

State Inst by Inst - 1-14-11



RETARDED CHILDREN
CAN BE HELPED

National Association for Retarded Children, Inc.

386 PARK AVENUE SOUTH NEW YORK 16, N. Y. LExington 2-7970

GUNNAR DYBWAD, J.D.
Executive Director

VINCENT J. FITZPATRICK
President
626 Topsfield Road
Hatboro, Pennsylvania

MRS. ADRIAN MILLER
1st Vice President
2929 W. 19th Street
Topeka, Kansas

CHARLES S. PERKINS
2nd Vice President
11442 East Hadley Street
Whittier, California

WYLIE BOWMASTER
3rd Vice President
3601 Timberlake Road
Knoxville 20, Tennessee

MRS. WILLIS KING
Secretary
5743 Potomac Avenue, N.W.
Washington, D.C.

JOHN G. FETTINGER
Treasurer
1 Wheeler Lane
Natick, Massachusetts

MRS. FITZHUGH W. BOGGS
Past President
75 Edgemont Road
Upper Montclair, New Jersey

BOARD OF DIRECTORS

A. H. BEECHER
J. EDWARD BRIDGES
MRS. VICTOR BUNGE
CLAIR W. BURGNER
FRANK A. CHRISTENSEN
HENRY V. COBB, PH.D.
ROBERT W. COLLETT, M.D.
JOHN S. DEVEREAUX
BERNARD FINESON
MRS. A. S. FITZHUGH
MRS. JOHN J. FLYNN
ARNOLD GANGNES
JAMES K. GOULD
HILDING C. HOGBERG
WALTER E. JOHNSON, JR.
MRS. J. C. MCMEEN
MRS. A. G. MARTIN
JOHN F. NAU, D.D., PH.D.
SAMUEL D. REGISTER, D.D.
JAY J. SHUER
DONALD C. SMITH
ROBERT W. TUTTLE
JAMES W. WILLIAMS
ROBERT A. YOUNG

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 these 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
Mrs. Max Murray, Chairman
Institutions Committee

Vincent J. Fitzpatrick
Vincent J. Fitzpatrick
President

NATIONAL ASSOCIATION FOR RETARDED CHILDREN
SURVEY ON STATE INSTITUTIONS

I-1

PART ONE: GENERAL INFORMATION

Name of Institution Fairbank State School for Boys State Minnesota
 Address Box 6, Fairbault, Minn. Established 1879
 (Year)
 Name of Superintendent Dr. E. J. Langberg Age 73
 Professional background: (Medical, Psychiatric, Business, etc.) M.D. (Psychiatry & Neurology)
 Year employed: 1937.

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

<u>Number of Residents</u>	<u>Type of Residents</u>
Number in residence (Include those on temporary furlough.) <u>3200</u>	Approximate number severely retarded: _____
Number in foster care or other program supervised by institution. <u>0</u>	App. number moderately retarded or trainable: <u>50</u>
TOTAL _____	App. number mildly retarded or educable: <u>20</u>
	TOTAL _____

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

PERSONNEL (Please indicate number)

<u>Full-time:</u>	<u>No.</u>	<u>Average salary range for positions listed.</u>
Physicians	<u>5</u>	\$ <u>3000</u> to \$ <u>16,600</u> (Yearly)
Nurses	<u>26</u>	\$ <u>4104</u> to \$ <u>9328</u>
Dentists	<u>2</u>	\$ <u>8664</u> to \$ <u>12,528</u>
Teachers	<u>10</u>	\$ <u>5616</u> to \$ <u>9372</u>
Psychologists	<u>2</u>	\$ <u>7000</u> to \$ <u>10,630</u>
Social Workers	<u>7</u>	\$ <u>5196</u> to \$ _____
Chaplains	<u>1</u>	\$ _____ to \$ <u>9,112</u> (Yrly)
Recreation Leaders	<u>14</u>	\$ <u>3240</u> to \$ <u>7392</u>
Business Managers	<u>1</u>	\$ <u>8094</u> to \$ <u>9740</u>
Dietitians	<u>1</u>	\$ <u>4800</u> to \$ <u>5844</u>
Clerical Workers	<u>19</u>	\$ <u>3772</u> to \$ <u>5196</u>
Aides	<u>394</u>	\$ <u>3240</u> to \$ <u>5196</u>
Other: (_____)	<u>82</u>	\$ <u>2772</u> to \$ <u>5660</u>
		\$ _____ to \$ _____
Total full-time:	<u>718</u>	

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

Physician II - 1 Dietitian II - 1 RN - 3

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

II-1

9-15-61

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 . *but danger of institutional procedure, del. or ins. at that time*

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 inst., meet staff & see facilities.

Name of Institution _____ State _____

c. What is the approximate number of patients on your waiting list at present?

