# Appendix B

# Questionnaire Used in the CPS Structure and Practices Mail Survey (SPM) in 2005–2006

**4th National Incidence Study of Child Abuse and Neglect**

**NIS-4**

## SURVEY ON CPS STRUCTURE AND POLICIES

## Module 1: Administration

Your agency has agreed to participate in *The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4)*, a national study being conducted by the U.S. Department of Health and Human Services. The Survey on CPS Structure and Policies component of the NIS-4 collects information about the agencies that investigate reports of child abuse and neglect in the participating counties. This information will aid in interpreting the overall NIS-4 findings.

This module asks questions about the administration and organization of your agency, especially as they were during the NIS-4 reference period, **September 4 through December 3, 2005**.[1]

Please respond to all of the questions. If you cannot complete all the questions in the module, you may consult additional persons. Only one copy of the module should be submitted for your agency. 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 and for clarifying questions if we need to.

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

| Name and Position | Phone Number | E-mail Address |
|---|---|---|
|  |  |  |
|  |  |  |
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**Please return the completed module to your local agency contact person if that person is someone other than you.**

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[1] Your agency was also asked to provide abbreviated data for one additional month (December 4, 2005 through January 3, 2006) to allow unduplication from sentinel agencies. However, the main reference period is September 4 through December 3, 2005.

Administration-1

WORK FORCE

1.  **Please indicate how many workers you had during the NIS-4 reference period of September 4 through December 3, 2005. Only count persons who performed CPS activities[*]. Please provide the count in terms of full-time equivalents (FTEs). Example, full-time staff count as 1; part-time staff should be counted in terms of the percentage of time worked (0.5, 0.25, etc.). Do not count clerical staff.**

| Position | Number of Full-Time Equivalents (FTE's) |
|---|---|
| a.  Social Workers or Case Workers | |
| b.  Supervisors | |

[*] CPS activities include intake, screening, investigation, alternative response, and prevention of child abuse and neglect. Exclude foster care, adoption, and intensive in-home services.

2.  **For the workers included above, please indicate the highest level of education completed.**

| Position | Number with less than a Bachelor Degree | Number with a Bachelor Degree | Number with a Masters of Social Work Degree | Number with Other Advanced Degrees |
|---|---|---|---|---|
| a.  Social Workers or Case Workers | | | | |
| b.  Supervisors | | | | |

3.  **What was the typical number of years of work experience in child welfare for your workers and supervisors?**

    _____   Social Workers or Case Workers
    _____   Supervisors

BUDGET

4.  **What was your agency's prorated annual budget for CPS activities during the NIS-4 reference period of September 4 through December 3, 2005? (Divide the annual budget by 4)**

    $_____

5.  **Did this include prevention grants to community agencies?**

    [1] ☐ Yes    If **yes**, what was the amount of prevention grants? _____
    [2] ☐ No

RELATIONSHIP WITH COMMUNITY

**6. Where were CPS workers located? (Check all that apply and specify number of workers for items checked)**

Number of CPS Workers

☐ County CPS main office      _____
☐ Satellite CPS offices      _____
☐ Community or neighborhood agencies      _____
☐ Other. Specify: _____      _____

**7. Did your agency have a citizen review panel/community board to provide input and to review agency practice at the county level?**

1 ☐ Yes
2 ☐ No

COLLABORATION WITH OTHER AGENCIES

**8. Did your agency contract with other agencies to provide CPS services?**

1 ☐ Yes
2 ☐ No

If **yes**, please list the services and agencies below. If you need additional space, please attach another sheet of paper.

| Type of Service | Type of Agency | Role of Agency |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**9. In providing CPS services, did your agency collaborate with other agencies such as alcohol and drug agencies, domestic violence agencies, etc.?**

1 ☐ Yes
2 ☐ No

If **yes**, please complete the following table. If you need additional space, please attach another sheet of paper.

| CPS Service | Type of Agency | Role of Agency |
| --- | --- | --- |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Thank you for completing this module.

**Please return the completed module to your local agency contact person
if that person is someone other than you.**

# 4th National Incidence Study of Child Abuse and Neglect

## SURVEY ON CPS STRUCTURE AND POLICIES

## Module 2: Screening/Intake

Your agency has agreed to participate in *The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4)*, a national study being conducted by the U.S. Department of Health and Human Services. The Survey on CPS Structure and Policies component of the NIS-4 collects information about the agencies that investigate reports of child abuse and neglect in the participating counties. This information will aid in interpreting the overall NIS-4 findings.

This module asks questions about the screening and intake of a referral regarding the welfare of a child in your county, especially as these activities were conducted during the NIS-4 reference period, **September 4 through December 3, 2005**.[2] 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.

You have been designated to respond to NIS-4 questions about screening/intake at your agency. In addition to this questionnaire, NIS-4 staff will call you to discuss how your agency responds to specific kinds of cases.

