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Juvenile Firesetter/Arson
Control and Prevention Program

Volume II:

Resource Materials

NCJRS

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ACQUISITIONS

Jessica Gaynor, PhD

Rebekah Hersch, M.A.

Royer Cook, Ph.D.

Janice Roehl, Ph.D.

Institute for Social Analysis
Washington, D.C.

Submitted to:

Office of Juvenile Justice
and Delinquency Prevention

and

U.S. Fire Administration

April 1990

**U.S. Department of Justice
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140793
(V II)

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Introduction

The resource materials presented in this volume of the Juvenile Firesetter/Arson Control and Prevention Program are designed to be used with *Volume I: Guidelines for Implementation*. These two volumes represent the culmination of the Prototype Development Stage (Stage II) of the two year National Juvenile Firesetter/Arson Control and Prevention Program sponsored by the Office of Juvenile Justice and Delinquency Prevention and the U. S. Fire Administration. The prototype program described in Volume I includes seven components: 1) Program Management; 2) Screening, Evaluating and Developing the Intervention Plan; 3) Intervention Services; 4) Publicity and Outreach; 5) Referral Mechanisms; 6) Monitoring Systems; and 7) Developing Relationships with the Justice System.

Volume II: Resource Materials contains specific materials referenced in Volume I. Only five of the components have accompanying resource materials: Program Management; Screening, Evaluating and Developing the Intervention Plan; Publicity and Outreach; Referral Mechanisms; and Monitoring Systems. Each of the resource materials presented in this volume are prefaced by a brief description and discussion of how they are used. Additional resource materials and information about how to obtain those materials are can be found in the *Guidelines for Implementation* and the *National Juvenile Firesetter/Arson Control and Prevention Program User Guide*.

fire victims, fire safety and education, or troubled families and children, or b) support the purpose of the corporation and are willing to meet the obligations of membership.

Section 2. Membership Application

Any person desiring membership in the corporation shall submit a written request identifying their qualifications, to the secretary. The secretary will record the request, and submit the application to the Executive Board before the next regular meeting. Prior to the regular meeting, the Executive Board shall confirm that the applicant meets the membership requirements and request the secretary to add approved applicants to the membership role. Applications which do not comply with membership requirements shall be informed in writing by the Executive Board within sixty (60) days.

Section 3. Notice & Voting

Each member shall be entitled to notice of each meeting of the members and shall have the right to one vote on each matter submitted to a vote at each such meeting. A member may attend either in person or by proxy.

Section 4. Honorary Members

The membership may elect honorary members who serve without vote.

Section 5. Termination of Membership

Members of this corporation shall not fail to attend, in person or by proxy, three consecutive regular meetings and shall serve on one standing committee. Failure to meet these obligations may result in removal by a majority vote of the Executive Board.

Section 6. Regular Meetings

Regular meetings of the members shall be held quarterly on the second Monday in September, December, March, and June. The location and time will be specified by the chairperson at the previous meeting.

Section 7. Special Meetings

Special meetings of the members shall be held upon approval from the executive board, or by petition with thirty-three (33) percent of the total membership's verified signatures submitted to the Executive Board. A seventy-two (72) hour notice, excluding weekends and holidays, shall be given by the executive board to all members.

Section 8. Conduct

All regular and special meetings shall be conducted according to Robert's Rules of Order, along with the procedures set forth by these by-laws.

Section 9. Quorum

At all regular or special meetings of the members, thirty-three (33) percent of the total membership shall constitute a quorum for the transaction of business, and the acts of a majority of members present at a meeting at which a quorum is present shall be the acts of the corporation membership, except where a larger number is required by the laws of Ohio, Articles of Incorporation, or these by-laws.

ARTICLE V EXECUTIVE BOARD

Section 1. General Powers

The powers of the corporation shall be exercised, its business and affairs shall be conducted, and its property, both real and personal, shall be controlled by the Executive Board, except as otherwise provided by the law of Ohio, or these by-laws.

Section 2. Membership of the Executive Board

The membership of the Executive Board shall consist of the corporation chairperson, vice-chairperson, treasurer, and secretary, the chairperson of each standing committee of the corporation, and the immediate past corporation chairperson. All Executive Board members shall have one vote in all matters before the Board, with the exception of the corporation chairperson who shall vote only in the case of a tie.

Section 3. Vacancies

Vacancies in the Executive Board caused by any reason, whether by the removal of a standing committee chairperson or corporation officer by a vote of the membership, by a vote of the Executive Board, or otherwise, shall be filled by a vote of the majority of the remaining Executive Board members, even though they may constitute less than a quorum; and each person so elected must be ratified by a majority vote of the members at the next regular meeting.

Section 4. Removal

At any regular or special meeting of the Executive Board, members of the Executive Board may be removed with cause by a vote of seventy-five (75) percent of the Executive Board. Any board member whose removal has been proposed by the membership must be given an opportunity to be heard at this meeting. In addition, officers may be removed by the membership in accordance to the procedures set forth in Article VI, Section 5. Standing committee chairpersons may be removed by the standing committee membership in accordance with the procedures set forth in Article VII, Section 1.

Section 5. Compensation

Compensation shall not be paid to Executive Board members for their services in their capacity as Executive Board members, nor pursuant to any other contractual arrangements. However, Executive Board members may be reimbursed for actual expenses incurred by them in performance of their duties as approved by a majority of the Executive Board.

Section 6. Regular Meetings

Regular meetings of the Executive Board shall be determined, from time to time, by a majority of the Executive Board members, but at least four (4) such meetings shall be held during the calender and/or fiscal year. Notice of regular meetings shall be given to each member by the secretary, personally or by mail or telephone, at least seventy-two (72) hours prior, excluding weekends and holidays.

Section 7. Special Meetings

Special meetings of the Executive Board may be called by the chairperson or in like manner and on like notice on the written request of at least two (2) Executive Board members. Notice of special meetings shall be given to each member by the secretary, personally or by mail or telephone, at least seventy-two (72) hours prior, excluding weekends and holidays. Notice of the meeting shall include date, time, location, and purpose.

Section 8. Waiver of Notice

Before or at any meeting of the Executive Board, any board member may, in writing, waive notice of such meeting, and such waiver shall be deemed equivalent to the giving of such notice. A notice which cannot be practically given is not required. Attendance by any board member at any meeting of the Board shall be a waiver of notice by him or her of the time and place thereof. If all the board members are present at any meeting of the board, no notice shall be required and any business may be transacted at such meeting. To the extent permitted by law, any lawful action of the Executive Board may be taken without meeting, if written consent to such action is signed by all the members of the Executive Board in the minutes of the board.

Section 9. Quorum

At all meetings of the Executive Board, a majority of the board members shall constitute a quorum for the transaction of business, and the acts of the majority of board members present at a meeting at which a quorum is present shall be the acts of the Executive Board, except where a larger number is required by laws of Ohio, Articles of Incorporation, or these by-laws.

ARTICLE VI OFFICERS

Section 1. General

The officers of the corporation shall be a chairperson, vice chairperson, secretary, and treasurer. The executive board may elect or appoint such other officers as it shall be deemed desirable, such officers to have the authority and perform the duties prescribed, from time to time, by the Executive Board.

Section 2. Election and Terms of Office

(a) The chairperson shall be a member of the corporation and shall be elected by the membership for a one-year term. The candidate receiving the

most votes shall be elected annually in December. The chairperson shall not serve as the chairperson of any standing committee.

(b) The vice-chairperson shall be a member of the corporation and shall be elected by the membership for a one-year term. The candidate receiving the most votes shall be elected annually in December. The vice-chairperson shall not serve as the chairperson of any standing committee.

(c) The secretary shall be a member of the corporation and shall be elected by the membership for a one-year term. The candidate receiving the most votes shall be elected annually in December. The secretary shall not serve as the chairperson of any standing committee.

(d) The treasurer shall be a member of the corporation and shall be elected by the membership for a one-year term. The candidate receiving the most votes shall be elected annually in December. The treasurer shall serve as the chairperson of the finance and development standing committee.

Section 3. Nominations

Names will be submitted for each office by a nominating committee consisting of the immediate past corporation chairperson, the corporation chairperson, the vice-chairperson, and two members at large appointed by the corporation chairperson who are not on the Executive Board. This committee shall be viable at the regular meeting prior to the elections, and terminate after the elections are completed. In addition, nominations may be made from the floor at the electoral meeting.

Section 4. Order of Selection

Officers will be selected individually in the order of chairperson, vice-chairperson, secretary, and treasurer.

Section 5. Removal

An officer may be removed for cause by a seventy-five (75) percent vote of the membership, provided prior written notice of such a motion was given to the officer in question and the membership at least thirty (30) days prior to the regular or special meeting at which the motion will be submitted for vote. Any officer whose removal has been proposed by the membership must be given an opportunity to be heard at this meeting prior to the vote. In addition, an Executive Board member may be removed in accordance to the procedures set forth in Article V, Section 4.

Section 6. Chairperson

The chairperson shall be the principal executive officer of the corporation and shall in general supervise and administrate all of the business and affairs of the corporation.

He/she shall preside at all meetings of the members and the Executive Board.

He/she may sign, with the treasurer or any other proper officer of the corporation authorized by the Executive Board, any contracts, or other instruments that the Executive Board has authorized to be executed, except in cases where the signing and execution thereof shall be expressly delegated by the Executive Board or by these by-laws, or by statute to some other officer or agent of the corporation.

In general, he/she shall perform all duties incidental to the office of chairperson and such other duties as may be prescribed by the Executive Board.

Section 7. Vice-Chairperson

In the absence of the chairperson, or in the event of his/her inability or refusal to act, the vice-chairperson shall perform the duties of chairperson, and when so acting, shall have all the powers of, and be subject to, all the restrictions upon the chairperson.

Section 8. Secretary

The secretary or his/her designate shall give appropriate assistance to the chairperson in the arrangements for meetings and other functions, maintain minutes of the corporation and the Executive Board, and maintain an up-to-date membership roll.

Section 9. Treasurer

The treasurer or his/her designate shall be responsible for the corporation's funds, prepare the yearly budget for consideration and approval by the Executive Board, account for the receipt and expenditure of all monies, and keep the other officers informed of the financial condition of the corporation upon their request. The treasurer or his/her designate shall make disbursements, shall provide for periodic examinations of financial reports and records by an auditing firm or a certified public accountant, and shall prepare an annual financial statement for publication to all members. Upon authorization from the Executive Board, the treasurer or his/her designate may deposit funds of the corporation in insured financial institutions to earn interest payments.

The treasurer shall serve as the chairperson of the finance and development standing committee.

ARTICLE VII COMMITTEES

Section 1. Standing Committees

(a) Standing committees of the corporation shall be the finance and development, community relations, fire service, mental health clinical experts, medical clinical experts, education and training, and legal committees.

(b) Standing committee members shall be appointed by the corporation chairperson, subject to the criteria specified for each committee. Members may serve on a maximum of three standing committees. However, any corporation

member may be consulted by any standing committee, and may attend standing committee meetings without the power of committee vote. The corporation Vice-chairperson is an ex-officio member of each standing committee. Committee membership will remain unchanged, subject to the election of new officers or a recommendation by the committee chairperson and in accordance with the procedures set forth in Article VII, Section 1(e).

(c) A committee chairperson shall be elected by the committee membership for a one-year term. The candidate receiving the most votes shall be elected initially at the first committee meeting, and annually at the first committee meeting following elections of corporation officers. A standing committee chairperson shall be a member of the Executive Board and act in accordance with the procedures set forth in Article V. The corporation chairperson, vice-chairperson, and secretary shall not serve as the chairperson of any standing committee. The treasurer shall serve as the chairperson of the finance and development standing committee. A member shall not be eligible to chair more than one standing committee.

(d) At all meetings of any committee, a majority of committee members shall constitute a quorum for the transaction of committee business, and the acts of the majority of committee members present at a committee meeting at which a quorum is present shall be the acts of the committee, except where a larger number is required by these by-laws.

(e) A committee member may be removed from the committee by a majority vote of the committee membership at a committee meeting or any regular meeting of the corporation membership, providing a committee quorum exists. A successor may then be appointed as specified in Article VII, Section 1(b). Any committee member whose removal has been proposed by the committee membership must be given an opportunity to be heard at this meeting.

(f) Committee vacancies will be filled in accordance to the procedures set forth in Article VI, Section 1(b).

Section 2. Finance and Development Committee

(a) The finance and development committee shall consist of the treasurer and four other members appointed by the chairperson.

(b) The finance and development committee will be active in overseeing all financial aspects of the corporation, including fund raising.

Section 3. Community Relations Committee

(a) The community relations committee shall consist of at least five members appointed by the chairperson.

(b) The community relations committee shall be responsible for coordinating all media contacts, providing news releases, coordinating public service announcements, and developing a community relations plan. The chairperson or his/her designate shall act as the official media contact for the corporation. All public information releases shall be approved by the community relations chairperson prior to their release.

Section 4. Fire Service Committee

(a) The fire service committee shall consist of at least three members which represent any participating fire department or fire service interest group whose membership includes fire service personnel in Franklin County.

(b) The fire service committee shall provide counsel to the corporation as deemed necessary, and act as the liaison between the corporation and state and local fire service agencies and organizations.

Section 5. Mental Health Clinical Committee

(a) The mental health clinical committee shall consist of at least three members which represent any participating licensed mental health agency or practice in Franklin County. Representation shall include private, public, and quasi-public sector mental health agencies and/or clinicians.

(b) The mental health clinical committee shall provide technical counsel to the corporation as deemed necessary to include the appropriateness of fire-setter screening instruments, firesetter intervention strategies, and firesetter referral strategies. In addition, the committee shall act as the liaison between the corporation and all mental health agencies and/or clinicians in Franklin County.

Section 6. Medical Clinical Committee

(a) The medical clinical committee shall consist of at least three medical professionals appointed by the chairperson. Representation shall include both hospital and private practice medical representatives.

(b) The medical clinical committee shall provide technical counsel to the corporation as deemed necessary to include the appropriateness of fire-setter treatment and recognition strategies.

Section 7. Education and Training Committee

(a) The education and training committee shall consist at least five members appointed by the chairperson. Representation shall include members with experience in pre-school, early and middle childhood education, adult education, fire safety and burn prevention education, and instructional technology, and other speciality areas represented in the corporation membership.

(b) The education and training committee oversees the development of all education and training materials and programs, approves the purchase of instructional materials, and coordinates a speaker's bureau and resource center.

Section 8. Legal Committee

(a) The legal committee shall consist of five members appointed by the chairperson. Representation shall include the Franklin County Juvenile Court, Franklin County Children's Services, a Juvenile Officer from a Franklin County Law Enforcement Agency, a Fire/Arson Official, and an attorney.

(b) The legal committee shall provide guidance as deemed necessary concerning legal issues.

Section 9. Other Committees

Additional committees may be formed as deemed desirable, such committees to have the authority and perform the duties prescribed, from time to time, by the corporation chairperson, in accordance to Robert's Rules of Order.

ARTICLE VIII FISCAL MANAGEMENT

Section 1. Fiscal Year

The fiscal year of the corporation shall begin June 1st of every year. The commencement date of the fiscal year herein established shall be subject to change by the Executive Board, with prior written approval of the appropriate governmental agencies. The Executive Board shall meet annually prior to the regular meeting of the corporation to review the past fiscal year's progress and to approve the annual budget of the corporation before its annual submission to the members at the June 1st meeting.

Section 2. Books and Accounts

Books and accounts of the corporation shall be kept under the direction of the treasurer of the corporation.

Section 3. Execution of Corporation Documents

With the prior authority of the Executive Board, all notes and contracts shall be executed on the behalf of the corporation by either the chairperson, the vice chairperson, the treasurer, or their designate, and all checks shall be executed on behalf of the corporation by the chairperson, vice chairperson, the treasurer, or their designate.

Section 4. Fidelity Bonds

The Executive Board may require that all officers and employees of the corporation having custody or control of corporation funds furnish adequate fidelity bonds. The premium of such bonds shall be paid by the corporation.

Section 5. Indemnity

Each Executive Board member, or employee of the corporation may, under the terms and conditions set forth in a contract for indemnity insurance, be indemnified by the corporation against expenses reasonably incurred by him/her in connection with action, suit, or proceeding to which he/she may be made the party by reason of his/her being, or having been, an Executive Board member, or employee of the corporation.

ARTICLE IX
AMENDMENTS

Except as otherwise provided by law, these by-laws may be amended at any regular meeting of the corporation, or at any special meeting called for that purpose, provided written notice of the proposed amendment shall have been given at least thirty (30) days prior to such meeting. Such amendments shall require an affirmative vote of a majority of members of the corporation present at a duly constituted meeting.

ARTICLE X
DISSOLUTION

Dissolution shall be governed by the applicable provisions of the Ohio Revised Code. In the event of dissolution of this corporation, pursuant to applicable provisions of the Ohio Revised Code, it's remaining assets shall be distributed to such charitable and educational organizations in the community, as the Executive Board shall determine. Such organizations must be recognized by the Internal Revenue Service as exempt from federal income taxation under section 501 (c) (3) of the United State Internal Revenue Code.

ARTICLE XI
EFFECTIVE DATE

This Constitution and By-Laws shall become effective immediately after its approval by the majority of the membership present at the regular meeting of September 1984.

Duane R. Ireson
Task Force Chairperson

Kenneth Unger
Task Force Vice-Chairperson

Robert Hanrahan
Secretary

Ginny Barney
Treasurer; Chairperson, Finance Committee

JUVENILE FIRESETTER PREVENTION TASK FORCE, INC.

CONSTITUTION AND BY-LAWS

Amendments presented for the March 9, 1987 regular meeting

Amendment 1. Article V, Section 1 (page 3):

Amend section 1 by adding the following paragraph:

"THE MEMBERSHIP OF THE EXECUTIVE BOARD SHALL INCLUDE AN ATTORNEY APPOINTED BY THE CHAIRPERSON WHO SHALL SERVE AS AN EX-OFFICIAL, NON-VOTING, MEMBER OF THE EXECUTIVE BOARD. THE ATTORNEY SHALL PROVIDE GUIDANCE TO THE EXECUTIVE BOARD AS DEEMED NECESSARY CONCERNING LEGAL ISSUES."

Amendment 2. Article VII, Section 1, (page 6):

Amend paragraph (c) to read "(c) A committee chairperson shall be APPOINTED BY THE CORPORATION CHAIRPERSON for a one-year term. A standing committee chairperson shall be a member of the Executive Board and act in accordance with the procedures set forth in Article V. the corporation chairperson, vice-chairperson, and secretary shall not serve as the chairperson of any standing committee. A member shall not be eligible to chair more than one standing committee."

Amendment 3. Article VII, Section 1 (page 7):

Amend paragraph (f) to read "(f) Committee vacancies will be filled in accordance to the procedures set forth in Article VI, Section 1(b). IN THE ABSENCE OF A STANDING COMMITTEE CHAIRPERSON, ALL RESPONSIBILITIES OF THAT CHAIRPERSON AND THE STANDING COMMITTEE SHALL BE DELEGATED TO THE ~~TASK FORCE~~ CHAIRPERSON OR HIS OR HER DESIGNATE."

corporation

Amendment 4. Article VII, Section 8 (page 8):

Repeal section 8. Legal Committee. Replace with the new section:

"Section 8. EVALUATION COMMITTEE

"(a) THE EVALUATION COMMITTEE SHALL CONSIST OF A MINIMUM OF FIVE MEMBERS APPOINTED BY THE CHAIRPERSON. REPRESENTATION SHALL INCLUDE THE FRANKLIN COUNTY CHILDREN'S SERVICES ~~AGENCY~~ ^{BOARD}, A REPRESENTATIVE FROM THE MENTAL HEALTH HEALTH COMMUNITY, A REPRESENTATIVE FROM A FIRE SERVICE AGENCY WITH AN ACTIVE JUVENILE FIRESETTER PROGRAM, AND A REPRESENTATIVE FROM THE STATE FIRE MARSHAL.

(b) THE EVALUATION COMMITTEE SHALL BE RESPONSIBLE FOR CONDUCTING PROCESS AND IMPACT EVALUATION OF EXISTING JUVENILE FIRESETTER PROGRAMS IN FRANKLIN COUNTY, INCLUDING THE MANAGEMENT OF THE TASK FORCE EVALUATION SYSTEM. THE EVALUATION COMMITTEE SHALL PROVIDE TECHNICAL COUNSEL TO THE CORPORATION ON ALL PROGRAM EVALUATION MANNERS AND PROJECTS."

Juvenile Firesetter Resource Directory

The juvenile firesetter program may want to consider developing a resource directory similar to the one developed by the Oregon Council Against Arson and the Tri-County Firesetters Intervention Network. The directory would include the names, addresses, and phone numbers of the agencies and individuals who work with juvenile firesetters. The directory may include local, county, or state agencies. This resource directory can assist agencies that work with firesetters by providing them with a comprehensive list of potential referral agencies. Such a tool can help ensure that all juvenile firesetters receive the services they need.

THE OREGON JUVENILE FIRESETTER RESOURCE DIRECTORY

First Edition
1987/1988

SPONSORED BY
THE OREGON COUNCIL AGAINST ARSON
and
**THE TRI-COUNTY FIRESETTER
INTERVENTION NETWORK**



Department of State Police

PUBLIC SERVICE BUILDING, SALEM, OREGON 97310

December 14, 1987

Juvenile firesetting results in significant fire loss in many communities and contributes to our state and national fire problem. In recent years, we have grown more aware of juvenile involvement in firesetting incidents because law enforcement, fire service, parents, mental health professionals, and others have recognized the need for better remedies to correct such behavior.

According to arrest and incident statistics, juvenile fire-setters are responsible for an enormous share of the state and nationwide arson problem. Recent statistics indicate juveniles have accounted for over 60 percent of all individuals arrested for arson offenses within the state of Oregon. Information reported by the FBI indicates that almost half of all arson arrestees nationwide are juveniles, and that a large portion of juvenile firesetters are handled by means other than arrest because of their age or the presence of a psychological disturbance for which a non-criminal justice remedy is deemed to be more appropriate.

Whatever the arrest policy with respect to firesetting may be in a particular area, the reality is that juvenile firesetting is a serious property crime problem and life safety threat in communities throughout the state.

Many juvenile offenders require treatment rather than the traditional punishment for violating the fire laws. A progressive approach to the juvenile firesetter problem has been undertaken by the Oregon Council Against Arson and the Tri-County Firesetters Intervention Network to include identifying those agencies and individuals throughout the state that have the expertise in dealing with juvenile firesetters.

"Oregon Juvenile Firesetters Resource Directory" was developed and will be made available to those that may require assistance when dealing with a juvenile offender. Both groups are to be commended for their efforts.

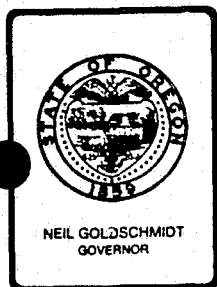
All concerned professionals are encouraged to utilize this resource directory and provide updated information as to additional resources available.

Emil E. Brandaw, Superintendent

By 

Lynn Hillman, Lieutenant
Criminal Division
Arson Unit Coordinator

lh:jh



Executive Department

STATE FIRE MARSHAL

3000 MARKET STREET PLAZA - SUITE 534
SALEM, OREGON 97310-0198

Fire Marshal	378-FIRE
Chief Deputy	378-2848
Administrator	378-4580
Accred./Standards	378-2871
Admin. Services	373-1276
Codes/Institutions	378-4917
Data/Public Ed.	378-4464
Fire Prev./Invest.	378-4917
Hazardous Materials	378-2885
Licensing/Permits	373-1871
Training	378-5210

December 22, 1987

Dear Concerned Professional:

The Oregon Council Against Arson has been working since 1981 to reduce the arson problem in Oregon. Most of the Council's efforts are aimed at the criminal side of the problem - apprehension and prosecution of the arsonist.

The Council also sponsors a variety of projects to reduce the high number of fires started by juveniles. Statistics indicate that juveniles set more than 60% of all incendiary fires. Many other fires are caused by children who are playing with matches and lighters. Too often, these children and their young brothers and sisters perish in those fires.

Clear behavior and family patterns have emerged in the backgrounds of juvenile firesetters. These patterns show the need for broad-based, coordinated programs which cut across many disciplines, including educational, legal, and psychological.

The Oregon "Juvenile Firesetter Assistance Directory" is the first statewide effort by any group to network professionals who work with juvenile firesetters. The directory will help these professionals locate others who can assist in providing the best intervention program for troubled youngsters who set fires.

I commend the Oregon Council Against Arson and those who work with juvenile firesetters for producing this directory. It is a team effort such as this that will impact the serious juvenile-caused fire problem in Oregon.

Sincerely,

Olin L. Greene
State Fire Marshal

0752E:OLG/nc

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WHY A DIRECTORY?

The Juvenile Firesetter Resource Directory is a culmination of a search to find the most knowledgeable and experienced people who work with juvenile firesetters in Oregon. We believe that we have found those people.

The directory was compiled through a series of questionnaires which were mailed to fire service and law enforcement professionals, juvenile justice officials, school and mental health counselors, as well as burn centers throughout the State. The directory increased as respondents returned questionnaires naming additional references in the field.

USING THE DIRECTORY

The Juvenile Firesetter Resource Directory is organized on a county-by-county basis. The entries in the directory voluntarily designated themselves as juvenile firesetter resources. You are encouraged to investigate any of the resources listed. In the category of mental health counselors, fees and services vary from counselor to counselor. The Tri-County Firesetters Intervention Network, Oregon Council Against Arson, and its contributors, make no endorsement of services provided by those listed in this directory.

If you encounter a juvenile firesetter in your community, refer to your county in the directory. Then check for the city or fire district near you. Fire services can be found under "City Agencies", or "Fire Districts". Law enforcement agencies, counseling agencies, private practice counselors, school counselors, burn centers, group homes and correctional facilities are located under "County Agencies", and "City Agencies". Because of a wide fire service reliance on the Children's Services Division of Oregon, we were permitted to list all of that division's branch offices as resources. However, users of the directory are advised to use the Children's Services Division only under conditions where the juvenile firesetter is experiencing additional problems with the family such as abuse, conflict and neglect.

UPDATING THE DIRECTORY

In order to keep up with changes and additions, an updating mechanism has been included in the Juvenile Firesetter Resource Directory. To make a change, complete the questionnaire in the back of this directory and mail it to the Portland Fire Bureau. If you know of a juvenile firesetter specialist who was inadvertently left out of this edition, give him/her the questionnaire. Revised editions of the Juvenile Firesetter Resource Directory will be published in a timely manner.

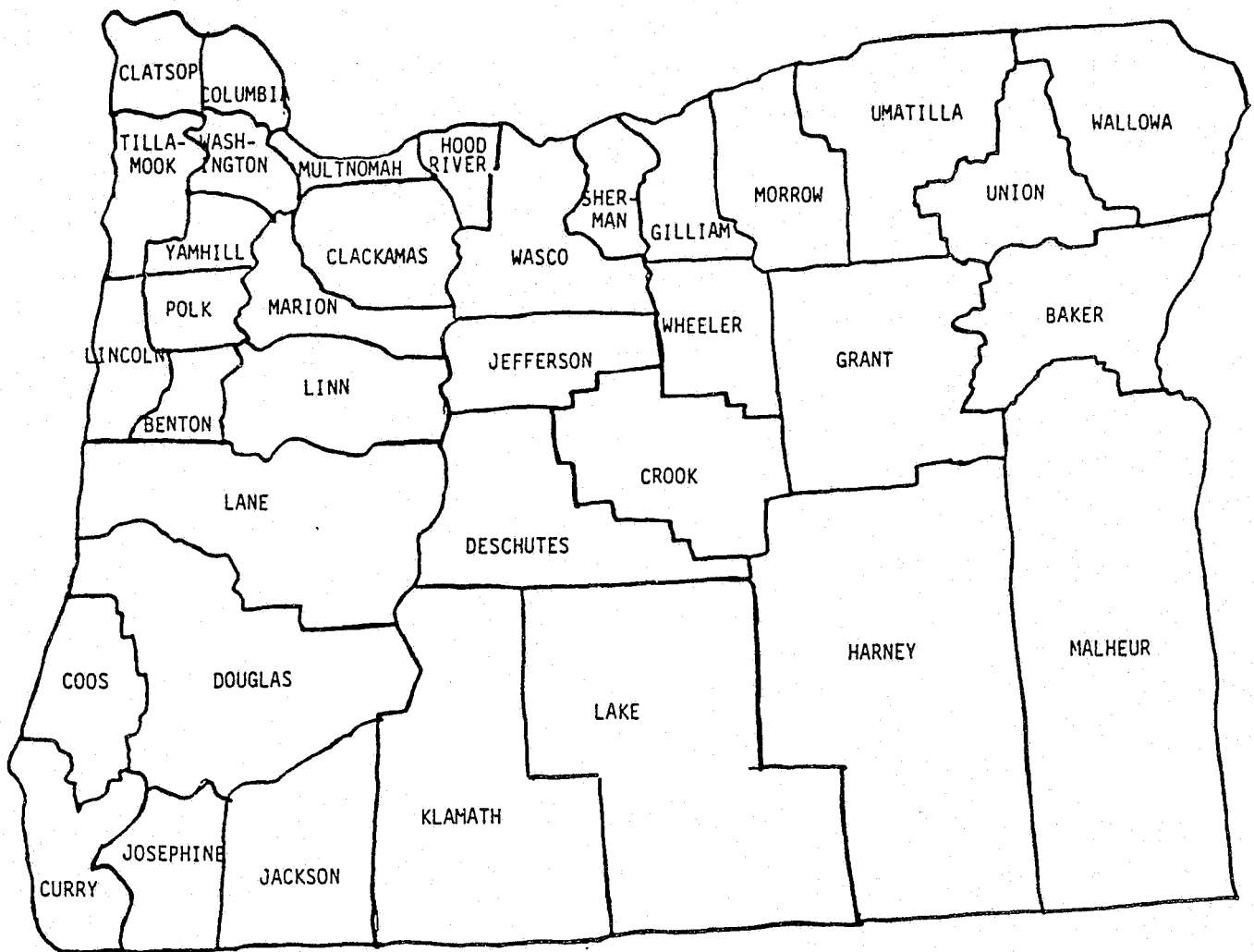
OREGON COUNCIL AGAINST ARSON OFFICERS

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Vice President John Powell, International Association of Arson
Investigators
Treasurer Milt Britt, Oregon Insurance Division
Secretary Jo Austin, Oregon Volunteer Firefighters Association
Parliamentarian Pierre Gerard, Oregon Fire Marshal's Association

TRI-COUNTY JUVENILE FIRESETTERS INTERVENTION NETWORK

Ellie Bennett, Western Information Services
Laurie Birchill, Yamhill County Youth Services Team
Nancy Campbell, State Fire Marshal's Office
Ron Cook, Gresham Fire Department
Dean Freitag, Beaverton Fire Department
Karl Findling, Portland Fire Bureau
Mitch Haller, Happy Valley Fire District #65
Richard Jacobus, Assistant Fire Chief, St. Helens
Deborah Mandell, Family Therapist, Morrison Center
Steve Muir, Portland Fire Bureau
Linda Nishe-Strattner, Phd in Private Practice
Dave Pargas, Hillsboro Fire Department
Doug Perry, Lake Oswego Fire Department
Jim Washburn, Washington County Fire District #1

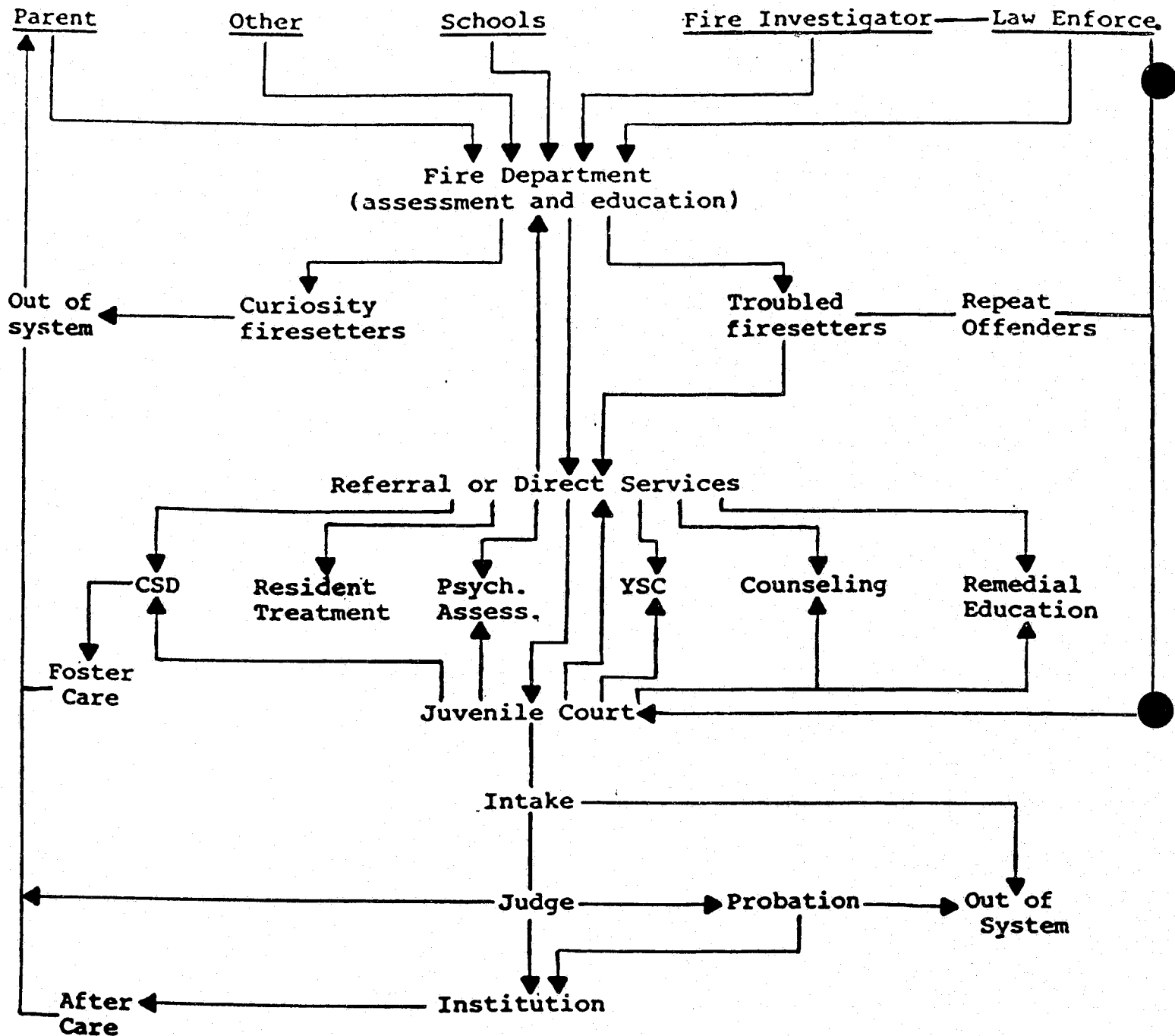
OREGON COUNTIES



ALPHABETICAL LIST OF COUNTIES

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KLAMATH	27, 28	YAMHILL	61, 62

REFERRAL SOURCE



OREGON JUVENILE FIRESETTER REFERRAL SYSTEM (OJFRS) Flowchart

The above flowchart is designed to give those who work with Juvenile-Firesetters the necessary treatment alternatives. This flowchart is representative of the Oregon system, any additions or alterations to this flowchart may be made by submitting in writing the necessary change.

