

Appendix A

Questionnaire Used in the Local Agency Survey (LAS) in 2002

KRA ID: _____

OMB #:0990-0253
Expiration Date: 6/30/2004

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to vary from 20 to 60 minutes with an average of 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASMB/Budget/FIOM, Room 503-H, HHH Building, 200 Independence Avenue, SW, Washington, DC 20201.

NATIONAL STUDY OF CHILD PROTECTIVE SERVICES SYSTEMS AND REFORM EFFORTS

LOCAL AGENCY SURVEY

Module 1: Administration

Your agency has been selected to participate in *The National Study of Child Protective Services Systems and Reform Efforts*, a national study being conducted by the U.S. Department of Health and Human Services. The goal of the study is to provide a comprehensive description of child protective services (CPS) and to examine in depth some of the recent innovative reform efforts that are underway.

This module asks questions about the administration and organization of child protective services in your county. CPS is defined as the response of the child welfare agency to allegations of child abuse and neglect. This module pertains solely to the local agency that has legal authority to respond to such allegations.

Please respond to all the questions. If you cannot complete all the questions in the module, additional persons can be consulted. Only one copy of the module should be submitted. All respondents should record their names and contact information below. All responses will be kept confidential. Names and contact information are for purposes of administering the survey only.

Contact Information for the Person(s) Completing the Administration Module:

Name and Title	Phone Number	E-mail Address

**Please return the completed module to your Local Agency Contact Person
within 5 days.**

A. Organization

1. Is your agency:

- A county office of the State child welfare department
- A regional or district office of the State child welfare department
- The child welfare office of the county government
- Other: _____

2. Does your agency serve only one county?

- Yes
- No, the agency serves at least one other county
(Please list the other counties)

- 1. _____
- 2. _____
- 3. _____
- 4. _____
- 5. _____

3. Does your agency provide services for the entire geographic area of the county(s)?

- Yes
- No

If no, please provide the following:

a. Estimate the total number of children residing in the area that you serve:

Total number of children: _____

b. What is the name and contact information for the other agency that provides CPS services in the county(s) that you serve:

Agency Name: _____

Contact Person(s): _____

Contact Number: _____

B. Work Force

1. Please indicate how many workers you had in your agency on the last day of October, 2001. Only count persons who performed CPS activities. Do not count clerical staff. Indicate highest level of education completed.

	POSITION	Number of Persons Full-Time on CPS Activities	Number of Persons Part-Time on CPS Activities	Number of Persons with less than a Bachelor Degree	Number of Persons with Only a Bachelor Degree	Number of Persons Who Have a Masters of Social Work Degree	Number of Persons with Other Advanced Degrees
a.	Social Workers or Case Workers						
b.	Supervisors						
c.	Other Worker Category (Specify):						
d.	Second Other Worker Category (Specify):						
e.	Third Other Worker Category (Specify):						

USE ADDITIONAL PAGES AS NECESSARY

2. What percentages of your CPS workers/supervisors belong to a union?

____ % Workers

____ % Supervisors

3. What is the estimated average number of years of experience in child welfare that your workers and supervisors have?

____ Workers
____ Supervisors

4. Did you have any unfilled positions on the last day of October, 2001?

	POSITION	Number of Unfilled Positions
a.	Social Workers or Case Workers	
b.	Supervisors	
c.	Other Worker Category (Specify):	
d.	Second Other Worker Category (Specify):	
e.	Third Other Worker Category (Specify):	

5. What is your agency's current estimated annual budget for CPS activities?

\$ _____

Thank you for completing this module.

Please return the completed module to your Local Agency Contact person within 5 days.

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NATIONAL STUDY OF CHILD PROTECTIVE SERVICES SYSTEMS AND REFORM EFFORTS

LOCAL AGENCY SURVEY

Module 2: Screening/Intake

Your agency has been selected to participate in *The National Study of Child Protective Services Systems and Reform Efforts*, a national study being conducted by the U.S. Department of Health and Human Services. The goal of the study is to provide a comprehensive description of child protective services (CPS) and to examine in depth some of the recent innovative reform efforts that are underway.

This module asks questions about the intake and screening of a referral regarding the welfare of a child in your county. Screening/Intake is defined as the process by which the local agency receives a referral concerning the welfare of a child (including those that involve allegations of child abuse and neglect) and decides whether and how to respond to the referral. Please note that these questions refer specifically to the functions that are carried out at your local agency level.

Please respond to all the questions. If you cannot complete all the questions in the module, additional persons can be consulted. Only one copy of the module should be submitted. All respondents should record their names and contact information below. All responses will be kept confidential. Names and contact information are for purposes of administering the survey only.

Contact Information for the Person(s) Completing the Screening/Intake Module:

Name and Title	Phone Number	E-mail Address

**Please return the completed module to your Local Agency Contact Person
within 5 days.**

A. Receiving Referrals

- Rank these items by volume of referrals. Assign 1 to the most common, 2 to the next most common, and 3 to the third most common, etc. If you receive no direct calls from a source listed in the table, put an “X” under rank for that source.

SOURCE OF CALLS	Rank (1= the most common)
State Hotline	
Hotline of another agency	
State Regional or District Office	
Law Enforcement Agencies	
Schools	
Hospitals or healthcare professionals	
Other Local Agencies	
Out-of-State Agencies	
Individuals (i.e. clergy, neighbors, friends, etc.)	
Other (Specify):	
Other (Specify):	

- How many referrals did your agency receive from all of the above sources during October, 2001?

_____ Estimated number of referrals received

- How does your agency handle phone calls during non-business hours? (Please indicate the most appropriate response for each time period.)

	WHO HANDLES THE CALLS?	Our agency handles calls through our intake unit.	Our agency assigns staff to be on call.	Our agency routes these calls directly to another agency.	The State hotline handles calls.	Other (Specify):
a.	Monday through Thursday Evenings					
b.	Friday Evening through Sunday					

4. How does your agency handle calls from non-English speakers? Check (✓) all that apply.

- Non-English speaker(s) on staff
- Non-English speaker(s) on call
- Not able to accept calls from non-English speakers
- Other (Specify: _____)

5. Are written referrals concerning the welfare of a child routed to your agency? Check (✓) one.

- Yes, and they are handled as other referrals
- Yes, and they are handled with priority status
- No, they are handled by the person or unit that received the written referral
- Other (Specify: _____)

(continued on the following page)

6. For each activity listed below, please place a check (✓) to indicate your agency's role. If your agency shares responsibilities or supports another agency in performing any of these activities, identify the other agency/agencies involved.

	ACTIVITY	Role (Check (✓) only one per activity)
a.	Screening/Intake of Referrals Alleging Physical Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing the responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We have no responsibility for this function.
b.	Screening/Intake of Referrals Alleging Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing the responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We have no responsibility for this function.
c.	Screening/Intake of Referrals Alleging Sexual Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing the responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We have no responsibility for this function.
d.	Screening/Intake of Referrals Alleging Other Types of Maltreatment	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing the responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We have no responsibility for this function.
e.	Other Screening/Intake Activities (Specify):	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing the responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We have no responsibility for this function.