Emergency ~~or preferred~~ list none - these are accepted at once
 Regular waiting list 500
 Total 500

d. Has your waiting list been re-checked within the past three years to determine the current status of patients who may have been placed there three or more years ago? Yes . No . If answer is no, how many years has it been since a re-check was made on your entire waiting list? _____.

4. Does your institution routinely refer the parents of residents to local and state Associations for Retarded Children? Yes . No . On occasion _____.

Maintaining Family-Resident Relationships.

1. Please indicate briefly regulations concerning the following at your institution:

- a. Policy on length of time between admission and first visit from family: Varying with individual needs; immediately to 2 or 3 wks.
- b. Regular visiting hours: 9am to 4pm 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: Monthly Weekly _____

Personal letters to parents? Yes 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 parents' 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.

NATIONAL ASSOCIATION FOR RETARDED CHILDREN
SURVEY ON STATE INSTITUTIONS

III-1

PART THREE: FOOD SERVICE

Name of Institution Fairbault State School & 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.) 225 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 corridor trucks

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 <input checked="" type="checkbox"/> | Plastic cup <input checked="" type="checkbox"/> | Plastic plate <input checked="" type="checkbox"/> | Plastic glass <input checked="" type="checkbox"/> |
| Fork <input checked="" type="checkbox"/> | Metal cup ___ | Metal plate ___ | Regular glass ___ |
| Spoon <input checked="" type="checkbox"/> | Ceramic cup ___ | Ceramic plate ___ | Plastic bowl <input checked="" type="checkbox"/> |
| | Paper napkin <input checked="" type="checkbox"/> | 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.) alum. feeding cup, yellow tray for hyperactive

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

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

} not mental age
but physical
ability determine
this. In time
& teach affec-
tion.

3. a. What is cost per daily food ration for each resident? ^{.687}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) 76.3 %
Total 100 %

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 Meritens
Extent of use: on doctors request

c. Are vitamin supplements used? Yes No ___ Multiple One ___
Extent of use: for young patients during winter on doctor's order

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? 3-60 Years

When last modernized? 20 dining rooms 1959 Year

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

crowded, cramped kitchen with an unorganized delivery system - the necessity to use patient cubicles

b. What are your major problem areas in serving?

again we are dependent on patient help - and do not have a coordinated delivery and serving 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 | <u>1</u> |
| b. Larger daily food allowance per person | <u>3</u> |
| c. More staff | <u>2</u> |

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

in new dining room we prepare breakfast entrees (eggs, bacon, pancakes, etc) right at the serving center for hot little flavored breakfasts

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.

NATIONAL ASSOCIATION FOR RETARDED CHILDREN
SURVEY ON STATE INSTITUTIONS

IV-1

PART FOUR: CLOTHING FOR RESIDENTS

Name of Institution Faribault State School + Hospital State Maine

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 \$57,370. 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 (Parents or County)
- b. Do you send a form letter indicating clothing needs? Yes ; No ___ The Welfare Board sends the letter to the parents.
- 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 wardrobe. Donated clothing is taken care of and distributed in an area apart from the wardrobe.
- 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 + Hospital State 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 ^{and fit}
- b. Developing and maintaining a basic wardrobe for each patient
- c. Repairing + mending of shoes + clothing.
8. Do you feel that clothing plays an important role in the training of your residents? Yes No . How? To look ^{to be} well dressed (neat + clean) tends to boost the morale. It instills in the individual the desire to take more pride in the care of their clothes and his appearance in general.
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 responsibility for fitting, ordering and repairing could be placed with personnel who are trained 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.

NATIONAL ASSOCIATION FOR RETARDED CHILDREN
SURVEY ON STATE INSTITUTIONS

V-1

PART FIVE: VOLUNTEER SERVICES

Name of Institution Fairbank State School - Hosp. State Minnesota

Section one. (Pertaining to organized volunteer services where volunteers are recruited, screened, trained by the institution, undertake specific assignments, agree to serve on a regular basis and are accepted as an integral part of the institutional team.)

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. Miriam Karkins Title State Coordinator of Volunteer Services
State Dept. D. P. W.

b. Individual responsible for program at your institution:

Name Mrs. Helen Stubbert 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 We have a Volunteer Council. Our program is still fairly young; this will become about in time.

If yes, please describe their responsibility and their working relationship with the staff advisory committee.

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 groups & individuals - by appointment.

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 Truancy, Clothes room, Boy Scout program.

b. Please name any other areas of services in which your volunteers regularly participate such as meeting visitors, clerical work, etc., etc.
one volunteer serves as a Receptionist in one Division; volunteer as a Personal Shopper for social services; a student for Psychologist; Volunteers for typing and other work.

c. What is the magnitude of your volunteer services?