Send additions to: Portland Fire Bureau
Juvenile Firesetter Program
55 SW Ash
Portland, OR 97204
(503)248-0203

BAKER COUNTY

COUNTY AGENCIES

CSD - Baker Branch
PO Box 597
Baker, OR 97814
PHONE: (503) 523-6423

BENTON COUNTY

COUNTY AGENCIES

Tom Engle, RN
Benton County Mental Health
530 NW 27th Street
Corvallis, OR 97330
PHONE: (503) 757-6844

CSD - Benton Branch
555 NW 5th
Corvallis, OR 97330
PHONE: (503) 757-4121

Al Krug, Director
Benton County Juvenile Department
530 NW 27th Street
Corvallis, OR 97330
PHONE: (503) 757-6810

CITIES

City of Corvallis

Fire Service

Jeff Jurren,
Corvallis Fire Services
314 NW 4th
Corvallis, OR 97330
PHONE: (503) 757-6961

Terri D. Jones, Fire Prev. Off.
Corvallis Fire Services
314 NW 4th Street
Corvallis, OR 97330
PHONE: (503) 757-6961

BENTON COUNTY--Continued

Law Enforcement

Gary Boldizar,
Corvallis Police Department
180 NW 5th Street
Corvallis, OR 97330
PHONE: (503) 757-6975

City of Monroe

Law Enforcement

Frank Thayer, Chief of Police
Monroe Police Department
664 Commercial
Monroe, OR
PHONE: (503) 847-5175

City of Philomath

Fire Service

Dennis Schiedler, Fire Chief
Philomath Fire Department
PO Box 161
Philomath, OR 97370
PHONE: (503) 929-3002

CLACK/WASH COUNTY

FIRE DISTRICTS

**Rick Harrington, Pub. Ed. Off.
Tualatin Fire District
PO Box 127
Tualatin, OR 97062
PHONE: (503) 682-2601**

CLACKAMAS COUNTY

COUNTY AGENCIES

Michael Simpkins, PhD
Clackamas County Mental Health
2100 SE Lake Road
Milwaukie, OR 97222
PHONE: (503) 655-3735
Services Provided: Family, Individual,
Drug and Alcohol Abuse,
and Physical and Sexual Abuse
Counseling.

Joanne Baumfalk, Res. Services
Christie School
Marylhurst Campus
Marylhurst, OR 97036
PHONE: (503) 635-3416
Services Provided: Family, Individual,
Drug and Alcohol Abuse Counseling.

Reba Owen, Supervisor
CSD
PO Box 133
Marylhurst, OR 97036
PHONE: (503) 653-3140
Services Provided: Family, Physical and Sexual
Abuse Counseling, Marital
Counseling, Foster Care and
Residential Care.

FIRE DISTRICTS

Robert Rykken,
Boring Fire District #59
PO Box 85
Boring, OR 97009
PHONE: (503) 777-2050

CLACKAMAS COUNTY--Continued

Michael Murray,
Boring Fire Department
PO Box 85
Boring, OR 97009
PHONE: (503) 777-2050

Edward A. Kirchhofer, Batt. Chief
Clackamas County Fire District #54
18265 S. Redland Road
Oregon City, OR 97045
PHONE: (503) 631-2144

Linn Jones,
Oak Lodge Fire Department
17312 SE Oatfield Road
Milwaukie, OR 97267
PHONE: (503) 653-2432

Richard Curtis, Lieutenant
Hoodland Fire District
69634 E. Hwy 26
Rhododendron, OR 97049
PHONE: (503) 622-3256

Pierre Gerard, Dep. Fire Marshall
Oak Lodge Fire Dept.
2930 SE Oak Grove
Oak Lodge, OR 97267
PHONE: (503) 653-2432

Ron Smith,
Clackamas County Fire Dist. #54
18265 S. Redland Road
Oregon City, OR 97045
PHONE: (503) 631-2144

CLACKAMAS COUNTY--Continued

Mitch Haller, Fire Prev Off.
Happy Valley Fire Dist. #65
12900 SE King
Happy Valley, OR 97236
PHONE: (503) 761-0208

CITIES

City of Canby

School Counselors

Doug Gingerich, Principal
Canby Elementary
501 N. Grant Street
Canby, OR 97013
PHONE: (503) 266-2741

City of Estacada

Fire Service

Steve Colley, Assistant Chief
Estacada Fire Department
PO Box 608
Estacada, OR 97023
PHONE: (503) 630-7712

City of Lake Oswego

Fire Service

Doug Perry, Fire Prevention Off
Lake Oswego Fire Department
PO Box 369
Lake Oswego, OR 97034
PHONE: (503) 635-0275

Law Enforcement

Jim Hokinson, Detective
Lake Oswego Police Department
PO Box 369
Lake Oswego, OR 97034
PHONE: (503) 635-0250

City of Oregon City

Fire Service

Clark Poulton, Fire Prev. Spec.
Oregon City Fire Department
624 7th Street
Oregon City, OR 97045
PHONE: (503) 657-1365

Mental Health

Doug Poppen, Executive Director
Parrott Creek Ranch
22518 S. Parrott Road
Oregon City, OR 97013
PHONE: (503) 655-9144
Services Provided: Family, Individual,
Drug and Alcohol Abuse Counseling.

School Counselors

Dennison S. Peters, Principal
Oregon City Schools #62
180 Ethel Street
Oregon City, OR 97045
PHONE: (503) 657-2415

Don Tank,
Oregon City #62
PO Box 591 (1417 12th St)
Oregon City, OR 97045
PHONE: (503) 657-2406

CLACKAMAS COUNTY--Continued

City of Welches

School Counselors

**Debbie Borge, Counselor
Welches Grade School
Salmon River Road
Welches, OR 97067
PHONE: (503) 622-3166**

CLATSOP COUNTY

COUNTY AGENCIES

CSD - Clatsop Branch
800 Exchange Street
Astoria, OR 97103
PHONE: (503) 325-4811

Richard C. Landwehr, Detective
Oregon State Police
350 W. Marine Drive
Astoria, OR 97103
PHONE: (503) 325-2231

COLUMBIA COUNTY

COUNTY AGENCIES

CSD - Columbia Branch
PO Box 807
St. Helens, OR 97051
PHONE: (503) 397-3292

Stan Mendenhall, Director
Columbia County Juvenile Depart.
Old Courthouse
St. Helens, OR 97051
PHONE: (503) 397-0275

FIRE DISTRICTS

Dick Jacobus, Asst Chf/Fire Marsh.
St. Helens RFPD
105 S. 12th Street
St. Helens, OR 97051
PHONE: (503) 397-2990

CITIES

City of St. Helens

Mental Health

Millard Keith, Executive Director
Family Counseling Center
161 St. Helens Street
St. Helens, OR 97051
PHONE: (503) 397-5211
Services Provided: Family, Individual,
Drug and Alcohol Abuse, Physical and
Sexual Abuse Counseling, Psychiatric
Psychological evaluations.

COOS COUNTY

COUNTY AGENCIES

Gene Ellis, Fire Captain
Dept. of Public Safety
500 Central Avenue
Coos Bay, OR 97420
PHONE: (503) 269-1191

CSD - Coos Branch
PO Box 959
Coos Bay, OR 97420
PHONE: (503) 269-5961

Michael C. Ramsby, Detective
Oregon State Police
1155 S. 5th Street
Coos Bay, OR 97420
PHONE: (503) 269-5000

CITIES

City of Powers

Law Enforcement

Roger A. Johnson, Chief of Police
Powers Police Department
Box 250 - 273 E. Fir St
Powers, OR 97466
PHONE: (503) 439-2411

CROOK COUNTY

COUNTY AGENCIES

**CSD - Crook Branch
450 W. 4th Street
Prineville, OR 97754
PHONE: (503) 447-6207**

FIRE DISTRICTS

**Dave Fields,
Prineville Fire District
500 N. Belknap Street
Prineville, OR 97754
PHONE: (503) 447-5011**

CURRY COUNTY

COUNTY AGENCIES

CSD - Curry Branch
PO Box 887
Gold Beach, OR 97444
PHONE: (503) 247-6666

Donald L. Hein, Detective
Oregon State Police
PO Box 486
Gold Beach, OR 97444
PHONE: (503) 247-7050

Dorothy Anacleto, Program Director
Curry County Mental Health
PO Box 746
Gold Beach, OR 97444
PHONE: (503) 247-7011
Services Provided: Family, Individual,
Drug and Alcohol Abuse, Physical and
Sexual Abuse Counseling.

DESCHUTES COUNTY

COUNTY AGENCIES

**CSD - Deschutes Branch
PO Box 5247
Bend, OR 97701
PHONE: (503) 388-6161**

FIRE DISTRICTS

**Patrick O. McVicker, Fire Chief
LaPine RFPD
PO Box 466
LaPine, OR 97739
PHONE: (503) 536-2935**

DOUGLAS COUNTY

COUNTY AGENCIES

**Basil Johnson, PhD
Mental Health Division
621 W. Madrone
Roseburg, OR 97470
PHONE: (503) 440-3532**

**Larry Mack, Branch Manager
Children's Services Division
1937 W. Harvard Blvd
Roseburg, OR 97470
PHONE: (503) 440-3373
Services Provided: Family, Individual,
and Physical and Sexual Abuse
Counseling.**

**CSD - Reedsport Itinerant Branch
PO Box 343
Reedsport, OR 97467
PHONE: (503) 271-4851**

FIRE DISTRICTS

**Roy O. Palmer, Assistant Chief/FM
Douglas County Fire District #2
1400 Buckhorn Road
Roseburg, OR 97470
PHONE: (503) 673-5503**

DOUGLAS COUNTY--Continued

CITIES

City of Roseburg

Fire Service

**Sam Phillips, Fire Prevention Off
Roseburg Fire Department
774 SE Rose Street
Roseburg, OR 97470
PHONE: (503) 673-4459**

**Jack Cooley,
Roseburg Fire Department
2177 W. Harvard Blvd
Roseburg, OR 97470
PHONE: (503) 673-7577**

**Tracy Fox, Firefighter
Roseburg Fire Department
900 SE Douglas
Roseburg, OR 97470
PHONE: (503) 672-5133**

Law Enforcement

**Hedge Jarvis, Deputy Police Chief
Roseburg Police Department
774 SE Rose Street
Roseburg, OR 97470
PHONE: (503) 673-6633**

City of Winston

Law Enforcement

**Bryon Beaulieu, Detective
Winston Police Department
PO Box 1120
Winston, OR 97496
PHONE: (503) 679-8704**

GILLIAM COUNTY

COUNTY AGENCIES

**Jeff Manley, Director
Gilliam County Mental Health
PO Box 261
Boardman, OR 97818
PHONE: (503) 676-9161
Services Provided: Family, Individual,
Drug and Alcohol Abuse, and Physical
and Sexual Abuse Counseling, and
Residential Relocation.**

GILLIAM/WHEELER COUNTY

COUNTY AGENCIES

CSD - Gilliam/Wheeler Branch
PO Box 96
Condon, OR 97823
PHONE: (503) 481-9482

GRANT COUNTY

COUNTY AGENCIES

CSD - Grant Branch
422 West Main
John Day, OR 97845
PHONE: (503) 575-0728

CITIES

City of Prairie City

Law Enforcement

Paul D. Woodworth, Chief
Prairie City Police Dept
133 Bridge St Box 577
Prairie City, OR 97869
PHONE: (503) 820-3788

HARNEY COUNTY

COUNTY AGENCIES

**Jo Plaza,
CSD - Harney Branch
PO Box 868
Burns, OR 97220
PHONE: (503) 573-2086**

HOOD RIVER COUNTY

COUNTY AGENCIES

**CSD - Hood River Branch
910 Pacific Ave
Hood River, OR 97031
PHONE: (503) 386-2962**

**Rod Vickers,
Juvenile Department Hood River Co.
Courthouse
Hood River, OR 97031
PHONE: (503) 386-1030**

JACKSON COUNTY

COUNTY AGENCIES

CSD - Jackson Branch
PO Box 1549
Medford, OR 97501
PHONE: (503) 776-6120

FIRE DISTRICTS

Rollie Caster, Chief
Phoenix Volunteer Fire Department
PO Box 888
Phoenix, OR 97535
PHONE: (503) 535-2883

Lou Gugliotta, Pub. Ed. Off.
Jackson County Fire District #3
8333 Agate Road
White City, OR 97503
PHONE: (503) 826-7100

CITIES

City of Medford

Fire Service

G.D. Orndoff, Fire Marshall
Medford Fire Department
411 West 8th Ave Rm 338
Medford, OR 97501
PHONE: (503) 770-4456

JACKSON COUNTY--Continued

City of White City

School Counselors

Loretta Livaudais,
White City Schools
2830 Maple Court
White City, OR 97503
PHONE: (503) 826-2232

JEFFERSON COUNTY

COUNTY AGENCIES

**CSD - Jefferson Branch
925 4th Street
Madras, OR 97741
PHONE: (503) 475-2292**

FIRE DISTRICTS

**Gary N. Marshall, Fire Prev. Off.
Jefferson County Fire District #1
PO Box 307
Madras, OR 97741
PHONE: (503) 475-7274**

JOSEPHINE COUNTY

COUNTY AGENCIES

Dean Nunnemaker,
Children's Services Division
PO Box 189
Grants Pass, OR 97526
PHONE: (503) 474-3120

Daniel Rowe, Clinical Director
Josephine Mental Health
714 NW "A" Street
Grants Pass, OR 97526
PHONE: (503) 474-5365
Services Provided: Family and
Individual Counseling.

FIRE DISTRICTS

George Holmbeck, Fire Prev. Off.
Grants Pass Fire Department
101 NW 'A' Street
Grants Pass, OR 97526
PHONE: (503) 474-6367

KLAMATH COUNTY

COUNTY AGENCIES

**Harold Bailey, Coordinator
Klamath Mental Health Center
3314 Vandenberg Road
Klamath Falls, OR 97603
PHONE: (503) 882-7291**

**CSD - Klamath Branch
403 Pine Street, Room 300
Klamath Falls, OR 97601
PHONE: (503) 883-5570**

**CSD - Lake Itinerant Branch
105 North "G" Street
Lakeview, OR 97630
PHONE: (503) 947-2273**

FIRE DISTRICTS

**Steven Reidy, Fire prevention
Klamath Co. Fire Dist. #1
2342 Gettle Street
Klamath Falls, OR 97603
PHONE:**

**Mike McGuire, Acting Fire Chief
Klamath Fire Dist. #5
Rt. 2, Box 195
Bonanza, OR 97623
PHONE: (503) 545-6658**

CITIES

City of Merrill

Law Enforcement

Tony L. Johnson, Chief of Police
Merrill Police Department
PO Box 421
Merrill, OR 97633
PHONE: (503) 798-5821

LANE COUNTY

COUNTY AGENCIES

Edwin Harris, Fire Marshal
State Fire Marshal's Office
125 E. 8th Avenue
Eugene, OR 97401
PHONE: (503) 686-7800

CSD - Lane Branch
432 W. 11th
Eugene, OR 97401
PHONE: (503) 686-7557

Alison Strickrod, Juvenile Counselor
Lane County Juvenile Department
2411 Centennial Blvd
Eugene, OR 97401
PHONE: (503) 341-4712

FIRE DISTRICTS

David L. Harlacher, Chief
Lane RFPD
29999 Hallet Street
Eugene, OR 97402
PHONE:

Rudy Asman, Chief
Nimrod RFPD
49243 McKenzie Hwy
Vida, OR 97488
PHONE: (503) 896-3279

LANE COUNTY--Continued

Donald Furrer, Chief
Creswell RFPD
PO Box 354
Creswell, OR 97426
PHONE: (503) 895-4518

Holly Connolly, Assistant Fire Chief
Lake Creek RFPD
PO Box 54
Blachly, OR 97412
PHONE: (503) 925-4140

Donald Miller,
Lane Rural Fire Dist. #1
29999 Hallet Street
Eugene, OR 97402
PHONE: (503) 688-3697

Richard Nice, Chief
Gosport Fire District
85880 1st Street
Eugene, OR 97405
PHONE: (503) 747-3104

CITIES

City of Cottage Grove

Fire Service

Steve Allen,
Cottage Grove Fire Department
233 Harrison Avenue
Cottage Grove, OR 97424
PHONE: (503) 942-4493

LANE COUNTY--Continued

City of Eugene

Fire Service

Paul Branson,
Eugene Police, Fire and Emergency
777 Pearl Street
Eugene, OR 97401
PHONE: (503) 687-5116

Mark Mikkelsen,
Santa Clara Fire Department
7600 River Road
Eugene, OR 97404
PHONE: (503) 688-3697

Steve Boosinger,
Eugene Police, Fire and Emergency
777 Pearl Street
Eugene, OR 97401
PHONE: (503) 687-5116

Law Enforcement

Stan Reeves,
Eugene Police, Fire and Emergency
777 Pearl Street
Eugene, OR 97401
PHONE: (503) 687-5116

Charles Campbell, Dep. Fire Marshal
Eugene Police, Fire and Emergency
777 Pearl Street, Rm 107
Eugene, OR 97401
PHONE: (503) 687-5426

Mental Health

Karen Johnston,
Willamette Counseling Services
1524 Willamette, Ste 200
Eugene, OR 97401
PHONE: (503) 341-3383

City of Junction City

Law Enforcement

Raymond E. Cunningham, Chief
Junction City Police Department
672 Greenwood Street
Junction City, OR 97448
PHONE: (503) 998-1245

City of Springfield

Fire Service

Dick Evenson, Deputy Fire Marshal
Springfield Fire & Life Safety
225 5th Street
Springfield, OR 97477
PHONE: (503) 726-2293

Law Enforcement

Randy Cook, Investigator
Springfield Police Department
344 N. 'A' Street
Springfield, OR 97477
PHONE: (503) 726-3721

Mental Health

Bill Wellard, Executive Director
The Child Center
3995 Marcold Road
Springfield, OR 97477
PHONE: (503) 726-1465

LINCOLN COUNTY

COUNTY AGENCIES

**CSD - Lincoln Branch
119 NE 4th Avenue
Newport, OR 97365
PHONE: (503) 265-8557**

**Sue McGuire,
Lincoln County Juvenile Depart.
225 W. Olive
Newport, OR 97365
PHONE: (503) 265-6611**

**Diane Fitzgerald, Program Manager
Lincoln County Mental Health
PO Box 1180
Newport, OR 97365
PHONE: (503) 265-6611
Services Provided: Family, Individual,
Drug and Alcohol Abuse, and Physical
and Sexual Abuse Counseling.**

**Michael Doster, Mental Health Spec
Lincoln County Mental Health
PO Box 1180
Newport, OR 97365
PHONE: (503) 265-6611
Services Provided: Family, Individual,
Drug and Alcohol Abuse, and Physical
and Sexual Abuse Counseling.**

LINN COUNTY

COUNTY AGENCIES

CSD - Linn Branch
1400 Queen St SE, Ste 201
Albany, OR 97321
PHONE: (503) 967-2100

CITIES

City of Albany

Mental Health

Robert Wadlow, Counselor
Greater Albany Public School
718 W. 7th Street
Albany, OR 97321
PHONE: (503) 967-4578
Services Provided: Family, Individual,
and Elementary School Counseling.

MALHEUR COUNTY

COUNTY AGENCIES

CSD - Malheur Branch
2449 SW 4th Ave, Room 203
Ontario, OR 97914
PHONE: (503) 889-9194

Irv Smith, Clinic Director
Mental Health Clinic
1108 SW 4th Street
Ontario, OR 97914
PHONE: (503) 889-9167
Services Provided: Family, Individual,
Drug and Alcohol Abuse, and Physical
and Sexual Abuse Counseling, and
Residential Relocation.

CITIES

City of Ontario

Fire Service

Randy Simpson, Juv. Invest.
Ontario Fire Dept.
444 SW 4th Street
Ontario, OR 97914
PHONE: (503) 889-7687

Larry Roberts, Fire Chief
Ontario Fire Department
444 SW 4th Street
Ontario, OR 97914
PHONE: (503) 889-7687

MARION COUNTY

COUNTY AGENCIES

CSD - Marion Branch
680 Cottage Street NE
Salem, OR 97310
PHONE: (503) 378-6242

Valdean Hollingshead,
CSD Hillcrest School
2450 Strong Road SE
Salem, OR 97310
PHONE: (503) 378-5270
Services Provided: Individual, Drug and Alcohol Abuse,
Drug and Alcohol Abuse, and Physical
and Sexual Abuse Counseling,
Residential Relocation.

Richard Horner, Program Supervisor
Marion Co. Children's Mental
3180 Center Street NE
Salem, OR 97301
PHONE: (503) 588-5352
Services Provided: Family, Individual,
Drug and Alcohol Abuse, and Physical
and Sexual Abuse Counseling.

CSD - Woodburn Branch
2200 Country Club Court
Woodburn, OR 97071
PHONE: (503) 981-3071

Marion County Family Court
3030 Center Street NE
Salem, OR 97301
PHONE: (503) 588-5411

MARION COUNTY--Continued

FIRE DISTRICTS

**Bob Benck, Fire Prev. Off.
Woodburn Fire District
1776 Newberg Hwy.
Woodburn, OR 97071
PHONE: (503) 982-2360**

**Carl Brown, Chief
Silverton Fire District
806 N. First Street
Silverton, OR 97381
PHONE: (503) 873-5328**

**A. Bruce Casner, Fire Marshal
Marion Co. Fire Dist. #1
300 Cordon Road
Salem, OR 97301
PHONE: (503) 588-6519**

**Ron Smith, Fire Prev. Off. II
Marion Co. Fire Dist. #1
300 Cordon Road NE
Salem, OR 97301
PHONE: (503) 588-6526**

**Alan Shane,
Woodburn Fire District
1776 Newberg Hwy
Woodburn, OR 97071
PHONE: (503) 982-2360**

CITIES

City of Gervais

Law Enforcement

Gary D. Will, Chief of Police
Gervais Police Department
PO Box 467
Gervais, OR 97026-0467
PHONE: (503) 792-4222

City of Kelzer

Fire Service

Elaine M. Jenkins, Probation Off.
Kelzer Youth Services Team
980 Chemawa Road
Kelzer, OR 97305
PHONE: (503) 393-4335

Law Enforcement

Mark J. Miranda, Officer
Kelzer Police Department
930 Chemawa Road NE
Kelzer, OR 97303
PHONE: (503) 390-3713

Jack Boedigheimer,
Kelzer Police Department
930 Chemawa Road N.
Kelzer, OR 97303
PHONE: (503) 390-2000

MARION COUNTY--Continued

City of Silverton

Law Enforcement

**Randy Lunsford, Patrolman
Silverton Police Department
400 S Water Street
Silverton, OR 97381
PHONE: (503) 873-5326**

MARION/POLK COUNTY

CITIES

City of Salem

Law Enforcement

**Marc Leeder, Detective
Salem Police Department
555 Liberty Street SE
Salem, OR 97301
PHONE: (503) 588-6050**

MORROW COUNTY

COUNTY AGENCIES

**CSD - Morrow Branch
PO Box 498
Boardman, OR 97818
PHONE: (503) 481-9482**

**Jeff Manley, Director
Morrow County Mental Health
PO Box 261
Boardman, OR 97818
PHONE: (503) 676-9161
Services Provided: Family, Individual,
Drug and Alcohol Abuse, and Physical
and Sexual Abuse Counseling, and
Residential Relocation.**

MULTNOMAH COUNTY

COUNTY AGENCIES

June Anderson, Program Manager
CSD
815 NE Davis
Portland, OR 97232
PHONE: (503) 238-8225
Services Provided: Family, Individual,
Physical and Sexual Abuse Counseling,
and Residential Relocation.

Timothy Riddle,
Oregon State Police
3700 SE 92nd Avenue
Portland, OR 97266
PHONE: (503) 238-8434

CITIES

City of Gresham

Fire Service

Kimberley Coxen, Public Info. Off.
Gresham Fire Department
1333 NW Eastman Parkway
Gresham, OR 97030
PHONE: (503) 669-2342

Ron Cook,
Gresham Fire Department
1333 NW Eastman
Gresham, OR 97030
PHONE: (503) 669-2480

School Counselors

Dick Flood, Assistant Principal
Gresham High School
1200 N. Main
Gresham, OR 97030
PHONE: (503) 666-8033

MULTNOMAH COUNTY--Continued

City of Portland

Fire Service

Karl Findling, Juv. Firesetter Spec
Portland Fire Bureau
55 SW Ash
Portland, OR 97204
PHONE: (503) 248-0203

Steven Muir, Juv. Firesetter Spec
Portland Fire Bureau
55 SW Ash Street
Portland, OR 97204
PHONE: (503) 248-0203

Law Enforcement

Dennis Dodd, Police Officer
Portland Public School Police
501 N. Dixon
Portland, OR 97227
PHONE: (503) 249-3307

Mental Health

Rikki Schoenthal, Clinical Director
Catholic Family Services
231 SE 12th Avenue
Portland, OR 97214
PHONE: (503) 231-4866
Services Provided: Family, Individual, Physical and
Sexual Counseling, Play Therapy,
Group Therapy, and Marital Therapy.

Sandra Lajoy, Program supervisor
Center for Community Mental Health
6329 NE Union Avenue
Portland, OR 97211
PHONE: (503) 289-1167
Services Provided: Family, Individual,
and Physical and Sexual Abuse
Counseling.

Julie Barbour,
Portland Impact
926 SE 45th Avenue
Portland, OR 97215
PHONE: (503) 231-9578
Services Provided: Family, Individual,
Drug and Alcohol Abuse, Physical and
Sexual Abuse Counseling,
Big Brother/Big Sister.

NW Treatment Services
9370 SW Greenburg Road
Portland, OR 97223
PHONE: (503) 246-5238
Services Provided: Family, Individual, Drug and Alcohol
Abuse, and Physical and Sexual Abuse
Counseling.

Julie Plekan, Clinical director
Kerr Youth & Family Center
722 NE 162
Portland, OR 97230
PHONE: (503) 255-4205
Services Provided: Residential Program
accepts Firesetters ages 9-13.

Sue Polzin, Clinical Coordinator
N. Portland Youth Services Center
7704 N. Hereford
Portland, OR 97219
PHONE: (503) 285-0627
Services Provided: Family, Individual, Drug and Alcohol
Abuse, and Physical and Sexual Abuse
Counseling.

Charles Smith, Program Manager
Riverside Hospital
1400 SE Umatilla Street
Portland, OR 97202
PHONE: (503) 234-5353
Services Provided: Family, Individual, Drug and Alcohol
Abuse, and Physical and Sexual Abuse
Counseling, Inpatient Treatment.

MULTNOMAH COUNTY--Continued

Judith Swanson, Program Manager
Mental Health Services West
710 SW 2nd Avenue
Portland, OR 97204
PHONE: (503) 228-0373
Services Provided: Family, Individual, and Physical and
Sexual Abuse Counseling, Group Therapy,
Parent Education.

Steven Waksman, Psychologist
5441 SW Macadam #206
Portland, OR 97201
PHONE: (503) 222-4046
Services Provided: Family, Individual, Drug and Alcohol
Abuse Counseling.

Deborah Mandell, Family Therapist
Morrison Center
3355 SE Powell Blvd
Portland, OR 97202
PHONE: (503) 232-0191
Services Provided: Family, Individual, and Physical and
Sexual Abuse Counseling.

Mark Weinrott,
1130 SW Morrison Street
Portland, OR 97205
PHONE: (503) 227-6335
Services Provided: Family and
Individual Counseling.

Linda Nishe-Strattner, PhD
9450 SW Barnes Rd Ste 280
Portland, OR 97225
PHONE: (503) 297-2681
Services Provided: Family, Individual,
Child Behavior Programs.

MULTNOMAH COUNTY--Continued

Bruce Strade, Director
Luthern Family Service
605 SE 39th Avenue
Portland, OR 97214
PHONE: (503) 231-7480
Services Provided: Family, Individual, and Physical and
Sexual Abuse Counseling.