7. For the month of October, 2001, indicate the number of workers and supervisors who handled the screening/intake functions that your agency conducts.

	WORKER/SUPERVISOR POSITIONS	Number of Persons Full-Time on CPS Activities	Number of Persons Part-Time on CPS Activities
a.	Workers who only conducted screening/intake		
b.	Workers who conducted screening/intake in addition to other responsibilities		
c.	Supervisors who only supervised screening/intake employees		
d.	Supervisors who supervised screening/intake employees in addition to other responsibilities		
e.	Other staff assigned to screening/intake (Specify):		

8. Within the past six months did you experience an excessive workload demand on staff conducting screening/intake? Please check (✓) one.

- Yes
 No

If yes, how often did you use the following methods for managing excessive workload demands?

	WORKLOAD MANAGEMENT METHOD	Always	Sometimes	Rarely	Never
a.	Restricted the criteria for accepting referrals				
b.	Held certain types of referrals longer before assigning to a response				
c.	Assigned more staff to intake				
d.	Transferred more referrals to private providers				
e.	Other method (Specify):				

B. The Screening/Intake Process

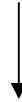
1. Does your agency screen referrals concerning the welfare of a child to determine whether further action will be taken?

Yes

No, this is handled by the State hotline

No, this is handled by another agency

(Specify: _____)
_____)



CONTINUE WITH QUESTION 2

CONTINUE WITH QUESTION 2

DO NOT COMPLETE THE REST OF THIS MODULE

Please return the completed module to your Local Agency Contact person.

2. Does your agency receive referrals from a State hotline?

Yes (continue with question 3)

No (go to question 10)

3. Who receives the referrals from the State hotline? Check (✓) all that apply.

Worker(s)

Supervisor(s)

Someone else (Specify title/position: _____)

4. When a referral is received from the State hotline, does the State hotline make response recommendations?

Yes

No

5. Can your agency make a different response from the hotline recommendation?

Yes (continue with question 6)

No (go to question 7)

6. Who in your agency has the authority to decide to make a decision different from the recommendation of the hotline? Check (✓) all that apply.

- Worker(s)
- Supervisor(s)
- Someone else (Specify: _____)

7. Can your agency decide the priority status for the recommended State hotline response? Please check (✓) one.

- Yes, we decide how fast to respond.
- No, the recommended response has a required response time.

8. Does your agency notify the State hotline if a referral is received from another source? Please check (✓) one.

- | | | |
|------------------------------------|--------|---|
| <input type="checkbox"/> Always | —————→ | If always , is this required by State or local policy? |
| <input type="checkbox"/> Sometimes | | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Rarely | | <input type="checkbox"/> No |
| <input type="checkbox"/> Never | | |

9. Does your agency notify the State hotline after completing your response? Please check (✓) one.

- | | | |
|------------------------------------|--------|---|
| <input type="checkbox"/> Always | —————→ | If always , is this required by State or local policy? |
| <input type="checkbox"/> Sometimes | | <input type="checkbox"/> Yes |
| <input type="checkbox"/> Rarely | | <input type="checkbox"/> No |
| <input type="checkbox"/> Never | | |

10. Please indicate your agency's response option(s) for each of the following types of referrals. (Check all that apply).

	TYPE OF REFERRAL	Response Options
a.	New Referral Alleging Maltreatment	<input type="checkbox"/> Referred to another agency <input type="checkbox"/> CPS investigation response* <input type="checkbox"/> Other CPS response**
b.	Referral on a Child or Household that has an Open Investigation	<input type="checkbox"/> Referred to another agency <input type="checkbox"/> CPS investigation response* <input type="checkbox"/> Other CPS response** <input type="checkbox"/> Referral to supervisor or worker currently responsible for the case
c.	Referral on a Child or Household that has a Prior Substantiated Report	<input type="checkbox"/> Referred to another agency <input type="checkbox"/> CPS investigation response* <input type="checkbox"/> Other CPS response**
d.	Referral on a Child or Household that has a Prior Unsubstantiated Report	<input type="checkbox"/> Referred to another agency <input type="checkbox"/> CPS investigation response* <input type="checkbox"/> Other CPS response**
e.	Referral on a Child Who is in Foster Care or Another Substitute Care Arrangement	<input type="checkbox"/> Referred to another agency <input type="checkbox"/> CPS investigation response* <input type="checkbox"/> Other CPS response** <input type="checkbox"/> Referral to specialized unit in local child welfare agency <input type="checkbox"/> Referral to specialized unit in State child welfare agency

* CPS investigation response is the process by which your agency determines whether child maltreatment has occurred and/or the child is at risk of maltreatment.

** Other CPS response is the formal response of your agency that assesses the needs of the child or family without requiring a determination that maltreatment has occurred and/or that the child is at risk of maltreatment.

11. How often are the following activities performed during your unit's screening/intake process in order to determine the type of response you will make? For example, your screening/intake workers may "very rarely" include a face-to-face contact prior to assigning a worker to follow-up on a referral.

	ACTIVITY	Always	Sometimes	Rarely	Never	If always, is this dictated by policy?	
a.	Search automated or paper CPS records for information on child(ren)					<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Search automated or paper CPS records for information on the alleged perpetrator					<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Search automated or paper CPS records for information on the reporter					<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Search other automated or paper records (such as the local child welfare or child support records)					<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Use a safety or risk assessment tool					<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Call other professional(s) or non-family members					<input type="checkbox"/> Yes	<input type="checkbox"/> No
g.	Call family members					<input type="checkbox"/> Yes	<input type="checkbox"/> No
h.	Visit the family of the alleged victim					<input type="checkbox"/> Yes	<input type="checkbox"/> No
i.	Establish credibility of reporter					<input type="checkbox"/> Yes	<input type="checkbox"/> No
j.	Other (Specify):					<input type="checkbox"/> Yes	<input type="checkbox"/> No
k.	Other (Specify):					<input type="checkbox"/> Yes	<input type="checkbox"/> No

12. Does your agency automatically accept (without screening) referrals that come from certain types of reporters? Please check (✓) one.

Yes

No

If yes, please indicate the type(s) of reporter(s) whose referrals are automatically accepted.

13. What responses are options for the screening/intake workers regarding screened-out referrals?

	SCREENING/INTAKE OPTIONS	Yes	No
a.	Call recorded but no further action		
b.	Refer to police or sheriff's office		
c.	Refer to a local community-based agency (Specify):		
d.	Other (Specify):		
e.	Other (Specify):		

14. How long has the description of the screening/intake process described in this module been applicable to your agency?

There have been no significant changes in _____ years.

Thank you for completing this module.

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NATIONAL STUDY OF CHILD PROTECTIVE SERVICES SYSTEMS AND REFORM EFFORTS

LOCAL AGENCY SURVEY

Module 3: Investigation

Your agency has been selected to participate in *The National Study of Child Protective Services Systems and Reform Efforts*, a national study being conducted by the U.S. Department of Health and Human Services. The goal of the study is to provide a comprehensive description of child protective services (CPS) and to examine in depth some of the recent innovative reform efforts that are underway.

