

### Appendix B: Interview Form – Site Visit

The purpose of this research project is to examine the effects of PIE.

**Introduction:** We want to answer 3 RQ:

- Does participation in PIE: Increase positive in-prison behavior?
  - Decrease recidivism?
  - Increase post prison employment controls?
- 

1. Total population \_\_\_\_\_ number of youths \_\_\_\_\_
2. Racial breakdown Black \_\_\_\_\_ White \_\_\_\_\_ Other? \_\_\_\_\_
3. Age breakdown \_\_\_\_\_
4. Security level Minimum \_\_\_\_\_ medium \_\_\_\_\_ maximum \_\_\_\_\_
5. Visiting: #/ week \_\_\_\_\_ Hours \_\_\_\_\_
6. Changes in last 5 years:
7. Movements: controlled      unrestricted      time
8. Smoking policy: YES NO where: \_\_\_\_\_
9. List inmate programs

AA  
NA

10. List PIE jobs:	Number:

Hiring process:

11. List TI jobs

Number:


Hiring process

12. List minimal labor jobs (Which jobs are covered\*\*)

Janitorial	Canteen	Vocational aid
Library	Commissary	Educational aid
Administrative	Recreation	Outside fence – detail
Medical	Chapel	SMU duties
Dorm/Unit clean up	Visiting	Maintenance
Cafeteria	Barbers	

13. What educational programs are available

Computer lab?	YES	NO	type of computers	MAC	IBM	APPLE	#
College	YES	NO					#
EFA	YES	NO					#
ABE	YES	NO					#

## 14. List vocational programs

Carpentry	YES	NO	#	
Brick	YES	NO	#	
Heating/Air	YES	NO	#	
Auto Body	YES	NO	#	
Horticulture			#	
			#	
			#	

15. Housing: # of dorms \_\_\_\_\_ #/dorm or wing \_\_\_\_\_

Type of housing: cell #/cell \_\_\_\_\_ : dorms #/cell \_\_\_\_\_

TV? YES NO seating in dayroom: benches no back, chairs

Allowed in other's rooms?

16. Cafeteria: type of seating \_\_\_\_\_

# served at a time \_\_\_\_\_

Cost per day per inmate \_\_\_\_\_

# workers \_\_\_\_\_

# shifts \_\_\_\_\_

17. Classification: how does an inmate get assigned when he arrives?

Process:

Criteria:

## 18. LIBRARY

Library	YES NO	Seating #	Hours
Law		Seating #	Hours

19. Does facility have physician on site? YES NO

What hours is physician available?..... \_\_\_\_\_ (doctor/patient ratio)

Does facility have infirmary? YES NO

20. Does facility offer mental health services? YES NO

What hours is mental health professional available?.....MH professional/patient ratio?

Psychiatrist? \_ \_\_\_\_\_

# on psych meds \_\_\_\_\_

# receiving counseling \_\_\_\_\_

21. Dentist? YES NO

22. Living units - Air Conditioned?

How many inmates to each cell

Wet or dry?

Does inmate have key

Telephone privileges

23. Describe segregated units

Type of rec. area