School Counselors

Sarah Hertlsin, Child Dev. Spec.
Portland School Dist
7528 N. Fenwick
Portland, OR 97217
PHONE: (503) 280-6273

Ann Clarke, Child Dev. Spec.
Portland Public Schools
320 SE 16th Avenue
Portland, OR 97214
PHONE: (503) 280-6230

Claude Offenbacher, Superintendent
Riverdale School Dist.
11733 SW Breyman Avenue
Portland, OR 97219
PHONE: (503) 636-4511

City of Troutdale

Mental Health

Debra Peterson, Intake coordinator
Edgefield Children Center
2408 SW Halsey Street
Troutdale, OR 97060
PHONE: (503) 665-0157
Services Provided: Family, Individual, Physical and
Sexual Abuse Counseling, and
Family and Child Behavior Management.

MULTNOMAH COUNTY--Continued

School Counselors

**Dennis Bryson, Counselor
Reynolds School Dist #7
Columbia High School
Troutdale, OR 97060
PHONE: (503) 667-1037**

POLK COUNTY

COUNTY AGENCIES

CSD - Polk Branch
PO Box 198
Dalles, OR 97338
PHONE: (503) 623-8118

CITIES

City of Dallas

Fire Service

William Hahn, Fire Inspector
Dallas Fire Department
187 SE Court
Dallas, OR 97338
PHONE: (503) 623-2338

City of Monmouth

Law Enforcement

Rich Brungardt, Chief
Monmouth Police Department
151 West Main Street
Monmouth, OR 97361
PHONE: (503) 838-1109

TILLAMOOK COUNTY

COUNTY AGENCIES

CSD - Tillamook Branch
3600 E. 3rd Street
Tillamook, OR 97141
PHONE: (503) 842-5571

UMATILLA COUNTY

COUNTY AGENCIES

Dan Krein, Counselor
Umatilla County Juvenile Dept.
817 SE 13th
Pendleton, OR 97801
PHONE: (503) 276-8066

CSD - Pendleton Branch
700 SE Emigrant St Ste200
Pendleton, OR 97801
PHONE: (503) 276-9220

David Cooley, Program Manager
Umatilla County Mental Health
721 SE 3rd, Ste B
Pendleton, OR 97801
PHONE: (503) 276-3784
Services Provided: Family, Individual, Drug and Alcohol
Abuse, and Physical and Sexual Abuse
Counseling.

CSD - Hermiston Branch
1050 North 1st, Ste 115
Hermiston, OR 97838
PHONE: (503) 567-7611

Donald E. Iliff, Detective
Oregon State Police
700 SE Emigrant #5
Pendleton, OR 97801
PHONE: (503) 276-2121

UMATILLA COUNTY--Continued

FIRE DISTRICTS

James Roxbury, Chief
Umatilla RFPD
PO Box 408
Umatilla, OR 97882
PHONE: (503) 922-3718

CITIES

City of Milton-Freewater

Law Enforcement

Susan Mason, Youth Services Off.
Milton-Freewater Police Department
PO Box 6
Milton-Freewater, OR
PHONE: (503) 938-3178

City of Pendleton

Fire Service

Ronald Campbell, Asst. Chief
Pendleton Fire Department
911 SW Court
Pendleton, OR 97801
PHONE: (503) 276-1442

Law Enforcement

Janice Nuess, Youth Services Off.
Pendleton Police Department
PO Box 190
Pendleton, OR 97801
PHONE: (503) 276-7418

UMATILLA COUNTY--Continued

City of Umatilla

Law Enforcement

Bernice A. Roxbury,
Umatilla Police Department
PO Box 130
Umatilla, OR 97882
PHONE: (503) 922-3789

UNION COUNTY

COUNTY AGENCIES

CSD - Union Branch
PO Box 1084
LaGrande, OR 97850
PHONE: (503) 963-8571

WALLOWA COUNTY

COUNTY AGENCIES

CSD - Wallowa Branch
PO Box A
Enterprise, OR 97828
PHONE: (503) 426-4558

WASCO COUNTY

CITIES

City of The Dalles

Fire Service

Gerol Underhill, Fire Marshal
The Dalles Fire Department
313 Court Street
The Dalles, OR 97058
PHONE: (503) 298-4178

Law Enforcement

James B. Waterbury, Commander
The Dalles Police Department
PO Box 60
The Dalles, OR 97058
PHONE: (503) 296-2233

Mental Health

Ronald Tiffany, Director
Mid Columbia Center for Living
400 E. 5th Annex A
The Dalles, OR 97058
PHONE: (503) 296-5452
Services Provided: Family, Individual, Drug and Alcohol
Abuse, and Physical and Sexual Abuse
Counseling.

WASCO/SHERMAN COUNTY

COUNTY AGENCIES

CSD - Wasco/Sherman Branch
700 Union St, Room 230
The Dalles, OR 97058
PHONE: (503) 298-5136

WASHINGTON COUNTY

COUNTY AGENCIES

**Steve Darling, Supervisor
Children's Services Division
1665 SE Enterprise Circle
Hillsboro, OR 97123
PHONE: (503) 648-8951
Services Provided: Family, Individual, and Physical and
Sexual Abuse Counseling.**

**CSD - Washington Branch
5920 NE Ray Circle Ste200
Hillsboro, OR 97124
PHONE: (503) 648-8951**

FIRE DISTRICTS

**Jim Washburn, Public Ed. Officer
Washington Co. Fire Dist. #1
20665 SW Blanton Street
Aloha, OR 97007
PHONE: (503) 649-8577**

**Gary Toll,
Tualatin RFPD
PO Box 127
Tualatin, OR 97062
PHONE: (503) 682-2601**

CITIES

City of Beaverton

Fire Service

Dean Freitag, Fire Prev. Off.
Beaverton Fire Department
PO Box 4755
Beaverton, OR 97076
PHONE: (503) 526-2463

School Counselors

Brad Loseke, Principal
Pilgram Lutheran School
5650 SW Hall Blvd
Beaverton, OR 97005
PHONE: (503) 644-8697

City of Forest Grove

Fire Service

Carl Miller, Fire Marshal
Forest Grove Fire Department
1919 Ash Street
Forest Grove, OR 97116
PHONE: (503) 357-4111

City of Hillsboro

Fire Service

David Pargas, Fire Inspector
Hillsboro Fire Department
148 SE Washington
Hillsboro, OR 97123
PHONE: (503) 681-6141

WASHINGTON COUNTY--Continued

School Counselors

Gary MacKendrick, Child Dev. Spec.
Hillsboro Elementary
215 SE 6th Avenue
Hillsboro, OR 97123
PHONE: (503) 648-1126

City of Portland

Mental Health

Deborah Winer, Director
Tualatin Valley Center
14600 NW Cornell Road
Portland, OR 97229
PHONE: (503) 645-3581
Services Provided: Family, Individual, Drug and Alcohol
Abuse, Physical and Sexual Abuse
Counseling.

Other

Marcia Erickson, Director
CPC Cedar Hills Hospital
10300 SW Eastridge Street
Portland, OR 97225
PHONE: (503) 297-2252

WHEELER COUNTY

COUNTY AGENCIES

**Jeff Manley, Director
Wheeler County Mental Health
PO Box 261
Boardman, OR 97818
PHONE: (503) 676-9161
Services Provided: Family, Individual,
Drug and Alcohol Abuse, and Physical
and Sexual Abuse Counseling, and
Residential Relocation.**

YAMHILL COUNTY

COUNTY AGENCIES

Laurie Birchill, RCSW
Rainbow Family Services
703 Gilsen
McMinnville, OR 97128
PHONE: (503) 472-9371
Services Provided: Family, and Individual Counseling.

CSD - Yamhill Branch
PO Box 478
McMinnville, OR 97128
PHONE: (503) 472-4634

CITIES

City of McMinnville

Fire Service

Cliff Probasco, Fire Marshal
City of McMinnville
230 E. 2nd Street
McMinnville, OR 97128
PHONE: (503) 472-9371

Law Enforcement

Norman M. Hand, Lieutenant
McMinnville Police Department
230 E. 2nd Street
McMinnville, OR 97128
PHONE: (503) 472-9371

City of Newberg

Fire Service

Phillip Picard, Fire Marshal
Newberg Fire Department
414 E. 2nd
Newberg, OR 97132
PHONE: (503) 538-7441

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Q U E S T I O N N A I R E
JUVENILE FIRESETTER ASSISTANCE DIRECTORY

NAME: _____

AGENCY/ORGANIZATION: _____

ADDRESS: _____

CITY: _____ COUNTY: _____

PHONE: () _____ ZIP: _____

1. This entry is: (circle one)

- a. new b. an update

2. Approximately how many cases of juvenile firesetting do you (or your department) handle per year? _____

3. My field of expertise is in:

- | | |
|---------------------|-----------------------------|
| a. fire service | d. mental health counseling |
| b. law enforcement | e. school counseling |
| c. juvenile justice | f. burn care |
| | g. other: _____ |

4. If in the mental health profession, what types of counseling do you provide to juvenile firesetters?

- a. individual counseling
- b. family counseling
- c. physical or sexual abuse counseling
- d. other: _____

5. Who is your organization's juvenile firesetter specialist?

Name: _____ Phone: () _____

6. What are your suggestions for reducing juvenile firesetting in Oregon?

SIGNATURE: _____ Date: _____

** Please fold, staple, stamp and return **

stamp

JUVENILE FIRESETTER PROGRAM
Portland Fire Bureau
55 SW Ash
Portland, OR 97204

SPECIAL THANKS TO THE FOLLOWING
CONTRIBUTORS TO THE
JUVENILE FIRESETTER RESOURCE DIRECTORY

NORTH PACIFIC INSURANCE COMPANY

OREGON COUNCIL AGAINST ARSON

WESTERN INFORMATION SERVICES

PORTLAND FIRE BUREAU

Program Management

Juvenile Firesetter Prevention Task Force By-Laws

When a community decides that their juvenile firesetter problem is significant enough to warrant some type of juvenile firesetter program, it needs to develop a plan to implement a program. Regardless of how the fire service or other agency chooses to tackle the juvenile firesetter problem, they will need the assistance of the key community agencies that work with juveniles (e.g., police, probation, justice, schools, mental health, and social services). One way to establish these interagency links is to create a coordinating council or task force which would include representatives from each of the key agencies. Such coordinating councils or task forces have been established in Portland, Oregon; Upper Arlington, Ohio; and other programs around the country. The Program Management component in Volume I discusses strategies for developing such a task force. Once the task force is created, their first responsibility will be to establish a constitution and by-laws to help guide their work. An example of such a constitution used in Franklin County, Ohio is presented in the following pages.

JUVENILE FIRESETTER PREVENTION TASK FORCE
CONSTITUTION AND BY-LAWS

April, 1985

JUVENILE FIRESETTER PREVENTION TASK FORCE

CONSTITUTION AND BY-LAWS

ARTICLE I NAME AND LOCATION OF CORPORATION

The name of this corporation shall be The Juvenile Firesetter Prevention Task Force. It's principal office shall be located in Franklin County, Ohio.

ARTICLE II PURPOSE

The purpose of the organization is:

1. To develop and promote community service programs that identify and treat the needs of children who set fires, and reduce the loss of life, injuries, and property destruction resulting from fires set by young people.
2. To facilitate the necessary multi-jurisdictional and multi-agency cooperation of all participating organizations to plan, implement, and maintain effective juvenile firesetter intervention programs.
3. To provide technical information and education to support new and existing juvenile firesetter intervention programs throughout Franklin County.
4. To engage in a diversity of activities and to enter into, perform, and carry out contracts of any kind necessary or convenient to, or incidental to, the purposes of the corporation.
5. The foregoing shall be construed both as objects and powers and the enumeration thereof shall not be held to limit or restrict in any manner the general powers conferred on nonprofit corporations by the laws of the State of Ohio. The purposes and activities of The Task Force must be consistent with and limited to those purposes and activities described in Section 501 (c) (3) of the United States Internal Revenue Code.

ARTICLE III STRUCTURE

The Juvenile Firesetter Prevention Task Force shall consist of a general membership and an Executive Board.

ARTICLE IV GENERAL MEMBERSHIP

Section 1. Membership

Members of this corporation shall be individuals who a) represent public or private organizations or agencies that have either an interest in fires,

Screening, Evaluating and Developing the Intervention Plan

Fire Service Procedures

USFA Interview Schedules

The USFA interview schedules are designed to provide the juvenile firesetter program with systematic methods for evaluating juvenile firesetters and their families. The interview schedules consist of a series of questions which are asked of firesetting youth and their families in personal interviews. The application of these interview schedules yields information regarding the severity of the firesetting problem and preliminary data on the psychosocial environment of juvenile firesetters and their families. The USFA interview schedules have been widely used by a number of fire departments throughout the country and represent standard practice for many fire departments and juvenile firesetter programs. With minimal training, these procedures can be used by fire service personnel to screen, evaluate and refer juvenile firesetters and their families to appropriate service agencies in the community. There are three manuals which describe in detail the application of these interview schedules. Summary information regarding the application of these interview schedules and how to obtain the USFA manuals can be found in Volume I.

Telephone Contact Sheet

The Telephone Contact Sheet, developed by the National Firehawk Foundation, can be used as a preliminary screening tool when parents or community agencies request assistance for a firesetting youth. Any juvenile firesetter program can use this type of form to collect basic information about the youth and the family. In addition, this form can be used to record a brief summary of the firesetting problem and a description of the steps to be taken to provide assistance to the youth and the family. These steps may include referral to the juvenile firesetter program for formal evaluation or other similar procedures.

The Telephone Contact Sheet enables the juvenile firesetter program to maintain an accurate record of all juveniles who may be involved in firesetting, including those whose firesetting has not resulted in fire service or law enforcement intervention.

FIREHAWK™ TELEPHONE CONTACT SHEET

Name of Parents: _____

Name of Child: _____

Date of Birth: _____

Address: _____

Phone (work/home): _____

School: _____

Grade: _____

Marital Status of Parents: _____

History of Firesetting Behavior: _____

Recommendation: _____

Interview Date: _____

Signature: _____

Referral Source: _____

Date: _____

***ALL INFORMATION IS CONFIDENTIAL AND PRIVATE.**

Juvenile with Fire Worksheet A and B

The Juvenile with Fire Worksheet A can be use by engine company personnel or fire investigators to collect preliminary information when they identify juveniles involved in firesetting. This information, which is often collected at the fire scene, is then forwarded to the juvenile firesetter program. Juvenile firesetter program staff can record the incoming information on the Juvenile with Fire Data Sheet. The use of these two worksheets can facilitate communication between the different divisions in the fire service. In many cases engine company personnel or fire investigators are the first professionals to make contact with the juvenile firesetter. The Juvenile with Fire Worksheets can help the fire service develop formal links between these divisions and the juvenile firesetter program. In addition, the worksheets can reduce the possibility of juvenile firesetters "falling through the cracks" in the system and failing to receive necessary services.

[illegible]

PFB 311

ATTACHMENT 7.A

JUVENILE WITH FIRE
WORKSHEET

RUN NO. _____ DATE _____

ADDRESS _____ PHONE _____

JUVENILE NO. 1:

NAME _____ DOB _____
(Last, First, Middle I.)

ADDRESS _____ PHONE _____

GUARDIAN'S NAME & RELATIONSHIP _____

GUARDIAN'S WORK PHONE _____

JUVENILE NO. 2:

NAME _____ DOB _____
(Last, First, Middle I.)

ADDRESS _____ PHONE _____

GUARDIAN'S NAME & RELATIONSHIP _____

GUARDIAN'S WORK PHONE _____

JUVENILE NO. 3:

NAME _____ DOB _____
(Last, First, Middle I.)

ADDRESS _____ PHONE _____

GUARDIAN'S NAME & RELATIONSHIP _____

GUARDIAN'S WORK PHONE _____

*Engine companies and investigators
use this to expedite info. to the
juvenile firesetter specialist. (over)*

Child Firesetter Handbook
Age: Under 7

APPENDIX

FAMILY INTERVIEW AND EVALUATION FORM

(Questions to be asked of parents)
 (For Children Under Seven Years of Age)

INTERVIEWER _____ DATE _____

JUVENILE'S NAME _____ SEX _____

DOB _____ ETHNICITY/RACE _____

ADDRESS _____ PHONE _____

SCHOOL ATTENDED _____ GRADE _____

ADDRESS _____

MOTHER'S NAME _____

FATHER'S NAME _____

MARITAL STATUS: _____ Married _____ Single _____ Divorced _____ Widowed/Sep

NUMBER OF CHILDREN IN FAMILY _____ BIRTH ORDER OF JUVENILE _____

1. Is child on medication? _____ yes _____ no What type? _____

2. Has child been considered to be hyperkinetic or have a neurological dysfunction?
 _____ (yes = C-2)

3. Is this your own child? _____ yes _____ foster _____ adopted

4. Has there been a recent change in family structure? _____ divorce (P-2) _____ new baby (P-2)

_____ death of relative (P-2) _____ other

Child Firesetter Handbook
Age: Under 7

5. Has the child been under severe stress in the past six months? (i.e., moved to another neighborhood or school or losing friends?) Explain: _____

6. Does the child have a physical ailment? (Explain) _____

7. Is the child physically immature for age? _____ yes (C-2) _____ no

8. How do you normally discipline the child? _____ spank _____ isolate

_____ withdrawal of privileges _____ yell _____ other

9. How often is the discipline given? _____

10. Was this his/her first fire? _____

How many others? _____

11. What was set on fire? _____ paper, trash, leaves (C-1 or C-2) _____ child's own property (C-2)

_____ child's room (C-2) _____ self, animals people (C-3) _____ other person's property (C-2)

_____ other Explain: _____

12. Materials used to start fire _____ matches _____ lighter _____ other

Explain: _____

13. How did child get material to start fire? _____ found it _____ went out of his way to acquire it (C-2)

_____ other Explain _____

14. Is the child's curiosity about fire _____ mild (C-1) _____ moderate (C-2) _____ extreme (C-3)

15. Was child pressured or coerced into firesetting behavior by his peers? _____ yes (C-2) _____ no

16. Was the fire in question an accident? _____ yes (C-1) _____ no (C-2)

17. Was the child attempting to do harm or destroy property by setting the fire? _____ yes (C-2) _____ no (C-1)

18. Was the fire set because the child was incapable of understanding what he was doing?

_____ yes (C-2 or C-3) _____ no (C-1)

19. Was the child properly supervised during the firesetting incident? _____ yes _____ no (P-2)

20. Does the child know the proper use of matches and/or fire? _____ yes _____ no (P-2)

Child Firesetter Handbook
Age: Under 7

21. Did the child panic when the fire got out of control? yes (C-1) no (C-2)
22. Did the child attempt to get help? yes (C-1) no (C-2)
23. Was anyone with the child when the fire was set? yes no

If yes who

address:

Additional Observations Regarding Child's Home and Parents:

(Don't ask Parents *All* the following questions. Most questions are based on information or observations)

24. Was outside of residence sloppy? ____ yes (P-2) ____ no
25. Was inside of residence sloppy? ____ yes (P-2) ____ no
26. Does parent(s) appear indifferent toward child ____ Mother (P-2) ____ Father (P-2)
27. Does parent(s) appear hostile towards child? ____ Mother (P-2) ____ Father (P-2)
28. Does child appear neglected? ____ yes (P-2) ____ no
29. Does child appear abused? ____ yes (P-3) ____ no
30. Is there an indication that fire was precipitated by family difficulties or family arguments?
____ yes (P-2 or P-3) ____ no
31. Is there an indication that the fire was started after the child became angry at another person or himself?
____ yes (C-2) ____ no
32. Is there an indication that the fire was set primarily to destroy something or someone?
____ yes (C-3 or C-2) ____ no
33. Is there an indication that the fire was set primarily because the child was told that he could not play with fire?
____ yes (C-1 or C-2) ____ no
34. Is there an indication that the child perceives magical qualities to fire? ____ yes (C-1 or C-2) ____ no
35. Does the child deny interest in fire if information to the contrary is available? ____ yes (C-2) ____ no
36. Does the fire appear to be a "cry for help" from the child? ____ yes (C-2) ____ no
37. Does it appear as positive or funny to the child? ____ yes (C-3) ____ no
39. Does the fire appear to bolster the child's feelings of power or self-confidence? ____ yes (C-2) ____ no
40. Does ____ mother (P-2) ____ father (P-2) appear indifferent or unconcerned to the present situation?

Child Firesetter Handbook
Age: Under 7

41. Does ____ mother(P-2) ____ father (p-2) appear of subnormal intelligence?
42. Does ____ mother (P-3) ____ father(P-3) appear in poor contact with reality?
43. Does ____ mother (P-2) ____ father(P-2) appear inappropriately angry or moody?

PARENT QUESTIONNAIRE

Parent (s): Please fill out this form *as soon as possible*. Make a check mark under the answer - never, sometimes, or frequently - that best describes your child for every question. Ask any questions you have. We want to know if the child exhibits the following behavior. When marking the form consider all parts of the child's life (at home, at school, etc.) where these behaviors might be present.

Behavior	Never	Sometimes	Frequently
Hyperactivity	C1	C1	C2
Lack of concentration	C1	C1	C2
Learning problems (home or school)	C1	C2	C2
Behavior problems in school	C1	C2	C2
Impulsive (acts before he thinks)	C1	C1	C2
Impatient	C1	C1	C2
Accidents	C1	C1	C2
Convulsions or spells	C1	C2	C2
Wets during day	C1	C2	C2
Extreme mood swings	C1	C1	C2-3
Need for security	C2	C1	C2
Need for affection	C2	C1	C2
Depression	C1	C2	C2-3
Unusual movements-tics	C1	C2	C2
Stuttering	C1	C2	C2
Bed wetting (after 3ys)	C1	C2	C2
Soiling (after 3 yrs)	C1	C2	C2
Lying	C1	C1	C2
Excessive & uncontrolled anger	C1	C2	C2
Violence	C1	C2	C2
Stealing	C1	C2	C2
Truancy	C1	C2	C2
Cruelty to animals	C1	C2	C2-3
Cruelty to children	C1	C2	C2-3
Fighting with peers	C1	C1	C2
Fighting with siblings	C1	C1	C2
Destroys toys of others	C1	C2	C2
Destroys own toys	C1	C1	C2
Runs away from home-school	C1	C2	C2
Disobeys	C1	C1	C2
Long history of severe behavioral difficulties	C1	C2	C2
Child is a poor loser	C1	C2	C2
Child expresses anger by hurting other's things	C1	C2	C2-3
Child expresses anger by hurting self or something he likes	C1	C2-3	C3
Child has been in trouble with the police	C1	C2	C2
Easily led by peers	C1	C1	C2
Jealousy	C1	C1	C2
Temper tantrums	C1	C1	C2
Doesn't play with other children	C1	C1	C2
Shows off	C1	C1	C2

Behavior		Never	Sometimes	Frequently
Severe depressions or withdrawal	C1	C2		C3
Child is good in sports	C2 C1	C1		
Shyness	C1 C2			
Extreme goodness	C1 C1	C2		
Sexual activity with others	C1 C2	C2		
Stomach aches		C1	C2	C2
Nightmares		C1	C2	C2
Other sleep or waking problems		C1	C2	C2
Anxiety		C1	C1	C2
Fantasizing		C1	C1	C2
Poor or no eye contact		C1	C2	C3
Child has twitches		C1	C2	C2
Crying		C2	C1	C2
Nail hitting		C1	C1	C2
Vomiting		C1	C1	C2
Thumb sucking		C1	C1	C2
Aches & pains		C1	C1	C2
Chewing odd things		C1	C1	C2
Constipation		C1	C1	C2
Diarrhea		C1	C1	C2
Masturbation		C1	C1	C2
Curiosity about fire		C1	C1	C2-3
Plays with fire		C1	C1	C2-3
Panicked when fire got out of control		C2	C2	C1
Fires set some distance from child's home		C2	C2	C1
Child proud or boastful regarding his fire setting		C1	C2	C2
Stares at fires for long periods of time		C1	C2	C3
Daydreams or talks about fire		C1	C2	C2-3
Unusual look on child's face as he frequently stares at fires		C1	C2-3	C3
Family discord		P1	P2	P2
Family or mother absent		P1	P2	P2
Family has moved with child		P1	P2	P2
Child has seen a therapist		C1	C2	C2
Other family member has seen a therapist		P1	P2	P2
Parent has serious health problem		P1	P2	P2
Marriage is unhappy		P1	P2	P2
Mother's discipline is effective		P2	P1	P1
Father's discipline is effective		P2	P1	P1
Unusual fantasies		C1	C2	C3
Strange thought patterns		C1	C2	C3
Speech bizarre, illogical or irrational		C1	C3	C3
Out of touch with reality		C1	C3	C3
Strange quality about the child		C1	C2	C3
Self-imposed diets		C1	C1	C2
Sleep walking		C1	C2	C2
Phobias		C1	C2	C2
Fears		C1	C1	C2
Child plays alone		C1	C1	C2

CHILD INTERVIEW FORM
FOR CHILDREN UNDER SEVEN YEARS OF AGE

1. What is your name? _____

age _____ grade _____

2. What do you think of your school? _____

What do you think of your teachers? _____

3. What do you do for fun, do you have hobbies? _____

4. Do you have a favorite TV program? _____ What is it? _____

Your favorite person on the show? _____

Why? _____

5. What does he/she do that makes the show good? _____

6. What food do you like to eat best? _____

(When rapport is established, determine level of understanding.

a. using info gained from rapport session above

c. using toys

b. using puppets

d. using games

If you are satisfied that the child has adequate understanding, proceed with the interview.)

7. Who is your friend? _____

What is he/she like? _____

8. What is your favorite thing to do when you play with your friend? _____

9. Does your friend set fires? _____

10. How many fires have you set? _____ Tell me the different things you have set on fire?

_____ one (C-1) _____ more than one (C-2) _____ paper (C-1) _____ child's own property (C-1/C-2)

_____ other person's property (C-2) _____ trash (C-2) _____ leaves (C-1) _____ self, animals, people (C-3)

_____ other (Explain)

11. How did you start the fire? _____

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12. Where did you find the _____ to start the fire? _____

_____ if gathered (C-2) _____ found it

_____ went out of way to acquire it (Explain C-2) _____ from another child

13. Who was with you when you started the fire? _____

14. What do you think made you want to start the fire? _____

_____ don't know _____ another child told _____ to see it burn (C-2)

_____ to hurt someone (C-2 or C-3) _____ to destroy (C-2)

15. Was the fire set after any of the following? _____ family fight (C-2)

_____ being angry at brother or sister (C-2) _____ being angry at a friend (C-2)

16. Did the fire or fires you have started make you happy or make you laugh? _____ yes (C-3)

17. Do you dream about fires at night? _____ yes (C-2)

18. Do you think about fires in the day? _____ yes (C-2 or C-3)

19. Can fire do magical things? _____ yes (C-2 or C-3)

To determine the child's mood, need for affection and security, and coherency of thought pattern, ask the following questions with regard to family stability and peer interaction:

20. Do you see your mother a lot, or is she gone a lot? _____ Gone (P-2)

21. Do you see your father a lot, or is he gone a lot? _____ Gone (P-2)

22. Tell me about your parents, what are they like? _____

_____ (-)* = P-2

23. Tell me about your brothers or sisters, what are they like _____

_____ (-)* = P-2

24. What do you do together with your family? _____

_____ (-)* = P-2

25. Do you fight a lot with your brothers or sisters? _____ (yes = P-2)

26. Do you fight a lot with your mother? _____ (yes = P-2)

27. Do you fight a lot with your father? _____ (yes = P-2)

28. Do your parents fight a lot with each other? _____ (yes = P-2)

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29. How do your parents punish you when you do something wrong? _____

What do they usually punish you for? _____

Do you feel they punish you more than they should? _____ (yes = P-2)

Do you feel they punish you more than they should? _____ (yes = P-2)

30. Has anything bad happened at your house lately? _____ (C1-3, P1-3)

Rate Child as Follows:

31. Are child's behavior and mannerisms:

_____ normal (C-1) _____ troubled (C-2) _____ very troubled (C-3)

32. Is the child's mood: _____ normal (C-1) _____ troubled (C-2) _____ very troubled (C-3)

33. Is the child's way of thinking: _____ normal (C-1) _____ troubled (C-2) _____ very troubled (C-3)

* Indicates negative response

INTRODUCTION TO CATEGORIZING

Before deciding how to help a juvenile firesetter, the interviewer must determine the degree of concern to have for the child's general mental health, as well as for the firesetting behavior. Research has shown that the more severe the child's problems, the more difficult it will be to correct the firesetting behavior.

To find out how concerned to be about a juvenile's future firesetting potential (once he has been brought in) we will use the three column Category Profile Sheet (Figure 1).

Figure 1
CATEGORY PROFILE SHEET

1 Little Concern (Educational Intervention)	2 Definite Concern (Psychological and Educational Intervention)	3 Extreme Concern (Psychological Intervention)
TOTAL C _____	_____	_____
TOTAL P _____	_____	_____
TOTAL C + P _____	_____	_____

The parent's answers (represented on the Profile Sheet as P's) and the answers related to the child (represented by C's) are placed in Column 1, 2 or 3 of the Category Profile Sheet.

These answers are found on the child or parent interview forms. By the end of the interview, the interviewer should be able to place P's and C's in all appropriate columns. By adding the columns as in the examples to come, the severity of the problem and the best intervention strategy can be determined.

The answers to interview questions will be categorized in three ways:

1. those of little concern
2. those of definite concern
3. those of extreme concern

These coded answers will be placed in one of the three columns in Figure 1. Each P answer and C answer to a specific question will be placed in Column 1, 2 or 3.

The following figures show the outcome of interviews with different children and their families.

Figure 2
LITTLE CONCERN—DON'T REFER

1 Little Concern (Educational Intervention)		2 Definite Concern (Psychological and Educational Intervention)		3 Extreme Concern (Psychological Intervention)	
P P C C C					
P C C					
P P C C C					
P					
TOTAL C		8		0	
TOTAL P		6		0	
TOTAL C + P		14		0	

Figure 2 is the profile of a relatively normal child. All P (parent) answers fit neatly in Column 1. All C (child) answers also fit into Column 1. This tells us that we are dealing with a relatively normal child and family.

Examples of how to use Profile Sheets

The following are examples of questions on the interview forms and how they would appear on the profile sheet.

1. Has your child set more than one fire?

___ Yes (C2) ___ No

If the answer is Yes, place a "C" in column 2. If "No," you need not mark, or you may place "C" in column 1.

2. Does your child have behavior problems at school?

___ Yes (C2) ___ No

If the answer is "Yes," place a "C" in column 2.

3. Do you have great difficulty in getting along with your spouse?

___ Yes (P2) ___ No

If the answer is "Yes," place a "P" in column 2.

4. Does your child lose contact with reality when he watches a fire?

___ Yes (C3) ___ No

If the answer is "Yes," place a "C" in column 3.

CATEGORY PROFILE

1— Little Concern

2— Definite Concern

3— Extreme Concern

C (from Q1)

C (from Q4)

C (from Q2)

P (from Q3)

Total C 0

2

1

Total P 0

1

0

Total C & P 0

3

1

The child should be referred for professional mental health help because of the number of C's and/or P's in squares 2 and/or 3.