This module asks questions about the process by which your agency determines whether child maltreatment has occurred and/or the child is at risk of maltreatment. This process is generally called an "investigation." Your agency may use a different term.

Please respond to all the questions. If you cannot complete all the questions in the module, additional persons can be consulted. Only one copy of the module should be submitted. All respondents should record their names and contact information below. All responses will be kept confidential. Names and contact information are for purposes of administering the survey only.

Contact Information for the Person(s) Completing the Investigation Module:

Name and Title	Phone Number	E-mail Address

**Please return the completed module to your Local Agency Contact person
within 5 days.**

A. Overview

1. What term does your agency use to identify the process for determining whether child maltreatment has occurred and/or the child is at risk of maltreatment? This process is generally called an “investigation.” Your agency may use a different term.

Our term for this response is: _____

2. What is your agency’s objective in conducting this response?

3. Are the workers who conduct investigations different individuals from those who conduct screening/intake? Check (✓) only one.

- Yes, there are different workers for screening/intake and for investigation
- Yes, but when needed, an intake worker can conduct an investigation or an investigation worker can conduct screening/intake
- No, our CPS workers routinely conduct both screening/intake and investigation activities
- Other (Specify: _____)

4. For each of the following types of referrals, which worker would most often be assigned to the referral?

	TYPES OF REFERRALS	Select Worker Most Often Assigned to the Referral
a.	Referral on a child or household currently being investigated	<input type="checkbox"/> A worker who has current or prior investigation experience with the family <input type="checkbox"/> Next available CPS investigation worker, regardless of experience with the family <input type="checkbox"/> Other worker providing services to the family <input type="checkbox"/> Worker from other agency (Specify: _____ _____)
b.	Referral on a child or household currently receiving in-home services	<input type="checkbox"/> A worker who has current or prior investigation experience with the family <input type="checkbox"/> Next available CPS investigation worker, regardless of experience with the family <input type="checkbox"/> Other worker providing services to the family <input type="checkbox"/> Worker from other agency (Specify: _____ _____)
c.	Referral on a child or household currently receiving foster care services	<input type="checkbox"/> A worker who has current or prior investigation experience with the family <input type="checkbox"/> Next available CPS investigation worker, regardless of experience with the family <input type="checkbox"/> Other worker providing services to the family <input type="checkbox"/> Worker from other agency (Specify: _____ _____)
d.	Referral on a child or household not currently served but for whom at least one prior report was substantiated	<input type="checkbox"/> A worker who has current or prior investigation experience with the family <input type="checkbox"/> Next available CPS investigation worker, regardless of experience with the family <input type="checkbox"/> Other worker providing services to the family <input type="checkbox"/> Worker from other agency (Specify: _____ _____)
e.	Referral on a child or household not currently being served but for whom all prior reports were unsubstantiated	<input type="checkbox"/> A worker who has current or prior investigation experience with the family <input type="checkbox"/> Next available CPS investigation worker, regardless of experience with the family <input type="checkbox"/> Other worker providing services to the family <input type="checkbox"/> Worker from other agency (Specify: _____ _____)

5. How many investigations did your agency complete in October, 2001?

_____ Number of completed investigations.

6. How many children were included in the investigations counted in question 5?

_____ Number of children in investigations completed in October, 2001.

7. Were all of the children that were included in question 6 alleged victims in the referral?
Please check (✓) one.

- Yes, we only investigate children initially named in the referral
- Not necessarily, we extend our investigation, on a case-by-case basis, to all children in the household
- Not necessarily, we include all children in the household in the investigation

(continued on the following page)

8. For each type of maltreatment or behavior listed below, please place a check (✓) to indicate your agency's role in investigating the maltreatment or behavior. If your agency shares responsibilities or supports another agency in performing any of these activities, identify the other agency/agencies involved.

	REFERRAL	Role (Check one option per type of maltreatment)
a.1	Severe Physical Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
a.2	Moderate Physical Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
a.3	At Risk of Physical Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.

(question 8 continued)

	REFERRAL	Role (Check one option per type of maltreatment)
b.1	Severe Sexual Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
b.2	Moderate Sexual Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
b.3	At Risk of Sexual Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.

(question 8 continued)

	REFERRAL	Role (Check one option per type of maltreatment)
c.1	Severe Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
c.2	Moderate Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
c.3	At Risk of Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.

(question 8 continued)

	REFERRAL	Role (Check one option per type of maltreatment)
d.1	Severe Emotional Abuse/Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
d.2	Moderate Emotional Abuse/Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
d.3	At Risk of Emotional Abuse/Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.

(question 8 continued)

	REFERRAL	Role (Check one option per type of maltreatment)
e.1	Truancy	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
e.2	Lack of Supervision	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
e.3	Abandonment	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
e.4	Drug Exposed Infant	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.

(question 8 continued)

	REFERRAL	Role (Check one option per type of maltreatment)
e.5	Status Offense	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
e.6	Child Fatality	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.

9. Does your agency investigate or share the responsibility for investigating any other types of maltreatment or behavior?

Yes (continue)

No (go to question 10 on the next page)



	REFERRAL	Role (Check one option per type of maltreatment)
a.	Other (Specify):	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____
b.	Other (Specify):	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____
c.	Other (Specify):	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____

10. For each circumstance below, please place a check (✓) to indicate your agency's role in investigating the alleged maltreatment. If your agency shares responsibilities or supports another lead agency in performing any of these activities, identify the other agency/agencies involved.

	REFERRAL	Role (Check one option per type of circumstance)
a.	Alleged perpetrator is a family member or relative	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
b.	Alleged perpetrator is a foster parent	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
c.	Alleged perpetrator is group home or institution staff	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.
d.	Alleged perpetrator is a minor	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.

(question 10 continued)

	REFERRAL	Role (Check one option per type of circumstance)
e.	Alleged perpetrator is not a caregiver	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an investigative response for this behavior.

11. During October, 2001, indicate the number of workers and supervisors who handled the investigation functions that your agency conducted.

	WORKER/SUPERVISOR POSITIONS	Number of Persons Full-Time on CPS Activities	Number of Persons Part-Time on CPS Activities
a.	Workers who only conducted investigations		
b.	Workers who conducted investigations in addition to other responsibilities		
c.	Supervisors who only supervised investigation employees		
d.	Supervisors who supervised investigation employees in addition to other responsibilities		
e.	Other staff assigned to investigation (Specify):		

12. Within the past six months, did you experience excessive workload demand on staff conducting investigations? Check (✓) only one.

- Yes
 No

If yes, how often did you use any of the following methods for managing excessive workload demands? Check (✓) one per method.