Please respond to all of the questions. If you cannot complete all the questions in the module, you may consult additional persons. Only one copy of the module should be submitted for your agency. 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 and for clarifying questions if we need to.

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

| Name and Position | Phone Number | E-mail Address |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |

**Please return the completed module to your local agency contact person if that person is someone other than you.**

Conducted for: Administration for Children and Families, DHHS    Conducted by: Westat, 1650 Research Blvd., Rockville Maryland 20850

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[2] Your agency was also asked to provide abbreviated data for one additional month (December 4, 2005 through January 3, 2006) to allow unduplication from sentinel agencies. However, the main reference period is September 4 through December 3, 2005.

WORK FORCE

1. **During the NIS-4 reference period of September 4 through December 3, 2005, did your agency have a worker or unit of workers devoted solely to determining whether a referral should receive an agency response?**

   ₁☐ Yes
   ₂☐ No

2. **For the three months during the NIS-4 reference period, indicate the number of workers and supervisors who handled the screening/intake functions that your agency conducted. Please provide the count in terms of full-time equivalents (FTEs).  Example, full-time staff count as 1; part-time staff should be counted in terms of the percentage of time worked (0.5, 0.25, etc.). Do not count clerical staff.**

   | Worker/Supervisor Positions | Number of Full-Time Equivalents (FTE's) |
   |---|---|
   | 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: _____) | |

3. **During the NIS-4 reference period, did your agency experience an excessive workload demand on staff conducting screening/intake?**

   ₁☐ Yes
   ₂☐ No

   If **yes**, did your agency use any of the following methods for managing excessive workload demands? (Check all that apply)

   ☐ Restricted the criteria for accepting referrals
   ☐ Held certain types of referrals longer before assigning to a response
   ☐ Assigned more staff to screening/intake
   ☐ Transferred more referrals to be screened by private providers
   ☐ Other method of managing excessive workload
   (Specify: _____)

RECEIVING REFERRALS

4. **Rank these sources 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 did not receive referrals from a source listed in the table, put an "X" under rank for that source.**

| Source of Referrals | Rank (1= the most common) |
|---|---|
| a.   School | |
| b.   Daycare program | |
| c.   Social/family service agency | |
| d.   Police/sheriff | |
| e.   Juvenile probation | |
| f.   Hospital | |
| g.   Non-hospital based healthcare provider | |
| h.   Mental health facility/agency | |
| i.   Public health department | |
| j.   Public housing agency | |
| k.   Shelter (domestic violence or runaway youth) | |
| l.   Other (Specify: _____) | |

5. **Did your agency receive referrals from a State hotline?**

   1 ☐ Yes
   2 ☐ No

   If **yes**, what percent of referrals came to you through state hotline? _____%.

6. **How did your agency handle phone calls during non-business hours? (Check one response for each time period.)**

   a. **Who handled the calls Monday through Thursday evenings?**

      1 ☐ Our agency handled calls through our intake unit.

      2 ☐ Our agency assigned staff to be on call.

      3 ☐ Our agency routed these calls directly to another agency.

      4 ☐ The State hotline handled these calls.

      5 ☐ Other (Specify: _____)

      6 ☐ Our agency did not accept calls at these times.

**b. Who handled the calls Friday evening through Sunday?**

$_1\square$ Our agency handled calls through our intake unit.

$_2\square$ Our agency assigned staff to be on call.

$_3\square$ Our agency routed these calls directly to another agency.

$_4\square$ The State hotline handled these calls.

$_5\square$ Other (Specify: _____)

$_6\square$ Our agency did not accept calls at these times.

**7. How did your agency handle calls from non-English speakers?
(Check all that apply.)**

$\square$ Non-English speaker(s) on staff
$\square$ Non-English speaker(s) on call
$\square$ Contracted with interpreters from the community or other agency
$\square$ Accessed a language line by which a third party joined the call as the interpreter
$\square$ Other (Specify: _____)
$\square$ Not able to accept calls from non-English speakers

**8. Did your agency maintain a record of the calls received regardless of whether the referral was accepted for agency response?**

$_1\square$ Yes, we maintained records for all calls
$_2\square$ No, we maintained records only for those calls accepted for agency response

**9. Did your agency share the responsibility for screening referrals? (Check one)**

$_1\square$ We had sole responsibility for screening referrals.
$_2\square$ We shared responsibility with law enforcement.
$_3\square$ We shared responsibility with another agency: _____.
$_4\square$ We supported the following agency: _____.
$_5\square$ No, we had no responsibility for screening referrals.