FAMILY INTERVIEW AND EVALUATION FORM

(Questions to be asked of parents for children 7 to 13 years of age)

Interviewer _____ Date _____

Juvenile's name _____

Sex _____ DOB _____ Ethnicity/Race _____

Address _____ Phone _____

School attended _____ Grade _____

School address _____

Mother's name _____

Father's name _____

Marital status: _____ Married _____ Single _____ Divorced _____ Widow/Separated _____

Number of children in family _____ Birth order of this juvenile _____

GENERAL INFORMATION

1. Is child on medication? _____ Yes _____ No
If yes, what type? _____
2. Has child been considered to be hyperkinetic or have neurological dysfunction? _____ Yes (C-2) _____ No
3. Is this your own child? _____ Yes _____ Foster _____ Adopted
4. Has the child been under severe stress in the past six months?
(i.e., moved to another neighborhood or school, or losing friends)
Explain _____

5. Does the child have a physical ailment?
Explain _____

6. Is the child physically immature for age? _____ Yes (C-2) _____ No

Questions Dealing with Home and Family

1. Has there been a recent change in family structure?
____ Divorce (P2) ____ New baby (P2) ____ Death of relative (P2) ____ Other
2. How do you normally discipline the child?
____ Spank ____ Isolate ____ Withdrawal of privileges ____ Yell ____ Other
(Explain) _____

3. How often is discipline applied? _____
4. Does the mother overprotect the child? ____ Yes (P2) ____ No
5. Is the father frequently absent? ____ Yes (P2) ____ No
6. Does it appear that it has been necessary for father or mother to be away from the child frequently?
____ Yes (P2) ____ No

(Don't ask Parents the following questions. These answers are based on your observations):

1. Was outside of residence sloppy? ____ Yes (P2) ____ No
2. Was inside of residence sloppy? ____ Yes (P2) ____ No
3. Does parent(s) appear indifferent towards child? ____ Mother (P2) ____ Father (P2)
4. Does parent(s) appear hostile towards child? ____ Mother (P2) ____ Father (P2)
5. Does child appear neglected? ____ Yes (P2) ____ No
6. Does child appear abused? ____ Yes (P2) ____ No
7. Does ____ mother (P2) or ____ father (P2) appear to have subnormal intelligence?
8. Does ____ mother (P2) or ____ father (P2) appear out of contact with reality?
9. Does ____ mother (P2) or ____ father (P2) appear to be inappropriately angry or moody?

Questions Related to the Child's Peers and Schools

(Please feel free to elaborate on these questions if you feel there are significant difficulties in these areas.)

1. Has the child had significant difficulties in getting along with peers in school or in your neighborhood?
____ Yes (C2) ____ No (C1)
2. Has the child had significant difficulties in learning behavior at school?
____ Yes (C2) ____ No (C1)

Questions Related to the Child's Firesetting Behavior

1. Was this his first fire?
_____ Yes (C1) _____ No (C2)

If "No," how many others set? _____

2. What was set on fire? _____ Paper, trash, leaves (C1 or C2)
_____ Child's own property (C2) _____ School (C2) _____ Other

Explain _____

3. Materials used to start fire _____ Matches _____ Lighter _____ Flares _____ Other
Explain

4. How did child get material to start fire? _____ Found it _____ Went out of his way to acquire it
_____ Other

Explain _____

5. Is the child's curiosity about fire _____ Mild (C1) _____ Moderate (C2) _____ Extreme (C3)

6. Was the child pressured or coerced into firesetting behavior by his peers?
_____ Yes (C2) _____ No

7. Was the fire in question an accident? _____ Yes (C1) _____ No (C2)

8. Was the child attempting to do harm or destroy property by setting the fire?
_____ Yes (C2) _____ No

9. Was the child part of a group, or with another child when the fire was set?
_____ Yes (C2) _____ No

10. Did the child premeditate the setting of the fire? _____ Yes (C2) _____ No

11. Did the child lie about his involvement in the fire? _____ Yes (C2) _____ No

12. Was the fire set because the child was incapable of understanding what he was doing?
_____ Yes (C2 or C3) _____ No (C1)

13. Does the child know proper use of matches and/or fires?
_____ Yes _____ No (P2)

14. Did the child panic when the fire got out of control? _____ Yes (C1) _____ No (C2)

15. Did the child attempt to get help? _____ Yes (C1) _____ No (C2)

16. Was anyone with the child when the fire was set? _____ Yes _____ No

If yes, who (name and address) (phone) _____

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17. Is there an indication that fire was precipitated by family difficulties or family arguments?
_____ Yes (P2 or P3) _____ No
18. Is there an indication that the fire was started after the child became angry at another person or himself? _____ Yes (C2) _____ No
19. Is there an indication that the fire was set primarily to destroy something or someone? _____ Yes (C3 or C2) _____ No
20. Is there an indication that the fire was set primarily because the child was told that he could not use fire? _____ Yes (C3 or C2) _____ No
21. Is there an indication that the child sees magical qualities in fire? _____ Yes (C2) _____ No
22. Does the child deny interest in fire if information to the contrary is available?
_____ Yes (C2) _____ No
23. Does the fire appear to be a "cry for help" from the child?
_____ Yes (C2) _____ No
24. Does the fire appear as positive or funny to the child? _____ Yes (C2) _____ No

PARENT QUESTIONNAIRE

For Child 7 to 13

PARENT(s): Please fill out this form as soon as possible. Circle the answer "never," "sometimes," or "frequently," that best describes your adolescent for every question. Ask any questions you have. We want to know if the child exhibits the following behaviors. When marking the form consider all parts of the child's life (at home, at school, etc.) where these behaviors might be present.

BEHAVIOR	NEVER	SOMETIMES	FREQUENTLY
Hyperactivity	C1	C1	C2
Lack of concentration	C1	C1	C2
Learning Problems (home or school)	C1	C2	C2
Behavior problems in school	C1	C2	C2
Impulsive (acts before he thinks)	C1	C1	C2
Impatient	C1	C1	C2
Accidents	C1	C1	C2
Convulsions or "spells"	C1	C2	C2
Wets during day	C1	C2	C2
Extreme mood swing	C1	C1	C2-3
Need for security	C2	C1	C2
Need for affection	C2	C1	C2
Depression	C1	C1	C2-3
Unusual movements-tics	C1	C2	C2
Stuttering	C1	C2	C2
Bed wetting (after age 3)	C1	C2	C2
Soiling (after age 3)	C1	C2	C2
Lying	C1	C1	C2
Excessive & uncontrolled anger	C1	C2	C2
Violence	C1	C2	C2
Stealing	C1	C2	C2
Truancy	C1	C2	C2
Cruelty to animals	C1	C2	C2-3
Cruelty to children	C1	C2	C2-3
Fighting with peers	C1	C1	C2
Withdrawing from peers	C1	C1-2	C2
Fighting with siblings	C1	C1	C2
Destroys toys of others	C1	C2	C2
Destroys own toys	C1	C1	C2
Runs away from home/school	C1	C2	C2
Disobeys	C1	C1	C2

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BEHAVIOR	NEVER	SOMETIMES	FREQUENTLY
Long history of severe behavioral difficulties	C1	C1	Q2
Child is a poor loser	C1	C1	Q2
Child expresses anger by hurting others' things	C1	Q2	Q2-3
Child expresses anger by hurting self or something he likes	C1	Q2-3	Q3
Child has been in trouble with police	C1	Q2	Q2
Child uses drugs or alcohol	C1	Q2	Q2
Easily led by peers	C1	Q1	Q2
Jealousy	C1	Q1	Q2
Temper Tantrums	C1	Q1	Q2
Doesn't play with other children	C1	Q1	Q2
Shows off	C1	Q1	Q2
Severe depression or withdrawal	C1	Q1	Q3
Child is good in sports	Q2	Q1	Q1
Shyness	C1	Q1	Q2
Extreme goodness	C1	Q1	Q2
Sexual activity with others	C1	Q2	Q2
Stomach aches	C1	Q2	Q2
Nightmares	C1	Q2	Q2
Deep sleep or waking problems	C1	Q2	Q2
Anxiety	C1	Q1	Q2
Fantasizing	C1	Q1	Q2
Poor or no eye contact	C1	Q2	Q3
Child has twitches (eyes, face, etc.)	C1	Q2	Q2
Crying	C1-2	Q1	Q2
Nail Biting	C1	Q1	Q2
Vomiting	C1	Q1	Q2
Thumb sucking	C1	Q1	Q2
Aches and pains	C1	Q1	Q2
Chewing odd things	C1	C1	Q2
Constipation	C1	C1	Q2
Diarrhea	C1	C1	Q2
Masturbation	C1	C1	Q2
Curiosity about fire	C1	C1	Q2-3
Plays with fire	C1	C1-2	Q2-3
Concerned when fire got out of control	Q2	Q2	C1
Fire(s) set with other person	C1	Q2	Q2
Child proud or boastful regarding his firesetting	C1	Q2	Q2
Stares at fires for long periods of time	C1	Q2	Q3
Daydreams or talks about fires	C1	Q2	Q2-3
Unusual look on child's face as he frequently stares at fires	C1	Q2-3	C3

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BEHAVIOR	NEVER	SOMETIMES	FREQUENTLY
Family discord	P1	P2	P2
Father or mother absent	P1	P2	P2
Family has moved with child	P1	P2	P2
Child has seen a therapist	C1	C2	C2
Other family member has seen a therapist	P1	P2	P2
Parent has serious health problem	P1	P2	P2
Marriage is unhappy	P1	P2	P2
Mother's discipline is effective	P2	P1	P1
Father's discipline is effective	P2	P1	P1
Unusual fantasies	C1	C2	C3
Strange thought patterns	C1	C2	C3
Speech bizarre, illogical, or irrational	C1	C3	C3
Out of touch with reality	C1	C3	C3
Strange quality about child	C1	C2	C3
Self-imposed diets	C1	C1	C2
Sleep walking	C1	C2	C2
Phobias	C1	C2	C2
Fears	C1	C1	C2
Child plays alone	C1	C1	C2

CHILD INTERVIEW FORM

(In order to establish rapport with the child, ask as many of the following questions as necessary)

1. What is your name? _____
Your age? _____ What grade are you in? _____
2. What do you think of your school? _____
What do you think of your teachers? _____
3. What do you do for fun, do you have hobbies? _____
4. Do you have a favorite TV program? _____ What is it? _____
5. Who is your favorite person in that show? _____
Why do you like him/her? _____
6. What do you like to do with your friends? _____

Questions Related to Firesetting Behavior

7. Have your friends ever set fires? _____
8. How many fires have you set? _____

Tell me the different things you have set on fire

One _____ (C-1) More than one _____ (C-2)

Paper (C-1) _____

Child's own property (C-1/C-2) _____

Other person's property (C-1/C-2) _____

Trash (C-2) _____

Leaves (C-1) _____

Self, animals, other people (C-3) _____

Child's room (C-2) _____

Other _____

Explain _____

9. How did you start the fire? _____

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10. Where did you get the material to start the fire? _____

____ Found it ____ Went out of way to acquire it (explain above) C-2) ____ From another child

11. Who was with you when you started the fire? _____

Name _____

12. What do you think made you want to start the fire? _____

- ____ Don't Know
- ____ Another child told (C-2)
- ____ To see it burn (C-2)
- ____ To hurt someone (C-2/C-3)
- ____ To destroy something (C-2) (explain above)

13. Was the fire set after any of the following?

- ____ Family fight (C-2)
- ____ Being angry at brother or sister (C-2)
- ____ Being angry at a friend (C-2)
- ____ After getting "loaded" (C-2)

14. Did the fire or fires you have started make you happy or make you laugh?

____ Yes? (C-3) ____ No

15. Do you dream about fires at night? ____ Yes (C-2 or C-3) ____ No

16. Do you think about fires in the day? ____ Yes (C-2 or C-3) ____ No

17. Can fire do magical things? ____ Yes (C-2 or C-3) ____ No

Questions Related to Home and Family

18. Do you see your mother a lot, or is she gone a lot? _____

Gone ____ (P-2)

19. Do you see your father a lot, or is he gone a lot? _____

Gone ____ (P-2)

20. Tell me about your parents, what are they like? _____

(—)* = P-2

21. Tell me about your brothers or sisters, what are they like? _____
_____(—)*=P-2
22. What do you do together with your family? _____
_____(—)*=P-2
23. Do you fight a lot with your brothers or sisters? _____ Yes = P-2
24. Do you fight a lot with your mother? _____ Yes = P-2
25. Do you fight a lot with your father? _____ Yes = P-2
26. Do your parents fight a lot with each other? _____ Yes = P-2
27. How do your parents punish you when you do something wrong? _____

What do they usually punish you for? _____

Do you feel they punish you more than they should? _____ Yes = P-2

28. Has anything bad happened at your house lately? _____ C-1-3, P-1-3

Questions Regarding School and Peers

(Feel free to elaborate on these areas if you feel that there is significant information to be obtained.)

29. Tell me about any problems you may have with your friends. _____
_____(—)=C-2
30. Tell me about any problems you may have in school. _____
_____(—)=C-2

Rate Child as Follows

31. Are child's behavior and mannerisms:

Normal (C-1) _____ Troubled (C-2) _____ Very troubled (C-3) _____

32. Is the child's mood:

Normal (C-1) _____ Troubled (C-2) _____ Very troubled (C-3) _____

33. Is the child's way of thinking:

Normal (C-1) _____ Troubled (C-2) _____ Very troubled (C-3) _____

Appendix 1

Sample Category Profile Sheets

CATEGORY PROFILE SHEET		
1. Little Concern (Educational Intervention)	2. Definite Concern (Psychological and Educational Intervention)	3. Extreme Concern (Psychological Intervaection)
Total C _____	_____	_____
Total P _____	_____	_____
Total C & P _____	_____	_____

FIGURE 1

The parent's answers (represented on the Profile Sheet as Ps) and the answers related to the child (represented by Cs) are placed in Column 1, 2 or 3 of the Category Profile Sheet.

These answers are found on the child or parent interview form. By the end of the interview, the interviewer should be able to place Ps and Cs in all appropriate columns. By adding the columns as in the examples to come, the severity of the problem and the best intervention strategy can be determined.

The answers to the interview questions will be categorized in three ways: those of little concern, those of definite concern, and those of extreme concern. These coded answers will be placed in one of the three columns above. Each P answer and C answer to a specific question will be placed in Column 1, 2 or 3.

CATEGORY PROFILE SHEET

1. Little Concern (Educational Intervention)	2. Definite Concern (Psychological and Educational Intervention)	3. Extreme Concern (Psychological Intervention)
PPPPP CCCCCCCC		
Total C <u>8</u>	<u>0</u>	<u>0</u>
Total P <u>6</u>	<u>0</u>	<u>0</u>
Total C & P <u>14</u>	<u>0</u>	<u>0</u>

FIGURE 2
Results: Little concern—Don't refer

This is the profile of a relatively normal child. All P answers fit neatly in Column 1. All C answers also fit in Column 1. This tells us that we are dealing with a relatively normal child and family.

FAMILY INTERVIEW SCHEDULE

QUESTIONS TO BE ASKED OF PARENTS ADOLESCENTS 14-18 YEARS OF AGE

INTERVIEWER _____ DATE _____

JUVENILE'S NAME _____ SEX _____ DOB _____

ETHNICITY/RACE _____

ADDRESS _____ PHONE _____

SCHOOL ATTENDED _____ GRADE _____

ADDRESS _____

MOTHER'S NAME _____

FATHER'S NAME _____

MARITAL STATUS _____ Married _____ Single _____ Divorced _____ Widow/Separated

NUMBER OF CHILDREN IN FAMILY _____ BIRTH ORDER OF JUVENILE _____

I. QUESTIONS RELATED TO THE ADOLESCENT'S FIRESETTING HISTORY

1. Was this the first fire? _____
____ Yes (A-1) ____ No (A-2)
If "no," how many others set? _____
2. What was set on fire?
 - _____ Paper, trash, leaves (A-1 or A-2)
 - _____ Adolescent's own property (A-2)
 - _____ School (A-2)
 - _____ Forest (A-3)
 - _____ Occupied Dwelling (A-3)
 - _____ Other property (A-2)
 - _____ Other

Explain _____

3. Materials used to start fire: ☐ Matches ☐ Lighter ☐ Flares ☐ Other

Explain _____

4. How did adolescent get material to start fire? ☐ Found it

☐ Went out of his way to acquire it (A-2) ☐ Other

Explain _____

5. Is the adolescent's curiosity about fire ☐ Mild (A-1) ☐ Moderate (A-2) ☐ Extreme (A-3)

6. Was adolescent pressured or coerced into firesetting behavior by his peers? ☐ Yes (A-2) ☐ No

7. Was the fire in question an accident? ☐ Yes (A-1) ☐ No (A-2)

8. Was the adolescent attempting to do harm or destroy property by setting the fire?

☐ Yes (A-2) ☐ No

9. Was the adolescent part of a group, or with another adolescent when the fire was set?

☐ Yes (A-2) ☐ No

10. Did the adolescent plan the setting of the fire? ☐ Yes (A-2) ☐ No

11. Did the adolescent lie about his involvement in fire? ☐ Yes (A-2) ☐ No

12. Was the fire set because the adolescent was incapable of understanding what he was doing?

☐ Yes (A-2 or A-3) ☐ No (A-1)

13. Does the adolescent know proper use of matches and/or fires? ☐ Yes ☐ No (A-2)

14. Did the adolescent panic when the fire got out of control? ☐ Yes (A-1) ☐ No (A-2)

15. Did the adolescent attempt to get help? ☐ Yes (A-1) ☐ No (A-2)

16. Was anyone with the adolescent when the fire was set? ☐ Yes ☐ No

If yes, who _____
(Name, Address) (Phone)

17. Is there an indication that the fire was precipitated by family difficulties or family arguments?

☐ Yes (P-2 or P-2) ☐ No

18. Is there an indication that the fire was started after the adolescent became angry at another person

or himself? ☐ Yes (A-2) ☐ No

19. Is there an indication that the fire was set primarily to destroy something or someone?

☐ Yes (A-3 or A-2) ☐ No

20. Is there an indication that the fire was set primarily because the adolescent was told that he could not use fire? ☐ Yes (A-2) ☐ No

21. Is there an indication that the adolescent sees magical qualities in fire? ☐ Yes (A-2) ☐ No

22. Does the adolescent deny interest in fire if information to the contrary is available?

☐ Yes (A-2) ☐ No

23. Does the fire appear to be a "cry for help" from the adolescent? ☐ Yes (A-2) ☐ No

24. Does the fire appear as positive or funny to the adolescent? ☐ Yes (A-3) ☐ No

II. QUESTIONS RELATED TO PSYCHOLOGICAL ENVIRONMENT

A. QUESTIONS ABOUT PHYSICAL CHARACTERISTICS

1. Is adolescent on medication? ☐ Yes ☐ No If yes, what type? _____

2. Has adolescent been considered to be hyperkinetic as child or have neurological dysfunction?

☐ Yes (A-2) ☐ No

3. Is this your own child? ☐ Yes ☐ Foster ☐ Adopted

4. Does the adolescent have a physical ailment? (Explain) _____

5. Is the adolescent physically immature for age? ☐ Yes (A-2) ☐ No

B. QUESTIONS DEALING WITH HOME AND FAMILY

1. Has there been a recent change in family structure? ☐ Divorce (P-2) ☐ Recent marriage (P-2)

☐ Death of relative (P-2) ☐ Other

(Explain) _____

2. How do you normally discipline the adolescent? ☐ Whip ☐ Isolate ☐ Withdrawal of privileges

☐ Yell ☐ Ground (i.e., home restriction) ☐ Other

(Explain) _____

3. How often is the discipline applied? _____

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4. Does mother overprotect adolescent? ☐ Yes (P-2) ☐ No
5. Is father frequently absent? ☐ Yes (P-2) ☐ No
6. Does it appear that it has been necessary for father or mother to be away from the adolescent frequently? ☐ Yes (P-2) ☐ No
7. Does adolescent show good moral values? ☐ Yes ☐ No (A-2)
8. Is adolescent attempting to show independence from family in appropriate ways?
☐ Yes ☐ No (A-2)
9. Does adolescent indicate that he/she has career or job plans for the future?
☐ Yes ☐ No (A-2)
10. Does adolescent indicate that he/she wishes to at some point in the future start a family?
☐ Yes ☐ No (A-2)
11. Does adolescent show gender appropriate masculine or feminine characteristics?
☐ Yes ☐ No (A-2)

C. QUESTIONS RELATED TO THE ADOLESCENT'S PEERS AND SCHOOL

(Please feel free to elaborate upon these questions if you feel there are significant difficulties in these areas.)

1. Has the adolescent had significant difficulties in getting along with peers in school or in your neighborhood? ☐ Yes (A-2) ☐ No (A-1)
2. Has the adolescent had significant difficulties in learning or with behavior at school?
☐ Yes (A-2) ☐ No (A-1)
3. Does the adolescent show appropriate affection or sexual behavior towards opposite sex peers?
☐ Yes ☐ No (A-2)
4. Does adolescent spend too much time with group or "gang" which is a bad influence?
☐ Yes (A-2) ☐ No

III. QUESTIONS RELATED TO SPECIAL CIRCUMSTANCES

These questions and observations *do not* have to be asked directly to parents. However, it is important that interviewers are aware that the special circumstances of severe mental disturbances, physical or sexual abuse, and the criminal behavior of arson or other acts of juvenile delinquency which can surface during interviews. The first two special circumstances—severe mental disturbance and physical and sexual abuse—can apply to both adolescent as well as parental behavior. For example, a parent may display signs of severe mental disturbance or admit to physical abuse of their youngsters. Therefore, during the course of interviewing parents, information about these twin special circumstances may not only relate to the behavior of adolescents, but they may relate to the behavior of parents. Regardless of who is exhibiting the problem behaviors, the appropriate steps must be taken to resolve the special circumstances. These steps are outlined in detail in Module 5. The following questions are included so that interviewers have guidelines to identify these special circumstances in both adolescents as well as parental behavior.

A. Severe Mental Disturbance

1. The presence one or more of the following conditions are indicators of of psychosis.
 - a. Disorganized thoughts, such as the inability to complete a sentence when speaking during an interview.
 - b. Altered perceptions, such as the inability to tell whether the weather outside is hot or cold.
 - c. Dramatic mood changes, such as withdrawal, (inability to answer simple questions), or highly excitable (inability to sit still or listen to direction).
2. The presence of one or more of the following conditions are indicative of of depression.
 - a. Tearfulness or spontaneous crying, especially without being provoked or in response to minor or inappropriate events.
 - b. Excessive irritability or anger, including temper outbursts or aggressive actions (hitting, spitting, hair-pulling), which occur frequently or inappropriately.
 - c. Withdrawn, including staying in bed all day or in their room, not participating in family or peer group activities and failure to talk with friends or family.
3. The presence of one or more of the following conditions are indicators of suicide risk.
 - a. Repeated thoughts of death or of hurting or harming themselves.
 - b. Specific plan of hurting or harming themselves including a time, place, weapon and other details.

B. Physical or Sexual Abuse

1. Victims of physical abuse are likely to display one or more of the following characteristics: unexplained bruises, welts, bite marks, burns, fractures, lacerations, abdominal injuries, hair loss and upper body injuries.

2. Perpetrators of physical abuse are likely to display one or more of the following behaviors: temper outbursts and physical attacks against property or person.
3. Victims of sexual abuse are likely to display one or more of the following characteristics: genital trauma, venereal disease, sleep disturbance, bedwetting, abdominal pain, appetite disturbance and dramatic weight loss.
4. Perpetrators of sexual abuse are likely to display one or more of the following behaviors: a sophisticated knowledge of sex, promiscuity and prostitution.

C. Firesetting as Juvenile Delinquency

There are three factors which must be present to classify firesetting as criminal or juvenile delinquent behavior. These three factors and their description are listed here to provide interviewers with guidelines to determine whether the current firesetting behavior they are evaluating might be classified as an arson crime. If these factors are all present in the firesetting incidents then interviewers must take specific steps, such as Mirandizing, to begin the appropriate legal procedures.

1. Youngsters must attain the age of accountability or responsibility. This age varies from state to state, therefore fire departments must be aware of the minimum age for which youngsters can be legally charged with criminal behavior.
2. Motive must be present and must include one or more of the following reasons: firesetting accompanies or covers other crimes; it is the result of malicious mischief; there is no concern for the consequences, or it is the expression of an affect such as anger.
3. Intent must be established and must include all of the following conditions: youngsters must be mentally alert; they must be physically capable, they must act voluntarily; their behavior must be goal-directed, rational and willful.

ADOLESCENT INTERVIEW SCHEDULE

ADOLESCENTS 14-18 YEARS OF AGE

In order to establish rapport with adolescents, ask as many of the following questions as necessary.

1. What is your name? _____

Your age? _____ What grade are you in? _____

2. What do you think of your school? _____

What do you think of your teachers? _____

3. What do you do for fun, do you have hobbies? _____

4. What kind of music do you like? _____ What groups? _____

5. Do you have a favorite TV program? _____ What is it? _____

6. Who is your favorite person in the show? _____

Why do you like him/her? _____

7. What do you like to do with your friends? _____

I. QUESTIONS RELATED TO FIRESETTING HISTORY

1. Have your friends ever set fires? _____

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2. How many fires have you set? _____

Tell me the different things you have set on fire _____

One fire ____ (A-1) More than one fire ____ (A-2)

- ____ Paper (A-1)
- ____ Adolescent's own property (A-1/A-2)
- ____ Other person's property (A-1/A-2)
- ____ Trash (A-2)
- ____ Leaves (A-1)
- ____ Self, animals, other people (A-3)
- ____ Adolescent's room (A-2)
- ____ Forest, grassland (A-3)
- ____ Inhabited dwelling (A-3)
- ____ Other

(Explain) _____

3. How did you start the fire? _____

4. Where did you get the material to start the fire? _____

____ Found it ____ Went out of way to acquire it (explain above) (A-2)

5. Who was with you when you started the fire? _____

Name _____

6. What do you think made you want to start the fire? _____

- ____ Don't Know
- ____ Another adolescent told (A-2)
- ____ To see it burn (A-2)
- ____ To hurt someone (A-2/A-3)
- ____ To destroy something (A-2) (explain above)
- ____ To get attention (A-2)

7. Was the fire set after any of the following?

- ____ Family fight (A-2)
- ____ Being angry at brother or sister (A-2)

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- ☐ Being angry at a friend (A-2)
- ☐ After getting "loaded" (A-2)
- ☐ Being angry with school authority (A-2)
- ☐ Being angry with boss (A-2)

8. Did the fire or fires you have started make you happy or make you laugh?

☐ Yes? (A-3) ☐ No

9. Do you dream about fires at night? ☐ Yes (A-2 or A-3) ☐ No

10. Do you think about fires in the day? ☐ Yes (A-2 or A-3) ☐ No

11. Can fire do magical things? ☐ Yes (A-2 or A-3) ☐ No

B. QUESTIONS REGARDING SCHOOL, PEERS, OR JOB

(Please feel free to elaborate on these areas if you feel that there is significant information to be obtained.)

1. Tell me about any problems you may have with your friends. _____

_____ (-)=A-2

2. Tell me about any problems you may have in school. _____

_____ (-)=A-2

3. Tell me about any problems you may have with a job. _____

_____ (-)=A-2

4. Tell me about plans you have for jobs or a career as you get older. _____

_____ (-)=A-2

5. Tell me a little about how you get along in dating or with girls (boys) who you would like to get closer to.

II. QUESTIONS RELATED TO THE PSYCHOLOGICAL ENVIRONMENT

A. QUESTIONS ABOUT HOME AND FAMILY

1. Do you see your mother a lot, or is she gone a lot? _____
Gone ____ (P-2)
2. Do you see your father a lot, or is he gone a lot? _____
Gone ____ (P-2)
3. Tell me about your parents, what are they like? _____
_____- (*)*=P-2
4. Tell me about your brothers or sisters, what are they like? _____
_____- (*)*=P-2
5. What do you do together with your family? _____
_____- (*)*=P-2
6. Do you fight a lot with your brothers or sisters? _____ Yes=P-2
7. Do you fight a lot with your mother? _____ Yes=P-2
8. Do you fight a lot with your father? _____ Yes=P-2
9. Do your parents fight a lot with each other? _____ Yes=P-2
10. How do your parents punish you when you do something wrong? _____

What do they usually punish you for? _____
Do you feel they punish you more than they should? _____ Yes=P-2
11. Has anything bad happened at your house lately? _____ A2-3, P2-3

III. QUESTIONS OR OBSERVATIONS RELATED TO SPECIAL CIRCUMSTANCES

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2. The presence of one or more of the following conditions are indicative of of depression.
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PARENT QUESTIONNAIRE

ADOLESCENTS 14-18

PARENT(s): Please fill out this form as soon as possible. Circle the answer "never," "sometimes," or "frequently," that best describes your adolescent for every question. Ask any questions you have. We want to know if the adolescent exhibits the following behaviors. When marking the form consider all parts of the adolescent's life (at home, at school, etc.) where these behaviors might be present.

BEHAVIOR	NEVER	SOMETIMES	FREQUENTLY
Lack of concentration	A1	A1	A2
Learning problems (home or school)	A1	A2	A2
Behavior problems in school	A1	A2	A2
Unresponsive to school authorities	A1	A2	A2
Impulsive (acts before he/she thinks)	A1	A1	A2
Impatient	A1	A1	A2
Truancy	A1	A2	A2
Runs away from home or school	A1	A2	A2
<hr/>			
Fighting with siblings	A1	A1	A2
Family discord	P1	P2	P2
Father or mother absent	P1	P2	P2
Family has moved (with adolescent)	P1	P1	P2
He/she has seen a therapist	A1	A2	A2
Other family member has seen a therapist	P1	P2	P2
Parent has serious health problem	P1	P2	P2
Marriage is unhappy	P1	P2	P2
Mother's discipline is effective	P2	P1	P1
Father's discipline is effective	P2	P1	P1
Makes attempts at age appropriate independence from parents	A2	A1	A1
Shows age appropriate interest in having own family in the future	A2	A1	A1
Shows age appropriate interest in future jobs/career	A2	A1	A1

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BEHAVIOR	NEVER	SOMETIMES	FREQUENTLY
Constipation	A1	A1	A2
Diarrhea	A1	A1	A2
Convulsions or "spells"	A1	A2	A2
Stomach aches	A1	A1	A2
Sleep of waking problems	A1	A2	A2
Self-imposed diets	A1	A1	A2
Stuttering	A1	A2	A2
Sleep walking	A1	A2	A2
Accidents	A1	A2	A2
Vomiting	A1	A1	A2
Aches and pains	A1	A1	A2
Excessive weight loss	A1	A2	A2
Losses appetite	A1	A1	A2
Excessive overweight	A1	A1	A2
<hr/>			
Need for security	A1	A1	A2
Need for affection	A2	A1	A2
Knows good moral behavior	A2	A1	A1
Feels good about self	A2	A1	A1
Comfortable with own body	A2	A1	A1
Likes overall looks	A2	A1	A1
<hr/>			
Destroys own property	A1	A2	A2
Disobeys	A1	A1	A2
Long history of severe behavioral difficulties	A1	A2	A2
Expresses anger by damaging the property of others	A1	A2	A2-3
Temper tantrums	A1	A1	A2
<hr/>			
Easily led by peers	A1	A1	A2
Cruelty to children	A1	A2	A2-3
Fighting with peers	A1	A1	A2
Withdrawing from peers	A1	A1	A2
He/she is a poor loser	A1	A1-2	A2
Doesn't socialize with peers	A1	A2	A2
Shows off	A1	A1	A2
He/she is good at sports	A2	A1	A1
Sexual activity with others	A1	A1	A2
Shows appropriate peer affection	A2	A1	A1
If boy, shows clear preference for male activities; if female, shows clear preference for female activities	A2	A1	A1
He/she is alone a lot	A1	A1	A2

Lying	A1	A1	A2
Excessive and controlled anger	A1	A2	A2
Violence	A1	A2	A2
Stealing	A1	A2	A2
Cruelty to animals	A1	A2	A2-3
Is in a gang	A1	A2	A2
Was in cult	A1	A2	A2
Uses drugs or alcohol	A1	A2	A2
Has been in trouble with police	A1	A2	A2
<hr/>			
Unusual fantasies	A1	A2	A3
Strange thought patterns	A1	A2	A3
Speech bizarre, illogical, or irrational	A1	A3	A3
Out of touch with reality	A1	A3	A3
Strange quality about adolescent	A1	A2	A3

Instructions for Scoring the Interview Schedules

The information contained in the Interview Schedules and the Parent Questionnaire can be scored to obtain a numerical rating as to the severity of firesetting behavior and related problems. The formal scoring of the Interview Schedules and Parent Questionnaire is usually completed at the conclusion of the interview. However, during the interview, it is possible to quickly evaluate the severity of the current problems by paying attention to the number and type of scores obtained on individual questions. Once the formal scoring procedures have been completed, determination can be made as to whether adolescents are at little, definite or extreme risk for involvement in future firesetting behavior. Once these risk levels have been established, recommendations can be presented as to how to help firesetting adolescents and their families.