	WORKLOAD MANAGEMENT METHOD	Always	Sometimes	Rarely	Never
a.	Restricting criteria for accepting referrals				
b.	Holding certain types of referrals longer before being assigned a response				
c.	Eliminating some of the normal investigation tasks				
d.	Assigning more staff to investigation				
e.	Temporarily eliminating some requirements of referrals to abbreviate investigation process				
f.	Assigning some or more referrals to private providers				
g.	Other method (Specify):				

13. When workers investigate a referral, is it standard for them to do any of the following practices? If yes, please indicate timeframe.

	PRACTICE	RESPONSE (Check (✓) one)	TIMEFRAME (Check (✓) one)
a.	To make a determination of whether the referred child has been maltreated	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
b.	To make a determination on all children in the family as to whether they have been maltreated	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
c.	To make a determination of whether one or more children are at risk of maltreatment	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
d.	To remove the child(ren) if their immediate safety is an issue	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
e.	To make an assessment of the service needs of the child(ren)	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
f.	To make an assessment of the immediate service needs of the family	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
g.	To assess the underlying causes of the maltreatment incident	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
h.	To provide short-term services if needed	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
i.	To refer the family for further services if needed	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
j.	To make a recommendation for court intervention if needed	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
k.	Other (Specify):	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
l.	Other (Specify):	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete

B. The Investigation Process

1. In your agency, how often are the following activities performed during the investigation process?

	ACTIVITY	Always	Sometimes	Rarely	Never	If always, is this dictated by policy?	
a.	Review prior CPS records					<input type="checkbox"/> Yes	<input type="checkbox"/> No
b.	Discuss the case with other CPS workers					<input type="checkbox"/> Yes	<input type="checkbox"/> No
c.	Discuss the case with a multi-disciplinary team					<input type="checkbox"/> Yes	<input type="checkbox"/> No
d.	Visit the family with an appointment					<input type="checkbox"/> Yes	<input type="checkbox"/> No
e.	Visit the family without an appointment					<input type="checkbox"/> Yes	<input type="checkbox"/> No
f.	Conduct a family group conference meeting					<input type="checkbox"/> Yes	<input type="checkbox"/> No
g.	Interview or formally observe the child(ren)					<input type="checkbox"/> Yes	<input type="checkbox"/> No
h.	Interview the caregiver(s)					<input type="checkbox"/> Yes	<input type="checkbox"/> No
i.	Interview family members other than the caregiver					<input type="checkbox"/> Yes	<input type="checkbox"/> No
j.	Interview the reporter who alleged maltreatment					<input type="checkbox"/> Yes	<input type="checkbox"/> No
k.	Interview witnesses					<input type="checkbox"/> Yes	<input type="checkbox"/> No
l.	Interview professionals known to family, e.g. teachers, physicians, clergy					<input type="checkbox"/> Yes	<input type="checkbox"/> No

(question 1 continued)

	ACTIVITY	Always	Sometimes	Rarely	Never	If always, is this dictated by policy?	
m.	Obtain/preserve physical evidence (including photographs)					<input type="checkbox"/> Yes	<input type="checkbox"/> No
n.	Remove a child who is in danger of being harmed or who has been harmed					<input type="checkbox"/> Yes	<input type="checkbox"/> No
o.	Conduct criminal background check on the alleged perpetrator					<input type="checkbox"/> Yes	<input type="checkbox"/> No
p.	Other (Specify):					<input type="checkbox"/> Yes	<input type="checkbox"/> No
q.	Other (Specify):					<input type="checkbox"/> Yes	<input type="checkbox"/> No

2. Please indicate how often the following factors are problems that impact your agency's ability to complete investigations in a timely and accurate manner. Check (✓) one per factor.

	FACTOR	Always	Sometimes	Rarely	Never
a.	Locating the family				
b.	Spending sufficient time with the family				
c.	Assessing the parent's skills as a parent				
d.	Determining what has happened to the child				
e.	Predicting what might happen to the child				
f.	Having sufficient time to make a good determination				
g.	Explaining to the parent(s) the consequences of his/her actions				

h.	Obtaining the necessary expertise from other professionals				
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(question 2 continued)

	FACTOR	Always	Sometimes	Rarely	Never
i.	Deciding on whether to remove a child prior to completing the investigation				
j.	Deciding on whether to return a child to his/her parents upon completing the investigation				
k.	Preparing materials for the case record				
l.	Preparing materials for the court record				
m.	Handling language barriers				
n.	Other (Specify):				
o.	Other (Specify):				

3. Does your agency use any of the following instruments or tools in conducting investigations?

	INSTRUMENT	Yes	No	If yes, what is the name of the instrument/tool?
a.	A structured decision making model or other approach that results in a point total related to safety or risk			
b.	A formal safety assessment instrument that asks workers to assign a numerical value to each factor, without calculating a point total			
c.	A formal risk assessment instrument that asks workers to assign a numerical value to each factor without calculating a point total			
d.	A guideline for establishing safety or risk that outlines factors to consider, but that does not ask workers to assign numerical values			
e.	A standardized substance abuse assessment instrument			
f.	A standardized domestic violence assessment instrument			
g.	A standardized parenting skills assessment			

(question 3 continued)

	INSTRUMENT	Yes	No	If yes, what is the name of the instrument/tool?
h.	A standardized child development inventory			
i.	A standardized family support or connections assessment			
j.	Other (Specify):			
k.	Other (Specify):			

4. Please indicate if you have access to of each of the following professionals and/or groups to assist in the investigation process. (Assistance may include a variety of activities, such as providing information, consultation, or participation in the investigation.) If you have access, please indicate the level of availability.

	RESOURCES	ACCESS		Always Available	Sometimes Available	Rarely Available	Never Available
		Yes	No				
a.	Clinicians/psychiatrists						
b.	Domestic violence specialists						
c.	Substance abuse specialists						
d.	Forensic specialists						
e.	Child advocacy centers						
f.	Hospital-based sexual abuse trauma centers						
g.	Child fatality review team						
h.	Citizen CPS review team						
i.	Other (Specify):						
j.	Other (Specify):						

5. Have any of the following procedures been implemented in your agency to ensure the safety of workers conducting investigations?

	PROCEDURE	Yes	No
a.	We conduct a formal assessment of potential risk to worker		
b.	Workers are escorted by police		
c.	Workers are accompanied by another worker		
d.	Workers are provided cell phones		
e.	Workers have change to make a pay phone call		
f.	Workers receive instructions to periodically check-in with the office by phone		
g.	Workers are urged to conduct the investigation with the aid of a community resident		
h.	Workers are provided self-defense training		
i.	Workers make visits on weekdays during normal business hours		
j.	Workers log all appointments on a master office schedule book		
k.	Other (Specify):		
l.	Other (Specify):		

C. Completing the Investigation

1. In most cases, at the end of the investigation, who makes the final determination about whether maltreatment has occurred or whether the child is at risk?
(Check (✓) only one)

- Worker alone
- Worker with supervisory review
- Supervisor alone
- Court with worker input
- Other (Specify: _____)

2. How often are the following factors considered when making a determination of whether maltreatment has occurred or the child is at risk of maltreatment? Check (✓) one per factor.

	FACTORS	Always	Sometimes	Rarely	Never
a.	Severity of case				
b.	Policy defined standards of evidence for maltreatment				
c.	Family's need for services				
d.	Willingness of parent to cooperate with worker				
e.	Availability of services				

3. Are determinations of maltreatment made for more than one child? Check (✓) only one.

- A determination of whether maltreatment has occurred or the child is at risk is made only on the child(ren) who were named in the referral.
- A determination is made on each child in the household. Each child receives a separate determination.
- We make a determination as to whom to include on a case-by-case basis.*
- Other (Specify: _____)

4. If the worker is not able to determine who the perpetrator is, can the worker consider that maltreatment has occurred? Check (✓) only one.

- Yes
- No

5. When a determination is made that maltreatment has occurred, how often is the alleged perpetrator given due process notice of this determination? Check (✓) one.

- Always
- Sometimes (Specify when: _____)
- Rarely
- Never*

6. When a determination is made that maltreatment has occurred, some agencies place information regarding the alleged perpetrator in a “central registry,” that is used for background checks. How often does your local agency follow this practice? Check (✓) one.

- Always
- Sometimes (Specify when: _____)
- Rarely
- Never*

7. How often is the person who reported the alleged maltreatment informed of the finding made at the conclusion of the investigation? Check (✓) one.

- Always
- Sometimes (Specify when: _____)
- Rarely
- Never*

8. What happens to an investigation that is not completed within the time frame specified by agency policy? Check (✓) one.

- It is closed without a finding.
- It is closed as “unconfirmed” or “unsubstantiated.”
- It remains open with the original worker until it is completed.
- It remains open, but it is transferred to another worker for completion.
- Other (Specify: _____)

D. Provision of Short-Term Services

1. After completion of the investigation, can the worker offer additional services, on a voluntary basis, to the family with case management?

- Yes
- No (**If no**, go to question 4)

If yes, please indicate with a check (✓) each of the following services that may be offered:

	SERVICE	Check (✓)
a.	Parenting classes	
b.	Grief counseling	
c.	Marital counseling	
d.	Family systems therapy	
e.	Child therapy	
f.	Substance abuse programs	
g.	Medical exam	
h.	Dental exam	
i.	Homemaker/chore	
j.	Transportation	
k.	Tutoring	
l.	Financial planning	
m.	Advocacy services (for housing or other services)	
n.	Housing assistance	
o.	Child care	
p.	Employment services	
q.	Domestic violence services	
r.	Other (Specify):	
s.	Other (Specify):	

2. Can the investigation worker provide short-term services if a referral is not substantiated? Check (✓) one.

- Yes
- No

3. What is the maximum length of time that an investigation worker can continue to provide services to a case after having reached a determination concerning maltreatment? Check (✓) one.

- No time limit
- Time limit determined by the supervisor
- No more than _____ days
- Other (Specify: _____)

4. If the child and family will continue to receive services from the child welfare agency after the completion of the investigation worker's work, which statement reflects your agency's most common practice? Check (✓) one.

- The investigation worker transfers the case with minimal involvement.
- The investigation worker assists the new service worker in making a service plan.
- The investigation worker is a resource for the service worker.
- Other (Specify: _____)

5. Does your agency have any priority status arrangements for CPS clients with any of the following service providers? Check (✓) all that apply.

- Mental health
- Substance abuse
- Other (Specify: _____)

6. How long has the description of the investigation procedures described in this module been applicable to your agency?

There have been no significant changes in _____ years.

Thank you for completing this module.

Please return the completed module to your Local Agency Contact person within 5 days.

KRA ID: _____

OMB #: 0990-0253
Expiration Date: 6/30/2004

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to vary from 30 to 80 minutes with an average of 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASMB/Budget/FIOM, Room 503-H, HHH Building, 200 Independence Avenue, SW, Washington, DC 20201.

NATIONAL STUDY OF CHILD PROTECTIVE SERVICES SYSTEMS AND REFORM EFFORTS

LOCAL AGENCY SURVEY

Module 4: Other CPS Response

Your agency has been selected to participate in *The National Study of Child Protective Services Systems and Reform Efforts*, a national study being conducted by the U.S. Department of Health and Human Services. The goal of the study is to provide a comprehensive description of child protective services (CPS) and to examine in depth some of the recent innovative reform efforts that are underway.

This module asks questions about the formal response of your agency that assesses the needs of the child or family without requiring a determination that maltreatment has occurred and/or that the child is at risk of maltreatment. We refer to this as “Other CPS Response.” Your agency may use a different term.

Please respond to all the questions. If you cannot complete all the questions in the module, additional persons can be consulted. Only one copy of the module should be submitted. All respondents should record their names and contact information below. All responses will be kept confidential. Names and contact information are for purposes of administering the survey only.

Contact Information for the Person(s) Completing the Other CPS Response Module:

Name and Title	Phone Number	E-mail Address

**Please return the completed module to your Local Agency Contact person
within 5 days.**

A. Overview

1. What term does your agency use to identify the response that assesses the needs of the child or family without requiring a determination that maltreatment has occurred and/or that the child is at risk of treatment? We refer to this as “Other CPS Response.” Your agency may use a different term.

Our term for this response is: _____

2. What is your agency’s objective in conducting this response?

3. Are the workers who conduct this response different individuals from those who conduct screening/intake? Check (✓) one.

- Yes, there are different workers for screening/intake and for this response.
- Yes, but when needed, an intake worker can conduct this response or workers conducting this response can conduct screening/intake.
- No, our CPS workers routinely conduct both screening/intake and this response.
- Other (Specify: _____)

4. Are the workers who conduct this response different individuals from those who conduct investigations? Check (✓) one.

- Yes, there are different workers for investigations and for this response.
- Yes, but when needed, an intake worker can conduct this response or workers conducting this response can conduct investigations.
- No, our CPS workers routinely conduct both investigations and this response.
- Other (Specify: _____)

5. How many of these responses did your agency complete in October, 2001?

_____ Number of responses completed this period.

6. How many children were included in the responses given in question 5?

_____ Number of children in responses completed in October, 2001.

7. Were all of the children included in question 6 alleged victims in the referral?

Please check (✓) one.

- Yes
- No, we extend our response, on a case-by-case basis, to all children in the household.
- No, we always include all children in the household in the response.

8. For each type of maltreatment or behavior listed below, please place a check (✓) to indicate whether your agency responds to the maltreatment or behavior under this “other response” type. If your agency shares responsibilities or supports another agency in performing any of these activities, identify the other agency/agencies involved.

	REFERRAL	Role (Check one option per type of maltreatment)
a.1	Severe Physical Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.
a.2	Moderate Physical Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.
a.3	At Risk of Physical Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.

(question 8 continued)

	REFERRAL	Role (Check one option per type of maltreatment)
b.1	Severe Sexual Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an "Other CPS Response" for this behavior.
b.2	Moderate Sexual Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an "Other CPS Response" for this behavior.
b.3	At Risk of Sexual Abuse	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an "Other CPS Response" for this behavior.

(question 8 continued)

	REFERRAL	Role (Check one option per type of maltreatment)
c.1	Severe Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.
c.2	Moderate Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.
c.3	At Risk of Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.

(question 8 continued)

	REFERRAL	Role (Check one option per type of maltreatment)
d.1	Severe Emotional Abuse/Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.
d.2	Moderate Emotional Abuse/Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.
d.3	At Risk of Emotional Abuse/Neglect	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.

(question 8 continued)

	REFERRAL	Role (Check one option per type of maltreatment)
e.1	Truancy	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.
e.2	Lack of Supervision	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.
e.3	Abandonment	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.
e.4	Drug Exposed Infant	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.

(question 8 continued)

	REFERRAL	Role (Check one option per type of maltreatment)
e.5	Status Offense	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an "Other CPS Response" for this behavior.
e.6	Child Fatality	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an "Other CPS Response" for this behavior.

9. Does your agency respond or share the responsibility for responding to any other types of maltreatment or behavior?

Yes (continue)

No (go to question 10
on the next page)



	REFERRAL	Role (Check one option per type of maltreatment)
a.	Other (Specify):	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____
b.	Other (Specify):	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____
c.	Other (Specify):	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____

10. For each circumstance listed below, please place a check (✓) to indicate your agency’s role in responding to the maltreatment or behavior. If your agency shares responsibilities or supports another lead agency in performing any of these activities, identify the other agency/agencies involved.

	REFERRAL	Role (Check one option per type of circumstance)
a.	Alleged perpetrator is a family member or relative	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.
b.	Alleged perpetrator is a foster parent	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.
c.	Alleged perpetrator is group home or institution staff	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.
d.	Alleged perpetrator is a minor	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an “Other CPS Response” for this behavior.

(question 10 continued)

	REFERRAL	Role (Check one option per type of circumstance)
e.	Alleged perpetrator is not a caregiver	<input type="checkbox"/> We are the lead agency with sole responsibility. <input type="checkbox"/> We are the lead agency sharing responsibility with: _____ <input type="checkbox"/> We support the following agency/agencies: _____ <input type="checkbox"/> We do not provide an "Other CPS Response" for this behavior.

11. During October, 2001, indicate the number of workers and supervisors who handled this response function.

	WORKER/SUPERVISOR POSITIONS	Number of Persons Full-Time on CPS Activities	Number of Persons Part-Time on CPS Activities
a.	Workers who only conducted this response.		
b.	Workers who conducted this response in addition to other responsibilities.		
c.	Supervisors who only supervised employees for this response.		
d.	Supervisors who supervised other response employees in addition to other responsibilities.		
e.	Other staff assigned to this response (Specify):		

12. Within the past six months did you experience excessive workload demand on staff conducting this response?

- Yes
- No

If yes, how often did you use any of the following methods for managing excessive workload demands? Check (✓) one per method.

	WORKLOAD MANAGEMENT METHOD	Always	Sometimes	Rarely	Never
a.	Restricting criteria for accepting referrals				
b.	Holding certain types of referrals longer before being assigned a response				
c.	Assigning more staff to investigation				
d.	Temporarily eliminating some requirements to abbreviate the response process				
e.	Assigning some or more referrals to private providers				
f.	Other method (Specify):				

13. When this response is conducted by the workers, is it standard practice for them to do any of the following? If yes, please indicate timeframe.

	PRACTICE	RESPONSE (Check (✓) one)	TIMEFRAME (Check (✓) one)
a.	To make a determination of whether the referred child has been maltreated	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
b.	To make a determination on all children in the family as to whether they have been maltreated	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
c.	To make a determination of whether one or more children are at risk of maltreatment	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
d.	To remove the child(ren) if their immediate safety is an issue	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
e.	To make an assessment of the service needs of the child(ren)	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
f.	To make an assessment of the immediate service needs of the family	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
g.	To assess the underlying causes of the maltreatment incident	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
h.	To provide short-term services if needed	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
i.	To refer the family for further services if needed	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
j.	To make a recommendation for court intervention if needed	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
k.	Other (Specify):	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide <input type="checkbox"/> Not applicable	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete
l.	Other (Specify):	<input type="checkbox"/> Yes, required to provide <input type="checkbox"/> Yes, may provide	<input type="checkbox"/> Before investigation is complete <input type="checkbox"/> After investigation is complete

		<input type="checkbox"/> Not applicable	
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B. The Other CPS Response Process

1. In your agency, how often are the following activities performed during this response?

	ACTIVITY	Always	Sometimes	Rarely	Never	If always, is this dictated by policy?
a.	Review prior CPS records					<input type="checkbox"/> Yes <input type="checkbox"/> No
b.	Discuss the case with other CPS workers					<input type="checkbox"/> Yes <input type="checkbox"/> No
c.	Discuss the case with a multi-disciplinary team					<input type="checkbox"/> Yes <input type="checkbox"/> No
d.	Visit the family with an appointment					<input type="checkbox"/> Yes <input type="checkbox"/> No
e.	Visit the family without an appointment					<input type="checkbox"/> Yes <input type="checkbox"/> No
f.	Conduct a family group conference meeting					<input type="checkbox"/> Yes <input type="checkbox"/> No
g.	Interview or formally observe the child(ren)					<input type="checkbox"/> Yes <input type="checkbox"/> No
h.	Interview the caregiver(s)					<input type="checkbox"/> Yes <input type="checkbox"/> No
i.	Interview family members other than the caregiver					<input type="checkbox"/> Yes <input type="checkbox"/> No
j.	Interview the reporter who alleged maltreatment					<input type="checkbox"/> Yes <input type="checkbox"/> No
k.	Interview witnesses					<input type="checkbox"/> Yes <input type="checkbox"/> No
l.	Interview professionals known to family, e.g. teachers, physicians, clergy					<input type="checkbox"/> Yes <input type="checkbox"/> No

(question 1 continued)

	ACTIVITY	Always	Sometimes	Rarely	Never	If always, is this dictated by policy?
m.	Obtain/preserve physical evidence (including photographs)					<input type="checkbox"/> Yes <input type="checkbox"/> No
n.	Remove a child who is in danger of being harmed or who has been harmed					<input type="checkbox"/> Yes <input type="checkbox"/> No
o.	Conduct criminal background check on the alleged perpetrator					<input type="checkbox"/> Yes <input type="checkbox"/> No
p.	Other (Specify):					<input type="checkbox"/> Yes <input type="checkbox"/> No
q.	Other (Specify):					<input type="checkbox"/> Yes <input type="checkbox"/> No

2. Please indicate how often the following factors are problems that impact your agency's ability to complete this response in a timely and accurate manner. Check (✓) one per factor.

	FACTOR	Always	Sometimes	Rarely	Never
a.	Locating the family				
b.	Spending sufficient time with the family				
c.	Assessing the parent's skills as a parent				
d.	Determining what has happened to the child				
e.	Predicting what might happen to the child				
f.	Having sufficient time to make a good determination				
g.	Explaining to the parent(s) the consequences of his/her actions				
h.	Obtaining the necessary expertise from other professionals				
i.	Deciding on whether to remove a child prior to completing the investigation				
j.	Deciding on whether to return a child to his/her parents upon completing the investigation				
k.	Preparing materials for the case record				
l.	Preparing materials for the court record				
m.	Handling language barriers				
n.	Other (Specify):				
o.	Other (Specify):				

3. Does your agency use any of the following instruments or tools in conducting this response?

	INSTRUMENT	Yes	No	If yes, what is the name of the instrument/tool?
a.	A structured decision making model or other approach that results in a point total			
b.	A formal safety assessment instrument that asks workers to assign a numerical value to each factor, without calculating a point total			
c.	A formal risk assessment instrument that asks workers to assign a numerical value to each factor without calculating a point total			
d.	A guideline for establishing safety or risk that outlines factors to consider, but that does not ask workers to assign numerical values			
e.	A standardized substance abuse assessment instrument			
f.	A standardized domestic violence assessment instrument			
g.	A standardized parenting skills assessment			
h.	A standardized child development inventory			
i.	A standardized family support or connections assessment			
j.	Other (Specify):			
k.	Other (Specify):			

4. Please indicate if you have access to of each of the following professionals and/or groups to assist in the response process. (Assistance may include a variety of activities, such as providing information, consultation, or participation in the investigation.) If you have access, please indicate the level of availability.

	RESOURCES	ACCESS		Always Available	Sometimes Available	Rarely Available	Never Available
		Yes	No				
a.	Clinicians/psychiatrists						
b.	Domestic violence specialists						
c.	Substance abuse specialists						
d.	Forensic specialists						
e.	Child advocacy centers						
f.	Hospital-based sexual abuse trauma centers						
g.	Child fatality review team						
h.	Citizen CPS review team						
i.	Other (Specify):						
j.	Other (Specify):						

5. Have any of the following procedures been implemented in your agency to ensure the safety of workers conducting investigations? Check (✓) one per procedure.

	PROCEDURE	Yes	No
a.	We conduct a formal assessment of potential risk to worker		
b.	Workers are escorted by police		
c.	Workers are accompanied by another worker		
d.	Workers are provided cell phones		
e.	Workers have change to make a pay phone call		
f.	Workers receive instructions to periodically check-in with the office by phone		
g.	Workers are urged to conduct the investigation with the aid of a community resident		
h.	Workers are provided self-defense training		
i.	Workers make visits on weekdays during normal business hours		
j.	Workers log all appointments on master office schedule book		
k.	Other (Specify):		
l.	Other (Specify):		

C. Completing the Response

1. In most cases, who makes the final determination regarding services at the conclusion of this response? Check (✓) one.

- Worker alone
- Worker with supervisory review
- Supervisor alone
- Other (Specify: _____)

2. In most cases, at the end of this response, is a final determination made about whether maltreatment has occurred or whether the child is at risk?

- Yes, a maltreatment determination is made (continue with question 3)
- No, maltreatment determination is not made (skip to question 9)

3. Who makes this determination? Check (✓) one.

- Worker alone
- Worker with supervisory review
- Supervisor alone
- Other (Specify: _____)

4. Are determinations of maltreatment made for more than one child? Check (✓) one.

- A determination of whether maltreatment has occurred is made only on the child or children who were named in the referral.
- A determination is made on each child in the household. Each child receives a separate determination.
- We make a determination as to whom to include on a case-by-case basis.*
- Other (Specify: _____)

5. If the worker is not able to determine who the perpetrator is, can the worker consider that maltreatment has occurred?

- Yes
- No

6. When a determination is made that maltreatment has occurred, is the alleged perpetrator given due process notice of this determination? Check (✓) one.

- Always
- Sometimes (Specify when: _____)
- Rarely
- Never*

7. When a determination is made that maltreatment has occurred, some agencies place information regarding the alleged perpetrator in a “central registry,” that is used for background checks. How often does your local agency follow this practice? Check (✓) one.

- Always
- Sometimes (Specify when: _____)
- Rarely
- Never*

8. How often is the person who made the referral informed of the recommendations made as a result of this response? Check (✓) one.

- Always
- Sometimes (Specify when: _____)
- Rarely
- Never*

9. What happens to a response that is not completed within the time frame specified by agency policy? Check (✓) one.

- It is closed without any recommendations or findings
- It remains open with the original worker until it is completed
- It remains open, but it is transferred to another worker for completion
- Other (Specify: _____)

10. In your own words, state what you think are the main differences between the investigation response and this response.

D. Provision of Short-Term Services

1. After the final recommendations have been made, can the worker offer additional services, on a voluntary basis, to the family with case management?

- Yes
- No (**If no**, go to question 4)

If yes, please indicate with a check (✓) each of the following services that may be offered:

	SERVICE	Check (✓)
a.	Parenting classes	
b.	Grief counseling	
c.	Marital counseling	
d.	Family systems therapy	
e.	Child therapy	
f.	Substance abuse programs	
g.	Medical exam	
h.	Dental exam	
i.	Homemaker/chore	
j.	Transportation	
k.	Tutoring	
l.	Financial planning	
m.	Advocacy services (for housing or other services)	
n.	Housing assistance	
o.	Child care	
p.	Employment services	
q.	Domestic violence services	
r.	Other (Specify):	
s.	Other (Specify):	

2. Can the worker for this response provide short-term services if a referral is not substantiated?
- Yes
 No
3. *What is the maximum length of time that this other response worker can continue to provide service to a case after concluding this response? Check (✓) one.*
- No time limit*
 Time limit determined by the supervisor
 No more than ___ days
 Other (Specify:_____)
4. If the child or family will continue to receive services from the child welfare agency after the completion of this response, which statement reflects your agency's most common practice? Check (✓) one.
- The other response worker transfers the case with minimal involvement
 The other response worker assists the new service worker in making a service plan
 The other response worker is a resource for the service worker
 Other (Specify:_____)
5. Does your agency have any priority status arrangements for CPS with any of the following service providers? Check all that apply.
- Mental health
 Substance abuse
 Other (Specify:_____)
6. How long has the above description of the other CPS response of your agency been applicable?
- There have been no significant changes in _____ years.

Thank you for completing this module.

Please return the completed module to your Local Agency Contact person within 5 days.

KRA ID: _____

OMB #: 0990-0253
Expiration Date: 6/30/2004

A federal agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number. Public reporting burden for this collection of information is estimated to vary from 20 to 80 minutes with an average of 60 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the necessary data, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information to the OS Reports Clearance Officer, ASMB/Budget/FIOM, Room 503-H, HHH Building, 200 Independence Avenue, SW, Washington, DC 20201.

NATIONAL STUDY OF CHILD PROTECTIVE SERVICES SYSTEMS AND REFORM EFFORTS

LOCAL AGENCY SURVEY

Module 5: New Directions

Your agency has been selected to participate in *The National Study of Child Protective Services Systems and Reform Efforts*, a national study being conducted by the U.S. Department of Health and Human Services. The goal of the study is to provide a comprehensive description of child protective services (CPS) and to examine in depth some of the recent innovative reform efforts that are underway.

This module asks questions about the future directions of the administration and procedures of your local CPS agency. We are interested in changes that you are considering, or have begun implementing, during the last 6 months.

Please respond to all the questions. If you cannot complete all the questions in the module, additional persons can be consulted. Only one copy of the module should be submitted. All respondents should record their names and contact information below. All responses will be kept confidential. Names and contact information are for purposes of administering the survey only.

Contact Information for the Person(s) Completing the New Directions Module:

Name and Title	Phone Number	E-mail Address

**Please return the completed module to your Local Agency Contact person
within 5 days.**

A. Administration

Is your agency implementing or considering changes in the administration of CPS? Please review each of the topic areas below and indicate whether any changes have been recently implemented and/or are being considered for implementation. Check (✓) all that apply.

1. *Realignment of responsibility for core CPS functions and activities (such as screening, investigation, etc.) to other agencies or within the child welfare department*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes related to realignment at this time.

2. *Decentralization of your agency (e.g., out-stationing of workers to sites in the community or neighborhood)*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes related to decentralization at this time.

3. *Colocating agency workers with other agencies at a community-based site*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in colocating agency workers at this time.

4. *Agency requirements for staff qualifications*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in staff qualifications at this time.

5. *Staff training and development requirements or approach to training*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in staff training and development requirements or approach to training at this time.

6. *Degree of staff specialization to perform CPS-related functions (e.g., changes to system where workers both screen and investigate to one where specific staff are assigned to the each function).*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the degree of staff specialization at this time.

7. *Collaboration between your agency and alcohol and other drug agencies*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in collaboration between our agency and alcohol and other drug agencies at this time.

8. *Collaboration between your agency and domestic violence agencies*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes between our agency and domestic violence agencies at this time.

9. *Collaboration between your agency and other agencies*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes between our agency and other agencies at this time.

10. *Use of community-based organizations as service providers*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the use of community-based organizations as service providers at this time.

11. *Use of community-based organizations as case management service providers*

- Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

- Yes, we are considering changes. (Please briefly describe.)

- No, we are not considering any changes in the use of community-based organizations as case management service providers at this time.

12. *Use of community boards*

- Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

- Yes, we are considering changes. (Please briefly describe.)

- No, we are not considering any changes in use of community boards at this time.

13. *Use of citizen review boards*

- Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

- Yes, we are considering changes. (Please briefly describe.)

- No, we are not considering any changes in use of citizen review boards at this time.

14. *Use of information technology*

- Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

- Yes, we are considering changes. (Please briefly describe.)

- No, we are not considering any changes in use of information technology at this time.

15. *Philosophy of services*

- Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

- Yes, we are considering changes. (Please briefly describe.)

- No, we are not considering any changes in philosophy of services at this time.

16. *Other changes to administration or organization of CPS*

- Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

- Yes, we are considering changes. (Please briefly describe.)

- No, we are not considering any other administrative or organizational changes at this time.

B. Screening/Intake

Is your agency implementing or considering changing the screening activities that occur in your local agency? Please review each of the topic areas below and indicate whether any changes have been recently implemented and/or are being considered for implementation. Check (✓) all that apply.

1. *Response options*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in response options at this time.

2. *Processing of referrals*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the processing of referrals at this time.

3. *Criteria for screening out referrals at the local agency*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in screening out referrals at this time.

4. *Amount of interaction with the person reporting or other collaterals during screening*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in how we interact with the person reporting or other collaterals during screening at this time.

5. *Amount of interaction with the family and/or child during the screening process*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in how we interact with families during screening at this time.

6. *Programs/services available for referrals that are screened out*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any in the programs/services available for screened-out referrals at this time.

7. *Use of family assessments, safety assessments or other tools*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the use of family, safety or other assessment tools at this time.

8. *Other changes related to screening/intake activities*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any other changes to screening at this time.

C. Investigation

Is your agency implementing or considering changing the investigation activities that occur in your local agency? Please review each of the topic areas below and indicate whether any changes have been recently implemented and/or are being considered for implementation. This might include the development of other response systems in addition to investigation. Check (✓) all that apply.

1. *Role of law enforcement in investigating referrals*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the role of law enforcement in investigating referrals at this time.

2. *Definitions of maltreatment*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in definitions of maltreatment at this time.

3. *Classification of referrals at the end of the investigation*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the classifications of referrals at the end of investigations at this time.

4. *Central registries*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in central registries to the investigation response(s) at this time.

5. *Amount or type of interaction with family and/or child during investigation*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in how we interact with family and/or child(ren) during investigations at this time.

6. *Use of risk assessments or other tools*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the use of risk assessments or other tools to the investigation response(s) at this time.

7. *Use of Child Advocacy Centers for joint investigation, case review, medical exams, or treatment services*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the use of Child Advocacy Centers for joint investigation, case review, medical exams, or treatment services to the investigation response(s).

8. *Use of the Multi-Disciplinary Teams for information sharing or joint decision-making*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the use of Multi-Disciplinary Teams for information sharing or joint decision-making to the investigation response(s).

9. *Use of other mechanisms for joint investigation or information sharing*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the use of other mechanisms of the investigation response(s) at this time.

10. *Other changes related to investigation activities*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any other changes to the investigation response(s) at this time.

D. Other CPS Responses

Is your agency implementing or considering changing the other response activities that occur in your local agency? Please review each of the topic areas below and indicate whether any changes have been recently implemented and/or are being considered for implementation. Check (✓) all that apply.

1. Classification of referrals at the end of the Other CPS Response

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the classifications of referrals at the end of the Other CPS Response(s) at this time.

2. Amount of interaction with family and/or child during the Other CPS Response

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in interaction with the family and/or child at this time.

3. *Use of family assessments, risk assessments, safety assessments or other tools*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in use of family, risk, safety, or other assessment tools at this time.

4. *Use of Child Advocacy Centers for case review or treatment services*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the use of Child Advocacy Centers for case review or treatment services to the Other CPS Response(s).

5. *Use of Multi-Disciplinary Teams for information sharing or joint decision making*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the use of Multi-Disciplinary Teams for information sharing or joint decision making to the Other CPS response(s) at this time.

6. *Use of other mechanisms for information sharing or joint decision making*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any changes in the use of other mechanisms for joint investigation or information sharing to the Other CPS Response at this time.

7. *Other changes related to our Other CPS Response(s)*

Yes, we have implemented the following changes in the last 6 months. (Please briefly describe.)

Yes, we are considering changes. (Please briefly describe.)

No, we are not considering any other changes or development of Other CPS Response at this time.

E. Additional Information on New Directions

If you have any other pending or planned changes to your provision of CPS, please describe them below.

Thank you for completing this module.

**Please return the completed module to your Local Agency Contact person
within 5 days.**