOTA

1. a. Does your institution have a religious character training program of any kind? Yes X No ___

   b. If answer is negative, do you anticipate the development of such a program in the future? Yes ___ No X

2. a. If you have such a program, do you have a full-time spiritual advisor or resident Chaplain? Yes X No ___. Part-time? Yes ___ No X.

   b. Is the salary of your Chaplain paid by: State X; State or Local Council of Churches ___; Parent Association ___; Other _____________. (Please check.)

3. Assuming that the resident Chaplain plans and supervises the over-all religious education activities, what special plans or services are offered for the benefit of:

   - Catholic residents.

     Does priest or nun make regular visits for religious instruction? Yes X No ___.
     Is some organized effort made to take residents to local Catholic Church for instruction or for Mass? Yes ___ No X.
     Describe any other special arrangements for children of this faith: Religious Classes for all denominations are conducted on Monday evenings, including the Roman Catholic

   - Jewish residents.

     Does Rabbi make regular calls on Jewish children in Institution? Yes X No ___.
     Is there an organized effort to take children regularly to local Synagogue or Temple for services? Yes ___ No X.
     Describe any other special arrangements made for children of this faith: The Jewish population are taught by Jewish volunteers on Monday evenings. The Rabbi conducts a worship service once a month.

4. a. Do you have a chapel or other building designed to be used primarily for worship and religious training programs? Chapel ___; Other building X. (Check)

   b. If you do not have a chapel at present, do future plans for the institution include one? Yes X No ___.

5. a. Do you have regularly scheduled services of worship on the Sabbath? Yes X No ___.

     Time(s) 8:45 A.M. 10 A.M. Approximate number attending all services 1200 ___.

   b. Do you have an adult choir? Yes X No ___. Approximate No. 50. Robed? Yes ___ No X.

   c. Do you have a children's choir? Yes X No ____. App. No. _____. Robed? Yes ___ No X.

6. a. Do you have regularly scheduled "small group" sessions for character-training or religious education study? Yes X No ___.

     Approximate size of groups: Number 10-15 ___.
     Meeting time: (Afternoon, night?) night. How often? Monday evening ___.

   b. Are the teachers who work in these sessions given special instruction in working with and teaching retardates? Yes X No ___. By whom Chaplain _______.

   c. _______.
7. Do you make use of volunteer help in your total religious education program?  
   As teachers? x  As musicians? x  Other? pastors, chaplain trainees

8. a. Approximately what percentage of the total enrollment of your institution is able to participate in one way or another in the religious activities as they now exist? (This would include on-ward activities for severely retarded as well as formal programs planned for trainable and educable.) Percentage 60%

   b. Do you have definite plans underway for expanding your spiritual ministry to the residents of your institution? Yes x No.
      How? Additional Chaplain, anticipate more chaplain trainees in Pastoral Clinical training program

9. Please describe briefly any spiritual ministry you are able to give to the very severely retarded who are confined almost totally to their wards or cottages.  
   music therapy- religious children's hymns

10. How does religious worship and character training play an integral part in the total programming for institutionalized retarded?

   Upon admission, the religious affiliation of each retardate is obtained.  
   At the admission conference, the functional level of the retardate is established and their total program outlined- including the religious program- worship services and religious instruction classes.  
   To serve the religious needs:
      Opportunity for worship thru regular services of the major faiths are offered
      Religious training are provided by various denominations in weekly classes (local volunteers) under the guidance and direction of the resident chaplain  
      Pastoral counseling is made available thru the chaplain's office

Please send one copy of questionnaire to:

NATIONAL ASSOCIATION FOR RETARDED CHILDREN, 386 PARK AVENUE SOUTH, NEW YORK 16, N.Y.

Retain second copy for your file.

If you have any printed material relating specifically to the religious education program in your institution, please send two copies to the NARC office.
PART NINE: VOCATIONAL REHABILITATION

Name of Institution: Faribault State School & Hospital  State: Minnesota

Administration

1. a. Is your vocational department administered by a trained vocational rehabilitation person? Yes  No  Comments:

b. How many are employed full-time on the staff in your department? 25

2. a. At what chronological age (approximately) does your Vocational Rehabilitation program begin? 16 Years plus or minus 2 yrs

b. What percentage of your institution's total population is involved in your Vocational Rehabilitation program? 20 %

c. Have you made any attempt to evaluate and train the older residents from the so-called "long term colony", for whom there may have been no rehabilitation program in prior years? Yes  No. If yes, please give brief description of your efforts and the results experienced. We have had no long term "Colony". Long term patients have always been involved in Rehab. programs.

Program practices and procedures.

3. a. Do you train for specific jobs, or offer only an evaluation and a general broad training program? Train for specific jobs: (x) General: (x) Both

b. Do you provide an on-the-job training program? Yes  No

x. In the institution. (Describe briefly): Laundry, dietary, nursing care

y. In the community.

4. a. Please check these areas in which you have residents in your institutional training program by giving number employed in each.

   Dining room 140  Kitchen 92  Carpenters shop 9  Hospital 44
   Sewing room 23  Laundry 117  Maintenance 36  Other 56

b. If you train residents specifically for work in the institution do they enjoy civil service status and receive pay when transferred to a full-time working situation? Yes  No. No training specifically for institution
Name of Institution  Faribault State School & Hospital  State Minnesota

Relation of Vocational Rehabilitation program to institution's total program

5. a. Is there a tie-in between the rehabilitation and education programs?  
   Yes ☑ No ___. If yes, please describe.  Team approach ________________

   b. Does your program provide for one half-day training and half-day academic 
      program?  Yes ☑ No ___ Other __________________

   c. In what way is the program for rehabilitation and community living carried over 
      into dormitory and cottage living?  Team approach ________________

   d. Do you operate a half-way house?  Yes ___ No ☑. If so, please answer following:

      Average no. residents _____; By whom supported _____________________________
      Average length of stay for residents _______; Number on Half-way House staff ____

   e. Are any residents working in the community and living in at the institution until 
      such time as a home in some community is available?  Yes___ No ☑ How many? _____

      This is in process of study

Relative success of those in community placement

6. a. Please list number of trainees who have been removed from your institution 
      into a community living and working situation in the past five years. 
      (This would include those in their own homes, foster homes, etc.)

      1956 6 2  1957 4 6  1958 4 4  1959 5 8  1960 4 4  Total_______

   b. Of the total number placed in community situations within the past five years 
      what percent have been returned to the institution for some reason? 1.8 %

   Numerous reasons are given for the failure of institutionalized retarded individuals 
   in making a successful adjustment to community living. Below are listed three 
   reasons which are frequently named. Please check the three as you see them in 
   order of severity with the most severe listed as number 1.

   x. Lack of available jobs at which trainee could probably succeed. 3

   y. Pressure of competition or other discouraging factors which may be 
      encountered in working with so-called normal individuals. 2

   z. Lack of appropriate living facilities which would enable and encourage 
      trainee to function at his best during off-work hours. 1

      Other: __________________________________________________________

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NATIONAL ASSOCIATION FOR RETARDED CHILDREN, 386 PARK AVENUE SOUTH, NEW YORK 16, N.Y.
Retain second copy for your files.

If you have any printed information relating specifically to your Vocational 
Rehabilitation program, please attach two copies to questionnaire.

NARC.