RESPONSE OPTIONS

**10. For each of the following types of referrals, please indicate the available response options.**

| Referral | Response Options (check all that apply) |
|---|---|
| a. New referral alleging maltreatment | $\square$ Referring to another agency<br>$\square$ CPS investigation response*<br>$\square$ Other CPS response** Specify:_____ |
| b. Referral on a child or household that had an open investigation | $\square$ Referring to another agency<br>$\square$ CPS investigation response*<br>$\square$ Referring to supervisor or worker currently responsible for the case<br>$\square$ Other CPS response** Specify:_____ |

| Referral | Response Options (check all that apply) |
|---|---|
| c. Referral on a child or household that had a prior substantiated report | ☐ Referring to another agency<br>☐ CPS investigation response* by any worker<br>☐ CPS investigation response by worker who conducted prior investigation<br>☐ Other CPS response** Specify:_____ |
| d. Referral on a child or household that had a prior unsubstantiated report | ☐ Referring to another agency<br>☐ CPS investigation response* by any worker<br>☐ CPS investigation response by worker who conducted prior investigation<br>☐ Other CPS response** Specify:_____ |
| e. Referral on a child who was in foster care or another substitute care arrangement | ☐ Referring to another agency<br>☐ CPS investigation response* by CPS unit<br>☐ Investigation by foster home licensing worker or foster care unit<br>☐ Other CPS response** Specify:_____ |

\* 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 or addresses 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." This may be called an alternative or diversified response track.


**11. In screening, did your agency prioritize recommended responses to referrals?**

₁☐ Yes
₂☐ No

**12. In screening, did your agency consider any mandated limit on caseload size when recommending responses to references?**

₁☐ Yes
₂☐ No

**13. What response options were available to screening/intake workers for screened-out referrals?**

| Response Options | Yes | No |
|---|---|---|
| a. Call recorded but no further action | ₁☐ | ₂☐ |
| b. Referring to police or sheriff's office | ₁☐ | ₂☐ |
| c. Referring to a local community-based agency | ₁☐ | ₂☐ |
| d. Other (Specify: _____) | ₁☐ | ₂☐ |

SCREENING ACTIVITIES

**14. Did your agency automatically accept for investigation or another response (without screening) referrals that came from certain types of reporters?**

    ₁☐ Yes
    ₂☐ No

If **yes**, check the types of reporters that you automatically accepted for investigation or another response. (Check all that apply)

☐ School
☐ Daycare program
☐ Social/family services agency
☐ Police/sheriff
☐ Juvenile probation
☐ Hospital
☐ Non-hospital based healthcare provider
☐ Mental health facility/agency
☐ Public health department
☐ Public housing agency
☐ Shelter (domestic violence or runaway youth)
☐ Other (Specify: _____)

Thank you for completing this module.

**Please return the completed module to your local agency contact person
if that person is someone other than you.**

# 4th National Incidence Study of Child Abuse and Neglect

## SURVEY ON CPS STRUCTURE AND POLICIES

## Module 3: Investigation

Your agency has agreed to participate in *The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4)*, a national study being conducted by the U.S. Department of Health and Human Services. The Survey on CPS Structure and Policies component of the NIS-4 collects information about the agencies that investigate reports of child abuse and neglect in the participating counties. This information will aid in interpreting the overall NIS-4 findings.

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, especially as it was during the NIS-4 reference period, **September 4 through December 3, 2005**.[3] 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 and for clarifying questions if we need to.

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

| Name and Position | Phone Number | E-mail Address |
| --- | --- | --- |
|  |  |  |
|  |  |  |
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**Please return the completed module to your local agency contact person if that person is someone other than you.**

Conducted for: Administration for Children and Families, DHHS    Conducted by: Westat, 1650 Research Blvd., Rockville Maryland 20850

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[3] Your agency was also asked to provide abbreviated data for one additional month (December 4, 2005 through January 3, 2006) to allow unduplication from sentinel agencies. However, the main reference period is September 4 through December 3, 2005.

WORK FORCE

1. **During the NIS-4 reference period of September 4 through December 3, 2005, did your agency have a worker or unit of workers devoted solely to investigating referrals?**

   ₁ ☐ Yes
   ₂ ☐ No

2. **Were the workers who conducted investigations different individuals from those who conducted screening/intake? (Check one)**

   ₁ ☐ Yes, there were different workers for screening/intake and for investigation.
   ₂ ☐ Yes, but when needed, an intake worker could conduct an investigation or an investigation worker could conduct screening/intake.
   ₃ ☐ No, workers routinely conducted both screening/intake and investigation activities.
   ₄ ☐ Other (Specify: _____)

3. **For the three months during the NIS-4 reference period, indicate the number of workers and supervisors who handled the investigation functions that your agency conducted. Please provide the count in terms of full-time equivalents (FTEs). Example, full-time staff count as 1; part-time staff should be counted in terms of the percentage of time worked (0.5, 0.25, etc.). Do not count clerical staff.**

   | Worker/Supervisor Positions | Number of Full-Time Equivalents (FTE's)? |
   |---|---|
   | 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: _____) | |