Procedures

There are three separate forms which must be scored. They are the Adolescent Interview Schedule, the Family Interview Schedule and the Parent Questionnaire. Once these forms are scored, the scores are transferred to the Category Profile Sheet (This sheet follows these Instructions). There are three major steps to be completed in scoring these forms. The following paragraphs describe each of these three steps.

1. Review the Adolescent and Family Interview Schedules and the Parent Questionnaire to make sure all questions have been answered and assigned either a A1, 2, or 3; or a P1, 2, or 3. Answers that relate to adolescent behavior are classified as A1, 2, or 3, while answers that relate to the parent are classified as P1, 2, or 3.

Most of the answers are assigned a score; however, sometimes the interviewer will have the option of scoring the response as either a 1, 2, or 3, depending on the content of the answer. Remembering that a 3 score indicates a serious problem, you will

need to use judgment in making this determination. For, example, "Do you think about fires in the day? ___Yes (A-2 or A-3)". An A-2 answer might be, "Sometimes I think it might be exciting to see a fire." An answer indicating that frequent thoughts of fire coupled with excitement or anticipation might be classified as an A-3. Once all questions are answered, you are ready to transfer them to the Category Profile Sheet.

2. Next, transfer P's and A's from the Interview Schedule and Parent Questionnaire to column 1, 2, or 3 on the Category Profile Sheet. Answers related to the adolescent are represented by A's. These are placed in column 1, 2, or 3. So, for example, A-1 means place an A in column 1; A-2 means place an A in column 2; A-3 means place an A in column 3. Answers that relate to the parents or the adolescent's home environment are represented by a "P." P-1 means place a "P" in column 1, P-2 means place a "P" in column in 2; P-3 means place a "P" in column 3. In a few questions on the Interview Schedule, the interviewer has the option of a P-2 or A-2. This means that the interviewer puts down whether they think the problem is more parent (P) or adolescent (A) focused. At the end of this step, all of your answers should be transferred to the Profile Sheet.
3. Finally, add the number of P's and A's in each column and enter the totals at the bottom. Note where the majority of the responses fall:
 - Column 1—Those of little concern
 - Column 2—Those of definite concern
 - Column 3— Those of extreme concern

If the majority (over 80%) of the responses are in Column 1, educational interventions probably are appropriate. If the majority are in columns 2 or 3, referral to a mental health agencies or community intervention programs probably are appropriate. Modules 4, 5, and 6 detail how, when and where to make appropriate interventions.

Example of How to Use Profile Sheets

The following are examples of questions on the Interview Schedules and how they would appear on the profile sheet.

1. Has your adolescent set more than one fire? ___Yes (A-2) ___No
If the answers is "Yes," place an "A" in column 2. If "No," you need not mark—or you may place an "A" in column 1.
2. Does you adolescent have behavior problems at school? ___Yes (A-2) ___No If the answer is "Yes," place an "A" in column 2.
3. Do you have great difficulty in getting along with your spouse? ___Yes(P2) ___No

If the answer is "Yes," place a "P" in column 2.

4. Does your adolescent lose contact with reality when watching a fire? ☐ Yes (A3) ☐ No
If the answer is "Yes," place an A in column 3.

CATEGORY PROFILE SHEET

	1. Little Concern	2. Definite Concern	3. Extreme Concern
		A (from Q1) A (from Q2) P (from Q3)	A (from Q4)
Total A	0	2	1
Total P	0	1	0
Total A & P	0	3	1

The adolescent should be referred for professional mental health help to appropriate intervention programs because of the number of A's and/or P's in squares 2 and/or 3.

CATEGORY PROFILE SHEET

1. Little Concern (Educational Intervention)	2. Definite Concern (Educational and Psychological Intervention)	3. Extreme Concern (Psychological Intervention)
Total A		
Total P		
Total A + P		

Fire Related Youth (FRY) Data Sheet

The FRY Program Data Sheet is use by the Rochester Fire Related Youth (FRY) Program to organize the information obtained during evaluations of firesetting youth and their families. The data sheet is used to keep a record of the information describing the specific characteristics of firesetting incidents, including firesetting history and details of the most recent firesetting episode. In addition, some information is collected regarding the characteristics of the firesetters, including school data and the physical and psychological features of firesetters. The specific items on the data sheet do not represent questions which are to be asked of firesetting youth and their family members, but rather they represent the type of information which emerges from interviews. Therefore, the data sheet can be viewed as a record-keeping instrument which also has the potential to yield quantifiable data on the characteristics of firesetting incidents. The data sheet is used by the arson investigators who staff the juvenile firesetter program.

F.R.Y. PROGRAM DATA SHEET

1. Incident number (from Fire Investigation Report) _____
2. Date of incident _____ / _____ / _____
3. Node _____
4. Address of incident _____
5. Was an actual fire set in this incident? Yes _____ No _____
6. False report (telephone in false report)? Yes _____ No _____
7. False alarm (pulled alarm box)? Yes _____ No _____

INFORMATION REGARDING SUSPECTS

8. Are there identified suspects in this fire? Yes _____ No _____
 9. Number of children involved? _____
 10. Suspect name and identification:
(Codes are the first two letters of first name [FN],
first two letters of last name [LN].)
- | | | |
|---------------------|----------|------------|
| Suspect 1: LN _____ | FN _____ | CODE _____ |
| Suspect 2: LN _____ | FN _____ | CODE _____ |
| Suspect 3: LN _____ | FN _____ | CODE _____ |
| Suspect 4: LN _____ | FN _____ | CODE _____ |
| Suspect 5: LN _____ | FN _____ | CODE _____ |

11. Are any of the suspects from the same family? Yes _____ No _____

List suspect numbers of the children in Family 1 _____
 in Family 2 _____
 in Family 3 _____
 in Family 4 _____
 in Family 5 _____

INFORMATION REGARDING FIRE

12. Referral source

1 = Fire Company
 2 = Fire Investigator
 3 = Parents or Guardians
 4 = County
 5 = School

6 = Police
 7 = Department of Social Services
 8 = Mental Health Agency, Specify _____
 9 = Other, Specify _____

13. Type of fire (check one)

- A = ☐ School
B = ☐ Church
C = ☐ Vacant lot or street
D = ☐ Other unoccupied building, specify _____
E = ☐ Car or truck
F = ☐ Mercantile
G = ☐ Shed or other building
H = ☐ Dumpster or garbage
I = ☐ Occupied single family dwelling
J = ☐ Occupied multiple family dwelling
K = ☐ Other occupied building
L = ☐ A suspect's yard
M = ☐ Neighbor's yard
N = ☐ Residential treatment facility
O = ☐ _____ Other, specify _____

If occupied, single (I) or multiple (J) family home, check one of the following:

- ☐ A suspect's bedroom
☐ A parent of a suspect's bedroom
☐ A sibling of a suspect's bedroom
☐ Other bedroom, specify _____
☐ Kitchen
☐ Bathroom
☐ Living room, family room, den, etc.
☐ Basement or attic
☐ Porch
☐ Garage

14. Ignition source (check one)

- a = ☐ Matches
b = ☐ Lighter
c = ☐ Stove
d = ☐ Other, specify _____

15. Material or object lit (check all that apply)

- 1 = ☐ Paper, tissue or cardboard
2 = ☐ Bedding, bed
3 = ☐ Clothing
4 = ☐ Toys
5 = ☐ Candle
6 = ☐ Leaves, grass, trash
7 = ☐ Flammable liquid
8 = ☐ Firecrackers
9 = ☐ Furniture
10 = ☐ Other, specify _____

16. How were materials obtained?

- a. Routinely found at home?
- b. Inadvertently made available?
- c. Found them?
- d. Acquired with some effort?

Yes	_____	No	_____
Yes	_____	No	_____
Yes	_____	No	_____
Yes	_____	No	_____

17. Was this fire:

- a. Strictly accidental?
- b. Result of careless fire play with no intent to damage/destroy property or person?
- c. Result of intent to damage/destroy property or injure person?

Yes	_____	No	_____
Yes	_____	No	_____
Yes	_____	No	_____

18. Was there structural damage?

Yes	_____	No	_____
-----	-------	----	-------

- If yes, a. Code 5
b. Multi-alarm

Yes	_____	No	_____
Yes	_____	No	_____

19. Was someone injured?

Yes	_____	No	_____
-----	-------	----	-------

If yes, fill in number of the following:

- a. Juveniles injured?
- b. Juveniles burned?
- c. Adults injured?
- d. Adults burned?
- e. Firefighters injured?
- f. Firefighters burned?
- g. Juvenile fatalities?
- h. Adult fatalities?
- i. Firefighter fatalities?

#	_____
#	_____
#	_____
#	_____
#	_____
#	_____
#	_____
#	_____
#	_____

CHILD INFORMATION - SUSPECT 1

20. Child Identification Code (first 2 letters of first name, first two letters of last name)

21. Age of child (in years)

22. Date of Birth

____ / ____ / ____

23. Sex of child

Male ____ Female ____

24. Race/Ethnicity

- a. _____ White
- b. _____ Black
- c. _____ Hispanic
- d. _____ Other, specify _____

SCHOOL DATA - SUSPECT 1

25. School grade: K-12, code grade number or
SE = Special ed, non-graded class
RF = Residential Facility (e.g., Convalescent)
NS = Not in school

26. If school grade = SE, answer the following:

- | | | |
|---------------------------------|-----------|----------|
| a. Class for learning disabled? | Yes _____ | No _____ |
| b. For emotionally disturbed? | Yes _____ | No _____ |
| c. For mentally retarded? | Yes _____ | No _____ |
| d. For physically handicapped? | Yes _____ | No _____ |

27. Name of School or Residential Facility _____

28. Does this child have problems in school? Yes _____ No _____

If yes, complete the following:

- | | | |
|--|-----------|----------|
| a. Does this child have academic problems
(e.g. keeping up grades)? | Yes _____ | No _____ |
| b. Has he been truant from school? | Yes _____ | No _____ |
| c. Is this child having behavior problems
in school? | Yes _____ | No _____ |

CHILD'S PERSONALITY - SUSPECT 1

29. Visible handicap or deformity? Yes _____ No _____

Specify _____

30. Chronic disability? Yes _____ No _____

Specify _____

31. Socially isolated? Yes _____ No _____

32. Seem (or reported to be) hyperactive (i.e., short
attention span or difficulty concentrating)? Yes _____ No _____

33. Impulsive? Yes _____ No _____

34. Lies or cheats? Yes _____ No _____

35. Has he stolen? Yes _____ No _____

36. Excessive or uncontrollable anger? Yes _____ No _____

37. Has been destructive or otherwise violent,
destroying others' property? Yes _____ No _____

- | | | |
|-----------------------------------|-----------|----------|
| 38. Is cruel to animals? | Yes _____ | No _____ |
| 39. Had any prior police contact? | Yes _____ | No _____ |
| 40. Evidence child uses alcohol? | Yes _____ | No _____ |
| 41. Evidence child abuses drugs? | Yes _____ | No _____ |

CHILD FIRE INCIDENT INFORMATION - SUSPECT 1

42. N.Y.S. Penal Law Charge

- | | | |
|-----------------------------------|-----------|----------|
| a. Criminal mischief? | Yes _____ | No _____ |
| b. Falsely reporting an incident? | Yes _____ | No _____ |

If yes, answer the following:

- | | | |
|---------------------|-----------|----------|
| Box inside school? | Yes _____ | No _____ |
| Box outside school? | Yes _____ | No _____ |
| Telephone? | Yes _____ | No _____ |

- | | | |
|-----------------|-----------|----------|
| c. Arson 1? | Yes _____ | No _____ |
| d. Arson 2? | Yes _____ | No _____ |
| e. Arson 3? | Yes _____ | No _____ |
| f. Arson 4? | Yes _____ | No _____ |
| g. Other? _____ | Yes _____ | No _____ |

- | | | |
|--|-----------|----------|
| 42a. Has this child ever played with matches or ignition materials prior to this occurrence? | Yes _____ | No _____ |
|--|-----------|----------|

- | | | |
|-----------------------------------|-----------|----------|
| 43. Has child set previous fires? | Yes _____ | No _____ |
|-----------------------------------|-----------|----------|

If yes, answer the following:

- | | |
|---|-------|
| a. Approximately how many? | _____ |
| b. Number of prior incidents on file with F.R.Y.? | _____ |
| c. Incident number of most recent prior incident? | _____ |

- | | | |
|--------------------------------------|-----------|----------|
| 44. Did the fire get out of control? | Yes _____ | No _____ |
|--------------------------------------|-----------|----------|

- | | | |
|-------------------------------|-----------|----------|
| If yes, was the child afraid? | Yes _____ | No _____ |
| Did he attempt to get help? | Yes _____ | No _____ |

- | | | |
|--------------------------------------|-----------|----------|
| 45. Does the child now show remorse? | Yes _____ | No _____ |
|--------------------------------------|-----------|----------|

- | | | |
|--|-----------|----------|
| 46. What was the child's reaction to the fire? | | |
| a. Does the fire appear as positive or funny to the child? | Yes _____ | No _____ |
| b. Did the child hide? | Yes _____ | No _____ |
| c. Did the child deny responsibility? | Yes _____ | No _____ |
| d. Did the child watch? | Yes _____ | No _____ |

47. Type of firesetting incident:

- 1 = ☐ Accidental
- 2 = ☐ Curiosity
- 3 = ☐ Intentional act fire play
- 4 = ☐ Emotional
- 5 = ☐ Juvenile deliquent

If 47 = 2, 3, 4 or 5, check all other motives or reasons that apply:

- ☐ Curiosity about fire
- ☐ Create excitement
- ☐ Revenge against (or punish) sibling
- ☐ Revenge against (or punish) parent
- ☐ Call attention to own problem
- ☐ Coercion by friends/siblings
- ☐ Conceal crime
- ☐ Commit suicide
- ☐ Response to irresistible urge
- ☐ Response to unusual idea or fantasy
- ☐ Response to family difficulties

48. Who was responsible for this child at the time the fire was started?

- | | |
|---------------------------|--------------------------|
| 0 = No one, unsupervised | 4 = Parent/guardian |
| 1 = Older sibling | 5 = Other adult |
| 2 = Adolescent babysitter | 6 = Other, specify _____ |
| 3 = Adult babysitter | |

ACTION TAKEN BY P.D.M. INVESTIGATORS

Check all that apply:

- a. ☐ Arrest
- b. ☐ Child Protective Service
- c. ☐ Psychiatric, specify facility _____
- d. ☐ Shelter
- e. ☐ FACIT (R.P.D.)
- f. ☐ CARE (R.P.D.)
- g. ☐ Youth Service
- h. ☐ Caution and advise
- i. ☐ Other, specify _____
- j. ☐ Juvenile diversion

49. Type of family (check one):

- 1 = ☐ Two biological parents
- 2 = ☐ Single parent/mother only
- 3 = ☐ Single parent/father only
- 4 = ☐ Stepfamily (either stepmother or stepfather)
- 5 = ☐ Adoptive family
- 6 = ☐ Foster family
- 7 = ☐ Mother and other adult
- 8 = ☐ Father and other adult
- 9 = ☐ Other, specify _____

50. Number of children (under 18 years) in family: _____

51. Address of family (if different from incident address):

52. Adults living in household:

(use these codes to complete section below)

Relationship:

- | | |
|-----------------------|----------------------------------|
| 1 = Biological father | 8 = Foster mother |
| 2 = Biological mother | 9 = Boyfriend of mother |
| 3 = Stepfather | 10 = Girlfriend of father |
| 4 = Stepmother | 11 = Other male relative |
| 5 = Adopting father | 12 = Other female relative |
| 6 = Adopting mother | 13 = Other male, specify _____ |
| 7 = Foster father | 14 = Other female, specify _____ |

Employed:

FT = Full-time PT = Part-time No = Unemployed

Relationship to Child	Employed	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

53. Are there family or parent problems? Yes _____ No _____

If yes, check appropriate columns for items 54 - 63:

	<u>No</u>	<u>Yes, Investigator Observation</u>	<u>Yes, Parental Report</u>	<u>Yes, Child Report</u>	<u>Yes, Public Record, e.g., Police, Court</u>
54. Parent/guardian indifferent to incident?	_____	_____	_____	_____	_____
55. Evidence of neglect (adult not responsible for child's welfare)?	_____	_____	_____	_____	_____
56. Any adult hostile to child?	_____	_____	_____	_____	_____
57. Child abuse?	_____	_____	_____	_____	_____
58. Conflict among adults?	_____	_____	_____	_____	_____
59. Adult alcohol abuse?	_____	_____	_____	_____	_____
60. Adult drug abuse?	_____	_____	_____	_____	_____
61. Parent/guardian subnormal intelligence?	_____	_____	_____	_____	_____
62. Parent/guardian inappropriately angry or moody?	_____	_____	_____	_____	_____
63. Parent/guardian exhibit poor contact with reality?	_____	_____	_____	_____	_____

Has any member of the household had contact with:

64. Mental Health Service?	Yes _____	No _____
65. Child Protective Service?	Yes _____	No _____
66. Police?	Yes _____	No _____
Does the family:		
67. Receive Public Assistance?	Yes _____	No _____
68. Provide acceptable climate for child (e.g., reasonably neat, clean, adequate size)?	Yes _____	No _____

CHILD INFORMATION - SUSPECT 1

69. Child Identification Code (first 2 letters of first name, first two letters of last name) _____
70. Age of child (in years) _____
71. Date of Birth _____ / _____ / _____
72. Sex of child Male _____ Female _____
73. Race/Ethnicity
- a. _____ White
 - b. _____ Black
 - c. _____ Hispanic
 - d. _____ Other, specify _____

SCHOOL DATA - SUSPECT 1

74. School grade: K-12, code grade number of
SE = Special ed, non-graded class
RF = Residential Facility (e.g., Convalescent)
NS = Not in school _____
75. If school grade = SE, answer the following:
- a. Class for learning disabled? Yes _____ No _____
 - b. For emotionally disturbed? Yes _____ No _____
 - c. For mentally retarded? Yes _____ No _____
 - d. For physically handicapped? Yes _____ No _____
76. Name of School or Residential Facility _____
77. Does this child have problems in school? Yes _____ No _____
- If yes, complete the following:
- a. Does this child have academic problems (e.g. keeping up grades)? Yes _____ No _____
 - b. Has he been truant from school? Yes _____ No _____
 - c. Is this child having behavior problems in school? Yes _____ No _____

OTHER CHILD CHARACTERISTICS - SUSPECT 2

78. Visible handicap or deformity? Yes _____ No _____
- Specify _____

- a. Approximately how many? _____
 b. Number of prior incidents on file with F.R.Y.? _____
 c. Incident number of most recent prior incident? _____

92. Did the fire get out of control? Yes _____ No _____

If yes, was the child afraid? Yes _____ No _____

Did he attempt to get help? Yes _____ No _____

94. Does the child now show remorse? Yes _____ No _____

95. What was the child's reaction to the fire?

a. Does the fire appear as positive or funny to the child? Yes _____ No _____

b. Did the child hide? Yes _____ No _____

c. Did the child deny responsibility? Yes _____ No _____

d. Did the child watch? Yes _____ No _____

96. Type of firesetting incident:

- 1 = _____ Accidental
 2 = _____ Curiosity
 3 = _____ Intentional act fire play
 4 = _____ Emotional
 5 = _____ Juvenile deliquent

If 96 = 2, 3, 4 or 5, check all other motives or reasons that apply:

- _____ Curiosity about fire
 _____ Create excitement
 _____ Revenge against (or punish) sibling
 _____ Revenge against (or punish) parent
 _____ Call attention to own problem
 _____ Coercion by friends/siblings
 _____ Conceal crime
 _____ Commit suicide
 _____ Response to irresistible urge
 _____ Response to unusual idea or fantasy
 _____ Response to family difficulties

97. Who was responsible for this child at the time the fire was started?

- 0 = No one, unsupervised
 1 = Older sibling
 2 = Adolescent babysitter
 3 = Adult babysitter
 4 = Parent/guardian
 5 = Other adult
 6 = Other, specify _____

79. Chronic disability? Yes _____ No _____
Specify _____
80. Socially isolated? Yes _____ No _____
81. Seem (or reported to be) hyperactive (i.e., short attention span or difficulty concentrating)? Yes _____ No _____
82. Impulsive? Yes _____ No _____
83. Lies or cheats? Yes _____ No _____
84. Has he stolen? Yes _____ No _____
85. Excessive or uncontrollable anger? Yes _____ No _____
86. Has been destructive or otherwise violent, destroying others' property? Yes _____ No _____
87. Is cruel to animals? Yes _____ No _____
88. Had any prior police contact? Yes _____ No _____
89. Evidence child uses alcohol? Yes _____ No _____
90. Evidence child abuses drugs? Yes _____ No _____

CHILD FIRE INCIDENT INVESTIGATION REPORT 2

91. N.Y.S. Penal Law Charge

- a. Criminal mischief? Yes _____ No _____
- b. Falsely reporting an incident? Yes _____ No _____

If yes, answer the following:

- Box inside school? Yes _____ No _____
- Box outside school? Yes _____ No _____
- Telephone? Yes _____ No _____
- c. Arson 1? Yes _____ No _____
- d. Arson 2? Yes _____ No _____
- e. Arson 3? Yes _____ No _____
- f. Arson 4? Yes _____ No _____
- g. Other? _____ Yes _____ No _____

91a. Has this child ever played with matches or ignition materials prior to this occurrence? Yes _____ No _____

92. Has child set previous fires? Yes _____ No _____

If yes, answer the following:

ACTION TAKEN BY F.R.Y. INVESTIGATORS

Check all that apply:

- a. ☐ Arrest
- b. ☐ Child Protective Service
- c. ☐ Psychiatric, specify facility _____
- d. ☐ Shelter
- e. ☐ FACIT (R.P.D.)
- f. ☐ CARE (R.P.D.)
- g. ☐ Youth Service
- h. ☐ Caution and advise
- i. ☐ Other, specify _____
- j. ☐ Juvenile diversion

FAMILY DATA -- FAMILY 2

98. Type of family (check one):

- 1 = ☐ Two biological parents
- 2 = ☐ Single parent/mother only
- 3 = ☐ Single parent/father only
- 4 = ☐ Stepfamily (either stepmother or stepfather)
- 5 = ☐ Adoptive family
- 6 = ☐ Foster family
- 7 = ☐ Mother and other adult
- 8 = ☐ Father and other adult
- 9 = ☐ Other, specify _____

99. Number of children (under 18 years) in family: _____

100. Address of family (if different from incident address):

101. Adults living in household:

(use these codes to complete following section)

Relationship:

- | | |
|-----------------------|----------------------------------|
| 1 = Biological father | 8 = Foster mother |
| 2 = Biological mother | 9 = Boyfriend of mother |
| 3 = Stepfather | 10 = Girlfriend of father |
| 4 = Stepmother | 11 = Other male relative |
| 5 = Adopting father | 12 = Other female relative |
| 6 = Adopting mother | 13 = Other male, specify _____ |
| 7 = Foster father | 14 = Other female, specify _____ |

Employed:

FT = Full-time

PT = Part-time

No = Unemployed

Law Enforcement, Probation, and Juvenile Justice Procedures

115. Police?

Yes _____ No _____

Does the family:

116. Receive Public Assistance?

Yes _____ No _____

117. Provide acceptable climate for child
(e.g., reasonably neat, clean,
adequate size)?

Yes _____ No _____

Relationship to Child	Employed	Age
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

102. Are there family or parent problems? Yes _____ No _____

If yes, check appropriate columns for items 54 - 63:

	No	Yes, Investigator Observation	Yes, Parental Report	Yes, Child Report	Yes, Public Record, e.g., Police, Court
103. Parent/guardian indifferent to incident?	_____	_____	_____	_____	_____
104. Evidence of neglect (adult not responsible for child's welfare)?	_____	_____	_____	_____	_____
105. Any adult hostile to child?	_____	_____	_____	_____	_____
106. Child abuse?	_____	_____	_____	_____	_____
107. Conflict among adults?	_____	_____	_____	_____	_____
108. Adult alcohol abuse?	_____	_____	_____	_____	_____
109. Adult drug abuse?	_____	_____	_____	_____	_____
110. Parent/guardian subnormal intelligence?	_____	_____	_____	_____	_____
111. Parent/guardian inappropriately angry or moody?	_____	_____	_____	_____	_____
112. Parent/guardian exhibit poor contact with reality?	_____	_____	_____	_____	_____

Has any member of the household had contact with:

113. Mental Health Service? Yes _____ No _____

114. Child Protective Service? Yes _____ No _____

Investigation Interview

The fire investigation interview form used by the Charlotte, N.C. Arson Task Force is one of a variety of instruments used to collect information as part of a formal fire investigation. If the firesetter is arrested, juvenile arrest reports are filed. In addition to arrest reports, there may be other reporting procedures to be completed including a fire investigation report, a fire scene examination, and an interview schedule. The interview schedule documents the communication between the fire investigator and the juveniles suspected of firesetting or arson.

The number and types of documentation required as part of fire/arson investigations varies from jurisdiction to jurisdiction. In addition, the agencies involved in these investigations also differ. In Charlotte, N.C. the Arson Task Force includes fire investigators, police officers, ATF officers, and a member of the state bureau of investigation. In other jurisdictions the fire service and police may have distinct responsibilities for investigating arson fires.

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FORM A-25-PD

JUVENILE'S RECORD



FIRE INVESTIGATION INFORMATION REPORT

CPD COMP # _____ CFD # _____ I.D. # _____ PHOTO # _____

LAST NAME _____ FIRST _____ MIDDLE _____

ALIAS _____ STREET ADDRESS _____

CITY _____ STATE _____ TEL. # _____

RACE _____ SEX _____ HGT. _____ WGT. _____ HAIR _____ EYES _____

DATE OF BIRTH _____ SS# _____ DL# _____ STATE _____

BIRTHPLACE _____ SCARS, TATTOO & LOCATION _____

EMPLOYER _____ OCCUPATION _____

MARITAL STATUS _____ SPOUSE _____ ADDRESS _____

PARENT(S) _____ ADDRESS _____ TEL. # _____

INVESTIGATOR(S) _____ ATTITUDE _____ DOCKET# _____

OFFENSE _____ LOCATION _____ DATE _____

CHARGED YES _____ NO _____ ARREST # _____ GS# _____ PRIOR FIRES _____

TYPE OF FIRE _____

AVAILABLE MATERIAL _____ ACCELERANT _____

TYPE _____

DELAY _____ INCENDIARY _____ TRAILERS _____

TYPE _____

ADDITIONAL FIRE INFORMATION _____

MOTIVE _____

ASSOCIATES/CO-DEFENDANT(S) _____

If adult: picture would go here; put on cards and filed in
~~the manual file~~ manual file. Now being converted
to computer.

STRUCTURAL FIRE SCENE EXAMINATION WORKSHEET

B Code _____

J Code _____

INVESTIGATORS _____ 10-8 _____ 10-17 _____ 10-23 _____ 10-24 _____

DATE _____ DAY _____ WEATHER _____

CFD # _____ CPD # _____ TIME REC _____ 10-23 _____ CONTROL _____

OFFICER IN CHARGE _____ FIRST IN COMPANY _____

Engine _____ Engine _____ Engine _____ Ladder _____ Squad One _____ Batt. _____

FIRST-IN FIREFIGHTER _____ OBSERVATIONS _____

COLOR OF SMOKE _____ COLOR OF FLAMES _____ LOCATION OF FIRE _____

SECURITY OF BUILDING _____ LOCATION OF FORCIBLE ENTRY _____

PERSONNEL FORCING ENTRY _____

METHOD OF EXTINGUISHMENT _____

ADDRESS _____ PHONE(S) _____

OWNER _____ RACE _____ SEX _____ DOB _____ PHONE _____

HOME ADDRESS _____ WORK ADDRESS _____

OCCUPANT _____ RACE _____ SEX _____ DOB _____ PHONE _____

OCCUPANT'S PLACE OF EMPLOYMENT _____ PHONE(S) _____

LOCATION OF OCCUPANTS AT DISCOVERY OF FIRE _____

OCCUPANTS NOTIFIED BY _____

STRUCTURAL INSURANCE COMPANY _____ AGENT _____ AMOUNT _____

STRUCTURAL VALUE _____ STRUCTURAL DAMAGE _____

CONTENTS INSURANCE COMPANY _____ AGENT _____ AMOUNT _____

CONTENTS VALUE _____ CONTENTS DAMAGE _____

FIRE DISCOVERED BY _____ RACE _____ SEX _____ DOB _____ PHONE _____

HOME ADDRESS _____ WORK ADDRESS _____

OBSERVATIONS _____

ACTION TAKEN _____

CASUALTIES/FATALITIES

NAME	ADDRESS	PHONE	RACE/SEX	DOB
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

LOCATION OF VICTIM(S) _____ BASIS FOR LOCATION _____

VICTIM'S ACTIVITY _____ CLOTHING ON VICTIM _____

NATURE OF INJURIES _____ EVIDENCE OF IMPAIRMENT _____

FIRST OBSERVED BY _____ DISPOSITION _____

THREE POINT MEASUREMENTS _____

PERSONS AT FIRE SCENE

NAME	ADDRESS	PHONE	RACE/SEX	DOB
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