No. of volunteers? 313 Volunteer hours per year? 2580
(average)

Name of Institution Fairbank State School & Hospital State Minnesota

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. This is done through publicity, newspapers, talks, clubs, church groups, Assn. for Retarded Children, Boy & Girl Scouts, 4-H Clubs, Pres. G. Co., Newcomer's Club, Schools (private & public), Women's Clubs.

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 - his problems & needs. Doing for our patients according to interest of the person or the group.

b. What do you envision as some risks or disadvantages? Interpreting our program to public. Hoping that an individual's or a group's interest would not decrease to cause disappointment to our patients (making it an "ongoing" thing - as personal changes in groups or clubs, making sure someone would carry on project, credit maintenance - overidentification of parents as volunteers.

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? Having personal contact with our patients, supplementing some of patients' needs that shortness of personnel & animal provide, bringing in "extras" to further patients' happiness & fun aside from what is provided by institution, aiding in Camp projects, shopping, visiting, outings, writing letters.

Please mail one copy of questionnaire to

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

NATIONAL ASSOCIATION FOR RETARDED CHILDREN
SURVEY ON STATE INSTITUTIONS

9-15-61 VI-1

PART SIX: EDUCATION AND TRAINING PROGRAM

Name of Institution Fairbault State School + Hospital State Minnesota

1. a. Is your educational program supervised by your State Department of Education?
Yes No with reservations D.P.W. supervised with State Dept. of Educ. offering Consultation Service
- b. Is it financed (wholly) or in part by other than the State Department under which your Institution operates? Yes No
How? Department of Public Health & Welfare

2. Staff Civil Service
- a. Are teachers fully accredited according to standards set by your State Department of Education? (Please check.)
For educable or mildly retarded: Yes No
For trainable or moderately retarded: Yes No D.P.W. in Compliance with State Ed. Department standards
- 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 Minnesota State Recruitment

3. a. What percent of your total institutional population is included in your school academic program? 6% How many of this total percent fall into the educable category? 30-40 (Number) How many in the trainable? 160-170 (Number)
- b. What is the average size of your academic classes? 14 or 15
- c. What is the average size of your manual arts classes? no classes
- d. What disposition is made of articles produced by students? note: Comes under Rehab. Therapies
Used by Institution _____; given to student for personal disposition _____;
Sold by Institution _____; Other _____

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. Personality problems b. 2
- c. Reticence toward working with handicapped c. 4
- d. Unsatisfactory living and working conditions d. 3
- Other? Other _____

5. Cost of formal education program: Total \$ _____? Per student \$ _____ unknown check with Business Office

Name of Institution _____ State _____

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)

a. For very severely retarded. (No. 50) Self Care - Communication - Health, Safety, Physical Growth & Development - Social Adjustment, Communication, Rhythm, Music - Arts & Crafts

b. For moderately retarded. (No. 55) Every day living based on Persistent Life Experience - Health, Safety, Social Graces, Communication, Music, Arts & Crafts - Physical Education - Sensory Development

c. For mildly retarded. (No. 25) Training plus modified academic - up to and including 5th grade level - Language Development, Arts & Crafts - Reading - Numbers Writing - Citizenship - Persistent Life Experience Units

3. For Adults (20 years Up)

under Rehab Therapies

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.

NATIONAL ASSOCIATION FOR RETARDED CHILDREN
SURVEY ON STATE INSTITUTIONS

VII-1

PART SEVEN: RECREATIONAL PROGRAM

Name of Institution _____ State _____

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

2. Name and Title of person in charge of your recreational program:
Mr. Glenn M. ... Patient Activities Leader II

3. a. How many persons are assigned full time recreational duties? No. _____
Please list titles of the positions: (recreational supervisor, physical ed, instructor)
1 - Rehab Supervisor 1 - Patient Act. Leader II 4 - Patient Act. Leader I 7 - Patient Act. Leader I

b. How many recreational leaders are employed during the summer months? No. 4 leaders all 7 ASST 3 student summ

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 Summer recreation workers
Ward personnel orientation Others (specify) _____
Volunteer leaders

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	<u>FT</u>	Tennis Court	_____
Playgrounds	<u>FT</u>	All purpose court	<u>FT</u>
Bowling Alley	_____	Picnic Areas	_____
Canteen	_____	Swimming Pool	_____
Auditorium	<u>FT</u>	Resident Camp	_____
Gymnasium	<u>FT</u>	Others (specify)	_____
Day Camp	_____		_____

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

Baseball	_____	Simple games	<input checked="" type="checkbox"/>
Softball	<input checked="" type="checkbox"/>	Arts and Crafts	<input checked="" type="checkbox"/>
Basketball	<input checked="" type="checkbox"/>	Hobby Clubs	_____
Soccer	_____	Quiet games	<input checked="" type="checkbox"/>
Volleyball	<input checked="" type="checkbox"/>	Entertainments	<input checked="" type="checkbox"/>
Swimming	_____	Girl Scouts	_____
Band	_____	Boy Scouts	<input checked="" type="checkbox"/>
Model Airplanes	<input checked="" type="checkbox"/>	Brownies	<input checked="" type="checkbox"/>
Camping	_____	Cubs	<input checked="" type="checkbox"/>
Bowling	_____	Dances	<input checked="" type="checkbox"/>
Movies	<input checked="" type="checkbox"/>	Square Dancing	<input checked="" type="checkbox"/>
Some type of organized recreation for severely retarded	<input checked="" type="checkbox"/>	Cheer Leading	_____
		Stamp Collecting	_____
		Bus rides	<input checked="" type="checkbox"/>

Simple games
Arts and Crafts
by them

Other WHEEL CHAIR ACTIVITY, Appolon scouts, Primes, dramatics

7. To what extent are the physically handicapped retardates involved in your recreational program? Please describe briefly.
WARD ACTIVITY, CENTRAL WHEEL CHAIR ACTIVITY (PARADE, MARCHES, CIRCLE GAMES RELAYS ETC)

Name of Institution FARIBAUT STATE SCHOOLS FOR State MINN

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 | <input checked="" type="checkbox"/> | Trips to State Parks | <input type="checkbox"/> |
| Ice Capades | <input type="checkbox"/> | Sporting Events | <input checked="" type="checkbox"/> |
| Parades | <input checked="" type="checkbox"/> | Roller Skating Rink | <input type="checkbox"/> |
| Beach Parties | <input type="checkbox"/> | Trips to Zoo | <input checked="" type="checkbox"/> |
| Others: (list) _____ | | Public Swimming Pools | <input type="checkbox"/> |

10. Does your institution have its own camping program? Yes No

- | | | |
|-------------|-------|-------------------------|
| Day | _____ | Approximate number of |
| Residential | _____ | residents participating |
| Both | _____ | in camping: _____ |

11. What types of recreational experiences do you arrange for the severely retarded?

- | | | | |
|--------------|-------------------------------------|-----------------------------------|-------------------------------------|
| Simple games | <input checked="" type="checkbox"/> | Unorganized playground activities | <input checked="" type="checkbox"/> |
| Rhythm band | <input checked="" type="checkbox"/> | Organized playground activities | <input checked="" type="checkbox"/> |
| Hiking | <input checked="" type="checkbox"/> | Finger painting | <input checked="" type="checkbox"/> |
| Singing | <input checked="" type="checkbox"/> | Musical games | <input checked="" type="checkbox"/> |

12. Do you have a Scout program? Yes No

If "yes", briefly describe program for:

- Girl Scouts: No. () _____
 Boy Scouts: No. (26) also program will be developed
 Cub Scouts: No. (19) _____
 Brownies : No. (8) _____

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.

NATIONAL ASSOCIATION FOR RETARDED CHILDREN
SURVEY ON STATE INSTITUTIONS

VIII-1

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 No

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

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

b. Is the salary of your Chaplain paid by: State ; 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 No .

Is some organized effort made to take residents to local Catholic Church
for instruction or for Mass? Yes No

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 No .

Is there an organized effort to take children regularly to local Synagogue
or Temple for services? Yes No .

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 . (Check)

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

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

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

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

c. Do you have a children's choir? Yes No . App. No. . Robed? Yes No .

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

Name of Institution Faribault State School & Hospital State Faribault, Minn.

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 retardates?

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 chaplains 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.

NATIONAL ASSOCIATION FOR RETARDED CHILDREN
SURVEY ON STATE INSTITUTIONS

IX-1

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
Rehab. Therapy 25-17
- c. Does the State provide a counselor for your program? Yes No ___
If yes, to what extent? Full-time Part time _____.
- d. Are volunteers utilized in your vocational rehabilitation program? Yes No ___
If yes, please explain how and to what extent. _____

Degree of resident involvement.

2. a. At what chronological age (approximately) does your Vocational Rehabilitation program begin? 18 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: () General: () 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.

	No.		No.		No.		No.
Dining room	<u>140</u>	Kitchen	<u>92</u>	Carpenters shop	<u>9</u>	Hospital	<u>44</u>
Sewing room	<u>23</u>	Laundry	<u>117</u>	Maintenance	<u>36</u>	Other	<u>56</u>

- 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 63 1957 46 1958 44 1959 58 1960 44 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: _____

Please mail one copy of completed 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 information relating specifically to your Vocational Rehabilitation program, please attach two copies to questionnaire returned to NARC.