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

   | Referral | Check Worker Most Often Assigned to the Referral (Check one) |
   |---|---|
   | a. Referral on a child or household currently being investigated | ₁ ☐ A worker who had current or prior investigation experience with the family<br>₂ ☐ Next available CPS investigation worker, regardless of experience with the family<br>₃ ☐ Other worker providing services to the family<br>₄ ☐ Someone else (Specify: _____) |

| Referral | Check Worker Most Often Assigned to the Referral (Check one) |
|---|---|
| b. Referral on a child or household currently receiving in-home services | 1 ☐ A worker who had current or prior investigation experience with the family<br>2 ☐ Next available CPS investigation worker, regardless of experience with the family<br>3 ☐ Other worker providing services to the family<br>4 ☐ Someone else (Specify: _____) |
| c. Referral on a child or household currently receiving foster care services | 1 ☐ A worker who had current or prior investigation experience with the family<br>2 ☐ Next available CPS investigation worker, regardless of experience with the family<br>3 ☐ Other worker providing services to the family<br>4 ☐ Someone else (Specify: _____) |
| d. Referral on a child or household not currently served but for whom at least one prior report was substantiated | 1 ☐ A worker who had current or prior investigation experience with the family<br>2 ☐ Next available CPS investigation worker, regardless of experience with the family<br>3 ☐ Someone else (Specify: _____) |
| e. Referral on a child or household not currently being served but for whom all prior reports were unsubstantiated | 1 ☐ A worker who had current or prior investigation experience with the family<br>2 ☐ Next available CPS investigation worker, regardless of experience with the family<br>3 ☐ Someone else (Specify: _____) |

**5. During the NIS-4 reference period, did you experience excessive workload demand on staff conducting investigations?**

1 ☐ Yes
2 ☐ No

If **yes**, did your agency use any of the following methods for managing excessive workload demands?

| Workload Management Method | Yes | No |
|---|---|---|
| a. Restricted the criteria for accepting referrals for investigation | 1 ☐ | 2 ☐ |
| b. Held certain types of referrals longer before assigning them to an investigation worker | 1 ☐ | 2 ☐ |
| c. Assigned more staff to investigations | 1 ☐ | 2 ☐ |
| d. Eliminated some required tasks to abbreviate investigation process | 1 ☐ | 2 ☐ |

| Workload Management Method | Yes | No |
|---|---|---|
| e. Assigned some or more referrals for investigation by private providers | 1 ☐ | 2 ☐ |
| f. Other method of managing excessive workload <br> (Specify: _____ ) | 1 ☐ | 2 ☐ |

RESPONSIBILITIES FOR DIFFERENT TYPES OF REFERRALS

**6. Describe your agency's role in investigating each of the following types of referrals by checking one column in each row.**

| Alleged child abuse or neglect | We had sole responsibility | We shared responsibility with law enforcement | We shared responsibility with other agency (specify) | We supported other agency (specify) | No role -- we did not investigate |
|---|---|---|---|---|---|
| Severe physical abuse | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ | 5 ☐ |
| Other physical abuse | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ | 5 ☐ |
| Sexual abuse | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ | 5 ☐ |
| Severe physical neglect | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ | 5 ☐ |
| Other physical neglect | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ | 5 ☐ |
| Emotional abuse/neglect | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ | 5 ☐ |
| Truancy | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ | 5 ☐ |
| Abandonment | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ | 5 ☐ |
| Child fatality | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ | 5 ☐ |

**7. Describe your agency's role in investigating each of the following situations.**

| Situation | We had sole responsibility | We shared responsibility with law enforcement | We shared responsibility with other agency (specify) | We supported other agency (specify) | No role -- we did not investigate |
|---|---|---|---|---|---|
| Alleged perpetrator was a family member or relative | 1☐ | 2☐ | 3☐ _____ | 4☐ _____ | 5☐ |
| Alleged perpetrator was a foster parent | 1☐ | 2☐ | 3☐ _____ | 4☐ _____ | 5☐ |
| Alleged perpetrator was staff person at a group home or institution | 1☐ | 2☐ | 3☐ _____ | 4☐ _____ | 5☐ |
| Alleged perpetrator was a minor | 1☐ | 2☐ | 3☐ _____ | 4☐ _____ | 5☐ |
| Alleged perpetrator was not a caregiver | 1☐ | 2☐ | 3☐ _____ | 4☐ _____ | 5☐ |

INVESTIGATION ACTIVITIES

**8. When workers investigated a referral, was it standard for them to do any of the following?**

| PRACTICE | RESPONSE |
|---|---|
| a. Determining whether the referred child had been maltreated | 1☐ Yes, required <br> 2☐ Yes, optional <br> 3☐ No, not part of investigation activities |
| b. Determining for all children in the family as to whether they had been maltreated | 1☐ Yes, required <br> 2☐ Yes, optional <br> 3☐ No, not part of investigation activities |
| c. Determining whether one or more children were at risk of maltreatment | 1☐ Yes, required <br> 2☐ Yes, optional <br> 3☐ No, not part of investigation activities |

| PRACTICE | RESPONSE |
|---|---|
| d. Removing the child(ren) if their immediate safety was an issue | ₁☐ Yes, required<br>₂☐ Yes, optional<br>₃☐ No, not part of investigation activities |
| e. Assessing the service needs of the child(ren) | ₁☐ Yes, required<br>₂☐ Yes, optional<br>₃☐ No, not part of investigation activities |
| f. Assessing the immediate service needs of the family | ₁☐ Yes, required<br>₂☐ Yes, optional<br>₃☐ No, not part of investigation activities |
| g. Providing short-term services if needed | ₁☐ Yes, required<br>₂☐ Yes, optional<br>₃☐ No, not part of investigation activities |
| h. Referring the family for further services if needed | ₁☐ Yes, required<br>₂☐ Yes, optional<br>₃☐ No, not part of investigation activities |
| i. Recommending court intervention if needed | ₁☐ Yes, required<br>₂☐ Yes, optional<br>₃☐ No, not part of investigation activities |

**9. For what type of cases were the following activities performed during your agency's investigation process?**

| Activity | All cases | Severe cases | Moderate cases | At-risk/ endangered cases | None |
|---|---|---|---|---|---|
| a. Reviewing prior CPS records | ₁☐ | ₂☐ | ₃☐ | ₄☐ | ₅☐ |
| b. Discussing the case with other CPS workers | ₁☐ | ₂☐ | ₃☐ | ₄☐ | ₅☐ |
| c. Discussing the case with a multidisciplinary team | ₁☐ | ₂☐ | ₃☐ | ₄☐ | ₅☐ |
| d. Visiting the family with an appointment | ₁☐ | ₂☐ | ₃☐ | ₄☐ | ₅☐ |
| e. Visiting the family without an appointment | ₁☐ | ₂☐ | ₃☐ | ₄☐ | ₅☐ |

| Activity | All cases | Severe cases | Moderate cases | At-risk/ endangered cases | None |
|---|---|---|---|---|---|
| f. Conducting a family group conference meeting | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| g. Interviewing or formally observing the child(ren) | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| h. Interviewing the caregiver(s) | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| i. Interviewing family members other than the caregiver | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| j. Interviewing the reporter | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| k. Interviewing witnesses | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| l. Interviewing professionals known to the family (e.g. teachers, physicians, clergy) | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| m. Obtaining or preserving physical evidence (including photographs) | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| n. Removing a child who was in danger of being harmed or who had been harmed | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |
| o. Conducting criminal background check on the alleged perpetrator | 1 ☐ | 2 ☐ | 3 ☐ | 4 ☐ | 5 ☐ |

**10. Did your agency use any of the following instruments or tools during the investigation process?**

| Instrument | Yes | No |
|---|---|---|
| a. A **structured decision making** model or other approach that results in a point total related to safety or risk | 1 ☐ | 2 ☐ |
| b. A formal **safety assessment** instrument that asks workers to assign a numerical value to each factor, without calculating a point total | 1 ☐ | 2 ☐ |
| c. A formal **risk assessment** instrument that asks workers to assign a numerical value to each factor without calculating a point total | 1 ☐ | 2 ☐ |
| d. A **guideline** for establishing safety or risk that outlines factors to consider, but that does not ask workers to assign numerical values | 1 ☐ | 2 ☐ |
| e. A standardized **substance abuse** assessment instrument | 1 ☐ | 2 ☐ |
| f. A standardized **domestic violence** assessment instrument | 1 ☐ | 2 ☐ |

| Instrument | Yes | No |
|---|---|---|
| g. A standardized **parenting skills** assessment | 1☐ | 2☐ |
| h. A standardized **child development inventory** | 1☐ | 2☐ |
| i. A standardized **family support** or connections assessment | 1☐ | 2☐ |

COMPLETING THE INVESTIGATION

**11. How often were the following factors considered when making a determination of whether maltreatment had occurred or the child was at risk of maltreatment?**

| Factors | Always | Sometimes | Never |
|---|---|---|---|
| a. Severity of case | 1☐ | 2☐ | 3☐ |
| b. Policy-defined standards of evidence for maltreatment | 1☐ | 2☐ | 3☐ |
| c. Family's need for services | 1☐ | 2☐ | 3☐ |
| d. Willingness of parent to cooperate with worker | 1☐ | 2☐ | 3☐ |
| e. Availability of services | 1☐ | 2☐ | 3☐ |

**12. How often did the following factors present problems for your agency in completing investigations in a timely and accurate manner?**

| Factor | Always | Sometimes | Never |
|---|---|---|---|
| a. Locating the family | 1☐ | 2☐ | 3☐ |
| b. Spending sufficient time with the family | 1☐ | 2☐ | 3☐ |
| c. Assessing the parent's skills as a parent | 1☐ | 2☐ | 3☐ |
| d. Determining what had happened to the child | 1☐ | 2☐ | 3☐ |
| e. Predicting what might have happened to the child | 1☐ | 2☐ | 3☐ |
| f. Having sufficient time to make a good determination | 1☐ | 2☐ | 3☐ |

| Factor | Always | Sometimes | Never |
|---|---|---|---|
| g. Explaining to the parent(s) the consequences of his/her actions | 1 ☐ | 2 ☐ | 3 ☐ |
| h. Obtaining the necessary expertise from other professionals | 1 ☐ | 2 ☐ | 3 ☐ |
| i. Deciding on whether to remove a child prior to completing the investigation | 1 ☐ | 2 ☐ | 3 ☐ |
| j. Deciding on whether to return a child to his/her parents upon completing the investigation | 1 ☐ | 2 ☐ | 3 ☐ |
| k. Preparing materials for the case record | 1 ☐ | 2 ☐ | 3 ☐ |
| l. Preparing materials for the court record | 1 ☐ | 2 ☐ | 3 ☐ |
| m. Handling language barriers | 1 ☐ | 2 ☐ | 3 ☐ |

13. **When a determination was made that maltreatment had occurred, how often were the following actions taken?**

| Action | Always | Sometimes | Never |
|---|---|---|---|
| a. Giving the alleged perpetrator due process notice of this determination | 1 ☐ | 2 ☐ | 3 ☐ |
| b. Placing information regarding the alleged perpetrator in a "central registry" that was used for background checks | 1 ☐ | 2 ☐ | 3 ☐ |
| c. Informing the person who reported the alleged maltreatment of the finding | 1 ☐ | 2 ☐ | 3 ☐ |

14. **What happened to an investigation that was not completed within the time frame specified by agency policy? (Check one)**

1 ☐ It was closed without a finding.
2 ☐ It was closed as "unconfirmed" or "unsubstantiated."
3 ☐ It remained open with the original worker until it was completed.
4 ☐ It remained open, but it was transferred to another worker for completion.
5 ☐ Other (Specify: _____)

PROVISION OF SHORT-TERM SERVICES

**15. After the completion of an investigation, could your agency provide services regardless of the investigation outcome? (Check one)**

₁ ☐ Allowed to offer services regardless of determination
₂ ☐ Allowed to offer services only when referral is substantiated
₃ ☐ No services are offered at conclusion of investigation

If you provided any services, please indicate with a check which services might be offered: (Check all that apply)

☐ Parenting classes
☐ Grief counseling
☐ Marital counseling
☐ Family systems therapy
☐ Child therapy
☐ Substance abuse programs
☐ Medical exam
☐ Dental exam
☐ Homemaker/chore
☐ Transportation
☐ Tutoring
☐ Financial planning
☐ Advocacy services (for housing or other services)
☐ Housing assistance
☐ Child care
☐ Employment services
☐ Domestic violence services
☐ Other (Specify: _____)

Thank you for completing this module.

**Please return the completed module to your local agency contact person
if that person is someone other than you.**

# 4th National Incidence Study of Child Abuse and Neglect

## SURVEY ON CPS STRUCTURE AND POLICIES

### Module 4: Alternative CPS Response

Your agency has agreed to participate in *The Fourth National Incidence Study of Child Abuse and Neglect (NIS-4)*, a national study being conducted by the U.S. Department of Health and Human Services. The Survey on CPS Structure and Policies component of the NIS-4 collects information about the agencies that investigate reports of child abuse and neglect in the participating counties. This information will aid in interpreting the overall NIS-4 findings.

This module asks questions about the formal response of your agency that assesses or addresses 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, especially as it was during the NIS-4 reference period, **September 4 through December 3, 2005**.[4] We refer to this as "Alternative CPS Response." This response involves actions that your agency takes, not merely referrals to services provided by other agencies. If your agency does not use any alternative response, please check the box below and return this module.

☐    Our agency did not have an alternative to investigation response during the NIS-4 reference period.

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 and for clarifying questions if needed.

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

| Name and Position | Phone Number | E-mail Address |
|---|---|---|
|  |  |  |
|  |  |  |
|  |  |  |

**Please return the completed module to your local agency contact person if that person is someone other than you.**

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[4] Your agency was also asked to provide abbreviated data for one additional month (December 4, 2005 through January 3, 2006) to allow unduplication from sentinel agencies. However, the main reference period is September 4 through December 3, 2005.