EXTERIOR EXAMINATION

TYPE OF CONSTRUCTION _____ NUMBER OF STORIES _____ MEASUREMENTS _____

LOCATION OF EXTERIOR FIRE DAMAGE _____

LOCATION OF V PATTERNS ON EXTERIOR _____

LOCATION OF DOORS _____ CONDITION OF LOCKS _____

LOCATION OF WINDOWS _____ CONDITION OF WINDOWS _____

DESCRIBE OTHER OPENINGS _____ QUALITY OF LIGHTING _____

LOCATION OF ELECTRICAL SERVICE _____ LOCATION OF NATURAL GAS METER _____

IDENTIFY POINT OF ENTRY _____ EVIDENCE DISCOVERED _____

ADDITIONAL OBSERVATIONS _____

INTERIOR EXAMINATION _____

DESCRIPTION OF INTERIOR _____

WALL COVERING _____ FLOOR COVERING _____ CEILING FINISH _____

DESCRIPTION OF CONTENTS _____ APPLIANCES OPERATING _____

IDENTIFY HEAVILY DAMAGED CONTENTS _____ IDENTIFY FIRE DAMAGED AREAS _____

IDENTIFY HEAVIEST DAMAGED AREA _____ IDENTIFY LEAST DAMAGED AREA _____

DESCRIBE CEILING DAMAGE _____ DESCRIBE FLAME SPREAD _____

DESCRIBE SMOKE LINES _____ DESCRIBE HEAT LINES _____

DESCRIBE CONDITION OF GLASS _____ DESCRIBE CONDITION OF SPRINGS _____

LOCATION OF V PATTERN _____ LOCATION OF UNNATURAL BURN PATTERNS _____

DESCRIBE UNUSUAL ODORS _____ LOCATION OF ACCELERANT _____

LOCATION OF BURNOUTS _____ LOCATION OF UNDERSIDE BURNING _____

LOCATION OF TRAILERS _____ LOCATION OF INCENDIARY DEVICES _____

LOCATION OF POINT(S) OF ORIGIN _____

EQUIPMENT AT POINT(S) OF ORIGIN _____ IGNITION FACTOR _____

EQUIPMENT INVOLVED IN IGNITION _____ FORM OF HEAT OF IGNITION _____

TYPE OF MATERIAL IGNITED _____ FORM OF MATERIAL IGNITED _____

IDENTIFY NON-FIRE DAMAGE _____ IDENTIFY OBSTRUCTIONS _____

ADDITIONAL COMMENTS _____

ELECTRICAL SERVICE _____

IDENTIFY LOCATION OF OVERCURRENT PROTECTION _____ TYPE _____

IDENTIFY TYPE OF CABLE _____ SIZE _____

DESCRIBE DAMAGE TO EQUIPMENT _____

ID EQUIPMENT AT POINT OF ORIGIN _____ DESCRIBE CONDITION _____

DESCRIBE INVOLVEMENT _____ DESCRIBE BASIS _____

ADDITIONAL COMMENTS _____

HVAC SERVICE _____

IDENTIFY TYPE OF HEATING SYSTEM _____ LOCATION _____

IDENTIFY TYPE OF AIR CONDITIONING _____ LOCATION _____

ID EQUIPMENT AT POINT OF ORIGIN _____ DESCRIBE CONDITION _____

DESCRIBE INVOLVEMENT _____ DESCRIBE BASIS _____

ADDITIONAL COMMENTS _____

IDENTIFICATION OF APPLIANCE INVOLVED _____

TYPE _____ MODEL _____ MAKE _____

MODEL NUMBER _____ SERIAL NUMBER _____ VOLTAGE _____

IDENTIFY PROBLEM _____

BASIS FOR ELIMINATION OF ACCIDENTAL CAUSES _____

ELECTRICAL _____ HEATING SYSTEM _____

SUPPLEMENTAL HEAT _____ DISCARDED SMOKING MATERIAL _____

WELDING/TORCH OPERATIONS _____ FOOD ON THE STOVE _____

IMPROPER STORAGE _____ IMPROPER MAINTENANCE _____

SPONTANEOUS HEATING _____ LIGHTNING _____

IDENTIFICATION OF INCENDIARY FIRE _____

MULTIPLE POINTS OF ORIGIN _____ BUILDING SECURED _____

PRESENCE OF ACCELERANT _____ PRESENCE OF TRAILERS _____

PRESENCE OF INCENDIARY DEVICE _____ BURN TIME _____

INCONSISTENT FLAME SPREAD _____ ADDITIONAL CRIME _____

ADDITIONAL COMMENTS _____

FIRE PROTECTION EQUIPMENT

TYPE OF SPRINKLER SYSTEM _____ LEVEL OF COVERAGE _____

LOCATION(S) OF VALVES _____ VALVE SECURITY _____

SYSTEM MONITORED BY _____ REPRESENTATIVE AT SCENE _____

NUMBER OF HEADS OPERATING _____ TEMPERATURE RATING _____

PERFORMANCE _____ IMPROPER STORAGE _____

DID FD SUPPLEMENT WATER SUPPLY? _____ LOCATION OF SIAMESE _____

DESCRIBE OBSTRUCTIONS _____

IDENTIFY ANY INDEPENDENT DETECTION EQUIPMENT _____

LOCATION _____ PERFORMANCE _____ MONITORED BY _____

IDENTIFY PRESENCE AND LOCATION OF BURGLAR ALARM _____

IDENTIFY PRESENCE AND LOCATION OF DRY CHEMICAL SYSTEM _____

IDENTIFY TYPE OF SYSTEM _____ DESCRIBE PERFORMANCE _____

DESCRIBE OBSTRUCTIONS _____

HAZARDOUS MATERIALS

DESCRIBE MATERIALS PRESENT _____

DESCRIBE MATERIALS INVOLVED _____

LOCATION OF MATERIALS _____

DESCRIBE INVOLVEMENT IN IGNITION _____

DESCRIBE INVOLVEMENT IN FLAME SPREAD _____

ID LOCATION OF SPECIALIZED FIRE PROTECTION EQUIPMENT _____

IDENTIFY ALLIED AGENCIES NOTIFIED _____

VALID FD PERMIT ON PREMISES _____ DATE OF ISSUE _____ FOR _____

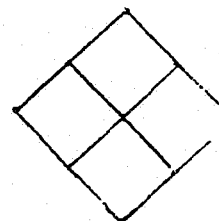
PHOTOGRAPHS

TAKEN BY _____ DATE _____ NUMBER _____ TYPE OF FILM _____

FRAME #1: _____ FRAME #2: _____

FRAME #3: _____ FRAME #4: _____

FRAME #5: _____ FRAME #6: _____



FRAME #7: _____ FRAME #8: _____

FRAME #9: _____ FRAME #10: _____

FRAME #11: _____ FRAME #12: _____

EVIDENCE COLLECTION

	<u>description</u>	<u>location</u>	<u>by</u>	<u>container</u>
SAMPLE #1:	_____	_____	_____	_____
SAMPLE #2:	_____	_____	_____	_____
SAMPLE #3:	_____	_____	_____	_____
SAMPLE #4:	_____	_____	_____	_____
SAMPLE #5:	_____	_____	_____	_____
SAMPLE #6:	_____	_____	_____	_____
SAMPLE #7:	_____	_____	_____	_____
SAMPLE #8:	_____	_____	_____	_____
SAMPLE #9:	_____	_____	_____	_____
SAMPLE #10:	_____	_____	_____	_____

CSS TECHNICIAN _____ CODE _____ CALLED AT _____ 10-23 _____ 10-24 _____

ACTIVITY _____ EVIDENCE SECURED _____

CPD PATROL OFFICERS AT SCENE _____

POSSESSION OF BUILDING RETURNED TO _____ TIME _____

ADDITIONAL COMMENTS _____

Lined area for additional comments, featuring horizontal ruling lines and three binder holes on the left margin.

PAGE OF

INTERVIEW REPORT: (CONTINUED)

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PAGE _____ OF _____

VOLUNTARY STATEMENT OF:

NAME: _____

ADDRESS: _____

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Child Protective Services Report

In most states, the law mandates reporting suspected child neglect, maltreatment, or abuse within 24 to 48 hours to the agency designated to enforce legal protection of juveniles. This agency frequently is organized within the Department of Social Services and typically is referred to as Child Protective Services. In most states, Child Protective Services investigates all reported incidents of suspected child neglect, maltreatment or abuse. Their primary function is to determine if credible evidence can be demonstrated to substantiate suspicions of neglect and abuse. Usually within a short period of time, (24 hours in most states), a preliminary assessment is completed to determine if the health and safety of children are in immediate jeopardy. If this determination is made, then it is likely that these youth will be removed from their current living situation. If there is no outstanding emergency, then within a specified period of time Child Protective Services will conduct a comprehensive evaluation to determine whether the reports are indicated or unfounded. Based upon the information collected in these evaluations, Child Protective Services refers these youngsters and their families for appropriate intervention.

In some cases, juvenile firesetting can be a symptom of a larger problem. Children may set fires as an attempt to draw attention to an intolerable situation. If the fire service, juvenile firesetter program or other agency suspect that the juvenile firesetter is a victim of abuse or neglect then they must report the case to Child Protective Services.

REPORT OF SUSPECTED CHILD ABUSE OR MALTREATMENT

ORAL RPT. DATE	STATE REGISTRY NO.	LOCAL REGISTRY NO.
TIME <input type="checkbox"/> AM <input type="checkbox"/> PM	LOCAL CASE NO.	LOCAL AGENCY

STATE OF NEW YORK DEPARTMENT OF SOCIAL SERVICES

Subjects of Report

List all children in household, adults responsible for household, and alleged perpetrators.

Line No.	Last Name	First Name	M.I.	Aliases	Sex (M, F, Unk.)	Birthdate or Age Mo. Day Yr.	Ethnic Code (*Over)	Susp. or Relation. Code (**Over)	Check (x) if Alleged Perpetrator
1									
2									
3									
4									
5									
6									
7									

LIST ADDRESSES AND TELEPHONE NUMBERS:

HOUSEHOLD

TELEPHONE NO.

OTHERS

(Give Line Nos.)

TELEPHONE NO.

TELEPHONE NO.

Basis of Suspicion

Alleged consequences or evidence of abuse or maltreatment - Give child(ren)'s line number(s). If all children, write "ALL".

<input type="checkbox"/> DOA/Fatality	<input type="checkbox"/> Child's Drug/Alcohol Use	<input type="checkbox"/> Educational Neglect
<input type="checkbox"/> Fractures	<input type="checkbox"/> Drug Withdrawal	<input type="checkbox"/> Emotional Neglect
<input type="checkbox"/> Subdural Hematoma, Internal Injuries	<input type="checkbox"/> Lack of Medical Care	<input type="checkbox"/> Lack of Food, Clothing, Shelter
<input type="checkbox"/> Lacerations, Bruises, Welts	<input type="checkbox"/> Malnutrition, Failure to Thrive	<input type="checkbox"/> Lack of Supervision
<input type="checkbox"/> Burns, Scalding	<input type="checkbox"/> Sexual Abuse	<input type="checkbox"/> Abandonment
<input type="checkbox"/> Excessive Corporal Punishment	<input type="checkbox"/> Other, specify: _____	

State reasons for suspicion. Include the nature and extent of each child's injuries, abuse or maltreatment, any evidence of prior injuries, abuse or maltreatment to the child or his siblings and any evidence or suspicions of "Parental" behavior contributing to the problem.

(If known, give time and date of alleged incident):

Mo. Day Yr.

Time ☐ (AM) ☐ (PM)

Sources of This Report

PERSON MAKING THIS REPORT		SOURCE OF THIS REPORT IF DIFFERENT	
NAME	TELEPHONE NO.	NAME	TELEPHONE NO.
ADDRESS		ADDRESS	
AGENCY/INSTITUTION		AGENCY/INSTITUTION	

Relationship (✓ for Reporter, X for Source)

- ☐ Med. Exam./Coroner ☐ Physician ☐ Hospital Staff ☐ Law Enforcement ☐ Neighbor ☐ Relative
☐ Social Services ☐ Public Health ☐ Mental Health ☐ School Staff ☐ Other (specify) _____

For Use By Physicians Only	Medical Diagnosis on Child	Signature of Physician Who Examined/ Treated Child	Telephone No.
	Hospitalization Required: 0 <input type="checkbox"/> None 1 <input type="checkbox"/> Under One Week 2 <input type="checkbox"/> One - Two Weeks 3 <input type="checkbox"/> Over Two Weeks		
Actions Taken or About To Be Taken: 0 <input type="checkbox"/> Medical Exam 2 <input type="checkbox"/> X-Ray 4 <input type="checkbox"/> Removal/Keeping 6 <input type="checkbox"/> Not. Med. Exam./Coroner 1 <input type="checkbox"/> Photographs 3 <input type="checkbox"/> Hospitalization 5 <input type="checkbox"/> Returned Home 7 <input type="checkbox"/> Notified D.A.		Signature of Person Making This Report Title Date Submitted Mo. Day Yr.	

X

Miranda Rights

If arson investigation interviews appear to be leading to the arrest of the firesetters, then law-enforcement officials are mandated by federal law to read the juveniles their Miranda Rights. Miranda Rights pertain to the nature and type of communication which occurs between law enforcement and criminal suspects. These rights outline what can and cannot happen to the information disclosed by suspects during the course of investigation interviews leading to arrests. The Los Angeles Grand Jury has recommended a set of Miranda Rights specifically for juveniles. In addition to California, there are other states which use Juvenile Miranda Rights. These Miranda Rights not only inform juveniles about the nature of their communication with law enforcement, they also include a series of questions to establish whether the juveniles understand the meaning of their rights.

Appendix E

Juvenile Miranda Rights

The following are a set of Juvenile Miranda Rights developed by the Los Angeles Grand Jury and recommended for use in the state of California. These are presented here as guidelines. Each fire department must check with their own state to determine the appropriate application of the Miranda Rule.

1. You don't have to talk with us or answer our questions if you don't want to.
2. If you decide to talk with us you have to understand that anything you say can be used against you. We can tell the Probation Officer and the Judge what you tell us.
3. You can talk to a lawyer now if you want to and you can have him with you when we ask our questions.
4. If you want to have a lawyer but you don't have enough money to hire your own, then we will get the judge to get one for you and it won't cost you anything.

Waiver Questions

1. Do you understand what I have said?
2. Do you want to ask me anything?
3. Do you want to talk with me now?
4. Do you want to have a lawyer, or not?

Source:
Los Angeles Grand Jury

JUVENILE WAIVER OF RIGHTS

I, _____, am _____ years old. My address is _____. I have finished the _____ grade in school and can/cannot read. I have been told by _____, who I understand is a police officer, that he/she would like to question me concerning the crime of _____. This officer has also explained to me and I understand that:

- _____ (1) I have the right to remain silent. That means I do not have to say anything or answer any questions.
- _____ (2) If I decide to start answering questions, I still have the right to stop answering questions any time I want to.
- _____ (3) If I do answer questions or say anything, whatever I say can be used against me.
- _____ (4) I have the right to have a parent, guardian, or custodian here with me now during questioning. "Parent" means my mother, father, step-mother or step-father. "Guardian" means the person responsible for taking care of me. "Custodian" means the person in charge of me where I am living (staying).
- _____ (5) I have the right to talk to a lawyer and to have a lawyer here with me now to advise and help me during questioning.
- _____ (6) If I want to have a lawyer with me during questioning but do not have a lawyer, one will be provided to me at no cost before I am questioned.
- _____ (7) If I agree to answer questions now, without a lawyer, parent, guardian, or custodian here, I still have the right to stop answering questions whenever I want to.
- _____ (8) If I decide to answer questions now, I can still change my mind and stop answering questions until I have talked to a lawyer and/or parent, guardian or custodian.

(CHECK ONLY ONE BOX BELOW)

_____ My lawyer, parent, guardian, and/or custodian is (are) here with me now. The name(s) of the person(s) here with me is (are): _____. I understand my rights as explained by Officer _____, and I DO wish to answer questions at this time. My decision to answer questions now is made freely and is my own choice. No one has threatened me in any way or promised me special treatment. Because I have decided to answer questions now, I am signing my name below.

_____ I am 14 years old or more and I understand my rights as explained by Officer _____. I DO wish to answer questions now, WITHOUT a lawyer, parent, guardian, or custodian here with me. My decision to answer questions now, without anyone here to help me, is made freely and is my own choice. No one has threatened me in any way or promised me special treatment. Because I have decided to answer questions now, without anyone here to help me, I am signing my name below.

Signed: _____ Date: _____

Time: _____

Witness: _____ Witness: _____

Adolescent Firesetter Decision Criteria

In most states, when youth are arrested for arson they are referred to probation. Probation departments usually conduct an assessment of the youth and their families. The primary goal of this assessment is to determine whether to prosecute. The Adolescent Firesetter Decision Criteria are guidelines to be used to assist in the evaluation of the psychological and social environment of firesetters and their families. It classifies juveniles and families into risk levels which help determine the likelihood that these youth will be involved in future arson-related or other antisocial activities. It is designed to be used in conjunction with other assessment tools. Its application requires a certain level of understanding regarding the interpretation of individual items, therefore it should not be used without prior training.

The instrument is divided into three risk levels - high, moderate, and low. Each risk level contains two subscales which assess risk characteristics separately for juveniles and their families. The scales contain statements which describe a range of attitudes and behaviors reflecting participation in firesetting as well as other types of antisocial activities. These statements represent the actual decision criteria for each of the three risk levels. Specific information about how probation counselors use the instrument can be found in Volume I.

ADOLESCENT FIRESETTER DECISION CRITERIA
Alison Stickrod, Lane County Juvenile Department
Chuck Campbell, Eugene Department of Public Safety

The following criteria are to be used as guidelines in decision making about the Juvenile Firesetter. This is meant to be a guide and is not intended to be a predictive measure of future behavior. This should always be used in conjunction with other assessment tools. Exploration of information needs to be extremely detailed and thorough before any one item is checked.

Check if item is true, 1/2 if item is partially true, leave blank if it is not true, and "?" if information is unknown.

LOW RISK YOUTH (Often very young child):

- 1___ Offender willing to explore offense in a non-defensive manner.
- 2___ Offender acknowledges and understands the negative impact of the offense on others.
- 3___ Offender willing to accept responsibility for committing the offense without blaming others or circumstances.
- 4___ Offender shows regret (very young children) or remorse (older children) and awareness for harm firesetting has caused to others.
- 5___ The offender understands the physical risks and the harmful nature of the offense.
- 6___ The offender understands the reasons for its wrongfulness (moral issues).
- 7___ The offender admits committing the entire offense for which he/she is charged.
- 8___ The offender has adequate social adjustment, including the presence of a peer support group and participation in peer group activities.
- 9___ The offender has a history of adequate school behavior and academic performance.
- 10___ There is an absence of behaviors that would suggest problems of depression, behavior disorder, suicidal thinking.
- 11___ The offender shows appropriate fear of fire.

JUVENILE VOLUNTARY STATEMENT

I, _____, know and understand my rights.
Having decided to answer questions at this time, I now make the
following statement: _____

(If more space is needed, use additional sheets.)

The statement above [and continued on attached sheet(s) marked Attachment Page(s) ____] is made of my own free will. No one has threatened me in any way or promised me special treatment to cause me to make this statement. I am signing my name in the space below to show that it is my statement and that it is the truth.

Signed: _____ Date: _____

Time: _____

Witness: _____ Witness: _____

Adolescent Firesetter Decision Criteria
Page 2

- 12___The offender's goal is limited to curiosity.
- 13___Once the fire is started the offender attempts to put the fire out.
- 14___Offender's problem solving following the fire start appears reasonable, and non-attention getting.
- 15___The offender has demonstrated attitudes, feelings and behaviors that respect supervision is needed around fire.

Low Risk
Family:

- 1___The parents acknowledge and understand the negative impact of the offense on the victims and community.
- 2___The parents hold the adolescent completely responsible for the offense without blaming others or circumstances.
- 3___The parents acknowledge the adolescent has committed the entire offense for which he is charged.
- 4___The offender's family history in dealing with stress shows healthy interaction without abusive or addictive behavior patterns.
- 5___The family is supportive of fire safety treatment and agrees to become involved in specialized education and counseling.
- 6___The parents have a history of teaching fire safety to the offender which is nonabusive, gives clear messages of harm of fire, provides carefully supervised responsible fire practice which is age appropriate for the child.
- 7___The parents have a history of respectfully supervising the use of fire in the home with consistency, respect, and without abusive attitudes or behaviors.
- 8___The parents are willing to obtain education to further train and supervise family members in fire safety.

Adolescent Firesetting Decicision Criteria
Page 3

- 9___ Parents avoid modeling fire as play (lighter play demonstrations, smoke rings, match flicking).
- 10___ Parents identify problems within the family unit and among members separate from the offender's firesetting behavior.

MODERATE RISK YOUTH

- 1___ The offender resists describing and exploring the offense in a non-defensive manner.
- 2___ The offender does not understand the risk of dangerousness of the offense or reasons for its wrongfulness.
- 3___ The offender minimizes the negative impact of the offense on the victim. (applies to older youth).
- 4___ The offender expresses little or no guilt or remorse for the negative impact of the offense on the victim and community. Regret is limited to focusing on self as a victim (applies to older children).
- 5___ The offender externalizes blame for the offense to others or to extraneous circumstances.
- 6___ The offender minimizes the extent of involvement in the offense, admitting to only part of the offense.
- 7___ The offender resists participation in the evaluation without refusing altogether.
- 8___ The offender has negative self-esteem.
- 9___ The offender has depressive symptomology.
- 10___ The offender has demonstrated risk attitudes, feelings and behaviors about fire safety in the past (careless, reckless, secretive.)
- 11___ The offender has been a victim of sexual, physical or emotional abuse, and shows openness to appropriate help.
- 12___ Firesetting motive is attention seeking, power seeking or revenge seeking with minimal planning and goal is not a driving force, is not all consuming.

Adolescent Firesetter Decision Criteria

Page 4

- 13___ The offender has been a victim of fire abuse (teasing, burning, scaring or intimidation by fire or threat of fire).
- 14___ Offender displays inappropriate anger. Anger is never expressed or is chronic and indiscriminate or is more than situations warrant.
- 15___ Offender has committed previous firestarts
- 16___ Offender shows a chronic pattern of suppressed anger.
- 17___ Offender shows a moderate intrigue with fire.
- 18___ Offender seeks peer support for the fireset.
- 19___ Offender preplanned the physical target, place, or person.

Moderate Risk Family

- 1___ Family member has a history of modeling fire as play (name _____).
- 2___ Mother, father or siblings have been victims of sexual or physical abuse or emotional abuse. (circle member and type of abuse) and are open to appropriate help.
- 3___ Family member has been a victim of abuse by fire (teasing, burning, scaring or intimidation by fire or threat of fire). and this is not minimized and the family is open to help.
- 4___ The family has difficulty identifying problems within the family unit or among members, other than the offenders firesetting behavior.
- 5___ The parents minimize but do not completely deny the negative impact of the offense on the victim or risk to community.
- 6___ The parents externalize partial blame for the offense on to others or on to extraneous circumstances.

Adolescent Firesetter Decision Criteria

Page 5

- 7___ The parents minimize the extent of the offender's involvement in the offense, holding him responsible for only part of the offense.
- 8___ The parents are resistive to participation in the evaluation without refusing altogether.
- 9___ The parents have previously reported fire damage in the household, of unknown sources.
- 10___ The family has ignored importance of fire safety equipment such as smoke alarms, fireplace screens, fire extinguishers, and shows receptivity to correction.
- 11___ Family members are smokers.
- 12___ Family members model occasional fire as play - smoke rings, entertainment with fire, recreationalize fire, and acknowledge its harmfulness.
- 13___ Mother, father or siblings have suffered fire trauma in the past.
- 14___ Family member has caused fire trauma to the offender or other siblings in the family.
- 15___ Mother or father exhibit problems of denial about addictive behaviors (the use of drugs, alcohol) and have negative attitudes for addictive behaviors about seeking outside help.
- 16___ There is history of fire starts in the household, that have previously gone unreported.
- 17___ Parents acknowledge fire start behavior but redefine or minimize dangerousness or risk.
- 18___ Family interaction is frequently coercive
- 19___ Family obtains control which is often intimidating of the child through coercive means such as verbal threats, giving conditional attention for self-serving purposes, excluding he child's needs.
- 20___ Family inappropriately defends child from outside attention while neglecting the child inside the family

Adolescent Firesetter Offender Criteria
Page 6

High Risk
Youth

- 1___The offender has history of repeat fire setting behavior and prior treatment.
- 2___The offense was ritualistic or occult related.
- 3___The offense was sophisticated, involving precocious knowledge for the offender's age.
- 4___The offense shows extensive or sophisticated pre-planning.
- 5___The offender formed knowleable intent to physically injure persons , animals, property.(applies to older youth, very young children form intent without knowledge of consequences)
- 6___The offense was associated with the use of drugs or alcohol or other addictive behaviors.
- 7___The offense involved violence, physical force, use of a weapon, or previous threats to a victim.
- 8___The offense behavior continued despite pursuit by law enforcement.
- 9___There is evidence of a progressive increase in the firesetting in regard to substances lit and incendiary devices or frequency of offense.
- 10___Offense motive is revenge seeking, attention getting or power seeking and is reinforced by family dysfunction
- 11___The offender completely refuses to participate in the evaluation.
- 12___The offender completely denies the referral offense and blames others for victimizing him/her.
- 13___The offender has a history of torturing animals.
- 14___Offense goal is all consuming to the offender, a driving force.
- 15___The offender has been a frequent victim of physical or sexual abuse, or extreme emotional abuse.

Adolescent Firesetter Offender Criteria

Page 7

- 16___The offender engages in fantasies daily, weekly or monthly, involving fire setting behavior. (circle one)
- 17___The offender engages in firesetting fantasies and experiences sexual arousal with them.
- 18___The offender engages in firesetting fantasies and masturbates to them.
- 19___The offender has tried to stop the firesetting behavior, and repeated the fire setting.
- 20___The offender experiences loss of control of fantasies involving firesetting, is chronically distracted.
- 21___The offender has a history of self-abusive behavior (hair pulling, head or body bashing, accident prone, plays chicken, dangerous dares).
- 22___The offender has been abused by fire and has not opened to appropriate help.

High Risk
Family

- 1___The parents refuse to participate in evaluation.
- 2___The parents deny the offender committed any part of the offense and blame others for victimizing their child. Parents rigidly defend against any information that ties the offender to fire set behavior.
- 3___The parents deny the offender has any psycho-social problems.
- 4___The parents refuse to participate in any recommended treatment for the offender and family.
- 5___Family obtains control of the youth through coercive means by frequent threat of violence or threat of abandonment or neglect.
- 6___Anger is chronically suppressed in the family.
- 7___Parents show chronic redefinition of interpersonal problems to non-problem.

Adolescent Firesetter Decision Criteria
Page 8

- 8___ Parent/child relationship is highly dysfunctional, parent uses the youth to fulfill the parent's emotional and physical needs.
- 9___ The offender's family unit is chronically dysfunctional, chaotic, disengaged or addicted.
- 10___ Family member/members are involved in occult activity.
- 11___ Family is passive-aggressive with outside systems by appearing cooperative and supportive and chronically fails to fulfill their obligations.

Modeled after
The Juvenile Sexual Offender Decision Criteria
with permission by the authors
Dr. Gary Wenet and Dr. Toni Clark

Thanks also to Joseph Richardson of Providence Fire Department, Providence, R.I. and Thor Steen of Lane County Juvenile Department, Eugene, Oregon.

Probation Case Plan

Once juvenile firesetters are referred to probation for evaluation, counselors follow specific procedures for conducting assessments and making recommendations for intervention. There are a number of different approaches that are used for conducting these assessments. They vary from county to county and from state to state. In general, basic information is collected from juveniles regarding their firesetting or other delinquent offenses and their psychological and social background. Family members also are interviewed regarding these same topics. From these evaluations, specific intervention objectives are identified to alleviate the current behavior problems. In addition, specific steps are outlined to insure that these objectives are accomplished within a reasonable period of time.

The information collection as part of the probation case plan usually includes detailed descriptions of the history of antisocial activities with an emphasis on the current firesetting offense, involvement with alcohol and drugs, relationships with family and friends, current skills and strengths, and future goals.

CASE PLAN

Youth's Name _____

Effective Date _____

1. OFFENSE PATTERN (for current offense)

- A. On the day of the offense, describe what you did from when you got up in the morning until you went to bed, what led to what? (May either use a flow chart, a list, or a narrative.)

- B. Who was involved in the offense?

- C. What were you thinking and feeling before, during, and after the offense?

2. DRUG/ALCOHOL USE:

A. Tell me about your use of drugs or alcohol.

B. Has your use of drugs or alcohol increased or decreased in the last three to six months? Has the increase/decrease made any changes in your life? What?

C. Describe the last time you used (who, what happened before, what happened during). Go to drug/alcohol screen.

3. FAMILY/FRIENDS ASSESSMENT:

A. With whom were you living at the time you committed your offense?

How does your immediate family (or whomever you are living with) feel about your offense/Court involvement?

Tell me about physical violence in your family.

How do you handle disagreements with your family/friends?

What happens when you get angry?

I. Who has been your friend the longest? When was the last time you did something with them? Why do you value the friendship?

J. Who are some of your straight friends? When was the last time you did something with them?

4. SKILLS/STRENGTHS

A. What kinds of things do you do for fun with family/friends?

B. What three things are you good at doing?

C. How do you spend your free time? Any clubs, sports, or church groups?

5. GOALS

A. What are different jobs or ways that you have earned money? Which ones did you like?

B. What kind of job would you like to do when you are an adult? Why?

C. How does education figure into your plans/future?

CASE PLAN

Youth's Name _____ Effective Date: _____

GOALS	ACTION STEPS	WHO	COMPLETION DATES		
			START	TARGET	ACTUAL

1.

2.

3.

Youth's Signature Date

Counselor's Signature Date

Parent(s) Signature Date

Mental Health Procedures.

The Therapeutic Assessment of Firesetting (TAF) Questionnaire

The TAF is a structured interview/questionnaire designed to assess older children and adolescents who have been involved in firesetting. The 133 items comprising the TAF were drawn from the literature on firesetting and from clinical experience with psychiatrically-committed arsonists. The TAF items are organized into general factors examining the situational and personality precipitants of the fire setting incident. In addition, it provides a method to explore the most recent fire start and its circumstances in a detailed and explicit way. The TAF is designed to allow firesetters to talk explicitly about their firesetting problem and give them the opportunity to gain a greater understanding about the underlying motivations for their behavior.

The TAF is designed to be used by mental health professionals as part of a structured interview with juvenile firesetters. Although designed for mental health professionals, the TAF has been used by parole evaluators, law enforcement, and fire service personnel with specific training.

Sample Item from the Therapeutic Assessment of Firesetting (TAF) Questionnaire

It is intended that the TAF's primary focus be its usefulness as a structured method of stimulating understanding and insight into the dynamics of firesetting behavior within the context of a clinical interview. For the actual firesetting event; and the firesetter's perceived causes and reasons for the fire. The following excerpted item from the TAF assesses the latter:

89. From the list below, check the reason or reasons which you now believe caused you to set your fire.

- _____ Someone told me to set it.
- _____ The voice(s) I was hearing told me to set the fire.
- _____ To express anger.
- _____ To reduce tension.
- _____ To protect myself from someone or something that was going to hurt me.
- _____ To relieve boredom.
- _____ To get pleasure or excitement.
- _____ To provide sexual excitement for masturbation.
- _____ To be able to see a fire.
- _____ To help me feel more powerful or important.
- _____ To get sexually excited.
- _____ To make a statement to others (in other words, to communicate a message).
- _____ To get someone to pay more attention to me.
- _____ To get help.
- _____ To get revenge
- _____ I was jealous of somebody else.
- _____ To physically harm myself or kill myself.
- _____ To physically harm or kill someone else.
- _____ To destroy my property or someone else's property.
- _____ To enjoy the challenge of trying to get a fire going.
- _____ Because I was depressed.
- _____ Because I was rejected by someone.
- _____ Because I was afraid or frightened.
- _____ Drugs or alcohol made me do it, or helped me do it.
- _____ To get heat or warmth from the flames (I was cold).
- _____ To cover up evidence of some other bad thing or crime I did.
- _____ It was an accident.
- _____ I don't know why I set the fire.
- _____ There wasn't a reason why I set it.
- _____ Other _____

Sample Training Seminar Agendas

Prior to deciding the specifics about the types screening procedures will be used to evaluate juvenile firesetters, all personnel responsible for working with juvenile firesetters must receive appropriate training. In many communities, fire departments have played a major role in providing training not only to their personnel, but to other agencies within the community that are critical to eliminating the problem of juvenile firesetting. These agencies include, but are not limited to, law enforcement, probation and juvenile justice, burn and trauma units, departments of social services, mental health, and the schools. Training seminars range from one-two hours to one-two days. Their formats and structures vary depending on the specific needs of various communities. The following are sample training seminar agendas which have been used to teach fire service personnel and other key agency staff about how to effectively screen and evaluate juvenile firesetters and their families.

JUVENILE FIRESETTER

Firesetting behavior among children and adolescents often indicate severe underlying psychological problems. Due to the extreme dangers posed by firesetting behavior, the family, the local fire service, the judicial system and the treatment professionals have a responsibility to determine what the problems are and how to deal with them.

In the United States it is estimated that between 50% - 70% of all fires are set by youths 18 years and under.

In 1985, children were responsible for 929 fires in Oregon, and increase of 7% over the previous year. During the last five years, 18 children have died in fires which either they or their sibling started. Fifteen of these children were under six years old.

RESOURCE PERSONS

Peter Warner-Clinical Family Therapy

Treatment of Juvenile Firesetters in the context of the family.

Nancy Lamb, Ph.D.

Evaluation and Identification of Juvenile Firesetters.

Mark Weinrott, Ph.D.

Behavioral Therapy of Juveniles involved in firesetting.

Speaker to be announced

Residential Treatment for Juvenile Firesetters.

REGISTRATION FORM

April 24, 1987

Complete and mail together with check or money order for \$10.00 payable to Washington County Fire District #1: Attn: Jim Washburn 20665 SW Blanton Street, Aloha Oregon 97007.

