

Table S1. Animal-related and demographic question subset of annual organizational culture survey questions for residential care centers.

<i>Animal Questions</i>				
Are animals incorporated into your residential programming?				
<ul style="list-style-type: none"> ○ Animals have no role in our residential programming ○ Animals are a formal part of the care plans on site ○ Animals are a formal part of the care plans through linkage to external programs ○ Animals are part of the environment, but not used or incorporated into care plans ○ Animals are part of our care plans when providers offer us an opportunity to participate 				
	This animal is not part of residential programming	This animal is housed at the residential facility	This animal is brought to the residential facility	Youth travel to the animal's location
Are DOGS part of your residential programming?				
Are CATS part of your residential programming?				
Are FISH part of your residential programming?				
Are REPTILES part of your residential programming?				
Are SMALL FARM ANIMALS (e.g., sheep, chickens, ducks, goats) part of your residential programming?				
Are LARGE FARM ANIMALS (e.g., horses, beef or milk cattle) part of your residential programming?				
Are OTHER SMALL ANIMALS (e.g., hamsters, rabbits) part of your residential programming?				
Other (please specify)				

Please select in which years animals have been a part of the residential programming (select all that apply):

- ☐ 2012
- ☐ 2013
- ☐ 2014
- ☐ 2015
- ☐ 2016
- ☐ 2017
- ☐ 2018
- ☐ 2019
- ☐ 2020
- ☐ 2021

What percentage of youth in your program participate with animals?

- ☐ 75-100%
- ☐ 50-74%
- ☐ 25-49%
- ☐ Less than 25%

How are youth in services participating in animal-assisted programs?

- ☐ Groups
- ☐ Individually

How often do youth interact with animals as a formal part of their care plan?

- ☐ Daily
- ☐ Weekly
- ☐ Monthly
- ☐ As needed (please specify)

Demographic Questions

Please select the job type that best describes you:

- ☐ Direct Service
- ☐ Administration

Which shift do you work?

- ☐ First Shift
- ☐ Second Shift
- ☐ Third Shift
- ☐ Variable hours (I do not work a specific shift)

How long have you worked at this facility?

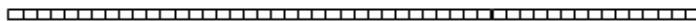
- ☐ 0-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ 1 to 3 years
- ☐ 4 to 5 years
- ☐ 6 to 10 years
- ☐ 11 to 15 years
- ☐ 16 to 20 years
- ☐ 21 years or more

How long have you worked in your current position?

- ☐ 0-3 months
- ☐ 4-6 months
- ☐ 7-9 months
- ☐ 10-12 months
- ☐ 1 to 3 years
- ☐ 4 to 5 years
- ☐ 6 to 10 years
- ☐ 11 to 15 years
- ☐ 16 to 20 years
- ☐ 21 years or more

Typically how many hours per week do you work?

40



(Place a mark on the scale above)

What is your age?

- ☐ 18-24
- ☐ 25-34
- ☐ 35-44
- ☐ 45-54
- ☐ 55+

What is your highest level of education?

- ☐ High school or GED
- ☐ Bachelors: BSW
- ☐ Bachelors: other field
- ☐ Masters: MSW
- ☐ Masters: other field
- ☐ Doctorate: DSW or PhD in social work
- ☐ Doctorate: other field

Please select the gender identify with which you most identify:

- ☐ Female
- ☐ Male
- ☐ Transgender Female
- ☐ Transgender Male
- ☐ Gender diverse, gender expansive, gender non-binary, or genderqueer
- ☐ Intersex
- ☐ None of these describe me
- ☐ Decline to answer

Please select the sexual orientation with which you most identify:

- ☐ Asexual
- ☐ Bisexual
- ☐ Gay or lesbian
- ☐ Heterosexual
- ☐ Pansexual
- ☐ Queer
- ☐ None of these describe me
- ☐ Decline to answer

Please select the race with which you most identify:

- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ White or Caucasian
- ☐ Multiracial
- ☐ None of these apply to me
- ☐ Decline to answer

Organizational Culture Questions

Emotional Exhaustion

	Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
I feel burned out from my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I dread getting up in the morning and having to face another day on the job.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel emotionally drained from my work.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel used up at the end of the work day.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Mindful Organizing—when completing this portion think about your “unit/team” as the facility in which you work

[illegible]

Psychological Safety—when completing this portion think about your “unit/team” as the facility in which you work

	Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
If you make a mistake on my team, it is often held against you.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
The people on my team value each other's unique skills and talents.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Members of my team are able to bring up concerns and challenges.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is safe to take an interpersonal risk on my team.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
On this team, people are sometimes rejected for having different ideas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
It is difficult to ask other members of this team for help.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Workplace Safety

	Very Strongly Disagree	Strongly Disagree	Disagree	Neutral	Agree	Strongly Agree	Very Strongly Agree
I feel safe going to and from my workplace on a daily basis (i.e., I feel safe in the community where the facility is located).	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel safe in my work environment.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Employee safety is important in my organization.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
I feel that I am protected in my work setting.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Workplace Connectedness

[illegible]