ALTERNATIVE CPS RESPONSE

1.  **What was the objective of your agency's alternative response as it was performed during the NIS-4 reference period of September 4 through December 3, 2005?**

    _____

    _____

    _____

2.  **What were the key differences that set it apart from your agency's investigation response?**

    _____

    _____

    _____

3.  **How many of these responses did your agency complete during the NIS-4 reference period?**

    _____ Number of referrals assigned for alternative response during this period.

4.  **How many children were included in the responses given in Question 3?**

    _____ Number of children in responses assigned during this period.

5.  **Were all of the children included in Question 4 alleged victims of child abuse or neglect in the referral? (Check one)**

    1 ☐ Yes
    2 ☐ No, we extended our response, on a case-by-case basis, to all children in the
       household.
    3 ☐ No, we always included all children in the household in the response.

WORK FORCE

6.  **Did your agency have a worker or unit of workers devoted solely to this type of response?**

    1 ☐ Yes
    2 ☐ No

7.  **Were the workers who conducted this response different individuals from those who conducted screening/intake? (Check one)**

    1 ☐ Yes, there were different workers for screening/intake and for this response.
    2 ☐ Yes, but when needed, an intake worker could conduct this response or a worker who conducted
       this response could conduct screening/intake.
    3 ☐ No, workers routinely conducted both screening/intake and this response.
    4 ☐ Other (Specify: _____)

8. **Were the workers who conducted this response different individuals from those who conducted investigations?  (Check one)**

    ₁☐ Yes, there are different workers for investigations and for this response.
    ₂☐ Yes, but when needed, an investigation worker can conduct this response or workers conducting this response can conduct investigations.
    ₃☐ No, our CPS workers routinely conduct both investigations and this response.
    ₄☐ Other (Specify:_____)

9. **For the three months during the NIS-4 reference period, indicate the number of workers and supervisors who handled this response function. Please provide the count in terms of full-time equivalents (FTEs).  Example, full-time staff count as 1; part-time staff should be counted in terms of the percentage of time worked (0.5, 0.25, etc.). Do not count clerical staff.**

| Worker/Supervisor Positions | Number of Full-Time Equivalents (FTE's) |
|---|---|
| a.  Workers who only conducted this response | |
| b.  Workers who conducted this response in addition to other responsibilities | |
| c.  Supervisors who only supervised employees conducting this response | |
| d.  Supervisors who supervised employees conducting this response in addition to other responsibilities | |
| e.  Other staff assigned to this response (Specify: _____) | |

10. **During the NIS-4 reference period, did you experience excessive workload demand on staff conducting this response?**

    ₁☐ Yes
    ₂☐ No

If **yes**, did your agency use any of the following methods for managing excessive workload demands?

| Workload Management Method | Yes | No |
|---|---|---|
| a.  Restricted the criteria for accepting referrals for alternative response | ₁☐ | ₂☐ |
| b.  Held certain types of referrals longer before assigning them to a response | ₁☐ | ₂☐ |
| c.  Assigned more staff to alternative response | ₁☐ | ₂☐ |
| d.  Eliminated some required task to abbreviate the alternative response process | ₁☐ | ₂☐ |
| e.  Assigned some or more alternative response referrals to private providers | ₁☐ | ₂☐ |
| f.  Other method of managing excessive workload (Specify: _____) | ₁☐ | ₂☐ |

RESPONSIBILITIES FOR DIFFERENT TYPES OF REFERRALS

**11. Describe your agency's role in responding to the alleged maltreatment or behavior under this "Alternative CPS response" type by checking one column in each row.**

| Alleged child abuse or neglect | We had sole responsibility | We shared responsibility with law enforcement | We shared responsibility with other agency (specify) | We supported other agency (specify) |
|---|---|---|---|---|
| Severe physical abuse | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ |
| Other physical abuse | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ |
| Sexual abuse | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ |
| Severe physical neglect | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ |
| Other physical neglect | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ |
| Emotional abuse/neglect | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ |
| Truancy | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ |
| Abandonment | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ |
| Child fatality | 1 ☐ | 2 ☐ | 3 ☐ _____ | 4 ☐ _____ |

**12. What criteria were used to assign cases to alternative response? (Check all that apply)**

☐ Who the perpetrator was
☐ Type of maltreatment
☐ Level of alleged harm
☐ Number of children affected
☐ First report
☐ Other (Specify: _____)

ALTERNATIVE CPS RESPONSE ACTIVITIES

**13. When workers conducted this response, was it standard for them to do any of the following?**

| PRACTICE | RESPONSE |
|---|---|
| a. Assessing the service needs of the child(ren) | 1 ☐ Yes, required<br>2 ☐ Yes, optional<br>3 ☐ No, not part of alternative response |
| b. Assessing the immediate service needs of the family | 1 ☐ Yes, required<br>2 ☐ Yes, optional<br>3 ☐ No, not part of alternative response |
| c. Assessing the underlying causes of the maltreatment incident | 1 ☐ Yes, required<br>2 ☐ Yes, optional<br>3 ☐ No, not part of alternative response |
| d. Providing short-term services if needed | 1 ☐ Yes, required<br>2 ☐ Yes, optional<br>3 ☐ No, not part of alternative response |
| e. Referring the family for further services if needed | 1 ☐ Yes, required<br>2 ☐ Yes, optional<br>3 ☐ No, not part of alternative response |
| f. Recommending court intervention if needed | 1 ☐ Yes, required<br>2 ☐ Yes, optional<br>3 ☐ No, not part of alternative response |