NAME _____

ORGANIZATION _____

ADDRESS _____

CITY _____

ZIP _____

TELEPHONE _____

WHO SHOULD ATTEND

Treatment Professional
Therapists
Juvenile Counsellors
Fire and Police
Social Workers
Mental Health Workers
Psychologist
School Counsellors

DATE April 24, 1987

TIME 8:30 a.m. to 3:30 p.m.

FEE \$10.00 (Includes materials and coffee)
Lunch will be no host

LOCATION

The Auditorium
St. Vincent Medical Center
9205 S.W. Barnes Rd.
Portland, Oregon (See Map)

For information call:

Steve Muir 248-0203
Jim Washburn 248-0527

REFUND POLICY

Registration fee is refundable if written notification of cancellation is received 7 days in advance of course date

Workshop

Workshops

ATTACHMENT 18.A

OREGON COUNCIL AGAINST ARSON TRI-COUNTY FIRESETTERS INTERVENTION NETWORK

Conference Agenda

Thursday, January 14th, 1988

Room

7:30 - 8:30	REGISTRATION - Coffee	CANDLEWOOD
8:30	WELCOME Dick Small - Chairman Oregon Council Against Arson Steve Muir - Chairman Tri-County Firesetters Intervention	CANDLEWOOD/REDWOOD
8:40	THE PSYCHOLOGY OF ADOLESCENCE AND THE PSYCHOLOGICAL PROFILE OF ADOLESCENCE FIRESETTING Dr. Jessica Gaynor	
10:00	Break	
10:15	Dr. Gaynor - continues	
11:45	SHOWCASE - The Oregon Juvenile Firesetter Resource Directory	
Noon	ARSON AWARDS LUNCHEON CEREMONY Olin Greene - State Fire Marshal of Oregon Lynn Hillman - Oregon State Police, Arson Unit Director Each year the Oregon Council Against Arson has the privilege of awarding outstanding citizens for their assistance in solving arson crimes in Oregon. 1987 Award Recipients will be honored and recognized at the ceremony today.	COTTONWOOD
1:15	INTERVIEWING AND EVALUATING ADOLESCENT FIRESETTERS Dr. Jessica Gaynor	CANDLEWOOD/REDWOOD
2:30	Break	
2:45	PROFESSIONALS WHO WORK WITH JUVENILE FIRESETTERS A panel discussion displaying the role each plays in dealing with the juvenile firesetter and ways we can better work together. Moderator: Steve Muir Panelists: Laurie Birchill.....Mental Health Jim Washburn.....Fire John Griesen.....Law Enforcement Harold Augburn.....Juvenile Justice June Anderson.....Childrens Services Questions & Answers	CANDLEWOOD/REDWOOD
4:30	SUMMARY & EVALUATION WORKSHOP Session Ends	

Workshops

OREGON COUNCIL AGAINST ARSON TRI-COUNTY FIRESETTERS INTERVENTION NETWORK

Conference Agenda

Friday, January 15th, 1988

		<u>Room</u>
7:30 - 8:30	REGISTRATION	CANDLEWOOD
8:30	WELCOME Dick Small - Chairman Oregon Council Against Arson Steve Muir - Chairman Tri-County Firesetters Intervention Network	CANDLEWOOD/REDWOOD
8:40	CHILDREN FIRESETTERS: AGES 3-14 YEARS Dr. Jessica Gaynor	CANDLEWOOD/REDWOOD
10:00	Break	
10:15	Dr. Gaynor - continues	
10:30	COUNSELING THE CHILD FIRESETTER Dr. Jessica Gaynor	
Noon	Luncheon	UPPER TERRACE
1:00	ADOLESCENT FIRESETTER Dr. Jessica Gaynor	CANDLEWOOD/REDWOOD
2:15	Break	
2:30	COUNSELING THE ADOLESCENT FIRESETTER Dr. Jessica Gaynor	CANDLEWOOD/REDWOOD
3:45	SUMMARY & EVALUATION WORKSHOP	CANDLEWOOD/REDWOOD
4:00	Conference Adjourns	

Referral Mechanisms

Release of Information Forms

Juvenile firesetter programs receive referrals to the program from a variety of referral sources including the fire service, law enforcement, schools, parents, social services, and mental health. The program, in turn, may refer the youth to a variety of target referral agencies such as social services, mental health, and criminal justice agencies. In order to ensure that the juvenile receives the necessary services, agencies often need to share information about the case.

Many programs have developed waivers or releases, similar to those presented, for parents to sign, which permit the program to share information about the child with the appropriate service agency. In addition, the releases allow target agencies, such as mental health providers, to inform the juvenile firesetter program of the status of a case. This exchange of information enables program staff to monitor cases and make sure that all referrals have been successfully accomplished.

JUVENILE FIRESETTER PROGRAM

RELEASE OF INFORMATION

INSTRUCTIONS:

Following screening and agreement with parent re: service(s) to be provided and/ -or completion of mental health referral process, execute the following release(s) as follows:

1. TYPE "A" -- This release is completed in all cases where mental health services are recommended. It is always executed by the firefighter. If a mental health agency will be involved in providing services to child and/or parent and, if at time of execution, the identity of the participating agency is known, write its name in the space provided. If the identity of the participating agency is not known at the time of execution, leave the space provided blank.
2. TYPE "B" -- This release is executed when mental health services are going to be used. It may be executed by either the firefighter or mental health agency representative. The firefighter executes the release when he knows the identity of the mental health agency to be involved. Otherwise it is executed later by the mental health representative who will be involved with the child and/or parent(s).
3. "NOTE" Re:Revocation of Release(s) -- This note is to be read by or read & explained to the parent(s) when executing either type of release. They are to sign the note indicating their understanding of it.

TYPE A: Release of Information from Columbus Division of Fire to participating agencies.

I authorize and give permission to the COLUMBUS DIVISION OF FIRE to release to _____ (for purposes of counseling or treatment), any records or other information which it possesses regarding my children child(ren), (name(s) or child(ren) _____), as a result of any interview or investigation made, and to permit the above agency(s) or any of its or their representatives or agents to inspect and or make copies of such records or other information. I understand that in the use of the aforesaid records or other information by the COLUMBUS DIVISION OF FIRE that the name(s) of my child(ren) shall be kept confidential if any information relating to him / her / them is published or used for purposes of education and or program evaluation. I release, discharge and exonerate all of the above agencies, their representatives or agents, from any and all liability which might arise from the release of the aforesaid information for the purpose(s) stated above.

NOTE: Any or all of the above releases may be revoked at any time by a signed and dated statement from the parent(s).

I have read or have had read to me the above "NOTE" and understand it.

Signed, _____, on: _____
(signature(s) of parent(s) date

Signed, _____, on: _____
(signature(s) of parent(s) date)

TYPE B RELEASE IS ON REVERSE SIDE

CITY OF COLUMBUS, OHIO
DIVISION OF FIRE
200 Greenlawn Avenue

JUVENILE FIRESETTER PROGRAM

RELEASE OF INFORMATION TO FRANKLIN COUNTY CHILDREN'S SERVICES (FCCS)

INSTRUCTIONS:

1. Type "A" for education service only.
2. Type "B" for mental health service only.
3. Both types for education and mental health services.

TYPE "A" FD/FCCS EDUCATION RELEASE

I authorize and give permission to the Columbus Division of Fire to release to Franklin County Childrens Services for purposes of monitoring the progress of my child _____, as a result of his--her participation in a Fire Prevention Education Program, any and all evaluative or progress reports which the aforesaid fire department may prepare. I further release, discharge and exonerate the aforesaid fire department and Franklin County Children Services any and all liability which might arise through the release of the aforesaid information.

Note: Any or all of the above releases may be revoked at any time by a signed and dated statement from the parent(s).

I have read or have had read to me the above "Note" and understand it.

SIGNED: _____ on _____
(parent) (date)

WITNESSED _____ on _____
(firefighter) (date)

TYPE "B" FD/FCCS COUNSELING RELEASE

I authorize and give permission to the Columbus Division of Fire to release to Franklin County Childrens Services for purposes of securing counseling for my child _____, either directly from Franklin County Children Services or through referral to another counseling agency, any and all intake screening summary materials which the aforesaid fire department may process. I further release, discharge and exonerate the aforesaid fire department and Franklin County Children Services from any and all liability which might arise through the release of the aforesaid information.

Note: Any or all of the above releases may be revoked at any time by a signed and dated statement from the parent(s).

I have read or have had read to me the above "Note" and understand it.

SIGNED: _____ on _____
(parent) (date)

WITNESSED: _____ on _____
(firefighter) (date)

F.R.Y. REFERRAL TO

DEPAUL MENTAL HEALTH SERVICES

NAME

DATE TO ATTEND

SEEN BY:

DR. _____

INTAKE SOCIAL WORKER _____

DATE ATTENDED _____

DID NOT ATTEND _____

PLEASE RETURN TO F.R.Y. OFFICE

Fire Investigation Unit-Rm. 365
Public Safety Bldg.
150 Plymouth Ave. S.
Rochester, New York 14614

RECORDS RELEASE AUTHORITY

I, _____, being the parent
(Parent or Guardian's Name)

or guardian of _____ hereby authorize

the Rochester Fire Department to release to _____
(Clinic or Doctor's Name)

all records relating to said youth.

Signed

Witness

Date

Publicity and Outreach

Promotional Materials

The following materials present examples of publicity and outreach materials which can be used by a juvenile firesetter program as part of their public information and education campaign. These public information campaigns are necessary to raise the public awareness about juvenile firesetting and the juvenile firesetter program. A juvenile firesetter program will only be effective if parents and community agencies are aware of the program and are willing to refer juvenile firesetters to the program.

The following materials include sample brochures, news releases, fact sheets, newspaper articles, and fire service newsletter/news magazine articles. Although the materials are generally self explanatory, a brief description of each of the materials is presented.

Brochure. The brochures presented are those used by the Portland Fire Bureau and the Rochester Fire Department. These brochures provide brief facts about firesetting and most importantly, give the reader information about where to call for additional information and assistance. All juvenile firesetter programs should, at a minimum, develop a simple brochure which can be distributed to schools, local Parent/Teacher Associations, pre-schools, day-care centers, and pediatricians' offices.

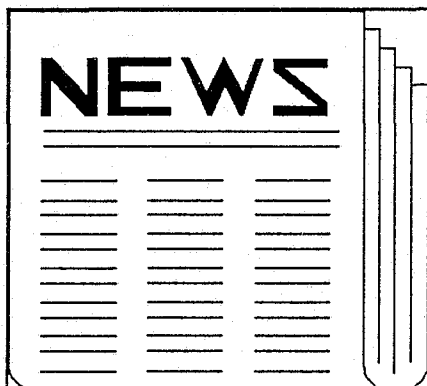
News release. News or press releases are brief (one page) announcements of newsworthy events. Juvenile firesetter programs can use news releases to provide important information about the program to the media. These brief releases may be sent to local newspapers, radio, and television stations. Every release should include the name, address, and telephone number of the person to contact for further information.

Fact Sheets. Fact sheets are similar in function to press releases, but provide more detailed information. These fact sheets should be updated so that they reflect the most recent information. They should also provide the name and telephone number of a contact person. These releases can be sent to the local news media or kept on file for the juvenile firesetter program to have when they receive a request for information about the program.

Newspaper articles. One way to get media attention is when a juvenile firesetting incident has occurred. Parental interest and media awareness are heightened after such an event. The articles presented in these resource materials appeared in the Columbus Dispatch. In the March 23rd article, the juvenile firesetter program coordinator was interviewed and asked to give an expert opinion about juvenile firesetting. Information

about the juvenile firesetter program also can be use as a sidebar to a story about a firesetting incident, as is shown in the March 31st article.

Newsletters/news magazines. In addition to newspapers, radio, and television, juvenile firesetter programs can use community and fire service newsletters or magazines, newsletters of major corporations, and university and college newspapers to publicize the program. Attachment D contains two articles written by the coordinator of the Columbus Juvenile Firesetter Program.



News Release

Middletown Fire Department
100 Main Street
Middletown, U.S.A. 00000
(555)-555-5555

For Immediate Release
November 28, 1989

For more information:
Officer John Smith

NEW SERVICE OFFERS SCREENING AND EDUCATION FOR JUVENILE FIRESETTERS

A new service offered by the Middletown Fire Department provides screening and education for juvenile firesetters. Firefighters assigned to the Middletown Juvenile Firesetter Program interview juvenile firesetters and their parents to determine what services are needed. "Children are responsible for a large percentage of incendiary fires," according to Fire Chief Robert Clark. "Many of the fires are set by young children who are curious about fire."

The screening is designed to assess whether a child referred to them needs education or whether the child has additional problems requiring further services. The Juvenile Firesetter Program provides fire safety education to "curiosity" firesetters and can refer more troubled firesetters to the appropriate service agencies. Parents, teachers, and service providers should be instructed to call the Middletown Juvenile Firesetter Program if they know or suspect a child of firesetting.



Juvenile Firesetter Prevention Task Force

2196 Wilson Road
Columbus, Ohio 43228

F A C T S H E E T

For Immediate Release
July 15, 1986

Contact: Bob Ireson
466-2416

Juvenile Firesetter Prevention Task Force Background

Columbus, Ohio - The Juvenile Firesetter Prevention Task Force, Inc., was formed in September, 1984 to develop and promote community service programs that identify and treat the needs of children who set fires, and to reduce the loss of life, injuries and property destruction resulting from fires set by young children.

In addition to coordinating the county-wide program, the Task Force will maintain a JUVENILE FIRESETTER CARE LINE, 461-CARE, where parents can receive program information and help. The Task Force will also promote a public awareness campaign that distributes posters & brochures to doctors, educators and parents, and operate a speakers bureau. Costs of the public awareness campaign and speakers bureau, estimated to be \$13,000 for the first year, will be paid through local fund-raising activities of the Task Force and corporate contributions.

The Task Force is unique in that fire service officials, mental health professionals, county children services, and juvenile court authorities joined forces voluntarily to intervene in the firesetter problem. County fire departments plus 18 social service agencies participate in the program's

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implementation and more are expected to join as the program grows.

Each fire department interviews and provides fire safety education for juvenile firesetters in their jurisdiction using fire fighters specially trained in juvenile firesetter prevention. If a youth requires special counseling, a referral is made into one of the participating counseling centers or practitioners where costs are generally based on an ability to pay basis.

The origin of the Juvenile Firesetter Prevention Task Force actually stems from a program started in the early sixties by Upper Arlington Fire Chief John Haney. Haney, then a Fire Lieutenant, realized that fire department techniques of dealing with firesetters were ineffective and that some type of counseling may be necessary.

Together with Anne Croskey, then a counselor at Northwest Childrens' Mental Health, a structured interview process was developed to determine if counseling was necessary, and the first case studies of juvenile firesetters revealed that this additional treatment was not only appropriate but effective. This work led to the development of a model juvenile firesetter program recommended by the United States Fire Administration.

In January, 1983, Cathy Earlenbaugh, RN, and Elaine Pickrell, ACSW, from the Burn Unit at Columbus Childrens' Hospital, surveyed the central Ohio area seeking information about firesetter programs. Their efforts united other concerned professionals who concluded that a community-wide program was needed and could be modeled after the Upper Arlington and several other successful programs. After a few meetings, the firesetter task force was born.

Seven specialized committees were formed to evaluate various aspects of the problem and provide expert guidance. Those committees are: legal, fire service,

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mental health clinical, medical clinical, education, community relations, and finance. The Task Force is administered through an executive board, and because participation is voluntary, administrative costs are less than 5% of the total budget.

Over 20 other firesetter/fire safety programs were studied before recommending a comprehensive program for county-wide implementation. Most programs report a 90-100% success rate in preventing a youth from setting additional fires.

The program developed by the Task Force includes the best of those studied. Another unique feature is the focus on youths playing with fire that have not yet set a serious fire. Treatment in this curiosity stage is most effective.

Forty fire fighters have been specially trained by fire and mental health experts in juvenile firesetting, and forty more are to be trained this fall. More than 20 mental health professionals have participated in clinical workshops thus far, and 30 more are expected to complete training soon.

The following agencies are examples of those represented by the Task Force:

- o Franklin County Fire Departments
- o Columbus Division of Fire
- o Franklin County Mental Health Agencies & Practitioners
- o Columbus Childrens' Hospital
- o Ohio Division of State Fire Marshal
- o Franklin County Children Services
- o Columbus Division of Police
- o Franklin County Firefighter's Association

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The current officers and executive board members of the Task Force are:

Bob Ireson, Task Force Chairperson
Ohio Division of State Fire Marshal - 466-2416

Ken Unger, Task Force Vice Chairperson
Columbus Division of Fire - 222-7641

Rob Hanrahan, Secretary
The Children's Hospital Foundation - 461-2080

Ginny Barney, Treasurer
The Barney Corporation - 771-0059

James Soteriades, Co-Chairperson of Fire Service Committee
Whitehall Fire Department - 237-5478

James Lewis, Co-Chairperson, Fire Service Committee
Truro Township Fire Department - 864-2445

Anne Croskey, ACSW, Chairperson, Mental Health Clinical Committee
Central Ohio Counseling - 262-5333

Terry Skobrak, Chairperson, Medical Clinical Committee
Columbus Children's Hospital - 461-2560

Rick Morris, Chairperson, Legal Committee
Franklin County Children Services - 275-2544

Daniel Strohl, Chairperson, Education Committee
Upper Arlington Division of Fire - 457-5080

Lee Arnold, Chairperson, Community Relations Committee
Columbus Children's Hospital - 461-2630

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Juvenile Firesetter Prevention Task Force

2196 Wilson Road
Columbus, Ohio 43228

F A C T S H E E T

For Immediate Release
July 15, 1986

Contact: Bob Ireson
466-2416

Is Your Child Curious About Fire?

Columbus, Ohio - Every day in Franklin County at least two children are playing with or starting a fire. Though all of these fires are not reported to the fire department, they all can easily become a tragedy.

In 1984, there were six juvenile set fires resulting in six fatalities during a 30 day period in Columbus. Sadly, at least one adult knew that five of those youths had previously played with fire.

A child or juvenile firesetter is a youth who has experimented or played with fire, or deliberately set a fire.

The term juvenile firesetter should not be confused with juvenile arsonist, which is part of a stigma often unfairly attached to a juvenile firesetter. A young firesetter may have a normal curiosity about fire, and while playing with matches, accidentally start a fire. If not just curious, the youth may be experiencing emotional or behavioral difficulties in their life which contributes to their firesetting behavior.

Even a child who simply "plays" with matches is a juvenile firesetter and is likely to harm himself or others, maybe in his or her own home. The National Fire Protection Association reports that one-third of the children who die in

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fires die in fires they set themselves.

All fires should always be reported to the fire department. If a parent or family member discovers that their child may have played with fire after it is out, or suspects a fire was deliberately set by their child, they should call the JUVENILE FIRESETTER CARE LINE, 461-CARE.

The JUVENILE FIRESETTER CARE LINE operator will arrange for a specially trained fire fighter to contact the parents for an interview with their child where the fire fighter will explain how the program works.

The parents and child will meet with the specially trained fire fighter at a local fire station. Some basic information is collected from the child and parents about firesetting behavior which will help the fire fighter determine what type of intervention will best meet the child's needs.

All firesetters will receive four to six weeks of fire safety education at the local fire station with one of the parents. Each session is conducted one on one by a specially trained fire fighter. If the child may be experiencing emotional or behavioral difficulties, the youth will be referred for special counseling in addition to continuing fire safety education.

Fire safety educators have identified twenty-five essential behaviors children will learn in the program. For example, a preschool age child will learn how to stop, drop and roll, the proper way to extinguish a fire on your clothing. The first priority is for the child to protect themselves from a fire, and then learn the essential fire prevention skills.

Depending on the child's age and level of understanding, different learning activities will be used by the fire fighter. When fire safety education is completed, the youth not only understands the dangers of fire, but is able to

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explain why they should avoid fire and only use fire under the supervision of an adult.

What may have started as "curiosity" firesetting may develop into a more serious firesetting problem. When a youth is setting fires because of emotional, behavioral, or family difficulties, additional counseling is needed to prevent future firesetting.

If counseling is indicated, the fire fighter will assist the parents by making a referral to one of 14 counseling locations currently participating in the firesetter program. The counselors used for referrals are participants in the Task Force and costs are generally based on ability to pay.

Each fire fighter that interviews and educates a child and family has received three and one-half days of special training from firesetter experts on the Task Force. The questions they use to determine the child's needs have been validated in many of the communities using similar programs. The process is highly successful in predicting what kind of treatment is necessary.

The best advice for parents is: if you suspect your child of playing with fire, even if the only evidence is a burnt match, simply call the JUVENILE FIRESETTER CARE LINE to be connected to the help your child needs.

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Juvenile Firesetter Prevention Task Force

2196 Wilson Road
Columbus, Ohio 43228

F A C T S H E E T

For Immediate Release
July 15, 1986

Contact: Bob Ireson
466-2416

Facts About Juvenile Firesetting

- o A full third of the children five and under who were killed in fires in the United States between 1978 and 1982 died in fires that began while they were playing, mostly with matches and lighters - National Fire Protection Association.
- o During the last fifteen years, over half of all individuals arrested for arson in the United States were under eighteen years of age and nearly one-fourth of arson arrests were of children ages eleven through fourteen - FBI Uniform Crime Statistics.
- o In 1984, an estimated 453 fires were started by children playing with matches or lighters in Franklin County, an increase of 153 from 1983. In addition, persons under eighteen were responsible for an estimated 370 incendiary or suspicious fires in 1984, an increase of 330 in 1983. During these two years, 2.43 million dollars of property damage can be attributed to juvenile firesetters - Ohio Fire Incident Reporting System.

*** MORE ***

- o Boys constitute the majority of juvenile firesetters. Compared to their female counterparts, they are more frequent in their firesetting, and children ages 4-8 years old are significantly more likely to set fires which cost in excess of \$500, a higher average cost than other age groups - Columbus Childrens' Hospital.
- o Based on the number of known juvenile set fires and the experience of local communities currently treating firesetters, the Task Force estimates that 300-500 children will use the program this year. All together, this will require 4500-7500 hours of fire fighter time. 50-60% of the youths will be referred for special counseling - Juvenile Firesetter Prevention Task Force.

#

Monitoring Systems

Intake Forms

Management Information Systems (MIS) are one type of monitoring system which can be used for case tracking, caseload analysis, and program reporting. The MIS usually contains case information which are drawn from case files, primarily from intake and screening forms similar to the sample forms presented in this volume. The intake forms contain details about the firesetting incident, demographic information about the juvenile, disposition of the case, and program activities. The examples given here have been used by juvenile firesetter programs in Upper Arlington, Ohio; Columbus, Ohio; Fort Worth, Texas; and Charlotte, North Carolina.

JUVENILE FIRESETTER PREVENTION TASK FORCE, INC.

INTAKE REPORT

INSTRUCTIONS:

- 1) Have caller describe problem and write it down.
- 2) If no emergency exists (see NOTE below) explain program.
- 3) If caller wants services, get Personal Info and explain that a firefighter will contact them.

4) Route form per instruction.

NOTE: If caller states or thinks that a fire and/or mental health EMERGENCY exists -- one which requires immediate attention -- advise them to call their local fire department and/or mental health agency. You CANNOT do this for them.

Date: ____/____/____ Time: ____:____ a.m.
p.m.

INTAKE OFFICER: _____

LOCATION: _____

(Fire Dept., Station #, Unit)

PROBLEM STATEMENT

1. Reason for phone call. (How can we help you?):

2. Does child have a prior history with fire(s)? ____ Yes ____ No If yes, describe.

a) Type of fire(s):

b) How many fires?

c) Where set?

d) Who was child with?

e) What material was used?

*f) Was someone injured?

*g) Was fire department called? ____ Yes ____ No If Yes, which one? _____
(Name of Fire Dept.)

3. Describe other things about the child's behavior which concern you:

4. Has the child received counseling in the past? ____ Yes ____ No If yes, where? _____

5. Do you know how our program works? ____ Yes ____ No If No, explain -- Fire service provides screening, education, and possible mental health referral.

6. Do you want a Fire Dept. representative to contact you? ____ Yes ____ No

7. How did you learn of our program?

TV ____ Newspaper ____ Friend ____ Fire Dept. ____ Counselor ____ School ____ Other ____

DISPOSITION:

1. "Information only" - No service request/referral

Reason: _____

2. Service request/referral _____

Referred for screening at: _____

(Location of Screener)

ROUTING:

1 - File

1 - JFPTF (w/o ID Info)

1 - File

1 - Screener

DEMOGRAPHIC INFORMATION:

Age of child ____ D.O.B. ____/____/____ Sex: M or F Jurisdiction of Fire Dept. _____

PERSONAL INFORMATION:

Name of child: _____ Child's Address: _____

Name of parent: _____ Parent's Address: _____

Parent Home Phone: _____ Work Phone: _____ Best Time to Call: _____

Name & relationship of caller, if different from parent: _____

(TURN OVER FOR SCREENING SUMMARY DATA)

JUVENILE FIRESETTER PREVENTION TASK FORCE, INC.

SCREENING SUMMARY

INSTRUCTIONS:

- 1) Use form to note screening appt(s).
- 2) After screening, indicate referral activity & execution of release(s).
- 3) Record "Category Profile Score" in space provided at bottom of form.
- 4) Route form per instructions.

Name of person completing form: _____

LOCATION: _____

(Fire Dept., Station #, Unit)

NOTE: Any case referred for criminal investigation must be REMOVED from the JFPTF referral system until the investigation is completed.

SCHEDULING SCREENING

- | | | | |
|-------------------------------------|-------------|-----------------|--------------|
| 1. Appointment date: ____/____/____ | Time: _____ | Location: _____ | Show? Y or N |
| 2. Appointment date: ____/____/____ | Time: _____ | Location: _____ | Show? Y or N |
| 3. Appointment date: ____/____/____ | Time: _____ | Location: _____ | Show? Y or N |

RESULTS OF SCREENING

1. EDUCATIONAL PROGRAM INDICATED? ____ Yes ____ No

a. First education appointment made? ____ Yes ____ No

If "No", why not? _____

b. When (date): ____/____/____

c. Where: _____

d. With whom? _____

e. "ED" info release signed? ____ Yes ____ No

Protective Services (FCCS) referral indicated? Y or N

If "Y", why? _____
(Dependency, Neglect, Abuse)

Date of call to FCCS: ____/____/____

FCCS contact person: _____

2. MENTAL HEALTH TREATMENT INDICATED ____ Yes ____ No

a. Mental health referral made? ____ Yes ____ No

If No, why not? _____

b. Via parent: ____ Yes ____ No

c. Agency recommended? _____

d. Via Firefighter? ____ Yes ____ No

e. Agency contacted: _____

f. Date of contact: ____/____/____

g. Mental Health contact person: _____

3. CRIMINAL (ARSON) INVESTIGATION INDICATED ____

(See "Note", above)

a. Referred to: _____

Date: ____/____/____

(Arson Investigator & Fire Dept.)

JUVENILE FIRESETTER PREVENTION TASK FORCE, INC.

EDUCATION EVALUATION FORM

INSTRUCTIONS:

This form is to be filled out by the fire fighter responsible for conducting the educational fire safety education sessions recommended on the Screening Summary.

If the child attended all or some of the educational sessions, fill out THIS SIDE OF FORM. If the child NEVER attended any sessions, fill out the REVERSE SIDE.

PART I - COMPLETED EDUCATIONAL SESSIONS

A. Child's Name _____

B. Session dates: (1) ____/____/____ Attended? ____ Yes ____ No

(3) ____/____/____ Attended? ____ Yes ____ No

(5) ____/____/____ Attended? ____ Yes ____ No

(2) ____/____/____ Attended? ____ Yes ____ No

(4) ____/____/____ Attended? ____ Yes ____ No

(6) ____/____/____ Attended? ____ Yes ____ No

C. Person providing educational service _____ Module provided _____

D. Was parent present during education session(s)? ____ All ____ Some (#) ____ None

E. Involvement of child in session(s) -- Was child interested/attentive?

____ Good ____ Fair ____ Poor

F. Involvement of parent in session(s) -- Was parent supportive of program?

____ Good ____ Fair ____ Poor

G. Child's understanding of the importance of not playing with fire:

____ Good ____ Fair ____ Poor

H. Child's intellectual capacity (estimate):

____ Above average ____ Average ____ Below average

I. Child's potential for further fire-setting activity: (Opinion)

____ Great ____ Some ____ Very Little

J. Parent's interest/motivation in preventing further fire-setting by child:

____ Good ____ Fair ____ Poor

K. Parent's ability to supervise child relative to fire-setting:

____ Good ____ Fair ____ Poor

L. Do you think child needs additional services? ____ Yes ____ No If yes, what type?

____ Educational (via fire dept.)? ____ Therapeutic counseling (via mental health)?

____ Protective (via Franklin County Children Services)?

M. If additional services are recommended, HOW WILL REFERRAL FOR THEM BE MADE?

____ By fire fighter? ____ By parent? ____ Other?

Name of agency contacted: _____ Date (if known) ____/____/____

N. Additional comments: _____

O. Name of person completing form: _____ Date _____

(Turn over for part 2 -- Uncompleted Sessions)

FILING/ROUTING INSTRUCTIONS:

1 - Fire Dept. File

1 - Juvenile Firesetter Prevention Task Force, Inc., 8895 E. Main Street, Reynoldsburg, Ohio 43068*

* A JFPTF Release of Information, TYPE "A" must be on file before routing.

NOTE: If the child/parent NEVER attended ANY sessions, fill out this side:

SIDE II - UNCOMPLETED EDUCATIONAL SESSIONS

A. IDENTIFYING INFORMATION:

Child's Name _____ Fire Educator's name _____
Agency name _____ Phone _____

B. NO-SHOW EVALUATION:

Date of sessions scheduled and not attended:

(1) ____/____/____ (2) ____/____/____ (3) ____/____/____ (4) ____/____/____

C. Person scheduled to provide educational service _____

D. REASON(s) FOR NO-SHOWS:

____ "too busy"

____ "forgot"

____ "sick"

____ "other" (specify): _____

____ unknown

E. Child's potential for further fire-setting - (BASED ON REVIEW OF REFERRAL MATERIAL):

____ Great ____ Some ____ Very Little

F. Parent's ability to supervise child relative to firesetting - (BASED ON REVIEW OF REFERRAL MATERIAL):

____ Good ____ Fair ____ Poor

G. Do you think child needs additional services? ____ Yes ____ No If yes, what type?

____ Educational (via fire dept.) ____ Therapeutic (via mental health) ____ Protective (via FCCS) ____ Other

H. If additional services are recommended, will referral be made? ____ Yes ____ No - If yes, who will make referral?

____ Firefighter? ____ Parent? ____ Mental Health Therapist? ____ Other?

Name of agency contacted _____ Date (if known): ____/____/____

I. Additional comment(s):

J. Name of person completing form: _____ Date: ____/____/____

FILING/ROUTING INSTRUCTIONS:

1 - Fire Dept. File

1 - Juvenile Firesetter Prevention Task Force, Inc., 8895 E. Main Street, Reynoldsburg, Ohio 43068*

*A JFPTF Release of Information, TYPE "A" must be on file before routing.

JFPTF:ED/3-86

JUVENILE FIRESETTER PREVENTION TASK FORCE, INC.

COUNSELING EVALUATION FORM

INSTRUCTIONS:

This form is to be filled out by the mental health counselor responsible for conducting the mental health treatment sessions recommended on the JFPTF Screening Summary Form.

1. If the child/parent attended some or all of the treatment sessions, fill out the FRONT of the form.
2. If the child/parent NEVER attended any sessions, fill out the BACK of the form.