**14. In your agency, how often were the following activities performed during this response?**

| Activity | Always | Sometimes | Never |
|---|---|---|---|
| a. Reviewing prior CPS records | 1 ☐ | 2 ☐ | 3 ☐ |
| b. Discussing the case with other CPS workers | 1 ☐ | 2 ☐ | 3 ☐ |
| c. Discussing the case with a multidisciplinary team | 1 ☐ | 2 ☐ | 3 ☐ |
| d. Visiting the family with an appointment | 1 ☐ | 2 ☐ | 3 ☐ |
| e. Visiting the family without an appointment | 1 ☐ | 2 ☐ | 3 ☐ |
| f. Conducting a family group conference meeting | 1 ☐ | 2 ☐ | 3 ☐ |
| g. Interviewing or formally observing the child(ren) | 1 ☐ | 2 ☐ | 3 ☐ |
| h. Interviewing the caregiver(s) | 1 ☐ | 2 ☐ | 3 ☐ |
| i. Interviewing family members other than the caregiver | 1 ☐ | 2 ☐ | 3 ☐ |

| Activity | Always | Sometimes | Never |
|---|---|---|---|
| j. Interviewing the reporter | 1 ☐ | 2 ☐ | 3 ☐ |
| k. Interviewing professionals known to the family (e.g. teachers, physicians, clergy) | 1 ☐ | 2 ☐ | 3 ☐ |
| l. Conducting criminal background check on the alleged perpetrator | 1 ☐ | 2 ☐ | 3 ☐ |

**15. Did your agency use any of the following instruments or tools in conducting this response?**

| Instrument | Yes | No |
|---|---|---|
| a. A **structured decision making** model or other approach that results in a point total related to safety or risk | 1 ☐ | 2 ☐ |
| b. A formal **safety assessment** instrument that asks workers to assign a numerical value to each factor, without calculating a point total | 1 ☐ | 2 ☐ |
| c. A formal **risk assessment** instrument that asks workers to assign a numerical value to each factor without calculating a point total | 1 ☐ | 2 ☐ |
| d. A **guideline** for establishing safety or risk that outlines factors to consider, but that does not ask workers to assign numerical values | 1 ☐ | 2 ☐ |
| e. A standardized **substance abuse** assessment instrument | 1 ☐ | 2 ☐ |
| f. A standardized **domestic violence** assessment instrument | 1 ☐ | 2 ☐ |
| g. A standardized **parenting skills** assessment | 1 ☐ | 2 ☐ |
| h. A standardized **child development inventory** | 1 ☐ | 2 ☐ |
| i. A standardized **family support** or connections assessment | 1 ☐ | 2 ☐ |

COMPLETING THE ALTERNATIVE CPS RESPONSE

**16. How often did the following factors present problems for your agency in conducting this response?**

| Factor | Always | Sometimes | Never |
|---|---|---|---|
| a. Locating the family | 1 ☐ | 2 ☐ | 3 ☐ |
| b. Spending sufficient time with the family | 1 ☐ | 2 ☐ | 3 ☐ |
| c. Assessing the parent's skills as a parent | 1 ☐ | 2 ☐ | 3 ☐ |
| d. Determining what had happened to the child | 1 ☐ | 2 ☐ | 3 ☐ |
| e. Assessing child risk | 1 ☐ | 2 ☐ | 3 ☐ |
| f. Explaining to the parent(s) the consequences of his/her actions | 1 ☐ | 2 ☐ | 3 ☐ |

| Factor | Always | Sometimes | Never |
|---|---|---|---|
| g. Obtaining the necessary expertise from other professionals | 1 ☐ | 2 ☐ | 3 ☐ |
| h. Preparing materials for the case record | 1 ☐ | 2 ☐ | 3 ☐ |
| i. Handling language barriers | 1 ☐ | 2 ☐ | 3 ☐ |

PROVISION OF SHORT-TERM SERVICES

**17. Which of the following services did your agency offer as part of your alternative response? (Check all that apply)**

☐ Parenting classes
☐ Grief counseling
☐ Marital counseling
☐ Family systems therapy
☐ Child therapy
☐ Substance abuse programs
☐ Medical exam
☐ Dental exam
☐ Homemaker/chore
☐ Transportation
☐ Tutoring
☐ Financial planning
☐ Advocacy services (for housing or other services)
☐ Housing assistance
☐ Child care
☐ Employment services
☐ Domestic violence services
☐ Other (Specify: _____)

Thank you for completing this module.

**Please return the completed module to your local agency contact person
if that person is someone other than you.**