SIDE 1 -- COMPLETED COUNSELING SESSIONS

A. IDENTIFICATION INFORMATION:

Child's Name _____ Counselor's Name _____
Agency Name _____ Phone _____

B. INITIAL EVALUATION: (FILL OUT AFTER SECOND (2ND) MEETING WITH CHILD)

List problem(s) related to firesetting identified thus far: _____

List treatment objectives: _____

Initial interest expressed toward counseling:	Great	Some	Little
Child	_____	_____	_____
Mother	_____	_____	_____
Father	_____	_____	_____
Other ()	_____	_____	_____

C. FINAL EVALUATION: (FILL OUT AFTER EIGHT (8) WEEKS OF COUNSELING OR TERMINATION, WHICHEVER'S FIRST)

Treatment modality (circle): Indiv-child Indiv-par family group marital other
Number of sessions (of each): _____
TOTAL

Still in counseling: _____ Yes _____ No If "N", check reason(s) for termination:

_____ dissatisfaction/lack of interest by: child _____ parent _____ both _____

_____ referred to another counselor

_____ successful completion of treatment as determined by: family _____ counselor _____ both _____

Child's potential for further firesetting: Great _____ Some _____ Very Little _____

Parent's interest/motivation in preventing further firesetting by child: Great _____ Some _____ Poor _____

Parent's ability to supervise child relative to firesetting: Good _____ Fair _____ Poor _____

Do you think child needs additional services? _____ Yes _____ No If "Y", what type?

Educational (via fire dept) _____ Therapeutic (via mental health) _____ Protective (via FCCS) _____

If additional services are recommended, will referral be made? _____ Yes _____ No If "Y", who will make it?

Firefighter? _____ Parent? _____ Mental Health Therapist? _____

Name of agency contacted _____ Date (if known) ____/____/____

Additional comments: _____

Name of person completing form _____ Date ____/____/____

ROUTING: 1 - Mental Health Agency File

1 - Juvenile Firesetter Prevention Task Force, Inc., 8895 E. Main Street, Reynoldsburg, Ohio 43068*

* A JFPTF Release of Information, TYPE "B" must be on file before routing.

NOTE: If the child/parent NEVER attended ANY sessions, fill out this side:

SIDE II - UNCOMPLETED COUNSELING SESSIONS

A. IDENTIFYING INFORMATION:

Child's Name _____ Counselor's name _____
 Agency name _____ Phone _____

B. NO-SHOW EVALUATION:

Date of sessions scheduled and not attended:

(1) ____/____/____ (2) ____/____/____ (3) ____/____/____ (4) ____/____/____

REASON(s) FOR NO-SHOWS:

____ "too busy"

____ "forgot"

____ "sick"

____ "other" (specify): _____

____ unknown

Child's potential for further fire-setting - (BASED ON REVIEW OF REFERRAL MATERIAL):

____ Great ____ Some ____ Very Little

Parent's ability to supervise child relative to firesetting - (BASED ON REVIEW OF REFERRAL MATERIAL):

____ Good ____ Fair ____ Poor

Do you think child needs additional services? ____ Yes ____ No If yes, what type?

____ Educational (via fire dept.) ____ Therapeutic (via mental health) ____ Protective (via FCCS) Other (____)

If additional services are recommended, will referral be made? ____ Yes ____ No - If yes, who will make referral?

Firefighter? ____ Parent? ____ Mental Health Therapist? ____ Other ____

Name of agency contacted _____ Date (if known): ____/____/____

Additional comments : _____

C. Name of person completing form: _____ Date: ____/____/____

ROUTING: 1 - Mental Health Agency File

1 - Juvenile Firesetter Prevention Task Force, Inc., 8895 E. Main Street, Reynoldsburg, Ohio 43068*

* A JFPTF Release of Information, TYPE "B" must be on file before routing.

JFPTF: MH/3-86

CITY OF COLUMBUS, OHIO
DIVISION OF FIRE
200 Greenlawn Avenue

JUVENILE FIRESETTER PROGRAM

INTAKE REPORT

INSTRUCTIONS:

- 1) Have caller describe problem and write it down.
 - 2) If no emergency exists (see NOTE below) explain program.
 - 3) If caller wants services, get Personal Info and explain that a firefighter will contact them.
- NOTE:** If caller states or thinks that a fire and/or mental health **EMERGENCY** exists -- one which requires immediate attention -- advise them to call their local fire department and/or mental health agency. You cannot do this for them.

Date: ____ / ____ / ____ Time: ____ am
 pm

INTAKE OFFICER: _____

LOCATION: _____

Station No. ____ Unit ____

PROBLEM STATEMENT

1.) Reason for phone call. (How can we help you?)

2.) Does child have a prior history of fireplay? ____ yes ____ no If yes, describe.

3.) Was the fire department called? ____ yes* ____ no *If yes, give company number. _____

4.) Describe any concerns about the child's behavior other than fireplay:

5.) Has the child received counseling in the past? ____ yes* ____ no *If yes, where:

6.) Do you know how our program works? ____ yes ____ no. If no, explain -- Fire service provides screening, education, and possible mental health referral.

7.) How did you learn of our program? TV ____ Newspaper ____ Friend ____ Fire Dept. ____ Counselor ____
 School ____ Other _____

PERSONAL INFORMATION

C.T. _____

Age of child ____ DOB ____ / ____ / ____

Name of Child _____ Sex ____ M ____ F Child's Address _____

Name of Parents _____ Parents Address _____

Home Phone _____ Work Phone _____ Best Time To Call. _____

CASE DISPOSITION

Date Assigned _____ To Whom: _____ Assignment _____

Turn over to complete screening summary and Education Evaluation.

INSTRUCTIONS:

- 1.) Use form to note screening appt(s).
- 2.) After screening, indicate referral activity & execution of release(s).
- 3.) Record "Category Profile Score" in space provided at bottom of form.
- 4.) Complete education evaluation after completion of last session.

CITY OF COLUMBUS, OHIO
DIVISION OF FIRE
JUVENILE FIRESETTER
PROGRAM

Name of person completing form: _____

LOCATION: _____

Station No. _____ Unit _____

SCREENING SUMMARY**Scheduling Screening**

CHILD'S NAME _____

1. Appointment date: ____/____/____ Time: _____ Location: _____ Show? Y or N
2. Appointment date: ____/____/____ Time: _____ Location: _____ Show? Y or N
3. Appointment date: ____/____/____ Time: _____ Location: _____ Show? Y or N

SCREENING EVALUATION

1. EDUCATIONAL PROGRAM INDICATED? ____Yes ____No
 - a. First education appointment made? ____Yes ____No
 - b. When (date): ____/____/____
 - c. Where: _____
 - d. With whom? _____
 - e. "ED" info release signed? ____Yes ____No
2. MENTAL HEALTH TREATMENT INDICATED ____Yes ____No
 - a. Mental health referral made? ____Yes ____No
 - b. Via parent: ____Yes ____No
 - c. Agency recommended? _____
 - d. Via Firefighter? ____Yes ____No
 - e. Agency contacted: _____
 - f. Date of contact: ____/____/____
 - g. Mental Health contact person: _____

Protective Services (FCCS) referral indicated?

Y or N If "Y", why? _____

(Dependency, Neglect, Abuse)

Date to call to FCCS: ____/____/____

FCCS contact person: _____

3. CRIMINAL (ARSON) INVESTIGATION INDICATED ____Yes ____No

a. Referred to: _____ Date: ____/____/____
 (arson investigator)

CATEGORY PROFILE SCORES

PARENT INTERVIEW _____ CHILD INTERVIEW _____ TOTAL SCORE _____

EDUCATION EVALUATION

1. Session dates(1) ____/____/____ Attended? ____Yes ____No (3) ____/____/____ Attended? ____Yes ____No
 (2) ____/____/____ Attended? ____Yes ____No (4) ____/____/____ Attended? ____Yes ____No
 (3) ____/____/____ Attended? ____Yes ____No (5) ____/____/____ Attended? ____Yes ____No
2. Was parent present during education session(s)? ____All ____Some (#) ____None
3. Involvement of child in session(s) -- Was child interested/attentive? ____Good ____Fair ____Poor
4. Involvement of parent in session(s) -- Was parent supportive of program? ____Good ____Fair ____Poor
5. Child's understanding of the importance of not playing with fire: ____Good ____Fair ____Poor
6. If additional services are recommended, will referral be made? ____Yes* ____No *If yes, who will make the referral? ____Firefighter? ____Parent? ____Mental Health Therapist? ____Other?
 Name of agency contacted _____ date (if known): ____/____/____
7. Additional comment(s): _____

Signature of person completing form _____

Date _____

CITY OF COLUMBUS, OHIO
DIVISION OF FIRE
200 Greenlawn Avenue

JUVENILE FIRESETTER PROGRAM

COUNSELING EVALUATION FORM

INSTRUCTIONS:

This form is to be filled out by the mental health counselor responsible for conducting the mental health treatment sessions recommended on the Screening Summary Form.

1. If the child—Parent attended some or all of the treatment sessions, fill out the FRONT of the form.
2. If the child—Parent NEVER attended any sessions, fill out the BACK of the form.

SIDE 1 -- COMPLETED COUNSELING SESSIONS

A. Identification Information:

Child's Name _____ Counselor's Name _____

Agency Name _____ Phone _____

B. Initial Evaluation: (Fill out after second (2nd) meeting with child.)

List problem(s) related to firesetting identified thus far: _____

List treatment objectives: _____

Initial interest expressed toward counseling:	Great	Some	Little
Child	_____	_____	_____
Mother	_____	_____	_____
Father	_____	_____	_____
Other (_____)	_____	_____	_____

C. Final Evaluation: (Fill out after eight (8) weeks of counseling or termination, whichever's first)

Treatment modality (circle): Indiv-child Indiv-par family group marital other

Number of session (of each): _____ Total _____

Still in counseling: Yes ___ No ___ If No, check reason(s) for termination:

_____ dissatisfaction or lack of interest by: child ___ parent ___ both ___

_____ referred to another counselor

_____ successful completion of treatment as determined by: family ___ counselor ___ both ___

Child's potential for further firesetting: Great ___ Some ___ Very Little ___

Parent's interest/motivation in preventing further firesetting by child: Great ___ Some ___ Poor ___

Do you think child needs additional services? Yes ___ No ___ If Yes, what type?

Educational (via fire dept.) ___ Therapeutic (via mental health) ___ Protective (via FCCS) ___

If additional services are recommended, will referral be made? Yes ___ No ___ If Yes, who will make it?

Firefighter? ___ Parent? ___ Mental Health Therapist? ___

Name of agency contacted _____ Date(if known) ___/___/___

Additional comments: _____

Name of person completing form: _____ Date: ___/___/___

NOTE: If the child/parent NEVER attended ANY sessions, fill out other side.

SIDE II -- UNCOMPLETED COUNSELING SESSIONS

A. No-Show Evaluation:

Date of sessions scheduled and not attended:

(1) ___/___/___ (2) ___/___/___ (3) ___/___/___ (4) ___/___/___

Reason(s) For No-Shows:

___ "too busy"

___ "forgot"

___ "sick"

___ "other" (specify): _____

___ unknown

Child's potential for further fire-setting - BASED ON REVIEW OF REFERRAL MATERIAL):

___ Great ___ Some ___ Very Little

B. Need for additional services evaluation.

Do you think child needs additional services? ___ Yes ___ No If Yes, what type?

___ Educational (via fire dept.) ___ Therapeutic (via mental health) ___ Protective (via FCCS) Other(_____))

If additional services are recommended, will referral be made? ___ Yes ___ No - If Yes, who will make referral?

Firefighter? ___ Parent? ___ Mental Health Therapist? ___ Other _____

Name of agency contacted _____ Date(if known): ___/___/___

Additional comments: _____

Name of person completing form: _____ Date: ___/___/___

Please return this form to: Columbus Division of Fire
Fire Prevention Bureau
Juvenile Firesetter Program/Coordinator
300 North Fourth Street
Columbus, OH 43215

**FORT WORTH FIRE DEPARTMENT
INITIAL CONTACT FOR JUVENILE FIRESETTERS**

1. NAME OF PARENT(S) OR GUARDIAN:

Father: _____ Age: _____

Last Name	First Name	Middle Name
-----------	------------	-------------

Mother: _____ Age: _____

Last Name	First Name	Middle Name
-----------	------------	-------------

Married _____ Separated _____ Divorced _____

Step-Parent: _____ **Age:** _____

Last Name	First Name	Middle Name
-----------	------------	-------------

Legal Guardian: _____ **Age:** _____

Last Name	First Name	Middle Name
-----------	------------	-------------

2. CHILD: _____ Age: _____ DOB: _____
 Last Name First Name Middle Name

3. ADDRESS: _____
- | Street Number and Name | City | Zip Code |
|------------------------|------|----------|
|------------------------|------|----------|

4. NAME OF SCHOOL: _____ GRADE: _____ REPEATS: _____

5. BEST CONTACT TIMES AND TELEPHONE NUMBERS:

Father: (Home) _____ (Work) _____ (Time) _____

Mother: (Home) _____ (Work) _____ (Time) _____

6. APPOINTMENT DATE: TIME:

7. REFERRAL SOURCE: _____ REFERRED TO: _____

8. REFERRAL DATE: _____

9. FOLLOW-UP DATES: (1) _____ (2) _____ (3) _____

10. NAME OF EDUCATORS: _____

11. REMARKS: _____

001-36602-003

Place of Occurrence

Owner

Occupant

Owner's Address

INFORMATION OBTAINED:

FORM 2

FORT WORTH FIRE PREVENTION BUREAU
FIRE SAFETY COUNSELING PROGRAM

I, _____, hereby give my permission
Parent or Guardian
for _____ to participate in the City of
Child

Fort Worth Fire Prevention Bureau Fire Safety Counseling Program.

I understand and acknowledge that the counseling sessions with my child may reveal personal family information which will be kept confidential by the Fire Safety Counseling Program to the fullest extent possible. I authorize information gained in the counseling sessions to be released to the persons or organizations listed below. Should I decide, on the recommendation of the Fire Safety Counseling Program Counselor, that my child should receive further counseling at the Fort Worth Child Study Center, I give my permission for information to be released to the Center.

I understand that the counseling sessions with the Fire Safety Counseling Program are voluntary and free of charge and that I or the City may terminate the counseling sessions at any time. I understand that, should I decide that my child should receive further counseling at the Fort Worth Child Study Center or elsewhere, the City of Fort Worth will in no way be responsible for payment of any fees which may be charged at the Center or other entity, nor will the City or its employees be responsible for the acts or omissions of the Center or other entity.

Date

Signature

Address

Phone No.

Relationship to Child

Information may be released to the following individuals or agencies:

	<u>Name</u>	<u>Address</u>	<u>Phone No.</u>
1)	Child Study Center		
2)			
3)			

Witness

Date

XI. FORMS

JUVENILE FIRESETTERS EDUCATION AND COUNSELING SERVICES

Name _____ Date of Birth _____
Address _____ Sex _____ Race _____
Location of Fire _____ Date of Fire _____
Type of Fire _____
Assigned To _____ Date _____
Fire Loss - \$ _____

Counseling Sessions:

	<u>Date</u>	<u>Time</u>	<u>Transportation Furnished By</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

Follow-up
^ **Telephone Contacts:**

1. _____
2. _____
3. _____
4. _____

Number of parents living at home _____

Final Disposition and Comments:

Reporting Forms/Case Summaries

In order for the program to monitor and evaluate its effectiveness, it needs the cooperation from all the referral agencies with which it works. Although each agency will have specific confidentiality concerns that limit the information they are allowed to share, contractual agreements and information releases may allow agencies to share some information. Providing case status information to the juvenile firesetter program will allow the program to monitor cases and assess the effectiveness of their program and their referral mechanisms. Simple monthly or quarterly reports, like the one developed by Houston's juvenile firesetter program, can be used by referral agencies to provide basic information to the program. All records maintained by the juvenile firesetter program should remain confidential and only group results should be reported to those outside of the program.

JUVENILE FIRESETTERS' PROGRAM
REFERRAL DISPOSITION

A.4

FROM INSPECTOR Lawrence TO INVESTIGATOR Lacy DATE 9-9-88

ADDRESS OF FIRE _____ DATE OF FIRE 3-14-88 CFD # _____

JUVENILE'S NAME _____ DOB 7-12-77 RACE W SEX F

NATURE OF REFERRAL Investigation as a result of the juvenile setting a fire

DATE(S) OF CONTACT 3-22-88, 3-24-88

NATURE OF CONTACT Telephone contact and counseling session with child at my
office

RECOMMENDED FOLLOW-UP (evaluations, additional referrals, etc) _____

ADDITIONAL COMMENTS I spoke with _____ and her mother. Her mother informed me
that _____ has had no further fire related activity since the counseling session
and that there has been marked changes in her behavior. Since _____ has improved,
I am taking her off of my Active List. I will continue to check on her.

3939 Essex Lane
Houston, TX 77027
(713) 961-5683



302 East Shaw St.
Pasadena, TX 77506
(713) 477-4882

JUVENILE FIRESETTERS PREVENTION PROGRAM

T.D.H.R.-C.P.S. QUARTERLY CASE SUMMARY

Client: Christopher W
Date of Birth: 10-31-77
C.P.S. Case Number: 500226141
Date of Initial Intake: 6/1/87

_____ Karen
C.P.S. Supervisor S
_____ Marie S
C.P.S. Worker
_____ Susan Roeth
J.F.S.P.P. Therapist

Summary Period from 5/28/87 to 8/28/87

Type of Summary: X 3 month Closing Other (Explain)

Names of Clients Served	No. of Ind. Sessions	No. of Family Sessions	No. of No Shows	No. of Case Planning Conferences
Christopher	6	1	1	1
Christine	4	2		
Mirande		1		

CLIENT'S NAME:

Christopher

Initial Presenting Problem:

Christopher was referred to Juvenile Firesetters Prevention Program after setting a trash can fire in grandmother's home. At time of referral Christopher had history of firesetting and other multiple behavioral problems.

Treatment Goals and Progress To Date:

- I. Interrupt firesetting behavior.
 - A. No further firesetting behavior reported.
- II. Assess nature and extent of problems resulting in firesetting behavior.
 - A. Firesetting incident was act of admitted anger in response to sibling situation. Chris reports frequent and intense anger toward sisters. He is jealous and resentful even though he is more emotionally attached to sisters than anyone else.
 - B. Psychological testing done to determine levels of intellectual and emotional functioning. Results indicate low normal I.Q. with possibility of organic deficit. Emotional functioning at primitive developmental level suggesting bonding and attachment deficits. This is further evident by his lack of guilt and remorse and disregard for consequences..
 - C. Impulsive behavior. Inconsistent and unpredictable nature of Chris's living situation is not conducive to providing external controls necessary for Chris to learn to develop internal behavioral controls.
- III. Individual and Family Counseling to stabilize family.
(See attached page.)

Additional Goals:

- I. Medical Evaluation regarding Chris' extreme tiredness.
- II. Improved behavior control at home and at school.
- III. Stabilize home environment with increased parent figure involvement.

Estimated Length of Continued Service:

2-3 months with transfer at that time for on-going treatment for behavior control.

Additional Information or Comments:

C.P.S. Worker has worked diligently with this evasive, inconsistent family.
C.P.S. involvement primary stabilizing factor for Chris at this time.

Date: 9/24/87

Prepared By:

Susan Roeth
Cease Fire Club-J.F.S.P.P.
Susan Roeth, A.C.S.W.

Alyson G. Roberts
C.P.S. Program Director
Authorizing Continuation of Services

(SEND ORIGINAL & 2 COPIES)

- A. Individual counseling to date minimally effective at best. Chris is less verbal than in earlier sessions and has been extremely sleepy. Change noted when he went to live with mother. Sessions have not occurred regularly either since he went to live with mother because appointments were not kept each week.
- B. Family counseling has been limited to grandmother because until recently mother has reportedly declined participation. At this time it is uncertain where Chris will live when school starts and who will be participating in his treatment.

Manual Case Log

Juvenile firesetter programs do not necessarily need elaborate computerized management information systems. A manual system may be quite adequate for smaller program. When using a manual system, key information should be placed on monthly activity logs or data sheets like the one presented here. These logs can be used to monitor cases by noting when referrals are made and when follow-up is needed.

Juvenile with Fire Datasheet

[illegible]

Follow-up Forms

If the juvenile firesetter program chooses to extent its management information system to become an evaluation system, it needs to collect follow-up information from parents and referral agencies to determine the long-term effectiveness of the program in terms of recidivism. At a minimum, the program will need to know whether there has been any recurrence of firesetting behavior and may want to find out about other problem behaviors. Examples of follow-up surveys developed by Portland, Oregon (D.1); Upper Arlington, Ohio (D.2); and Columbus, Ohio (D.3) are presented here. These programs use the forms to conduct surveys of families to inquire about recidivism and program effectiveness.

JUVENILE FIRESETTER TELEPHONE FOLLOW-UP SURVEY

Surveyors name _____ Child's name _____
 Date _____ Run number _____
 Survey Number _____ Date of original incident _____

1. Has your child had any fire incidents (since your last meeting with the Portland Fire Bureau)? Yes _____ (continue on to #2)
 No _____ (skip to #10)

TYPE	NUMBER
a. fireplay	_____
b. firesetting	_____

(NOTE: a separate form should be filled out for each incident).

2. Incident date _____ Incident time _____

3. What was burned?

a. paper	_____	e. leaves	_____
b. child's own property	_____	f. self	_____
c. other people's property	_____	g. animals	_____
d. trash	_____	h. other	_____

4. Was the child with others _____
 alone _____
 unknown _____

5. Did it involve matches? _____
 lighters? _____
 others? (explain) _____

6. What was the approximate loss? \$0 _____ \$100-\$1000 _____
 \$0-\$100 _____ \$1000-\$5000 _____
 If over \$5000, give the specific amount \$ _____

7. Were there any injuries? Yes _____
 No _____
 If Yes, did the injury require hospital treatment? Yes _____
 No _____

8. Briefly describe the incident:

9. What was done as a consequence of the firestart?
 a. parental punishment _____ c. mental health referral _____
 b. juvenile justice _____ d. fire department _____

10. In what way do you think your child benefited from the first visit with the Portland Fire Bureau? Why?

11. During the first visit with the PFB, were you referred to a counselor?

Yes _____

No _____

12. Did you go to the counselor? Yes _____

No _____

If Yes on #11, and No on #12, why not?

13. Do you think your child would benefit from a follow-up visit with the Portland Fire Bureau? Yes _____

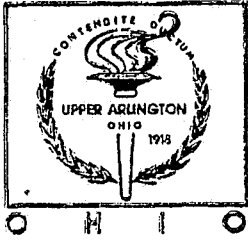
No _____

Would you like to make an appointment? Yes _____

No _____

14. Do you have any comments?

U P P E R
A R L I N G T O N



3600 Tremont Road Upper Arlington, Ohio 43221 (614) 457-5080

PRISCILLA D. MEAD, President of Council REED McCLELLAND, Vice President of Council
JOHN R. ALLEN VIRGINIA L. BARNEY JACK C. EVANS WILLIAM J. NAPIER LEONARD A. ZANE
RICHARD A. KING, City Manager CRAIG R. MAYTON, City Attorney MARGIE C. HALK, Clerk of Council

Dear Parent,

Approximately six months ago, you asked for information and help about your child's firesetting behavior. We are interested in finding out how your child is doing now. This information will help us gain a better understanding of children who set fires. The name of your child and family will be kept confidential.

Would you take a few minutes to answer the following questions and return this letter in the enclosed envelope?

- 1) Has your child set any additional fires since completing the program? (Please circle answer)

Yes No If so, how many? _____

- 2) Do you feel that your child is at risk of setting fires again? (Please circle answer)

Yes Maybe No

- 3) Has your child had any other behavior problems since you first called us? (Please circle answer)

Yes No

If so, what are they? (Please circle answer)

Bad grades in school/failure	Yes	No
Not minding	Yes	No
Fighting	Yes	No
Sadness	Yes	No
Problems with friends	Yes	No
Problems with law enforcement	Yes	No
Other (please describe) _____		

- 4) Please tell us how helpful you found the following services we may have provided:

	Not Helpful	Somewhat Helpful	Very Helpful
Fire Safety Education	_____	_____	_____
Assistance with Mental Health Referral	_____	_____	_____
Mental Health Counseling	_____	_____	_____

PAGE TWO

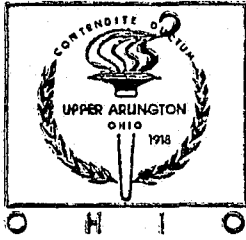
5) Do you have any suggestions on how we can improve our program?

If you would like further assistance for your child, please
contact us at 457-5080.

In the interest of public safety,

UPPER ARLINGTON FIRE DIVISION

U P P E R
A R L I N G T O N



3600 Tremont Road Upper Arlington, Ohio 43221 (614) 457-5080

PRISCILLA D. MEAD, President of Council REED McCLELLAND, Vice President of Council
JOHN R. ALLEN VIRGINIA L. BARNEY JACK C. EVANS WILLIAM J. NAPIER LEONARD A. ZANE
RICHARD A. KING, City Manager CRAIG R. MAYTON, City Attorney MARGIE C. HALK, Clerk of Council

Dear Parent:

Recently you made contact with the Upper Arlington Fire Division concerning your child _____. You expressed interest in how we could assist you in stemming and channeling their firesetting curiosity or behavior.

We have not heard from you since our initial contact(s). We share with you your concern for the well-being and safety of your child. This is a friendly reminder that we have an in-place program for one-on-one fire safety intervention which we believe could benefit your family.

Please consider re-contacting us so we may have the opportunity to serve your needs and those of your child. If you choose to continue with the program, please call 457-5080 and ask for _____.

Thank you for your time and concern.

FPB-114
Rev. 07/87



City of Columbus
Mayor Dana G. Rinehart

Public Safety Department Fire Division

Don E. Werner, Jr.
Fire Chief

Dear Parent,

Approximately _____, you asked for information and help about your child's firesetting behavior. We are interested in finding out how your child is doing now. This information will help us gain a better understanding of children who set fires. The name of your child and family will be kept confidential.

Would you take a few minutes to answer the following questions and return this letter in the enclosed envelope?

- 1) Has your child set any fires since you first called us?
(Please circle answer.) Yes No If Yes, How Many? _____

- 2) Has your child had any other problems since you first called us?
(Please circle answer.) Yes No

If Yes, What are they? (Please circle answer(s) below:)

-Bad grades in school/failure	Yes	No
-Not minding	Yes	No
-Fighting	Yes	No
-Sadness	Yes	No
-Problems with friends	Yes	No
-Problems with the law	Yes	No
-Other _____		

(Please Describe)

- 3) What services did your child have? (Please circle answer.)

-Education with a firefighter	Yes	No
-Mental Health Counseling	Yes	No
-None	Yes	

- 4) Were these services helpful? (Please circle answer.)

-Education with firefighter::	<u>Not Helpful</u>	<u>Somewhat Helpful</u>	<u>Very Helpful</u>
-Mental Health Counseling:	<u>Not Helpful</u>	<u>Somewhat Helpful</u>	<u>Very Helpful</u>

- 5) Do you feel that your child will set fires again? (Please circle answer.)
Yes Maybe No

If you would like further assistance for your child, please contact us at 222-7641.

THANK YOU FOR YOUR HELP.

Sincerely,

FF Kevin Reardon, Coordinator
Juvenile Firesetter Program

Office of the Chief

200 Greenlawn Avenue
Columbus, Ohio 43223-2693
(614) 222-7533

Bureau of Fire Prevention

300 North Fourth Street
Columbus, Ohio 43215-2134
(614) 222-7641

Bureau of Training

240 Greenlawn Avenue
Columbus, Ohio 43223-2609
(614) 222-6360

Bureau of Maintenance

270 Greenlawn Avenue
Columbus, Ohio 43223-2609
(614) 222-7416

Medical Training Center

739 West Third Avenue
Columbus, Ohio 43212-3102
(614) 222-7384



City of Columbus
Mayor Dana G. Rinehart

FIRE SAFETY PROGRAM
EVALUATION

Public Safety Department
Fire Division

Don E. Werner, Jr.
Fire Chief

Thank you for asking the Columbus Division of Fire to present a fire safety program to your child. So that we can continue to improve the quality of our programs for the community, please take a moment to complete this evaluation form. We appreciate your comments.

Presenter's Name _____ Station _____ Unit _____ Date of Program _____

Did a Fire Department representative call you to confirm your program at least one week in advance?

YES _____ NO _____

Was the presenter's appearance neat and clean?

YES _____ NO _____

Was the presenter knowledgeable about the subject covered?

YES _____ NO _____

Was the presenter knowledgeable about the audio-visual equipment used?

YES _____ NO _____

PLEASE RATE THE FOLLOWING: (Circle one)

	POOR	AVERAGE	ABOVE AVERAGE	EXCELLENT
Subject matter appropriate for your child?	1	2	3	4
Handout materials appropriate for your child?	1	2	3	4
Slides/film appropriate for your child?	1	2	3	4
Presenter related well to your child?	1	2	3	4

Additional Comments: _____

Suggestions for Improvement: _____

Signature: _____ Child's Name: _____

-----Thank you for your help. Please return in the attached envelope.-----

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Incident Reporting Form

Incidence reporting systems are used to enable jurisdictions to analyze the full scope of the juvenile firesetting problem. To develop a useful reporting system, jurisdictions must create effective data collection instruments and strategies. In most cases data will need to be collected from all fire departments covering the jurisdiction of interest. Information about the firesetting incident and known or suspected firesetters would be collected using special incident reporting forms. One such form, which is used by the Portland, Oregon juvenile firesetter program, is presented here. This form is being used to collect information to build a statewide database on juvenile firesetters.

Incident No. _____

DATA BASE JUVENILE WITH FIRE

E.1

If fire department alarm number assigned, please attach copy of Form 10.

City/Fire Department: _____ Date of Report _____

Source of Referral: A) Walk In _____ B) Incident Report _____ C) Parent _____ D) School _____
E) Self _____ F) Probation _____ G) Court _____ H) Other _____

INCIDENT INFORMATION (IF Form 10 Attached — Skip This Section)

- 1) Date of Incident: _____ 2) Item First Ignited: (trash, field, curtains, paper, etc.) _____
3) Form of Heat of Ignition: (matches, lighter, etc.) _____ 4) Room/Area of Origin: _____
5) Fixed Property Use: _____ Property Complex _____ 6) Structure vacant ☐ or occupied ☐
7) Was anyone else present in the structure: Yes ☐ No ☐ 8) Time burned before discovery _____ hr. _____ min.

9)	VALUE	Building	.00	Contents	.00	Vehicle and Contents	.00	Other	.00	TOTAL	.00
	LOSS		.00		.00		.00		.00		.00

- 10) No. of Deaths — Firefighters: _____ Civilians: Adults _____ Children _____
11) No. of Injuries — Firefighters: _____ Civilians: Adults _____ Children _____

PERSONAL INFORMATION

- 12) Age: _____ Sex: Male ☐ Female ☐ 13) Length of time at current address _____ Home owned ☐ Rented ☐
14) Parents: A) Two parents in child's home _____ Both natural ☐ Mother natural ☐ Father Natural ☐ Neither ☐
B) Mother only in child's home ☐ C) Father only in child's home ☐ D) Other (explain) _____
15) Guardian Occupation: Male _____ Female _____
Male Guardian employed: Full time ☐ Part time ☐ Unemployed ☐
Female Guardian employed: Full time ☐ Part time ☐ Unemployed ☐
16) Nature of Incident: A) Fire deliberately set in structure ☐ B) Fire deliberately set outside structure ☐
C) Fire accidentally set in structure ☐ D) Fire accidentally set outside structure ☐
E) Other (explain) _____
17) Number of prior incidents _____ Child's age and type of prior incidents _____
18) Disposition: Referred _____ (indicate where referred) _____
Intervention _____ (indicate type of intervention _____)
19) Was there any previous intervention? Yes ☐ No ☐ If yes, indicate type and date initiated: _____
20) Were other children involved? Yes ☐ No ☐ Briefly describe the incident: _____

Fire Dist. Use:

