

APPENDIX D: Caseworker Interview

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QC - 1QUESTIONNAIRE INTRODUCTION

IF WAVE = 1, ASK C_QMODE
C_QMODE

CASEID: <FILL CASEID>
Subject: <FILL SUBJECT NAME>
Adult (Caregiver): <FILL CG NAME>
Child Name: <INSERT CHILD NAME>

INTERVIEWER: ARE YOU CONDUCTING THIS INTERVIEW IN PERSON OR BY TELEPHONE?

1= IN PERSON
0 = BY TELEPHONE

IF C_QMODE = 1 GOTO C_QC0

C_PHONECONSENT1

Hello, my name is [INSERT NAME]. I am calling to follow up on the call we had about the National Survey of Child Adolescent Well-Being.

Did you have time to review the materials I sent?

1 = YES (GOTO C_PHONECONSENT2)
2= NO (Offer to send another packet/offer the web link that contains the materials/offer email)

FR: ASK CASEWORKER TO REFER TO THE HARDCOPY VERSION OF THE CONSENT RECEIVED BY MAIL/EMAIL/OR ASK THEM TO ACCESS THE WEB LINK THAT CONTAINS AN ELECTRONIC COPY OF THE CONSENT FORM.

C_NOCOPYCONSENT

You can also access the materials on the web. I can provide you with a link now if you would like to access these materials electronically.

Or I can prepare another advance packet and ship those materials to you for your review. We can also send these materials via email.

1 = CW ACCESSES MATERIALS ELECTRONICALLY USING PROVIDED LINK (**GOTO to C_PHONECONSENT2**)
2 = CW REQUESTS ANOTHER PACKET IN THE MAIL/EMAIL (**EXIT THE INTERVIEW AND SCHEDULE A CALLBACK**)

C_PHONECONSENT2

As I mentioned earlier, this study is sponsored by the Administration for Children and Families (ACF). ACF hired RTI International (RTI), the company I work for, to conduct a national survey of children and families in the child welfare system. RTI is selecting 4,500 children across the nation to take part in this study.

You were identified as the primary caseworker of one or more participating children. Children selected for participation had contact with the child welfare system during a 12-

month period. As a part of the study, we will follow up with sampled children and families in 18 months to conduct a second interview.

The caseworker interview collects information about the child's history with the child welfare system and services recommended or provided by the agency. Your answers combined with the answers of others in the study will help us describe the needs of children and their use of available child welfare services. The interview takes about 45 minutes. We will ask you about the events surrounding the investigation/assessment, about characteristics of the family, and any factors that contributed to your report.

As the consent form states, your participation is voluntary, and all information will be kept strictly private, as permitted by law. You may choose to skip any question in the interview for any reason. The study is covered by a federal protection called a Certificate of Confidentiality. This means researchers cannot share the information they gather that may identify you. The Certificate prevents researchers from revealing this information, even from a court order.

Taking part in this study presents no physical risks and no direct benefits to you. Your input will help us learn about the needs of children and the services available to them. We never identify a single person or family in our reports. Your information will be combined with information from other people taking part in the study. When we write up the study to share it with other researchers, we will write about the combined information. You will not be identified in any published or presented materials.

Do you have any questions, or can we go ahead and get started?

1 = YES, AGREES TO STUDY PARTICIPATION (**GOTO C_UF1A**)

2 = NO, NEEDS MORE INFO/SCHEDULE AN APPOINTMENT FOR LATER DATE
(**EXIT INTERVIEW AND SCHEDULE AN APPOINTMENT**)

3 = REFUSES PARTICIPATION (**EXIT INTERVIEW AND CODE AS REFUSAL**)

[IF PARTICIPANT HAS QUESTIONS AND REQUESTS TALKING WITH THE PROJECT DIRECTOR OR ETHICAL COMMITTEE REPRESENTATIVE, SAY:

For study-related questions, please call Jennifer Keeney, toll-free at 800-334-8571 extension 23525. For questions about your rights as a research participant, please contact the RTI Office of Research Protection at 866-214-2043.

C_QC_BGN. Case Information Screen

Caseid : <CASE ID>

Subject: <SUBJECT NAME>

Adult: <ADULT NAME>

Child: <CHILD>

Child's DOB: <CHILD DOB>

Child's Age: <CHILD AGE>

Child's Gender: <CHILD GENDER>

C_QC0

INTERVIEWER: PRESS 1 FOR CONSENT FORMS IN DOCMAN. **PLEASE CHOOSE AND READ THE CORRECT CONSENT FORM FROM DOCMAN AND OBTAIN SIGNATURE. AFTER COLLECTING SIGNATURE AND FINALIZING FORM, YOU WILL THEN BE BROUGHT BACK TO THIS SCREEN.**

DID R CONSENT TO INTERVIEW?

- 1 = YES
- 2 = NO {SKIP TO END OF INTERVIEW}

C_QC0aa

[P_do_CARI] INTERVIEWER: DID R AGREE TO THE USE OF CARI FOR RECORDING THE INTERVIEW?

- 1 = Yes [GOTO C_QC1a}
- 2 = No

C_QC0ba

[P_not_cari] I just need to confirm that you do not want this interview to be recorded. Is that correct?

- 1 = Yes
- 2 = No [GOTO C_QC0aa.]

C_QC1a

This survey is called the National Survey of Child and Adolescent Well-Being. It is designed to help us learn about the needs of children and families in the child welfare system and their use of child welfare services. [IF WAVE = 1, FILL: Our questions will focus on the factors that contributed to the decisions that have been made about ^CHILD's case.] [IF WAVE > 1, FILL: Our questions will focus on the services ^CHILD and {fill his/her} family may need or receive and your experiences as a child welfare agency worker.] The study is being conducted for the Administration for Children and Families, an agency within the U.S. Department of Health and Human Services. Your participation is voluntary, but it is very important because you will help us get a complete picture of ^CHILD's history with the child welfare system. As explained in the consent form you signed, we will hold your responses in the strictest confidence, as Federal law requires. You may decline to answer any question you wish. If you have any questions, please let me know.

Did you receive a copy of the letter and brochure describing the survey?

- YES --> CONTINUE
- NO ---> GIVE R A COPY OF THE LETTER AND BROCHURE

INTERVIEWER: IF RESPONSE IS NO, GIVE R A COPY OF THE LETTER AND BROCHURE.

Let's begin.

1UF - UP-FRONT MODULE

C_UF1a

Before we get started, I have some general questions to ask you. First, let me verify your full name.

[FILL NAME BELOW FROM CID SCREEN 2]

FIRST: _____
MIDDLE: _____
LAST: _____

IS THIS CORRECT?

1 = YES

2 = NO {GOTO C_UF2n}

C_UF1b

INTERVIEWER: CORRECT FIRST NAME AS NEEDED.

FIRST NAME:

Range: 30

C_UF1c

INTERVIEWER: CORRECT MIDDLE NAME AS NEEDED.

MIDDLE NAME:

Range: 30

C_UF1d

INTERVIEWER: CORRECT LAST NAME AS NEEDED.

LAST NAME:

Range: 30

C_UF2a

What is your employee identification number (caseworker i.d.)? (We need this information to link the children selected for the study to specific caseworkers.)

I.D. :

Range: 20

[WE NEED TO GENERATE A UNIQUE RTI CASEWORKER I.D. NUMBER FOR THE CASEWORKER BACKGROUND (CB) AND CASEWORKER LOG (LG) SECTIONS.]

C_UF2am

What is your date of birth?

MONTH:

Range: 01-12

C_UF2ad

What is your date of birth?

DAY:

Range: 01-31

C_UF2ay

What is your date of birth?

YEAR:

Range: 1930-1990

C_UF2ba

Are you currently an employee of {FILL: NAME OF SAMPLED AGENCY}?

1 = YES

2 = NO

C_UF2c

What is the name of your employer, or the agency you work for?

NAME:

Range: 50

C_UF3aa

How did ^CHILD come into contact with the Child Welfare system? Was it through a report to CPS handled as an investigation, a report to CPS handled as a family assessment or differential response, or was the child placed in the legal custody of Child Welfare through an alternative pathway (not as a result of a CPS investigation or assessment)?

1. A CPS REPORT HANDLED AS AN INVESTIGATION **{GOTO UF3ac}**
2. A CPS REPORT HANDLED AS A FAMILY ASSESSMENT OR DIFFERENTIAL RESPONSE **{GOTO UF3ac}**
3. AN ALTERNATIVE PATHWAY

C_UF3ab

What was the alternative pathway that led to ^CHILD entering the custody of the Child Welfare agency. Was it...

1. Sex Trafficking **{GOTO UF3ac}**
2. Labor Trafficking **{GOTO UF3ac}**
3. Juvenile justice involvement **{GOTO UF3ac}**
4. A dependency determination not made as a result of a CPS report, or
5. Some other alternative pathway? **{GOTO UF3ac}**

C_UF3ab1

What was the reason for the dependency determination?

1. Death of parent(s)
2. Parent(s) imprisoned or institutionalized
3. Parent(s) deported
4. Parent(s) deployed for military service
5. Some other reason

C_UF3ac

Is ^CHILD currently in the legal custody of the state or county?

1. YES
2. NO

C_UF3ad

Please look at Card ## and tell me which of the placement categories best describes where ^CHILD is currently living.

1. WITH ONE OR BOTH BIRTH PARENTS
2. WITH ONE OR BOTH ADOPTIVE PARENTS
3. WITH NON-RELATIVES IN A LICENSED FOSTER HOME {GO TO C_UF3CA}
4. WITH RELATIVES IN A LICENSED FOSTER HOME {GO TO C_UF3CA}
6. 5. WITH RELATIVES IN A HOME THAT IS NOT LICENSED {GO TO C_UF3CA}
- IN THE HOME OF A FAMILY FRIEND {GO TO C_UF3CA}
7. IN AN EMERGENCY SHELTER {GO TO C_UF3CA}
8. IN A SPECIALIZED OR THERAPEUTIC FOSTER HOME OR THERAPEUTIC HOME {GO TO C_UF3CA}
9. IN A GROUP HOME {GO TO C_UF3CA}
10. IN A RESIDENTIAL TREATMENT FACILITY OR INSTITUTION {GO TO C_UF3CA}
11. IN A PSYCHIATRIC HOSPITAL {GO TO C_UF3CA}
12. IN A MEDICAL HOSPITAL OR FACILITY {GO TO C_UF3CA}
13. IN A PLACE OF DETENTION (E.G., JUVENILE DETENTION, ADULT JAIL) {GO TO C_UF3CA}
14. IN TRANSITIONAL INDEPENDENT LIVING APARTMENT {GO TO C_UF3CA}
15. IN TRANSITIONAL INDEPENDENT LIVING HOME OR FACILITY {GO TO C_UF3CA}
16. IN A FACILITY OPERATED BY ANOTHER PUBLIC AGENCY (E.G., JUVENILE OR ADULT CORRECTIONS) {GO TO C_UF3CA}
17. WHEREABOUTS UNKNOWN/RUNAWAY {GO TO C_UF3CA}
18. CHILD LIVES ON OWN (INCLUDES SCHOOL/COLLEGE, MILITARY, ETC.) {GO TO C_UF3CA}
19. OTHER {GO TO C_UF3CA}

C_UFad1

Is the child living...

1. With the same parent or parents as at the time of the report or when the child was taken into legal custody
2. With one parent, but not the parent the child was living with at the time of the report
3. With one parent, but at the time of the report the child was living with both parents
4. With the same parent, but an adult caretaker living in the home at the time of the report has left

C_UF3ca

Is ^CHILD legally emancipated (according to governing state laws)?

- 1 = YES
- 2 = NO[# GOTO C_UF4]

C_UF3da

Is ^CHILD Spanish, Hispanic, or Latino?

- 1 = No, not Spanish/Hispanic/Latino
- 2 = Yes, Mexican, Mexican-American, Chicano
- 3 = Yes, Puerto Rican
- 4 = Yes, Cuban
- 5 = Yes, Other

C_UF3db

USE CARD 1. Please look at Card 1. What is ^CHILD's race? You may pick one or more groups from the card.

CODE ALL THAT APPLY.

- 1 = AMERICAN INDIAN OR ALASKA NATIVE
- 2 = ASIAN
- 3 = BLACK OR AFRICAN AMERICAN
- 4 = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 5 = WHITE

C_UF4a

Our records indicate ^CHILD's current primary caregiver is:

[FILL NAME BELOW FROM CID SCREEN 4]

FIRST: _____
MIDDLE INITIAL: _____
LAST: _____

IS THIS CORRECT?

- 1 = YES {GOTO C_UF5a}
- 2 = NO

[THIS BECOMES PERMANENT PRIMARY CAREGIVER FILL FOR CASEWORKER INSTRUMENT (EXCEPT FOR OUT-OF-HOME CASES WHERE THE SPEC'S OVERWRITE THIS RULE)]

C_UF4b

INTERVIEWER: CORRECT FIRST NAME AS NEEDED.

FIRST NAME:

Range: 30

C_UF4c

INTERVIEWER: CORRECT MIDDLE NAME AS NEEDED.

MIDDLE NAME:

Range: 30

C_UF4d

INTERVIEWER: CORRECT LAST NAME AS NEEDED.

LAST NAME:

Range: 40

C_UF5a

Is this person's relationship to ^CHILD:

[FILL RELATIONSHIP FROM CID SCREEN 4]

1 = YES {GOTO C_UF7a}

2 = NO

C_UF6a

INTERVIEWER: CODE RESPONDENT'S RELATIONSHIP TO [FILL CHILD].

1 = BIOLOGICAL MOTHER

2 = STEP-MOTHER

3 = ADOPTIVE MOTHER

4 = FOSTER MOTHER

5 = SISTER

6 = AUNT

7 = GRANDMOTHER

{GOTO C_UF7a}

95 = OTHER RELATIVE {GOTO C_UF6b}

96 = OTHER NON-RELATIVE {GOTO C_UF6c}

8 = BIOLOGICAL FATHER

9 = STEP-FATHER

10 = ADOPTIVE FATHER

11 = FOSTER FATHER

12 = BROTHER

13 = UNCLE

14 = GRANDFATHER

C_UF6b

IF C_UF6a = 95, SPECIFY OTHER RELATIVE RELATIONSHIP.

RELATIONSHIP:

Range: 20

C_UF6c

IF C_UF6a = 96, SPECIFY OTHER NON-RELATIVE RELATIONSHIP.

RELATIONSHIP:

Range: 20

IF C_UF3aa = 1 (INVESTIGATION), ASK C_UF7a:

C_UF7a

[IF WAVE > 1, GOTO C_UF8a]

Are you the person who investigated the report involving ^CHILD that was filed on
[FILL REPORT DATE]?

1 = YES
2 = NO

C_UF8a

[IF WAVE > 1, CONTINUE. ELSE, GOTO C_UFEND.]

How long has this case been a part of your workload?

NUMBER:

Range: Allow 1-300

C_UF8u

(Is that...)

1 = DAYS
2 = WEEKS
3 = MONTHS
4 = YEARS

C_UF9a

How many caseworkers have been assigned to this case?

Number _____

{GOTO C_UFEND}

1CI - CASE INVESTIGATION

ADMINISTER MODULE IF C_UF3AA = 1 OR 2 (INVESTIGATION OR ASSESSMENT)

C_CI3ab

Was there a @bcriminal@b investigation regarding this investigation/assessment against the alleged perpetrator?

1 = YES
2 = NO {GOTO C_CI4a}

C_CI3ac

Were charges filed?

- 1 = YES
- 2 = NO

C_CI4a

USE CARD 2. Please look at Card 2 and tell me which child welfare or police department staff conducted this investigation/assessment.

CODE ALL THAT APPLY.

- 1 = A CPS OR CHILD WELFARE INVESTIGATOR
- 2 = A POLICE DEPARTMENT INVESTIGATOR
- 3 = OTHER CPS/CWS WORKER (WHO MAY PERFORM A VARIETY OF FUNCTIONS)
- 4 = JUVENILE PROBATION OFFICER
- 5 = OTHER (OUTSIDE OF CPS/CWS OR POLICE DEPARTMENT)

C_CI4aa

Who made the initial report to the authorities which led to the investigation/assessment?

- 1 = SOCIAL SERVICES PERSONNEL
- 2 = MEDICAL PERSONNEL
- 3 = MENTAL HEALTH PERSONNEL
- 4 = LEGAL, LAW ENFORCEMENT, OR CRIMINAL JUSTICE
- 5 = EDUCATION PERSONNEL
- 6 = CHILD DAY CARE PROVIDER
- 7 = SUBSTITUTE CARE PROVIDER
- 8 = ALLEGED VICTIM
- 9 = PARENT
- 10 = OTHER RELATIVE
- 11 = FRIENDS/NEIGHBOR
- 12 = ALLEGED PERPETRATOR
- 13 = ANONYMOUS REPORTER
- 88 = OTHER
- 99 = UNKNOWN OR MISSING

C_CI5a

How many home visits, either in-person or virtual, were done during the investigation/assessment?

VISITS

C_CI6a

USE CARD 3. Please look at Card 3 and tell me who was contacted in order to investigate the report.

CODE ALL THAT APPLY

- 1 = PARENT/GUARDIAN
- 2 = FOSTER PARENT
- 3 = NEIGHBOR
- 4 = TEACHER OR DAY CARE PROVIDER
- 5 = OTHER SCHOOL STAFF
- 6 = DOCTOR OR OTHER MEDICAL PROFESSIONAL
- 7 = RELATIVES
- 8 = OTHER

C_CI7a

USE CARD 4. Please look at Card 4 and tell me how the placement decision or plan to ensure the safety of the child was made.

CODE ALL THAT APPLY.

- 1 = AGENCY TEAM STAFFING, INCLUDING MORE THAN JUST A CASEWORKER AND SUPERVISOR
- 2 = FAMILY GROUP DECISION MAKING, CONFERENCING, OR UNITY MODEL
- 3 = CASEWORKER DECISION (WITH OR WITHOUT SUPERVISOR CONSULTATION)
- 4 = POLICE
- 5 = MULTI-DISCIPLINARY OR A CROSS-AGENCY TASK FORCE
- 6 = OTHER

C_CI8a

[IF C_CI7a RESPONSE 1 = NO, GO TO C_CI9a. ELSE CONTINUE.] USE CARD 5. Please look at Card 5 and tell me which staff were involved in making the placement decision or plan to ensure the safety of the child?

CODE ALL THAT APPLY.

- 1 = CPS OR CHILD WELFARE INVESTIGATOR
- 2 = CHILD WELFARE FAMILY PRESERVATION OR IN-HOME SERVICES WORKER (CHILD STAYS IN HOME)
- 3 = CHILD WELFARE FOSTER CARE, OUT-OF-HOME CARE, OR REUNIFICATION WORKER (CHILD IS OUT OF HOME)
- 4 = CHILD WELFARE SUPERVISOR
- 5 = AGENCY ATTORNEY
- 6 = OTHER ATTORNEY
- 7 = OTHER

C_CI9a

[IF C_CI7a RESPONSE 2 = NO, GO TO C_CI10a. ELSE CONTINUE]

[PROGRAMMER: HIGHLIGHT ANSWERS WHEN THEY ARE CODED.]

USE CARD 6. Please look at Card 6 and tell me who participated in the family group decision making process? (CODE ALL THAT APPLY)

- 1 = CPS OR CHILD WELFARE INVESTIGATOR
- 2 = FAMILY PRES./IN-HOME SERVICES WORKER
- 3 = FOSTER CARE/OOH CARE/REUNIF. WORKER
- 4 = CHILD WELFARE SUPERVISOR
- 5 = AGENCY ATTORNEY
- 6 = CHILD'S ATT'Y/GUARDIAN AD LITEM/CASA
- 7 = PARENT'S ATTORNEY, PUBLIC DEFENDER
- 8 = IN-HOME AIDE, OR HOMEMAKER
- 9 = PUBLIC HEALTH NURSE
- 10 = MENTAL HEALTH PROFESSIONAL
- 11 = COMM. ADVOCATE/OTHER COMM. MEMBER
- 12 = AFDC/TANF CASE MANAGER
- 13 = MEDIATOR/FAMILY GRP. CONF. COORD.
- 14 = LAWYERS
- 15 = TEACHER
- 16 = OTHER PROFESSIONAL
- 17 = FOSTER PARENT
- 18 = GROUP HOME PROVIDER
- 19 = MOTHER
- 20 = FATHER
- 21 = STEP-PARENT
- 22 = GRANDPARENT
- 23 = OTHER FAMILY MEMBER
- 24 = FAMILY FRIEND
- 25 = CHILD'S FRIEND
- 26 = OTHER

C_CI10a

What was the case decision of the investigation/assessment? Was it...

- 1 = substantiated,
- 2 = indicated,
- 3= alternative response
- 4= unsubstantiated, or
- 5= no alleged maltreatment

IF C_UFC3aa = 1 (INVESTIGATION), ASK C_CI10aa

C_CI10aa

Was the report handled as an investigation from the beginning or was it initially handled as a family assessment or differential response and then switched?

1. Handled as an investigation from the beginning
2. Initially handled as a family assessment and then switched to an investigation

If C_UF3aa = 2 (ASSESSMENT) ASK C_CI10b AND C_CI10bb:

C_CI10b

What was the case decision of the assessment or differential response?

1. The family was found in need of services or some other finding meaning that neglect was found to have occurred
2. The family was found not in need of services or some other finding meaning that neglect was not found to have occurred
3. The assessment/differential response that was completed did not include a determination of whether neglect occurred

C_CI10bb

Was the report initially handled as a family assessment from the beginning or was it initially handled as an investigation and then switched

1. Handled as a family assessment or differential response from the beginning
2. Initially handled as an investigation and then switched

C_C110bc

Understanding that CPS case decisions are often very difficult, how confident are you that maltreatment did/did not occur? Would you say...

1. Very confident
2. Somewhat confident
3. Not at all confident

C_CI13a

For the next set of questions, please do not be concerned with whether or not the report was substantiated when offering your responses.

Regardless of the case decision of the investigation/assessment, how would you describe the level of harm to ^CHILD? Would you say...

- 1 = none,
- 2 = mild,

3 = moderate, or
4 = severe?

C_CI14a

[IF C_CI10a = 4, 5, 6, GO TO C_CI15a. ELSE CONTINUE.] Regardless of the case decision of the investigation/assessment, how would you describe the level of risk? Would you say...

1 = none,
2 = mild,
3 = moderate, or
4 = severe?

C_CI15a

Regardless of the case decision of the investigation/assessment, how sufficient was the evidence to substantiate the case? Would you say...

1 = there was no evidence of maltreatment,
2 = evidence was clearly not sufficient,
3 = evidence was probably not sufficient,
4 = evidence was probably sufficient, or
5 = evidence was clearly sufficient?

C_CI15b

During the investigation/assessment, did the agency enter into a safety plan or safety agreement with the family before or without taking legal custody?

1. YES
2. NO

C_CI15ba

During the investigation/assessment, did the agency take legal custody of the child?

1. YES
2. NO

IF C_CI15b = 2 THEN SKIP TO C_CI16A

C_CI15c

Which one of the following did the safety plan or agreement include?

1. A parent or caretaker in the home agreed to temporarily leave the home
2. The child's parent or primary caretaker agreed to temporarily place the child with the other parent
3. The child's parent, parents, or primary caretaker agreed to temporarily place the child with relatives
4. The child's parent, parents, or primary caretaker agreed to place the child in some other placement outside the home
5. The child's parent, parents, or primary caretaker agreed to have a safety resource come into the home
6. None of the above

C_CI15d

What is the status of that safety plan now?

1. The case is still open to CPS and the plan is still in effect
2. The case is still open to CPS but the plan has been modified (C_CI15da)
3. The case is still open to CPS but the safety plan has ended
4. The CPS case is closed, and the safety plan has ended
5. The CPS case is closed, but the family was maintaining the plan
6. The child has entered the legal custody of CPS

C_CI15da

Did the new safety plan include one of the following?

1. A parent or caretaker in the home agreed to temporarily leave the home
2. The child's parent or primary caretaker agreed to temporarily place the child with the other parent
3. The child's parent, parents, or primary caretaker agreed to temporarily place the child with relatives
4. The child's parent, parents, or primary caretaker agreed to place the child in some other placement outside the home
5. The child's parents, parent, or primary caretaker agreed to have a safety resource come into the home
6. None of the above

C_CI16a

Regardless of the case decision of the investigation/assessment, have any services been referred for, provided to, or arranged for the family? Referring the family for services includes suggesting to the client that services may be needed, or giving the client provider contact information. Arranging services for the family includes contacting a provider, completing the necessary paperwork, and/or making an appointment.

1 = YES

2 = NO {GO TO C_CI19a}

C_CI17a

What kind of services? (CODE ALL THAT APPLY.)

R
NT/CAREGIVER
D

S, PARENTS

S)

ENTARY
DARY SCHOOL SCHOOL SERVICES

C_CI18a

[ASK C_CI18a FOR EACH SERVICE SELECTED IN C_CI17a.]

[FILL: Was/Were] {FILL: SERVICE SELECTED IN C_CI17a} provided by the agency, arranged, or referred?

- 1 = PROVIDED
- 2 = ARRANGED
- 3 = REFERRED

C_CI19a

Are ^CHILD's services covered by Indian Child Welfare Act requirements?

- 1 = YES
- 2 = NO {GO TO C_CI21a}

C_CI20a

Are the child welfare services administered by...

- 1 = the tribe,
- 2 = the county/state, or
- 3 = a combination of the tribe and the county/state?

C_CI21a

Now I'm going to ask you some questions about your background and experience as a child welfare worker. @b**Overall**,@b how long have you been a child welfare worker?

ENTER ANSWER IN MONTHS OR YEARS, DEPENDING ON RESPONSE. IF UNDER TWO YEARS, GET A SPECIFIC NUMBER OF MONTHS.

NUMBER

Range: allow 2 digits

C_CI21u

(Is that months or years?)

- 1 = MONTHS
- 2 = YEARS

C_CI22a

What is your highest educational degree?

- 1 = LESS THAN BACHELOR'S DEGREE
- 2 = BACHELOR OF SOCIAL WORK
- 3 = OTHER BACHELOR'S DEGREE
- 4 = MASTERS OF SOCIAL WORK
- 5 = OTHER MASTER'S DEGREE
- 6 = PH.D. OR OTHER DOCTORAL DEGREE

C_CI24ax

Are you Spanish, Hispanic, or Latino?

- 1 = No, not Spanish/Hispanic/Latino
- 2 = Yes, Mexican, Mexican-American, Chicano
- 3 = Yes, Puerto Rican
- 4 = Yes, Cuban
- 5 = Yes, Other

C_CI25a

USE CARD 7. What is your race? Please pick one or more groups off Card 7.

- 1 = AMERICAN INDIAN OR ALASKA NATIVE
- 2 = ASIAN
- 3 = BLACK OR AFRICAN AMERICAN
- 4 = NATIVE HAWAIIAN OR OTHER PACIFIC ISLANDER
- 5 = WHITE

{GOTO C_CIEND}

JJ - JUVENILE JUSTICE

C_JJ1

When ^CHILD came to the attention of your agency on [REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY IF ALTERNATIVE PATHWAY], was ^CHILD on juvenile probation or otherwise involved with the juvenile delinquency court?

- 1 = YES
- 2 = NO

C_JJ2

Was the ^CHILD on juvenile probation or otherwise involved with the juvenile delinquency court immediately prior to being placed in Child Welfare custody?

- 1 = Yes
- 2 = No **{Skip to C_JJ4}**

C_JJ3

Did formal involvement with the juvenile justice system end as a result of ^CHILD's entry into the Child Welfare system?

- 1 = Yes
- 2 = No

C_JJ4

Has ^CHILD ever been arrested or charged with a crime or status offense:

- 1 = Yes, In the juvenile justice system
- 2 = Yes, In the adult criminal justice system
- 3 = Yes, in both the juvenile and adult systems
- 4 = No **{Go to C_JJEND}**

C_JJ5

Please indicate all the types of charges ^CHILD has faced:

- 1 = Felony or serious assault other than sexual assault
- 2 = Misdemeanor or minor assault other than sexual assault
- 3 = Robbery involving confrontation with a victim
- 4 = Larceny
- 5 = Damage to Property
- 6 = Sexual assault
- 7 = Other sexually inappropriate behavior (do not include being a victim of trafficking)
- 8 = Status offense (e.g., runaway, undisciplined)
- 9 = Other

C_JJ6

Has ^CHILD been arrested or charged with any crimes or status offenses between [REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY IF ALTERNATIVE PATHWAY] and [INTERVIEW DATE]?

- 1 = Yes
- 2 = No {GO TO C_JJ7}

C_JJ6a

USE CARD 27. Please look at Card 27 and tell me which of the placement categories best describes where ^CHILD is was living at the time HE/SHE was arrested or charged with a crime.

- 1 = WITH ONE OR BOTH BIRTH PARENTS
- 2 = WITH ONE OR BOTH ADOPTIVE PARENTS
- 3 = WITH NON-RELATIVES IN A LICENSED FOSTER HOME
- 4 = WITH RELATIVES IN A LICENSED FOSTER HOME
- 5 = WITH RELATIVES IN A HOME THAT IS NOT LICENSED
- 6 = IN THE HOME OF A FAMILY FRIEND

- 7 = IN AN EMERGENCY SHELTER
- 8 = IN A SPECIALIZED OR THERAPEUTIC FOSTER HOME OR THERAPEUTIC HOME
- 9 = IN A GROUP HOME
- 10 = IN A RESIDENTIAL TREATMENT FACILITY OR INSTITUTION
- 11 = IN A PSYCHIATRIC HOSPITAL
- 12 = IN A MEDICAL HOSPITAL OR FACILITY
- 13 = IN A PLACE OF DETENTION (E.G., JUVENILE DETENTION, ADULT JAIL)
- 14 = IN TRANSITIONAL INDEPENDENT LIVING APARTMENT
- 15 = IN TRANSITIONAL INDEPENDENT LIVING APARTMENT HOME OR FACILITY
- 16 = IN A FACILITY OPERATED BY ANOTHER PUBLIC AGENCY (E.G.,
- 17 = JUVENILE OR ADULT CORRECTIONS)
- 18 = WHEREABOUTS UNKNOWN/RUNAWAY

19 = CHILD LIVES ON OWN (INCLUDES SCHOOL/COLLEGE, MILITARY,
ETC.)
20 = OTHER

C_JJ7

Is ^CHILD currently on juvenile probation or otherwise involved with the juvenile justice system?

1 = Yes
2 = No

C_JJ8

Has ^CHILD ever been confined in detention or other restricted facility as a result of juvenile or adult criminal charges

1 = Yes, one time
2 = Yes, twice
3 = Yes, three times
4 = Yes, more than three times
5 = No {Go to C_JJEND}

C_JJ9

What is the approximate total amount of time ^CHILD has spent in detention or other restricted facility as a result of juvenile or adult criminal charges?

1 = less than one week
2 = more than a week but less than one month
3 = between one and six months
4 = more than six months

C_JJEND

1AA - ALLEGED ABUSE

C_AA1a

[IF WAVE >1, GOTO C_AAEND.]

USE CARD 8. Please look at Card 8 and tell me the type or types of abuse or neglect reported on [FILL REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY]?

CODE ALL THAT APPLY.

1 = PHYSICAL MALTREATMENT
2 = SEXUAL MALTREATMENT
3 = EMOTIONAL MALTREATMENT

- 4 = PHYSICAL NEGLECT (FAILURE TO PROVIDE)
- 5 = NEGLECT (LACK OF SUPERVISION)
- 6 = ABANDONMENT
- 7 = MORAL/LEGAL MALTREATMENT
- 8 = EDUCATIONAL MALTREATMENT
- 9 = EXPLOITATION (e.g. SALE OF MINOR'S TIME OR BEHAVIOR)
- 10 = OTHER
- 11 = PREMATURITY OR LOW BIRTH WEIGHT
- 12 = SUBSTANCE EXPOSURE (e.g. BORN WITH DRUGS IN SYSTEM)
- 13 = DOMESTIC VIOLENCE
- 14 = SUBSTANCE-ABUSING PARENT
- 15 = VOLUNTARY RELINQUISHMENT
- 16 = CHILDREN IN NEED OF SUPERVISION/SERVICES (CHINS)
- 17 = INVESTIGATION/REPORT WAS ONLY WAY TO GET NEEDED SERVICES FOR FAMILY

NOTE: CODE SEXUAL ASSAULT AS "2". CODE PROSTITUTING CHILD AS "9".

IF C_AA1a = 9 (EXPLOITATION) THEN ASK C_AA1aa

C_AA1aa

Was the exploitation related to sex trafficking or labor trafficking?

- 1= YES, SEX TRAFFICKING
- 2 = YES, LABOR TRAFFICKING
- 3 = BOTH SEX AND LABOR TRAFFICKING
- 4 = NO

C_AA1ab

Next use Card 8A. Please look at Card 8A and tell me the type or types of abuse or neglect that the investigation/assessment found to have occurred. (It is possible that different maltreatment type(s) were found than the type(s) that were reported.)

CODE ALL THAT APPLY.

- 1 = PHYSICAL MALTREATMENT
- 2 = SEXUAL MALTREATMENT
- 3 = EMOTIONAL MALTREATMENT
- 4 = PHYSICAL NEGLECT (FAILURE TO PROVIDE)
- 5 = NEGLECT (LACK OF SUPERVISION)
- 6 = ABANDONMENT
- 7 = MORAL/LEGAL MALTREATMENT
- 8 = EDUCATIONAL MALTREATMENT
- 9 = EXPLOITATION (e.g. SALE OF MINOR'S TIME OR BEHAVIOR)
- 10 = OTHER
- 11 = PREMATURITY OR LOW BIRTH WEIGHT
- 12 = SUBSTANCE EXPOSURE (e.g. BORN WITH DRUGS IN SYSTEM)
- 13 = DOMESTIC VIOLENCE

- 14 = SUBSTANCE-ABUSING PARENT
- 15 = VOLUNTARY RELINQUISHMENT
- 16 = CHILDREN IN NEED OF SUPERVISION/SERVICES (CHINS)
- 17 = INVESTIGATION/REPORT WAS ONLY WAY TO GET NEEDED SERVICES FOR FAMILY
- 18 = THE INVESTIGATION WAS UNFOUNDED OR UNSUBSTANTIATED
- 19 = THE ASSESSMENT OR DIFFERENTIAL RESPONSE DID NOT FIND ANY MALTREATMENT
- 20 = THE ASSESSMENT OR DIFFERENTIAL RESPONSE DID NOT MAKE A DETERMINATION OF WHETHER MALTREATMENT OCCURRED.

NOTE: CODE SEXUAL ASSAULT AS "2". CODE PROSTITUTING CHILD AS "9".

IF C_AA1ab = 9 (EXPLOITATION) THEN ASK C_AA1ac

C_AA1ac

Was the exploitation related to sex trafficking or labor trafficking?

- 1=YES, SEX TRAFFICKING
- 2=YES, LABOR TRAFFICKING
- 3=BOTH SEX AND LABOR TRAFFICKING
- 4=NO

[IF ONLY ONE RESPONSE OPTION CODED IN C_AA1A THEN SKIP C_AA2a]

C_AA2a

USE CARD 8. Of the types of abuse or neglect that were reported, please look at Card 8 and tell me the type that you felt was the **@bmost serious@b**.

- 1 = PHYSICAL MALTREATMENT
- 2 = SEXUAL MALTREATMENT
- 3 = EMOTIONAL MALTREATMENT
- 4 = PHYSICAL NEGLECT (FAILURE TO PROVIDE)
- 5 = NEGLECT (LACK OF SUPERVISION)
- 6 = ABANDONMENT
- 7 = MORAL/LEGAL MALTREATMENT
- 8 = EDUCATIONAL MALTREATMENT
- 9 = EXPLOITATION (e.g. SALE OF MINOR'S TIME OR BEHAVIOR)
- 10 = OTHER
- 11 = PREMATUREITY OR LOW BIRTH WEIGHT
- 12 = SUBSTANCE EXPOSURE (e.g. BORN WITH DRUGS IN SYSTEM)
- 13 = DOMESTIC VIOLENCE
- 14 = SUBSTANCE-ABUSING PARENT
- 15 = VOLUNTARY RELINQUISHMENT
- 16 = CHILDREN IN NEED OF SUPERVISION/SERVICES (CHINS)
- 17 = INVESTIGATION/REPORT WAS ONLY WAY TO GET NEEDED SERVICES FOR FAMILY

NOTE: CODE SEXUAL ASSAULT AS "2". CODE PROSTITUTING CHILD AS "9"

[IF ONLY ONE RESPONSE OPTION CODED IN C_AA2A THEN SKIP C_AA2AA]

C_AA2aa

USE CARD 8. Of the types of abuse or neglect that were found, please look at Card 8 and tell me the type that you felt was the **@bmost serious@b**.

- 1 = PHYSICAL MALTREATMENT
- 2 = SEXUAL MALTREATMENT
- 3 = EMOTIONAL MALTREATMENT
- 4 = PHYSICAL NEGLECT (FAILURE TO PROVIDE)
- 5 = NEGLECT (LACK OF SUPERVISION)
- 6 = ABANDONMENT
- 7 = MORAL/LEGAL MALTREATMENT
- 8 = EDUCATIONAL MALTREATMENT
- 9 = EXPLOITATION (e.g. SALE OF MINOR'S TIME OR BEHAVIOR)
- 10 = OTHER
- 11 = PREMATUREITY OR LOW BIRTH WEIGHT
- 12 = SUBSTANCE EXPOSURE (e.g. BORN WITH DRUGS IN SYSTEM)
- 13 = DOMESTIC VIOLENCE
- 14 = SUBSTANCE-ABUSING PARENT
- 15 = VOLUNTARY RELINQUISHMENT
- 16 = CHILDREN IN NEED OF SUPERVISION/SERVICES (CHINS)
- 17 = INVESTIGATION/REPORT WAS ONLY WAY TO GET NEEDED SERVICES FOR FAMILY
- 18 = THE INVESTIGATION WAS UNFOUNDED OR UNSUBSTANTIATED
- 19 = THE ASSESSMENT OR DIFFERENTIAL RESPONSE DID NOT FIND ANY MALTREATMENT
- 20 = THE ASSESSMENT OR DIFFERENTIAL RESPONSE DID NOT MAKE A DETERMINATION OF WHETHER MALTREATMENT OCCURRED.

NOTE: CODE SEXUAL ASSAULT AS "2". CODE PROSTITUTING CHILD AS "9".

[IF RESPONSE 1, 2, 4, 5, 7, OR 8 <> "YES", GOTO C_AAEND]

[IF RESPONSE = 1, GOTO C_AA4a]

[IF RESPONSE = 2, GOTO C_AA10a]

[IF RESPONSE = 4, GOTO C_AA14a]

[IF RESPONSE = 5, GOTO C_AA25a]

[IF RESPONSE = 7, GOTO C_AA32a]

[IF RESPONSE = 8, GOTO C_AA33a]

C_AA3

QUESTION NOT NEEDED IN NSCAW I.

C_AA4a

FOR THE ONE RESPONSE OPTION CODED AS "YES" IN C_AA1a:

[IF OPTION 1, 2, 4, 5, 7, OR 8 <> YES, GOTO C_AAEND]
[IF OPTION 1 = YES, GOTO C_AA4a]
[IF OPTION 2 = YES, GOTO C_AA10a]
[IF OPTION 4 = YES, GOTO C_AA14a]
[IF OPTION 5 = YES, GOTO C_AA25a]
[IF OPTION 7 = YES, GOTO C_AA32a]
[IF OPTION 8 = YES, GOTO C_AA33a]

USE CARD 9. Please look at Card 9. Regardless whether or not the report was substantiated, please tell me the type or types of physical abuse that were found to have occurred by the investigation/assessment of the report made.

CODE ALL THAT APPLY.

- 1 = HIT/KICK TO THE FACE/HEAD/NECK
- 2 = HIT/KICK TO THE TORSO
- 3 = HIT/KICK TO THE BUTTOCKS
- 4 = HIT/KICK TO THE LIMBS/EXTREMITIES
- 5 = VIOLENT HANDLING OF CHILD (PUSHING, SHOVING,
THROWING, PULLING, DRAGGING)
- 6 = CHOKING/SMOTHERING
- 7 = BURNS
- 8 = SHAKING
- 9 = NONDESCRIPT ABUSE (ALLEGATION DID NOT SPECIFY
WHERE OR HOW CHILD WAS ABUSED)

[IF ONLY ONE RESPONSE OPTION CODED AS "YES", GOTO C_AA6a]

C_AA5a

USE CARD 9. Of the types of abuse that were found to have occurred, please look at Card 9 and pick the type that you felt was the **@bmost serious@b** in this incident.

- 1 = HIT/KICK TO THE FACE/HEAD/NECK
- 2 = HIT/KICK TO THE TORSO
- 3 = HIT/KICK TO THE BUTTOCKS
- 4 = HIT/KICK TO THE LIMBS/EXTREMITIES
- 5 = VIOLENT HANDLING OF CHILD (PUSHING, SHOIVING, THROWING, PULLING, DRAGGING)
- 6 = CHOKING/SMOTHERING
- 7 = BURNS
- 8 = SHAKING
- 9 = NONDESCRIPT ABUSE (ALLEGATION DID NOT SPECIFY WHERE OR HOW CHILD WAS ABUSED)
- 10 = OTHER

C_AA6a

USE CARD 10. Please look at Card 10 and rate the severity of abuse for this incident.

PRESS F10 FOR HELP SCREEN EXPLAINING RESPONSE OPTIONS.

- 1 = DANGEROUS ACT, BUT NO MARKS INDICATED
- 2 = MINOR MARKS
- 3 = NUMEROUS OR SEVERE MARKS
- 4 = MEDICAL/EMERGENCY TREATMENT; HOSPITALIZED FOR LESS THAN 24 HOURS
- 5 = HOSPITALIZED MORE THAN 24 HOURS, PERMANENT DISABILITY, OR DISFIGUREMENT

[PLEASE PUT THE FOLLOWING ON THE HELP SCREEN:]

- 1 = Caregiver slaps/hits child, but no resulting marks; shaking child over age 2
- 2 = Small scratches, cuts or bruises; first degree burn from bathing in hot water; shaking child over age 2 and leaving marks
- 3 = Severely bruised or swollen, several marks; second degree burns from bathing in hot water or burn from cigarette; shaking child under age 2 and leaving no marks or child is sore from shaking
- 4 = Child goes to hospital for injuries inflicted by caregiver and is released within 24 hours
- 5 = Hospitalized for over 24 hours for injuries inflicted by caregiver, Child is permanently scarred, disfigured, physically or mentally damaged (i.e., brain damage) from injuries by caregiver

C_AA7a

For about how long do you think physical abuse had been going on?

NUMBER

C_AA7a

(Is that the number of days, weeks, or months?)

- 1 = DAYS
- 2 = WEEKS
- 3 = MONTHS

C_AA8a

About how many times did physical abuse occur?

NUMBER

C_AA9a

Who was found to be responsible for this physical abuse?

CODE ALL THAT APPLY. (ENTER PERSON'S RELATIONSHIP TO CHILD.)

- | | |
|----------------------|---|
| 1 = MOTHER | 12 = OTHER RELATIVE |
| 2 = FATHER | 13 = NEIGHBOR |
| 3 = STEP-MOTHER | 14 = FRIEND |
| 4 = STEP-FATHER | 15 = STRANGER |
| 5 = GRANDMOTHER | 16 = OTHER CHILD IN OUT-OF-HOME CARE |
| 6 = GRANDFATHER | (E.G., BIOLOGICAL CHILD OF FOSTER PARENTS OR OTHER FOSTER CHILD) |
| 7 = AUNT | 17 = OUT-OF-HOME CAREGIVER (E.G., FOSTER PARENT OR GROUP CARE PROVIDER) |
| 8 = UNCLE | 18 = CHILD CARE PROVIDER |
| 9 = BROTHER | 19 = OTHER |
| 10 = SISTER | 20 = NO RESPONSIBLE PERSON IDENTIFIED |
| 11 = MOM'S BOYFRIEND | |

[GOTO C_AAEND]

C_AA10a

USE CARD 11. Please look at Card 11. Regardless whether or not the report was substantiated, please tell me the type or types of sexual abuse found to have occurred by the investigation/assessment of the report made.

CODE ALL THAT APPLY.

- 1 = FONDLING/MOLESTATION (WITHOUT GENITAL CONTACT)
- 2 = MASTURBATION (REQUIRES GENITAL CONTACT)
- 3 = DIGITAL (FINGER) PENETRATION OF VAGINA OR ANUS
- 4 = ORAL COPULATION OF ADULT
- 5 = ORAL COPULATION OF CHILD
- 6 = VAGINAL/ANAL INTERCOURSE (GENITAL PENETRATION)
- 7 = OTHER LESS SEVERE TYPE (E.G. EXPOSURE TO SEX OR PORNOGRAPHY)

C_AA11a

For about how long do you think sexual abuse had been going on?

NUMBER

C_AA11a

(Is that the number of days, weeks, or months?)

- 1 = DAYS
- 2 = WEEKS
- 3 = MONTHS

C_AA12a

About how many times did sexual abuse occur?

NUMBER

C_AA13a

Who was found to be responsible for this sexual abuse?

CODE ALL THAT APPLY. (ENTER PERSON'S RELATIONSHIP TO CHILD.)

- | | |
|----------------------|---|
| 1 = MOTHER | 12 = OTHER RELATIVE |
| 2 = FATHER | 13 = NEIGHBOR |
| 3 = STEP-MOTHER | 14 = FRIEND |
| 4 = STEP-FATHER | 15 = STRANGER |
| 5 = GRANDMOTHER | 16 = OTHER CHILD IN OUT-OF-HOME CARE (E.G., |
| 6 = GRANDFATHER | BIOLOGICAL CHILD OF FOSTER PARENTS |
| | OR |
| 7 = AUNT | OTHER FOSTER CHILD) |
| 8 = UNCLE | 17 = OUT-OF-HOME CAREGIVER (E.G., FOSTER |
| PARENT | |
| 9 = BROTHER | OR GROUP CARE PROVIDER) |
| 10 = SISTER | 18 = CHILD CARE PROVIDER |
| 11 = MOM'S BOYFRIEND | 19 = OTHER |
| | 20 = NO RESPONSIBLE PERSON IDENTIFIED |

[GOTO C_AAEND]

C_AA14a

USE CARD 12. Please look at Card 12. Regardless whether or not the report was substantiated, please tell me the type or types of physical neglect found to have occurred by the investigation/assessment of the report made on [FILL REPORT DATE.]

CODE ALL THAT APPLY.

- 1 = CHILD NOT SUPPLIED WITH ADEQUATE FOOD
- 2 = CHILD DOES NOT HAVE CLOTHING THAT IS SANITARY, APPROPRIATE FOR WEATHER AND PERMITS THE CHILD FREEDOM OF MOVEMENT
- 3 = CHILD DOES NOT HAVE ADEQUATE SHELTER
- 4 = CHILD DOES NOT HAVE ADEQUATE MEDICAL, DENTAL, AND MENTAL HEALTH CARE
- 5 = CHILD DOES NOT HAVE ADEQUATE HYGIENE DUE TO CAREGIVER NEGLECT

[IF ONLY ONE RESPONSE OPTION CODED AS "YES", GOTO C_AA16a]

C_AA15a

USE CARD 12. Of the types of physical neglect that occurred, please look at Card 12 and tell me the @bmost serious@b type that occurred in this incident.

- 1 = CHILD NOT SUPPLIED WITH ADEQUATE FOOD
- 2 = CHILD DOES NOT HAVE CLOTHING THAT IS SANITARY, APPROPRIATE FOR WEATHER AND PERMITS THE CHILD FREEDOM OF MOVEMENT
- 3 = CHILD DOES NOT HAVE ADEQUATE SHELTER
- 4 = CHILD DOES NOT HAVE ADEQUATE MEDICAL, DENTAL, AND MENTAL HEALTH CARE
- 5 = CHILD DOES NOT HAVE ADEQUATE HYGIENE DUE TO CAREGIVER NEGLECT

[IF RESPONSE = 1, GOTO C_AA16a]
[IF RESPONSE = 2, GOTO C_AA17a]
[IF RESPONSE = 3, GOTO C_AA18a]
[IF RESPONSE = 4, GOTO C_AA19a]
[IF RESPONSE = 5, GOTO C_AA20a]

C_AA16a

[IF C_AA14a = 1, GOTO C_AA16a]
 [IF C_AA14a = 2, GOTO C_AA17a]
 [IF C_AA14a = 3, GOTO C_AA18a]
 [IF C_AA14a = 4, GOTO C_AA19a]
 [IF C_AA14a = 5, GOTO C_AA20a]

USE CARD 13. Please look at Card 13 and rate the severity of this neglect.

- 1 = MILD (NO REGULAR MEALS, YOUNG CHILD FIXES MEALS)
- 2 = MODERATE (CAREGIVER DOES NOT ENSURE THAT FOOD IS AVAILABLE)
- 3 = SERIOUS (FREQUENTLY MISSED MEALS)
- 4 = SEVERE (POOR NOURISHMENT TO POINT THAT CHILD FAILS TO GAIN WEIGHT OR GROW AT EXPECTED RATE)
- 5 = GRAVE (POOR NOURISHMENT TO POINT THAT CHILD HAS SEVERE PHYSICAL CONSEQUENCES) (INCLUDE INFANTS WHO DON'T GAIN WEIGHT HERE)

[GOTO C_AA23a]

C_AA17a

USE CARD 14. Please look at Card 14 and rate the severity of this neglect.

1 = MILD (FAILURE TO PROVIDE CLOTHING THAT IS CLEAN AND ALLOWS FREEDOM OF MOVEMENT)

2 = MODERATE (FAILURE TO PROVIDE WEATHER-APPROPRIATE CLOTHING)

[GOTO C_AA23a]

C_AA18a

USE CARD 15. Please look at Card 15 and rate the severity of this neglect.

1 = MILD (NO ATTEMPT TO CLEAN HOUSE, NON-SPECIFIC POTENTIALLY HAZARDOUS LIVING SITUATIONS)

2 = MODERATE (NO ATTEMPT TO REMOVE INFESTATION SUCH AS ROACHES OR VERMIN, NO ADEQUATE SLEEPING ARRANGEMENTS FOR CHILD)

3 = SERIOUS (FAILURE TO MAINTAIN ADEQUATE PROVISIONS OF SHELTER, NO STABLE LIVING ARRANGEMENT)

4 = SEVERE (NO ARRANGEMENT FOR ADEQUATE SHELTER, FAMILY LIVES IN UNSAFE SITUATION OR WITHOUT ADEQUATE SANITATION)

5 = GRAVE (NO ARRANGEMENT FOR ADEQUATE SHELTER FOR PROLONGED PERIOD, WHICH RESULTS IN FROSTBITE, RESPIRATORY ILLNESS, OR OTHER HARM)

[GOTO C_AA23a]

C_AA19a

USE CARD 16. Please look at Card 16 and rate the severity of this neglect.

1 = MILD (MISS SEVERAL MEDICAL/DENTAL APPOINTMENTS, DOES NOT ATTEND TO MILD BEHAVIOR PROBLEM)

2 = MODERATE (SEEKS MEDICAL ATTENTION FOR MINOR ILLNESS BUT DOES NOT FOLLOW THROUGH--LIKE NOT FINISHING NEEDED MEDICINE)

3 = SERIOUS (DOES NOT SEEK MEDICAL ATTENTION, SEEKS TREATMENT FOR NON-MINOR ILLNESS BUT DOESN'T FOLLOW THROUGH, USES INAPPROPRIATE TREATMENT WITHOUT CONSULTING DOCTOR, EXPECTANT MOTHER USES ALCOHOL OR DRUGS WITH NO FAS OR DRUG SYMPTOMS)

4 = SEVERE (DOES NOT SEEK OR COMPLY WITH MEDICAL TREATMENT FOR POTENTIALLY LIFE-THREATENING ILLNESS OR INJURY)

5 = GRAVE (ALCOHOL/DRUG ABUSE DURING PREGNANCY CAUSES FAS OR DRUG-ADDICTED BABY, CHILD PERMANENTLY DISABLED FROM INATTENTION, DOES NOT SEEK PROFESSIONAL HELP FOR CHILD'S LIFE-THREATENING EMOTIONAL PROBLEMS LIKE SUICIDE/HOMICIDE)

[GOTO C_AA23a]

C_AA20a

USE CARD 17. Please look at Card 17 and rate the severity of this neglect.

- 1 = MILD (NO CONSISTENT ATTEMPT TO KEEP CHILD CLEAN, SUCH AS BATHING OR WASHING CHILD'S HAIR INFREQUENTLY, SIGNS OF TOOTH DECAY, CLOTHING SMELLS)
- 2 = MODERATE (DOES NOT CHANGE DIAPER OR UNDERWEAR OF SOILED CHILD FREQUENTLY, RESULTING IN RASHES)
- 3 = SERIOUS (SOMEWHAT UNSANITARY LIVING CONDITIONS SUCH AS SOME SPOILED FOOD, GARBAGE, RAT OR VERMIN INFESTATION)
- 4 = SEVERE (HOME CONTAINS SOME UNHEALTHY LIVING AREAS, INCLUDING THE ABOVE, AND ALSO SOME FECES OR URINE)
- 5 = GRAVE (HOME ENVIRONMENT WHERE LIVING CONDITIONS GENERALLY ACCESSIBLE TO CHILD ARE EXTREMELY UNHEALTHY, SUCH AS FECES AND URINE, DRUG PARAPHERNALIA PRESENT IN LIVING AREAS)

C_AA21-22

QUESTIONS NOT NEEDED.

C_AA23a

For about how long do you think physical neglect had been going on?

NUMBER

C_AA23a

(Is that the number of days, weeks, or months?)

- 1 = DAYS
- 2 = WEEKS
- 3 = MONTHS

C_AA24a

Who was found to be responsible for this physical neglect?

CODE ALL THAT APPLY. (ENTER PERSON'S RELATIONSHIP TO CHILD.)

- | | |
|----------------------|---|
| 1 = MOTHER | 12 = OTHER RELATIVE |
| 2 = FATHER | 13 = NEIGHBOR |
| 3 = STEP-MOTHER | 14 = FRIEND |
| 4 = STEP-FATHER | 15 = STRANGER |
| 5 = GRANDMOTHER | 16 = OTHER CHILD IN OUT-OF-HOME CARE (E.G., |
| 6 = GRANDFATHER | BIOLOGICAL CHILD OF FOSTER PARENTS |
| | OR |
| 7 = AUNT | OTHER FOSTER CHILD) |
| 8 = UNCLE | 17 = OUT-OF-HOME CAREGIVER (E.G., FOSTER |
| PARENT | |
| 9 = BROTHER | OR GROUP CARE PROVIDER) |
| 10 = SISTER | 18 = CHILD CARE PROVIDER |
| 11 = MOM'S BOYFRIEND | 19 = OTHER |
| | 20 = NO RESPONSIBLE PERSON IDENTIFIED |

[GOTO C_AAEND]

C_AA25a

USE CARD 18. Please look at Card 18. Regardless whether or not the report was substantiated, please tell me the type or types of lack of supervision found to have occurred in the investigation/assessment of the report

CODE ALL THAT APPLY.

- 1 = SUPERVISION (CHILD LEFT UNSUPERVISED FOR PERIODS OF TIME)
- 2 = ENVIRONMENT (FAILURE TO ENSURE CHILD IS PLAYING IN SAFE AREA)
- 3 = SUBSTITUTE CARE (FAILURE TO PROVIDE ADEQUATE SUBSTITUTE CARE)

[IF ONLY ONE RESPONSE OPTION CODED AS "YES", GOTO C_AA27a]

C_AA26a

USE CARD 18. Of the types of lack of supervision found to have occurred, please look at Card 18 and pick the one that you felt was the most serious incident.

1 = SUPERVISION (CHILD LEFT UNSUPERVISED FOR PERIODS OF TIME)

[IF RESPONSE = 1, GOTO C_AA27a]

[IF RESPONSE = 2, GOTO C_AA28a]

[IF RESPONSE = 3, GOTO C_AA29a]

C_AA27a

[IF C_AA25a = 1, GOTO C_AA27a]

[IF C_AA25a = 2, GOTO C_AA28a]

[IF C_AA25a = 3, GOTO C_AA29a]

USE CARD 19. For this incident, please rate the severity of lack of supervision found to have occurred (severity can be escalated if child has history of dangerous, impulsive or immature behavior that makes shorter periods without supervision more dangerous.)

1 = MILD (FAILURE TO PROVIDE ADEQUATE SUPERVISION FOR SHORT PERIODS OF TIME, OR LESS THAN 3 HOURS, WITH NO IMMEDIATE SOURCE OF DANGER IN ENVIRONMENT)

2 = MODERATE (FAILURE TO PROVIDE ADEQUATE SUPERVISION FOR SEVERAL, OR 3-8 HOURS, WITH NO IMMEDIATE SOURCE OF DANGER IN ENVIRONMENT, OR INADEQUATE SUPERVISION)

3 = SERIOUS (FAILURE TO PROVIDE ADEQUATE SUPERVISION FOR EXTENDED PERIODS OF TIME, OR 8-10 HOURS)

4 = SEVERE (FAILURE TO PROVIDE ADEQUATE SUPERVISION FOR EXTENDED PERIODS OF TIME, OVERNIGHT, OR 10-12 HOURS)

5 = GRAVE (FAILURE TO PROVIDE ADEQUATE SUPERVISION FOR MORE THAN 24 HOURS)

[GOTO C_AA30a]

C_AA28a

USE CARD 20. For this incident, please rate the severity of lack of supervision (severity can be escalated if child has history of dangerous, impulsive or immature behavior that makes shorter periods without supervision more dangerous.)

- 1 = MILD (PRESCHOOLERS PLAY OUTSIDE UNSUPERVISED)
- 2 = MODERATE (FAILURE TO PROVIDE SUPERVISION FOR SHORT PERIODS OF TIME/LESS THAN 3 HOURS, WHEN CHILD IN UNSAFE PLAY AREA)
- 3 = SERIOUS (FAILURE TO PROVIDE SUPERVISION FOR SEVERAL, OR 3-8 HOURS, WHEN CHILD IS IN AN UNSAFE PLAY AREA)
- 4 = SEVERE (CAREGIVER ALLOWS CHILD TO PLAY IN VERY DANGEROUS AREA WHERE THERE MAY BE A HIGH PROBABILITY OF BEING HIT BY A CAR, FALLING OUT OF A WINDOW, GETTING BURNED, OR DROWNING)
- 5 = GRAVE (CAREGIVER PLACES CHILD IN LIFE-THREATENING SITUATION OR DOES NOT TRY TO PREVENT SUCH A SITUATION, DRIVING DRUNK WITH CHILD IN CAR, KEEPING LOADED FIREARMS IN AREA ACCESSIBLE TO CHILD, TODDLER UNSUPERVISED NEAR WATER)

[GOTO C_AA30a]

C_AA29a

USE CARD 21. For this incident, please rate the severity of lack of supervision (severity can be escalated if child has history of dangerous, impulsive or immature behavior that makes shorter periods without supervision more dangerous.)

- 1 = MILD (CHILD LEFT WITH QUESTIONABLY SUITABLE CAREGIVER, SUCH AS A PRE-ADOLESCENT, OR MILDLY IMPAIRED ELDERLY FOR A SHORT PERIOD OF TIME, OR LESS THAN 3 HOURS)
- 2 = MODERATE (PROVIDES POOR SUPERVISION FOR SEVERAL/3-8 HOURS)
- 3 = SERIOUS (CHILD LEFT WITH KNOWN UNRELIABLE CG, OR PARENT MAKES NO ATTEMPT TO ENSURE CG IS RELIABLE FOR SEVERAL HOURS)
- 4 = SEVERE (CHILD LEFT WITH KNOWN UNRELIABLE CAREGIVER OR PARENT MAKES NO ATTEMPT TO ENSURE CG IS RELIABLE FOR 8-24 HOURS)
- 5 = GRAVE (CHILD ALLOWED TO GO WITH UNKNOWN CG/KNOWN CG WHO HAS HISTORY OF VIOLENCE/SEXUAL ACTS AGAINST CHILDREN, CHILD ALLOWED TO GO WITH CG WHO HAS RESTRAINING ORDER, INCLUDE IF SEX OFFENDER IN HOME OR ALLOWED TO HAVE CONTACT WITH CHILD]

C_AA30a

For about how long do you think this lack of supervision had been going on?

NUMBER

C_AA30a

(Is that the number of days, weeks, or months?)

- 1 = DAYS
- 2 = WEEKS
- 3 = MONTHS

C_AA31a

Who was reported to be responsible for this lack of supervision?

CODE ALL THAT APPLY. (ENTER PERSON'S RELATIONSHIP TO CHILD.)

- | | |
|----------------------|---|
| 1 = MOTHER | 12 = OTHER RELATIVE |
| 2 = FATHER | 13 = NEIGHBOR |
| 3 = STEP-MOTHER | 14 = FRIEND |
| 4 = STEP-FATHER | 15 = STRANGER |
| 5 = GRANDMOTHER | 16 = OTHER CHILD IN OUT-OF-HOME CARE (E.G., |
| 6 = GRANDFATHER | BIOLOGICAL CHILD OF FOSTER PARENTS |
| | OR |
| 7 = AUNT | OTHER FOSTER CHILD) |
| 8 = UNCLE | 17 = OUT-OF-HOME CAREGIVER (E.G., FOSTER |
| 9 = BROTHER | PARENT |
| 10 = SISTER | OR GROUP CARE PROVIDER) |
| 11 = MOM'S BOYFRIEND | 18 = CHILD CARE PROVIDER |
| 19 = OTHER | |

[GOTO C_AAEND]

C_AA32a

USE CARD 22. Thinking of the @b**most serious**@b incident of this type of maltreatment found to have occurred, please look at Card 22 and rate the severity of this incident.

- 1 = MILD (CAREGIVER PERMITS UNDERAGE CHILD TO BE PRESENT FOR ADULT ACTIVITIES)
- 2 = MODERATE (CAREGIVER PARTICIPATES IN ILLEGAL BEHAVIOR WITH CHILD'S KNOWLEDGE)
- 3 = SERIOUS (CAREGIVER KNOWS THAT CHILD IS INVOLVED IN ILLEGAL ACTIVITIES BUT DOES NOT ATTEMPT TO INTERVENE)
- 4 = SEVERE (CAREGIVER INVOLVES CHILD IN MISDEMEANORS, OR FORCES OR ENCOURAGES CHILD TO PARTICIPATE IN ILLEGAL ACTIVITIES, OR GIVES ALCOHOL/DRUGS TO CHILD)
- 5 = GRAVE (CAREGIVER INVOLVES CHILD IN FELONIES)

[GOTO C_AA34a]

C_AA33a

USE CARD 23. Thinking of the @b**most serious**@b incident of this type of maltreatment found to have occurred, please look at Card 23 and rate the severity of this incident.

- 1 = MILD (CAREGIVER OFTEN LETS CHILD STAY HOME FROM SCHOOL WITHOUT GOOD REASON, OR ABSENCES OCCUR FOR LESS THAN 15% OF LAST SCHOOL REPORTING PERIOD)
- 2 = MODERATE (CAREGIVER ALLOWS CHILD TO MISS SCHOOL 15-25% OF LAST SCHOOL REPORTING PERIOD WITHOUT GOOD REASON)
- 3 = SERIOUS (CG KEEPS CHILD OUT OF SCHOOL, KNOWS CHILD IS TRUANT FOR EXTENDED PERIODS/25-50% OF YEAR/16 SCHOOL DAYS IN A ROW)
- 4 = SEVERE (CAREGIVER FREQUENTLY KEEPS CHILD OUT OF SCHOOL FOR SIGNIFICANT PERIODS OF TIME, OR FOR MORE THAN 50% OF LAST SCHOOL REPORTING PERIOD, OR FOR MORE THAN 16 DAYS IN A ROW, BUT CHILD RETAINS SCHOOL ENROLLMENT)
- 5 = GRAVE (CAREGIVER ENCOURAGES CHILD UNDER AGE 16 TO DROP OUT OF SCHOOL OR DOES NOT SEND CHILD TO SCHOOL AT ALL)

C_AA34a

For about how long do you think this maltreatment had been going on?

NUMBER

C_AA34a

(Is that the number of days, weeks, or months?)

- 1 = DAYS
- 2 = WEEKS
- 3 = MONTHS

C_AA35a

About how many times did this occur?

NUMBER

C_AA36a

Who was found to be responsible for this type of maltreatment?

CODE ALL THAT APPLY. (ENTER PERSON'S RELATIONSHIP TO CHILD.)

- | | |
|----------------------|---|
| 1 = MOTHER | 12 = OTHER RELATIVE |
| 2 = FATHER | 13 = NEIGHBOR |
| 3 = STEP-MOTHER | 14 = FRIEND |
| 4 = STEP-FATHER | 15 = STRANGER |
| 5 = GRANDMOTHER | 16 = OTHER CHILD IN OUT-OF-HOME CARE (E.G., |
| 6 = GRANDFATHER | BIOLOGICAL CHILD OF FOSTER PARENTS |
| | OR |
| 7 = AUNT | OTHER FOSTER CHILD) |
| 8 = UNCLE | 17 = OUT-OF-HOME CAREGIVER (E.G., FOSTER |
| 9 = BROTHER | PARENT |
| 10 = SISTER | OR GROUP CARE PROVIDER) |
| 11 = MOM'S BOYFRIEND | 18 = CHILD CARE PROVIDER |
| | 19 = OTHER |
| | 20 = NO RESPONSIBLE PERSON IDENTIFIED |

{GOTO C_AAEND}

1RA - RISK ASSESSMENT

C_RA1a

[IF WAVE <> 1, GOTO C_RAEND]

Now I would like to ask you about whether certain factors were significant in determining the decision of the case. The first few questions are about the history of child abuse or neglect.

Were there any prior reports of maltreatment to the agency?

- 1 = YES
- 2 = NO {GOTO C_RA7a}

C_RA3a

Was there a prior @b**investigation**@b of abuse or neglect?

- 1 = YES
- 2 = NO {GOTO C_RA7a}

C_RA5a

Was there a prior incident of @b**substantiated**@b abuse or neglect?

- 1 = YES
- 2 = NO

C_RA7a

Was there any prior child welfare service history, not including investigations?

- 1 = YES
- 2 = NO

TEXT FILLS FOR C_RA9a - C_RA11da and C_RA13a – C_RA51a.

IF C_UF3aa = 1 THEN FILL: of the investigation

IF C_UF3aa = 2 THEN FILL: of the assessment

IF C_UF3aa = 3 THEN FILL: ^CHILD entered CWS custody

C_RA9a

[IF CHILD AGE < 5, GOTO C_RA11a]

The next items are about ^CHILD's characteristics and situation. At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], did {fill he/she} have a poor ability to self protect?

- 1 = YES
- 2 = NO

C_RA11a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], did ^CHILD have major special needs or behavior problems?

- 1 = YES
- 2 = NO

NOTE: "SPECIAL NEEDS" MEANS DEVELOPMENTAL DISABILITIES.

C_RA11aa

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was ^CHILD fearful of the home situation or people within the home?

- 1 = YES
- 2 = NO

C_RA11ba

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], were ^CHILD's physical living conditions hazardous and immediately threatening?

- 1 = YES

2 = NO

C_RA11ca

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was ^CHILD involved in any delinquent or chronic CHINS behavior that may have resulted in negative consequences, such as arrests or probation?

1 = YES

2 = NO

C_RA11da

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was sexual abuse of ^CHILD suspected?

1 = YES

2 = NO

TEXT FILL FOR C_RA12a.

IF C_UF3aa = 1 THEN FILL: the investigation completed on {FILL INVESTIGATION CLOSE DATE}

IF C_UF3aa = 3 THEN FILL: [^CHILD entering CWS custody

C_RA12a

[IF OUT-OF-HOME CARE = NO (C_UF3ad = 1 OR 2), GOTO C_RA13a]

Now I'm going to ask you some questions about the person ^CHILD was taken away from when {FILL he/she} was placed into out-of-home care as a result of [the investigation completed on {FILL INVESTIGATION CLOSE DATE}] [^CHILD entering CWS custody]. First, what is the name of the primary caregiver ^CHILD was removed from?

NAME

Range: Allow 30.

C_RA12aa

What is this person's relationship to ^CHILD?

ENTER PERSON'S RELATIONSHIP TO CHILD.

1 = MOTHER (BIOLOGICAL)

2 = FATHER (BIOLOGICAL)

- 3 = STEP-MOTHER
- 4 = STEP-FATHER
- 5 = ADOPTIVE MOTHER
- 6 = ADOPTIVE FATHER
- 7 = FOSTER MOTHER
- 8 = FOSTER FATHER
- 9 = SISTER (FULL, HALF, STEP, ETC.)
- 10 = BROTHER
- 11 = AUNT
- 12 = UNCLE
- 13 = MATERNAL GRANDMOTHER
- 14 = PATERNAL GRANDMOTHER
- 15 = MATERNAL GRANDFATHER
- 16 = PATERNAL GRANDFATHER
- 17 = OTHER BLOOD RELATIVE
- 18 = OTHER NON-RELATIVE

[RESPONSE IN C_RA12a + NAME IN C_RA12 BECOMES PERMANENT PRIMARY CAREGIVER FILL FOR THE REST OF THIS SECTION.]

C_RA13a

[IF OUT-OF-HOME = NO, FILL: The next items are about the caregivers' strengths and impairments.]

[IF OUT-OF-HOME = YES, FILL: I am still referring to the person ^CHILD was taken away from.]

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was there active alcohol abuse by {fill PERMANENT PRIMARY CAREGIVER}?

1 = YES

2 = NO

C_RA14a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was there active alcohol abuse by the @b**secondary**@b caregiver?

1 = YES

2 = NO

3 = NOT APPLICABLE, NO SECONDARY CAREGIVER

C_RA15a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was there active drug abuse by {fill PERMANENT PRIMARY CAREGIVER}?

1 = YES

2 = NO

C_RA16a

[IF C_RA14a = 3, GOTO C_RA17a]

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was there active drug abuse by the @bsecondary@b caregiver?

- 1 = YES
- 2 = NO

C_RA17a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], did {fill PERMANENT PRIMARY CAREGIVER} have any serious mental health or emotional problems?

- 1 = YES
- 2 = NO

C_RA18a

Does {fill PERMANENT PRIMARY CAREGIVER} have a recent history of arrests or detention in jail or prison?

- 1 = YES
- 2 = NO

C_RA19a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], did {fill PERMANENT PRIMARY CAREGIVER} have any intellectual or cognitive impairments? This may include mental retardation, senility, Alzheimers, severe learning disabilities, stroke, or brain injuries.

- 1 = YES
- 2 = NO

C_RA21a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], did {fill PERMANENT PRIMARY CAREGIVER} have any physical impairments?

- 1 = YES
- 2 = NO

C_RA21aa

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], did {fill PERMANENT PRIMARY CAREGIVER} exhibit very limited communication skills, such as a language barrier, that resulted in an inability to access resources?

- 1 = YES
- 2 = NO

C_RA21ba

At the time [of investigation] [of the assessment] [^CHILD entered CWS custody], did {fill PERMANENT PRIMARY CAREGIVER} describe or act toward child in predominately negative terms?

- 1 = YES
- 2 = NO

C_RA23a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], did {fill PERMANENT PRIMARY CAREGIVER} have poor parenting skills, such as failure to supervise or monitor children routinely or harsh discipline?

- 1 = YES
- 2 = NO

C_RA25a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], did {fill PERMANENT PRIMARY CAREGIVER} have unrealistic expectations of the child?

- 1 = YES
- 2 = NO

NOTE: UNREALISTIC EXPECTATIONS MIGHT BE BASED ON WHAT CHILD IS EXPECTED TO BE ABLE TO DO AT CERTAIN AGES.

C_RA27a

Was there a history of domestic violence against the caregiver?

- 1 = YES
- 2 = NO

C_RA29a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], did {fill PERMANENT PRIMARY CAREGIVER} use excessive and/or inappropriate discipline?

- 1 = YES
- 2 = NO

C_RA31a

[IF C_RA14a = 3, GOTO C_RA33a]

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], did the @bsecondary@b caregiver use excessive and/or inappropriate discipline?

- 1 = YES
- 2 = NO

C_RA33a

Did {fill PERMANENT PRIMARY CAREGIVER} recognize the problem and show a motivation to change?

- 1 = YES
- 2 = NO

C_RA35a

Was there a history of abuse and neglect of {fill PERMANENT PRIMARY CAREGIVER}?

- 1 = YES
- 2 = NO

C_RA37a

[IF C_RA14a = 3, GOTO C_RA39a]

Was there a history of abuse and neglect of the @bsecondary@b caregiver?

1 = YES

2 = NO

C_RA39a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was there a reasonable level of caregiver cooperation?

1 = YES

2 = NO

C_RA41a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was there another supportive caregiver present in the home?

1 = YES

2 = NO

C_RA43a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was there high stress on the family? This may have resulted from things like unemployment, drug use, poverty, or neighborhood violence.

1 = YES

2 = NO

C_RA45a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was there low social support?

1 = YES

2 = NO

NOTE: THIS COULD INCLUDE A LACK OF FAMILY AND/OR COMMUNITY SUPPORT.

C_RA47a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], did the family have trouble paying for basic necessities such as food, shelter, clothing, electricity, or heat?

1 = YES

2 = NO

C_RA49a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was there active domestic violence?

1 = YES

2 = NO

C_RA51a

At the time [of the investigation] [of the assessment] [^CHILD entered CWS custody], was there caregiver involvement in non-CPS services?

1 = YES

2 = NO

NOTE: NON-CPS SERVICES ARE THOSE SERVICES PROVIDED BY OUTSIDE AGENCIES, LIKE MENTAL HEALTH, HOME VISITING, PUBLIC HEALTH NURSING, OR SUBSTANCE ABUSE TREATMENT.

C_RA52a

USE CARD 24. Card 24 lists all the factors we've been talking about that may have influenced your decisions on how to proceed with the case. Thinking about the presence or absence of each, please look at Card 24 and tell me the **@btwo most critical@b** factors in determining how to proceed with this case.

NOTE: THE FOLLOWING MAY BE USED AS AN EXAMPLE FOR THE RESPONDENT: THE ABSENCE OF "ACTIVE ALCOHOL OR DRUG ABUSE" MAY HAVE BEEN JUST AS IMPORTANT AS THE PRESENCE OF A "REASONABLE LEVEL OF CAREGIVER COOPERATION."

PRESS ENTER TO CONTINUE.

C_RA52ba

INTERVIEWER: ENTER THE @b**FIRST**@b FACTOR IDENTIFIED FROM THE LIST BELOW.

- | | |
|--|-----------------------------------|
| 1 = PRIOR REPORTS OF MALTREATMENT | 15 = PCG POOR PARENTING SKILLS |
| 2 = PRIOR INVESTIGATION | 16 = PCG UNREALIST. CHILD EXPECT. |
| 3 = PRIOR SUBSTANTIATION | 17 = HISTORY CAREGIVER VIOLENCE |
| 4 = PRIOR SERVICE HISTORY | 18 = PCG EXCESS./INAPPR. DISC. |
| 5 = CHILD'S INABILITY TO SELF PROTECT | 19 = SCG EXCESS./INAPPR. DISC. |
| 6 = CHILD'S SPECIAL NEEDS/BEHAV. PROB | 20 = PCG RECOGN.PROB/MOTIV.CHANGE |
| 7 = ALCOHOL ABUSE BY PRIMARY CG | 21 = HISTORY ABUSE/NEGLECT PCG |
| 8 = ALCOHOL ABUSE BY SECONDARY CG | 22 = HISTORY ABUSE/NEGLECT SCG |
| 9 = DRUG ABUSE BY PRIMARY CG | 23 = REASONABLE CG COOPERATION |
| 10 = DRUG ABUSE BY SECONDARY CG | 24 = OTHER SUPPORTIVE CG IN HOME |
| 11 = PCG MENTAL HEALTH/EMOTIONAL PROB. | 25 = HIGH STRESS ON FAMILY |
| 12 = PCG RECENT HISTORY ARRESTS/DET. | 26 = TROUBLE PAYING BASIC NECESS. |
| 13 = PCG INTELLECTUAL/COGN. IMPAIRM. | 27 = ACTIVE DOMESTIC VIOLENCE |
| 14 = PCG PHYSICAL IMPAIRMENTS | 28 = CG NON-CPS SERVICES |

C_RA52ca

INTERVIEWER: ENTER THE @b**SECOND**@b FACTOR IDENTIFIED FROM THE LIST BELOW.

- | | |
|---------------------------------------|-----------------------------------|
| 1 = PRIOR REPORTS OF MALTREATMENT | 15 = PCG POOR PARENTING SKILLS |
| 2 = PRIOR INVESTIGATION | 16 = PCG UNREALIST. CHILD EXPECT. |
| 3 = PRIOR SUBSTANTIATION | 17 = HISTORY CAREGIVER VIOLENCE |
| 4 = PRIOR SERVICE HISTORY | 18 = PCG EXCESS./INAPPR. DISC. |
| 5 = CHILD'S INABILITY TO SELF PROTECT | 19 = SCG EXCESS./INAPPR. DISC. |
| 6 = CHILD'S SPECIAL NEEDS/BEHAV. PROB | 20 = PCG RECOGN.PROB/MOTIV.CHANGE |
| 7 = ALCOHOL ABUSE BY PRIMARY CG | 21 = HISTORY ABUSE/NEGLECT PCG |

- | | |
|--|-----------------------------------|
| 8 = ALCOHOL ABUSE BY SECONDARY CG | 22 = HISTORY ABUSE/NEGLECT SCG |
| 9 = DRUG ABUSE BY PRIMARY CG | 23 = REASONABLE CG COOPERATION |
| 10 = DRUG ABUSE BY SECONDARY CG | 24 = OTHER SUPPORTIVE CG IN HOME |
| 11 = PCG MENTAL HEALTH/EMOTIONAL PROB. | 25 = HIGH STRESS ON FAMILY |
| 12 = PCG RECENT HISTORY ARRESTS/DET. | 26 = TROUBLE PAYING BASIC NECESS. |
| 13 = PCG INTELLECTUAL/COGN. IMPAIRM. | 27 = ACTIVE DOMESTIC VIOLENCE |
| 14 = PCG PHYSICAL IMPAIRMENTS | 28 = CG NON-CPS SERVICES |

{GOTO C_RAEND}

1HR - HISTORY SINCE CASE REPORT

C_HR1a

Have any CPS reports on this child been received since [REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY]?

1. YES
2. NO **{GO TO NEXT MODULE}**

C_HR1b

How many CPS reports have been received since [REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY]?

NUMBER: _____

C_HR1c

Were the CPS reports received since [REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY] about the same incident or for a different incident or incidents?

1. SAME INCIDENT
2. DIFFERENT INCIDENT(S)
3. BOTH FOR THE SAME INCIDENT AND DIFFERENT INCIDENTS

C_HR1d

Were any of the reports received since [REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY] substantiated?

1. YES

2. NO

C_HR1e

What was the date of the first substantiated report received since [REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY]?

C_HR1f

The next question is about the CPS case that is based on the initial report of maltreatment of the child. Has this case closed at any time since [REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY]?

1 YES

2 NO **{GO TO NEXT MODULE}**

C_HR1g

On what date did the case close?

1LN - LIVING ENVIRONMENTS

C_LN1a

[IF DATE OF LAST INTERVIEW NOT AVAILABLE (NO PRIOR CASEWORKER INTERVIEWS WERE COMPLETED, FILL REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY DATE WHERE APPLICABLE.)

The next questions are about the places ^CHILD has lived since [IF WAVE = 1, fill REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY//IF WAVE > 1, FILL DATE OF LAST INTERVIEW]. We are interested in finding out about every change in the ^CHILD's living arrangement since [IF WAVE = 1, fill REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY//IF WAVE > 1, FILL DATE OF LAST INTERVIEW]..

Earlier you told me that the child's current setting is [CATEGORY FROM C_UF3ad].

{IF RESPONSE 1 OR 2 GOTO C_LN4a}

C_LN2a

Was this arrangement identified as "emergency or shelter care" placement?

- 1 = YES
- 2 = NO

C_LN4a

Are one or both of ^CHILD's parents living with {FILL him/her}?

- 1 = MOTHER
- 2 = FATHER
- 3 = BOTH
- 4 = NEITHER

C_LN5m

[DISPLAY CHILD'S DATE OF BIRTH AS A BANNER]
[IF C_LN1a = 1, 2, 3, 4, 5, 13 :] When did the child begin living there?
[IF C_LN1a = 6, 7, 8, 9, 10, 11, 12, 14:] What was the date this placement began?
[IF C_LN1a = 15, 16, 17:] When did that living situation begin?

(DATE ENTERED MUST FALL AFTER CHILD'S DATE OF BIRTH.)

MONTH

Range: 01-12

C_LN5d

[DISPLAY CHILD'S DATE OF BIRTH AS A BANNER]
[IF C_LN1a = 1, 2, 3, 4, 5, 13 :] When did the child begin living there?
[IF C_LN1a = 6, 7, 8, 9, 10, 11, 12, 14:] What was the date this placement began?
[IF C_LN1a = 15, 16, 17:] When did that living situation begin?

(DATE ENTERED MUST FALL AFTER CHILD'S DATE OF BIRTH.)

DAY

Range:01-31

C_LN5y

[DISPLAY CHILD'S DATE OF BIRTH AS A BANNER]
[IF C_LN1a = 1, 2, 3, , 4, 5,13 :] When did the child begin living there?
[IF C_LN1a = 6, 7, 8, 9, 10, 11, 12, 14:] What was the date this placement began?
[IF C_LN1a = 15, 16, 17:] When did that living situation begin?

(DATE ENTERED MUST FALL AFTER CHILD'S DATE OF BIRTH.)

YEAR

Range: allow up to 2010

C_LN5aa

[IF C_UF3ac = 1 AND C_LN1a > 2, GOTO C_LN5aa. ELSE, GOTO C_LN6a.]

While ^CHILD has been in this placement, how often have {fill his/her} parents had @bsupervised@b visits, either in-person or virtual, with {fill him/her}?

TIMES

Range: 1-30

C_LN5au

(Was that per week or per month?)

1 = PER WEEK
2 = PER MONTH

C_LN5ba

On average, how long did each of these visits last?

LENGTH

Range: 1-90

C_LN5bu

(Is that the number of minutes or hours?)

1 = MINUTES

2 = HOURS

C_LN6a

[IF DATE IN C_LN5m-y IS BEFORE (CONTACT DATE/DATE OF LAST INTERVIEW), GO TO C_LNEND]

USE CARD 27. Where did the child live before that?

1 = WITH ONE OR BOTH BIRTH PARENTS

2 = WITH ONE OR BOTH ADOPTIVE PARENTS

3 = WITH NON-RELATIVES IN A LICENSED FOSTER HOME

4 = WITH RELATIVES IN A LICENSED FOSTER HOME

5 = WITH RELATIVES IN A HOME THAT IS NOT LICENSED

6 = IN THE HOME OF A FAMILY FRIEND

7 = IN AN EMERGENCY SHELTER

8 = IN A SPECIALIZED OR THERAPEUTIC FOSTER HOME
OR THERAPEUTIC HOME

9 = IN A GROUP HOME

10 = IN A RESIDENTIAL TREATMENT FACILITY OR INSTITUTION

11 = IN A PSYCHIATRIC HOSPITAL

12 = IN A MEDICAL HOSPITAL OR FACILITY

13 = IN A PLACE OF DETENTION (E.G., JUVENILE DETENTION, ADULT
JAIL)

14 = IN TRANSITIONAL INDEPENDENT LIVING APARTMENT

15 = IN TRANSITIONAL INDEPENDENT LIVING HOME OR FACILITY

16 = IN A FACILITY OPERATED BY ANOTHER PUBLIC AGENCY (E.G.,
JUVENILE OR ADULT CORRECTIONS)

17 = WHEREABOUTS UNKNOWN/RUNAWAY

18 = CHILD LIVES ON OWN (INCLUDES SCHOOL/COLLEGE, MILITARY,
ETC.)

19 = OTHER

C_LN7a

[IF C_LN6a = 1 or 2 , GOTO C_LN7a; ELSE, GOTO C_LN9a]

Was this arrangement identified as “emergency or shelter care” placement?

1 = YES

2 = NO

C_LN8a

Was the child in child welfare custody? By this I mean that the agency or court has assumed legal guardianship of {FILL him/her.}

1 = YES

2 = NO

C_LN9a

Are one or both of ^CHILD's parents living with [fill him/her]?

1 = MOTHER

2 = FATHER

3 = BOTH

4 = NEITHER

C_LN11ms

[IF C_LN6a = 1, 2, 3, 4, 5, 13 :] When did the child begin living there? (FILL LN6 RESPONSE)

[IF C_LN6a = 6, 7, 8, 9, 10, 11, 12, 14:] What was the date that this placement began? (FILL LN6 RESPONSE)

[IF C_LN6a = 15, 16, 17:] When did that living situation begin? (FILL LN6 RESPONSE)

(DATE ENTERED MUST FALL AFTER CHILD'S DATE OF BIRTH.)

MONTH

Range: 01-12

[DO NOT ALLOW DATES PRIOR TO CHILD'S DATE OF BIRTH.]

C_LN11ds

[DISPLAY CHILD'S DATE OF BIRTH AS A BANNER]

[IF C_LN6a = 1, 2, 3, 4, 5, 13 :] When did the child begin living there? (FILL LN6 RESPONSE)

[IF C_LN6a = 6, 7, 8, 9, 10, 11, 12, 14:] What was the date that this placement began? (FILL LN6 RESPONSE)

[IF C_LN6a = 15, 16, 17:] When did that living situation begin? (FILL LN6 RESPONSE)

(DATE ENTERED MUST FALL AFTER CHILD'S DATE OF BIRTH.)

DAY

Range: 01-31

[DO NOT ALLOW DATES PRIOR TO CHILD'S DATE OF BIRTH.]

C_LN11ys

[DISPLAY CHILD'S DATE OF BIRTH AS A BANNER]

[IF C_LN6a = 1, 2, 3, 4, 5, 13 :] When did the child begin living there? (FILL LN6 RESPONSE)

[IF C_LN6a = 6, 7, 8, 9, 10, 11, 12, 14:] What was the date that this placement began? (FILL LN6 RESPONSE)

[IF C_LN6a = 15, 16, 17:] When did that living situation begin? (FILL LN6 RESPONSE)

(DATE ENTERED MUST FALL AFTER CHILD'S DATE OF BIRTH.)

YEAR

Range:allow up to 2010

[DO NOT ALLOW DATES PRIOR TO CHILD'S DATE OF BIRTH.]

C_LN11me

[IF C_LN6a = 1, 2, 3, 4, 5, 13 :] When did the child stop living there? (FILL LN6 RESPONSE)

[IF C_LN6a = 6, 7, 8, 9, 10, 11, 12, 14:] What was the date that [FILL LN6 RESPONSE] placement ended?

[IF C_LN6a = 15, 16, 17:] When did that living situation end?

(DATE ENTERED MUST FALL AFTER THE START DATE OF THE LIVING SITUATION.)

MONTH

Range: 01-12

C_LN11de

[IF C_LN6a = 1, 2, 3, 4, 5, 13 :] When did the child stop living there? (FILL LN6 RESPONSE)

[IF C_LN6a = 6, 7, 8, 9, 10, 11, 12, 14:] What was the date that [FILL LN6 RESPONSE] placement ended?

[IF C_LN6a = 15, 16, 17:] When did that living situation end?

(DATE ENTERED MUST FALL AFTER THE START DATE OF THE LIVING SITUATION.)

DAY

Range:01-31

C_LN11ye

[IF C_LN6a = 1, 2, 3, 4, 5, 13 :] When did the child stop living there? (FILL LN6 RESPONSE)

[IF C_LN6a = 6, 7, 8, 9, 10, 11, 12, 14:] What was the date that [FILL LN6 RESPONSE] placement ended?

[IF C_LN6a = 15, 16, 17:] When did that living situation end?

(DATE ENTERED MUST FALL AFTER THE START DATE OF THE LIVING SITUATION.)

YEAR

Range: allow up to 2010

C_LN13c

[FLOW CHECK NUMBERED USING OLD NUMBERING STRUCTURE. END DATE OF LIVING SITUATION BEING DISCUSSED MUST BE EARLIER THAN START DATE OF PREVIOUS SITUATION. IF FIRST TIME THROUGH, DATE IN C_LN11me-ye MUST BE BEFORE DATE IN C_LN5m-y. IF SECOND OR HIGHER TIME THROUGH LOOP, DATE IN C_LN11me-ye MUST BE EARLIER THAN PREVIOUS C_LN11ms-ys ENTRY. IF DISCREPANCY, SAY:

END DATE OF CURRENT LIVING SITUATION: [FILL DATE FROM LN11me-ye]
START DATE OF PRIOR LIVING SITUATION: [FILL PRIOR DATE]

I must have entered something wrong. A few minutes ago, I entered { fill PRIOR END DATE} as the date {fill CHILD} ended a new living situation. We're now talking about the living situation prior to that. Which date do I need to change?

- 1 = END DATE OF LIVING SITUATION CURRENTLY
BEING DISCUSSED {GOTO C_LN11me-ye}
- 2 = START DATE OF PREVIOUS LIVING SITUATION {GOTO START DATE
OF PRIOR LIVING
SITUATION}

[IF C_LN6a = 6,7,8, 9, 10, OR 11, ASK C_LN10a. ELSE, GOTO C_LN13n.]

C_LN10a

Why was that placement changed?

[IF C_LN6a = 6,7 DISPLAY ALL OPTIONS; IF C_LN6a = 8, 9, 11, DISPLAY
OPTIONS 1, 2, 3, 4, 9, 10; IF C_LN6a = 10, DISPLAY OPTIONS 1, 3, 4, 10]

- 1 = LOWER LEVEL OF CARE REQUIRED
- 2 = HIGHER LEVEL OF CARE REQUIRED
- 3 = TIME LIMIT ON PLACEMENT
- 4 = INSUFFICIENT FUNDING
- 5 = FOSTER FAMILY REQUESTED REMOVAL OF THE CHILD
- 6 = CHILD RAN AWAY
- 7 = QUALITY OF FOSTER HOME
- 8 = FOSTER HOME CLOSED
- 9 = LOGISTICAL PROBLEMS (E.G., DISTANCE TO SCHOOL,
TRANSPORTATION ISSUES, ETC.)
- 10 = OTHER

C_LN12

DELETED.

C_LN13CK

DELETED.

C_LN13a

[IF C_LN8a = 1 AND C_LN6a > 2, GOTO C_LN13a. ELSE, GOTO C_LN15c]

While ^CHILD was in that placement, how often did [fill his/her] parents have
@**bsupervised@b** visits with [fill him/her]?

TIMES

Range: 1-30

C_LN13u

(Was that per week or per month?)

1 = PER WEEK
2 = PER MONTH

C_LN14n

On average, how long did each of these visits last?

LENGTH

Range: 1-90

C_LN14a

(Is that the number of minutes or hours?)

1 = MINUTES
2 = HOURS

C_LN15c

[IF DATE IN C_LN11m-y IS BEFORE (CONTACT DATE/DATE OF LAST INTERVIEW), GOTO C_LNEND, ELSE GO BACK TO C_LN6a]

{GOTO C_LNEND}

1SP - SERVICES TO PARENTS

C_SP1a

Is ^CHILD currently in out-of-home care?

1 = YES
2 = NO [GOTO C_SP2a]

C_SP1b

For how long has ^CHILD been placed in out-of-home care?

NUMBER:
Range: 1-500

C_SP1c

(Is that the number of days, weeks, months, or years?)

- 1 = DAYS
- 2 = WEEKS
- 3 = MONTHS
- 4 = YEARS

C_SP1aa

Is there currently a reunification plan for ^CHILD?

- 1 = YES
- 2 = NO [GOTO C_SP1da]

C_SP1ba

With whom?

ENTER RELATIONSHIP TO CHILD.

- 1 = MOTHER
- 2 = FATHER
- 3 = GRANDMOTHER
- 4 = GRANDFATHER
- 5 = AUNT
- 6 = UNCLE
- 7 = BROTHER
- 8 = SISTER
- 9 = OTHER

NOTE: OPTIONS 1 & 2 INCLUDE ADOPTIVE PARENTS.

C_SP1ca

What is this person's full name?

First
Range: [allow 20]

C_SP1cb

What is this person's full name?

LAST:
Range: Allow 20

[THE NAME ENTERED HERE SHOULD BE USED AS THE FILL FOR [FILL PERMANENT PRIMARY CAREGIVER] THROUGHOUT THIS SECTION.]

[GOTO C_SP1ia]

C_SP1da

[IF WAVE = 1, FILL:] Were reunification efforts ever made with anyone in ^CHILD's family?

[IF WAVE = 2, FILL:] Since [FILL CONTACT DATE], have reunification efforts been made with anyone in ^CHILD's family?

(INCLUDE ONLY IMMEDIATE OR EXTENDED MATERNAL OR PATERNAL FAMILY MEMBERS.)

1 = YES [GO TO C_SP1ea]

2 = NO

C_SP1da1

Were deliberate family finding efforts undertaken by the agency to locate family members and other supportive adults who could provide a permanent home or remain involved in a child's life after they age out of foster care?

1 = YES [GOTO C_SPEND--SKIP OUT OF SECTION]

2 = NO [GOTO C_SPEND--SKIP OUT OF SECTION]

C_SP1ea

With whom?

CODE ALL THAT APPLY. ENTER RELATIONSHIP TO CHILD.

1 = MOTHER

2 = FATHER

3 = GRANDMOTHER

4 = GRANDFATHER

5 = AUNT

6 = UNCLE

7 = BROTHER

8 = SISTER

9 = OTHER

NOTE: OPTIONS 1 & 2 INCLUDE ADOPTIVE PARENTS.

[IF MORE THAN ONE RESPONSE = YES, GOTO C_SP1ga, otherwise GOTO C_SP1f1a]

C_SP1f1a

[IF ONLY ONE RESPONSE IN C_SP1e = YES, FILL:]
What is this person's name?

FIRST:
Range: Allow 20.

C_SP1f2a

[IF ONLY ONE RESPONSE IN C_SP1e = YES, FILL:]
What is this person's name?

LAST:
Range: Allow 20.

**[THE NAME ENTERED HERE SHOULD BE USED AS THE FILL FOR [FILL
PERMANENT PRIMARY CAREGIVER] THROUGHOUT THIS SECTION.]**

[GOTO C_SP2a]

C_SP1f3a

[IF MORE THAN ONE RESPONSE IN C_SP1e = YES AND OPTION 1 = YES, FILL:]
What is ^CHILD's mother's name?

NAME:
Range: Allow 40

**[THE NAME ENTERED HERE SHOULD BE USED AS THE FILL FOR [FILL
PERMANENT PRIMARY CAREGIVER] THROUGHOUT THIS SECTION.]**

[GOTO C_SP2a]

C_SP1f4a

[IF MORE THAN ONE RESPONSE IN C_SP1e = YES AND OPTION 1 = NO, AND
OPTION 2 = YES, FILL:]
What is ^CHILD's father's name?

NAME:
Range: Allow 40

[GOTO C_SP2a]

**[THE NAME ENTERED HERE SHOULD BE USED AS THE FILL FOR [FILL
PERMANENT PRIMARY CAREGIVER] THROUGHOUT THIS SECTION.]**

C_SP1ga

With whom was the @b**most recent**@b reunification plan made?

ENTER RELATIONSHIP TO CHILD.

- 1 = MOTHER
- 2 = FATHER
- 3 = GRANDMOTHER
- 4 = GRANDFATHER
- 5 = AUNT
- 6 = UNCLE
- 7 = BROTHER
- 8 = SISTER
- 9 = OTHER

NOTE: OPTIONS 1 & 2 INCLUDE ADOPTIVE PARENTS.

C_SP1ha

What is this person's full name?

First
Range: Allow 20

C_SP1hb

What is this person's full name?

Last:
Range: Allow 20

[THE NAME ENTERED HERE SHOULD BE USED AS THE FILL FOR [FILL PERMANENT PRIMARY CAREGIVER] THROUGHOUT THIS SECTION.]

C_SP1ia

What is [Fill Permanent Primary Caregiver]'s current address and telephone number?

STREET ADDRESS:
Range: [allow 50]

C_SP1ib

CITY:
Range:[allow 30]

C_SP1ic

STATE:
Range: [allow 2]

C_SP1id

ZIP: [allow 5]

C_SP1ie

PHONE:

Range:[allow 10 digits]

C_SP2a

I'd like to ask you about whether or not [fill PERMANENT PRIMARY CAREGIVER] needed any services. Regardless of service availability, please answer the following questions about service needs based on the case record and your knowledge of the case.

I will be referring to the time during the@**blast 12 months**@b, that is, since [FILL DATE 12 MONTHS PRIOR TO INTERVIEW DATE].] In the last 12 months, did [FILL PERMANENT PRIMARY CAREGIVER] need help finding a place to live?

[IF WAVE = 2: I will be referring to the period of time since the investigation that led to the child being included in this study, that is, since [FILL CONTACT DATE]. Since [FILL CONTACT DATE], did [FILL PERMANENT PRIMARY CAREGIVER] need help finding a place to live?]

1 = YES

2 = NO

C_SP4a

[IF WAVE = 1: In the last 12 months/ //IF WAVE = 2: Since [FILL CONTACT DATE]], did [fill PERMANENT PRIMARY CAREGIVER] need financial assistance or income support?

1 = YES

2 = NO

NOTE: THIS WOULD INCLUDE THINGS LIKE TANF, HEAT ASSISTANCE, MONEY FROM CHURCH, ETC.

C_SP5a

[IF WAVE = 1: In the last 12 months/ //IF WAVE = 2: Since [FILL CONTACT DATE]],
did [fill PERMANENT PRIMARY CAREGIVER] need employment services?

- 1 = YES
- 2 = NO

C_SP6a

[IF WAVE = 1: In the last 12 months//IF WAVE = 2: Since [FILL CONTACT DATE]], did
[fill PERMANENT PRIMARY CAREGIVER] need domestic violence services?

- 1 = YES
- 2 = NO

C_SP7a

[IF WAVE = 1: In the last 12 months/ IF WAVE = 2: Since [FILL CONTACT DATE]],
did [fill PERMANENT PRIMARY CAREGIVER] need legal aid?

- 1 = YES
- 2 = NO

C_SP8a

[IF WAVE = 1: In the last 12 months//IF WAVE = 2: Since [FILL CONTACT DATE]],
did [fill PERMANENT PRIMARY CAREGIVER] need services for an alcohol problem?

- 1 = YES
- 2 = NO

C_SP9a

[IF WAVE = 1: In the last 12 months/ //IF WAVE = 2: Since [FILL CONTACT DATE]],
was a formal assessment done for an alcohol problem?

- 1 = YES
- 2 = NO [GOTO C_SP13a]

C_SP10a

What were the results of the overall assessment?

(PROBE AS NECESSARY)

- 1 = INDICATES SERIOUS IMPAIRMENT FROM ALCOHOL USE

- 2 = INDICATES MODERATE IMPAIRMENT FROM ALCOHOL USE
- 3 = INDICATES LITTLE OR NO IMPAIRMENT FROM ALCOHOL USE
- 4 = ASSESSMENT COULD NOT DETERMINE LEVEL OF ALCOHOL USE

C_SP11a

[IF WAVE = 1: In the last 12 months/ //IF WAVE = 2: Since [FILL CONTACT DATE]],
how many times was a urine or hair test included in the assessment?

NUMBER

[IF RESPONSE = 0, GOTO C_SP13a]

C_SP12a

[IF C_SP11a = 1, FILL: What was the result of the urine or hair test?]

[IF C_SP11a > 1, FILL: What were the results of the urine or hair tests?]

(IF AT LEAST ONE URINE TEST WAS POSITIVE, CODE "1")

- 1 = POSITIVE URINE TOXICOLOGY (ALCOHOL WAS FOUND IN URINE)
- 2 = NEGATIVE URINE TOXICOLOGY (ALCOHOL WAS NOT FOUND IN URINE)
- 3 = TEST(S) WAS/WERE VOID OR INDETERMINANT

C_SP13a

[IF WAVE = 1: In the last 12 months//IF WAVE = 2: Since [FILL CONTACT DATE]],
did [fill PERMANENT PRIMARY CAREGIVER] need services for a drug problem?

- 1 = YES
- 2 = NO

C_SP13b

IF C_SP13a = YES, THEN
What type of drug problem? Was it..
CODE ALL THAT APPLY

- 1 = opioid use, including heroin or prescription pain relievers such as OxyContin,
Vicodin, or Percocet
- 2 = methamphetamine use, also known as meth, ice, crystal meth or speed
- 3 = cocaine use
- 4 = marijuana use
- 5 = some other drug use

C_SP14a

[IF WAVE = 1: In the last 12 months//IF WAVE = 2: Since [FILL CONTACT DATE]],
was a formal assessment done for a drug problem?

- 1 = YES
- 2 = NO [GOTO C_SP18a]

C_SP15a

What were the results of the overall assessment?

(PROBE AS NECESSARY)

- 1 = INDICATES SERIOUS IMPAIRMENT FROM DRUG USE
- 2 = INDICATES MODERATE IMPAIRMENT FROM DRUG USE
- 3 = INDICATES LITTLE OR NO IMPAIRMENT FROM DRUG USE
- 4 = ASSESSMENT COULD NOT DETERMINE LEVEL OF DRUG USE

C_SP16a

[IF WAVE = 1: In the last 12 months//IF WAVE = 2: Since [FILL CONTACT DATE]],
how many times was a urine or hair test included in the assessment?

NUMBER

[IF RESPONSE = 0, GOTO C_SP18a]

C_SP17a

[IF C_SP16a = 1, FILL: What was the result of the urine or hair test?]

[IF C_SP16a > 1, FILL: What were the results of the urine or hair test?]

(IF AT LEAST ONE URINE TEST WAS POSITIVE, CODE "1")

- 1 = POSITIVE URINE TOXICOLOGY (ALCOHOL WAS FOUND IN URINE)
- 2 = NEGATIVE URINE TOXICOLOGY (ALCOHOL WAS NOT FOUND IN URINE)
- 3 = TEST(S) WAS/WERE VOID OR INDETERMINANT

C_SP18a

[IF WAVE = 1: In the last 12 months//IF WAVE = 2: Since [FILL CONTACT DATE]],
did [fill PERMANENT PRIMARY CAREGIVER] need services for an emotional,
psychological, or other mental health problem like depression, bipolar disorder,
schizophrenia, etc.?

- 1 = YES
- 2 = NO

NOTE: DO NOT INCLUDE ALCOHOL OR DRUG ABUSE.

C_SP19a

Was a formal assessment done for emotional or psychological problems?

- 1 = YES
- 2 = NO [GOTO C_SP21a]

C_SP20a

What were the results of the assessment?

(PROBE AS NECESSARY)

- 1 = INDICATES SERIOUS IMPAIRMENT FROM MENTAL HEALTH PROBLEMS
- 2 = INDICATES MODERATE IMPAIRMENT FROM MENTAL HEALTH PROBLEMS
- 3 = INDICATES LITTLE OR NO IMPAIRMENT FROM MENTAL HEALTH PROBLEMS

C_SP21a

[IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did [fill PERMANENT PRIMARY CAREGIVER] need services for a serious health problem or injury?

- 1 = YES
- 2 = NO

C_SP24a

Next I'd like to ask you about services to which agency staff may have @b**referred**@b [fill PERMANENT PRIMARY CAREGIVER]. A referral may have been made for services that were not needed because they were part of a block of services. At any time [IF WAVE = 1: in the last 12 months/ /IF WAVE = 2: since [FILL CONTACT DATE]], did agency staff refer [fill PERMANENT PRIMARY CAREGIVER] to housing services such as public housing or an emergency shelter?

- 1 = YES [GOTO C_SP26a]
- 2 = NO

NOTE: "AGENCY STAFF" REFERS TO CHILD WELFARE AGENCY STAFF.

[IF C_SP2a = 2 AND C_SP24a = 2, GOTO C_SP30a]

C_SP25a

Why was a referral @bnot@b made?

CODE ALL THAT APPLY

- 1 = PERSON ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = PERSON INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SP30a]

C_SP26a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT PERSON SHOULD GET SERVICES
- 2 = PROVIDED PARENT/FAMILY WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = ASSISTED PERSON WITH COMPLETING AND/OR FILING
APPLICATION
- 4 = MADE AN APPOINTMENT FOR PERSON
- 5 = ACCOMPANIED PERSON TO THE APPOINTMENT
- 6 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 7 = OTHER

C_SP27a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SP28a

What was the result of the referral?

- 1 = [fill PERMANENT PRIMARY CAREGIVER] RECEIVED THE SERVICE
- 2 = [fill PERMANENT PRIMARY CAREGIVER] DID NOT RECEIVE THE
SERVICE

[IF RESPONSE <> 2, GOTO C_SP30a]

C_SP29a

Why was this service @bnot@b received?

CODE ALL THAT APPLY

- 1 = SERVICE NOT AVAILABLE IN THE AREA
- 2 = PERSON IS WAIT-LISTED FOR SERVICE
- 3 = PERSON IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = PERSON REFUSED
- 6 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 7 = TRANSPORTATION PROBLEM
- 8 = SERVICE DETERMINED NOT TO BE NEEDED
- 9 = OTHER
- 10 = REFERRAL AGENCY DID NOT RESPOND

C_SP30a

At any time [IF WAVE = 1: in the last 12 months/ /IF WAVE = 2: since [FILL CONTACT DATE]], did agency staff recommend that the family apply for benefits from an income assistance program such as TANF, AFDC, or General Assistance?

- 1 = YES [GOTO C_SP32a]
- 2 = NO

NOTE: "AGENCY STAFF" REFERS TO CHILD WELFARE AGENCY STAFF.

[IF C_SP4a = 2 AND C_SP30a = 2, GOTO C_SP36a]

C_SP31a

Why was it @bnot@b recommended that the family apply for these benefits?

CODE ALL THAT APPLY

- 2 = PERSON IS INELIGIBLE FOR SERVICE BECAUSE OF SUBSTANCE
- 3 = PERSON IS INELIGIBLE FOR SERVICE DUE TO SANCTIONING
- 4 = PERSON IS INELIGIBLE FOR SERVICE BECAUSE OF ANOTHER

[GOTO C_SP36a]

C_SP32a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT PERSON SHOULD GET SERVICES
- 2 = PROVIDED PARENT/FAMILY WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = ASSISTED PERSON WITH COMPLETING AND/OR FILING
APPLICATION
- 4 = MADE AN APPOINTMENT FOR PERSON
- 5 = ACCOMPANIED PERSON TO THE APPOINTMENT
- 6 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 7 = OTHER

C_SP33a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SP34a

What was the result of the referral?

- 1 = [fill PERMANENT PRIMARY CAREGIVER] RECEIVED THE SERVICE
- 2 = [fill PERMANENT PRIMARY CAREGIVER] DID NOT RECEIVE THE
SERVICE

[IF RESPONSE <> 2, GOTO C_SP36a]

C_SP35a

Why was this service @bnot@b received?

CODE ALL THAT APPLY

- 1 = PERSON IS INELIGIBLE FOR SERVICE BECAUSE OF SUBSTANCE
ABUSE CONVICTION
- 2 = PERSON IS INELIGIBLE FOR SERVICE DUE TO SANCTIONING
FROM TANF PROGRAM
- 3 = PERSON IS INELIGIBLE FOR SERVICE BECAUSE OF ANOTHER
REASON

- 4 = PERSON REFUSED
- 5 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 6 = TRANSPORTATION PROBLEM
- 7 = SERVICE WAS INAPPROPRIATE
- 8 = OTHER
- 9 = REFERRAL AGENCY DID NOT RESPOND

C_SP36a

At any time [IF WAVE = 1: in the last 12 months/ //IF WAVE = 2: since [FILL CONTACT DATE]], did agency staff recommend that [fill PERMANENT PRIMARY CAREGIVER] apply for Medicaid?

- 1 = YES [GOTO C_SP38a]
- 2 = NO

NOTE: "AGENCY STAFF" REFERS TO CHILD WELFARE AGENCY STAFF.

C_SP37a

Why was it @bnot@b recommended that the family apply for Medicaid?

CODE ALL THAT APPLY

- 1 = SERVICE WAS NOT NEEDED
- 2 = PERSON WAS ALREADY RECEIVING THE SERVICE
- 3 = PERSON IS INELIGIBLE FOR SERVICE
- 4 = OTHER

[GOTO C_SP42a]

C_SP38a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT PERSON SHOULD GET SERVICES
- 2 = PROVIDED PARENT/FAMILY WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = ASSISTED PERSON WITH COMPLETING AND/OR FILING
APPLICATION
- 4 = MADE AN APPOINTMENT FOR PERSON
- 5 = ACCOMPANIED PERSON TO THE APPOINTMENT
- 6 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 7 = OTHER

C_SP39a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SP40a

What was the result of the referral?

- 1 = [fill PERMANENT PRIMARY CAREGIVER] RECEIVED THE SERVICE
- 2 = [fill PERMANENT PRIMARY CAREGIVER] DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SP42a]

C_SP41a

Why was this service @bnot@b received?

CODE ALL THAT APPLY

- 1 = PERSON IS INELIGIBLE FOR SERVICE
- 2 = PERSON REFUSED
- 3 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 4 = TRANSPORTATION PROBLEM
- 5 = OTHER
- 6 = REFERRAL AGENCY DID NOT RESPOND

C_SP42a

At any time [IF WAVE = 1: in the last 12 months/ /IF WAVE = 2: since [FILL CONTACT DATE]], did agency staff refer [fill PERMANENT PRIMARY CAREGIVER] to job-related services (job training, counseling, job placement, etc.)?

- 1 = YES [GOTO C_SP44a]
- 2 = NO

NOTE: "AGENCY STAFF" REFERS TO CHILD WELFARE AGENCY STAFF.

[IF C_SP5a = 2 AND C_SP42a = 2, GOTO C_SP48a]

C_SP43a

Why was a referral not made?

CODE ALL THAT APPLY

- 1 = PERSON ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = PERSON INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SP48a]

C_SP44a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT PERSON SHOULD GET SERVICES
- 2 = PROVIDED PARENT/FAMILY WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = ASSISTED PERSON WITH COMPLETING AND/OR FILING
APPLICATION
- 4 = MADE AN APPOINTMENT FOR PERSON
- 5 = ACCOMPANIED PERSON TO THE APPOINTMENT
- 6 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 7 = OTHER

C_SP45a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SP46a

What was the result of the referral?

- 1 = [fill PERMANENT PRIMARY CAREGIVER] RECEIVED THE SERVICE
- 2 = [fill PERMANENT PRIMARY CAREGIVER] DID NOT RECEIVE THE
SERVICE

[IF RESPONSE <> 2, GOTO C_SP48a]

C_SP47a

Why was this service @bnot@b received?

CODE ALL THAT APPLY

5 = PERSON REFUSED

6 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE

7 = TRANSPORTATION PROBLEM

8 =

PERSON DIDN'T ATTEND FOR REASON OTHER THAN SCHEDULING,
CHILD CARE, TRANSPORTATION

C_SP48a

At any time [IF WAVE = 1: in the last 12 months/IF WAVE = 2: since [FILL CONTACT DATE]], did agency staff refer [fill PERMANENT PRIMARY CAREGIVER] to domestic violence services?

1 = YES [GOTO C_SP50a]

2 = NO

NOTE: "AGENCY STAFF" REFERS TO CHILD WELFARE AGENCY STAFF.

[IF C_SP6a = 2 AND C_SP48a = 2, GOTO C_SP54a]

C_SP49a

Why was a referral @bnot@b made?

CODE ALL THAT APPLY

1 = PERSON ALREADY RECEIVING THE SERVICE

2 = SERVICE NOT AVAILABLE IN THE AREA

3 = PERSON INELIGIBLE FOR SERVICE

4 = SERVICES COULD NOT BE FINANCED

5 = OTHER

[GOTO C_SP54a]

C_SP50a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT PERSON SHOULD GET SERVICES
- 2 = PROVIDED PARENT/FAMILY WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = ASSISTED PERSON WITH COMPLETING AND/OR FILING
APPLICATION
- 4 = MADE AN APPOINTMENT FOR PERSON
- 5 = ACCOMPANIED PERSON TO THE APPOINTMENT
- 6 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 7 = OTHER

C_SP51a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SP52a

What was the result of the referral?

- 1 = [fill PERMANENT PRIMARY CAREGIVER] RECEIVED THE SERVICE
- 2 = [fill PERMANENT PRIMARY CAREGIVER] DID NOT RECEIVE THE
SERVICE

[IF RESPONSE <> 2, GOTO C_SP54a]

C_SP53a

Why was this service @bnot@b received?

CODE ALL THAT APPLY

5 = PERSON REFUSED

6 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE

7 = TRANSPORTATION PROBLEM

8 = PERSON DIDN'T ATTEND FOR REASON OTHER THAN SCHEDULING,
CHILD CARE, TRANSPORTATION

C_SP54a

At any time [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL
CONTACT DATE]], did agency staff refer [fill PERMANENT PRIMARY CAREGIVER]
to legal services?

1 = YES [GOTO C_SP56a]

2 = NO

NOTE: "AGENCY STAFF" REFERS TO CHILD WELFARE AGENCY STAFF.

[IF C_SP7a = 2 AND C_SP54a = 2, GOTO C_SP60a]

C_SP55a

Why was a referral @bnot@b made?

CODE ALL THAT APPLY

1 = PERSON ALREADY RECEIVING THE SERVICE

2 = SERVICE NOT AVAILABLE IN THE AREA

3 = PERSON INELIGIBLE FOR SERVICE

4 = SERVICES COULD NOT BE FINANCED

5 = OTHER

[GOTO C_SP60a]

C_SP56a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT PERSON SHOULD GET SERVICES
- 2 = PROVIDED PARENT/FAMILY WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = ASSISTED PERSON WITH COMPLETING AND/OR FILING
APPLICATION
- 4 = MADE AN APPOINTMENT FOR PERSON
- 5 = ACCOMPANIED PERSON TO THE APPOINTMENT
- 6 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 7 = OTHER

C_SP57a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SP58a

What was the result of the referral?

- 1 = [fill PERMANENT PRIMARY CAREGIVER] RECEIVED THE SERVICE
- 2 = [fill PERMANENT PRIMARY CAREGIVER] DID NOT RECEIVE THE
SERVICE

[IF RESPONSE <> 2, GOTO C_SP60a]

C_SP59a

Why was this service @bnot@b received?

CODE ALL THAT APPLY

5 = PERSON REFUSED

6 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE

7 = TRANSPORTATION PROBLEM

8 = PERSON DIDN'T ATTEND FOR REASON OTHER THAN SCHEDULING,

C_SP60-65

DELETED IN THIS SECTION. MOVED TO SECTION SC. ALL SKIPS GO TO NEXT QUESTION.

C_SP66a

At any time [IF WAVE = 1: in the last 12 months/ //IF WAVE = 2 : since [FILL CONTACT DATE]], did agency staff refer [fill PERMANENT PRIMARY CAREGIVER] to services for an alcohol or drug problem?

1 = YES [GOTO C_SP68a]

2 = NO

NOTE: "AGENCY STAFF" REFERS TO CHILD WELFARE AGENCY STAFF.

[IF C_SP8a = 2 AND C_SP13a = 2, AND C_SP30a = 2, GOTO C_SP76a]

C_SP67a

Why was a referral @bnot@b made?

CODE ALL THAT APPLY

1 = PERSON ALREADY RECEIVING THE SERVICE

2 = SERVICE NOT AVAILABLE IN THE AREA

3 = PERSON INELIGIBLE FOR SERVICE

4 = SERVICES COULD NOT BE FINANCED

5 = OTHER

[GOTO C_SP76a]

C_SP68a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT PERSON SHOULD GET SERVICES
- 2 = PROVIDED PARENT/FAMILY WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = ASSISTED PERSON WITH COMPLETING AND/OR FILING
APPLICATION
- 4 = MADE AN APPOINTMENT FOR PERSON
- 5 = ACCOMPANIED PERSON TO THE APPOINTMENT
- 6 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 7 = OTHER

C_SP69a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SP69b

Was this referral to a Medication Assisted Treatment program to treat a drug problem?
This treatment includes medications prescribed by a doctor such as methadone,
naltrexone, or buprenorphine to treat opioid addiction.

- 1 = YES
- 2 = NO

C_SP70a

What was the result of the referral?

- 1 = [fill PERMANENT PRIMARY CAREGIVER] RECEIVED THE SERVICE
- 2 = [fill PERMANENT PRIMARY CAREGIVER] DID NOT RECEIVE THE
SERVICE

[IF RESPONSE <> 2, GOTO C_SP72a]

C_SP71a

Why was this service @bnot@b received?

CODE ALL THAT APPLY

5 = PERSON REFUSED

6 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE

7 = TRANSPORTATION PROBLEM

8 = PERSON DIDN'T ATTEND FOR REASON OTHER THAN SCHEDULING,
CHILD CARE, TRANSPORTATION

[GOTO C_SP76a]

C_SP72a

USE CARD 28. Please look at Card 28 and tell me what type of alcohol or drug services [FILL PERMANENT PRIMARY CAREGIVER] received?

CODE ALL THAT APPLY. REFER TO CARD FOR DEFINITIONS.

1 = INPATIENT

2 = DETOX

3 = INTENSIVE DAY TREATMENT

4 = OUTPATIENT

5 = 12-STEP PROGRAM

6 = METHADONE MAINTENANCE

7 = OTHER

C_SP73m

On about what date did [fill PERMANENT PRIMARY CAREGIVER] begin receiving these services?

(IF MULTIPLE SERVICES RECEIVED, ASK FOR START DATE OF @b**FIRST**@b RECEIVED.)

MONTH

Range: [allow 01-12]

C_SP73d

On about what date did [fill PERMANENT PRIMARY CAREGIVER] begin receiving these services?

(IF MULTIPLE SERVICES RECEIVED, ASK FOR START DATE OF @b**FIRST**@b RECEIVED.)

DAY

Range: [allow 01-31]

C_SP73y

On about what date did [fill PERMANENT PRIMARY CAREGIVER] begin receiving these services?

(IF MULTIPLE SERVICES RECEIVED, ASK FOR START DATE OF @b**FIRST**@b RECEIVED.)

YEAR

Range:

C_SP74a

[IF WAVE = 1: In the last 12 months/ //IF WAVE = 2: Since [FILL CONTACT DATE]], for how many weeks or months did [fill PERMANENT PRIMARY CAREGIVER] receive services for an @b**alcohol or drug problem**@b?

]

NUMBER:

Range: 1-52

NOTE: CODE "1 WEEK" IF SERVICE RECEIVED ONLY ONCE. CODE NUMBER OF MONTHS IF SERVICE NOT RECEIVED ON A WEEKLY BASIS (E.G. BIWEEKLY, ONCE A MONTH, ETC.) OR SERVICE RECEIVED SPORADICALLY (THAT IS, NOT ON A WEEKLY OR MONTHLY BASIS.)

C_SP74b

(Is that weeks or months?)

1 = WEEKS

2 = MONTHS

3 = SPORADIC

[IF RESPONSE = DK OR RE, GOTO C_SP76a]

[IF RESPONSE = 3, GOTO C_SP75ba]

C_SP75a

[IF C_SP74a = 1 WEEK OR 1 MONTH, FILL:] In that [FILL BASED ON C_SP74a week/month], how many days did [fill PERMANENT PRIMARY CAREGIVER] receive these services?

(IF SERVICE WAS ONLY RECEIVED ONE TIME, ENTER "1", AND CONTINUE WITH NEXT QUESTION.)

[IF C_SP74a > 1 WEEK OR 1 MONTH, FILL:] During those [FILL NUMBER FROM C_SP74] [FILL BASED ON C_SP74a weeks/months], how many days per [FILL BASED ON C_SP74a week/month] did [fill PERMANENT PRIMARY CAREGIVER] usually receive these services?

(PROMPT R TO THINK OF AVERAGE NUMBER OF DAYS SERVICES WERE RECEIVED.)

NUMBER OF DAYS
Range: Allow 1-31

[IF C_SP74a = 1, GOTO C_SP76a]

C_SP75aa

What was the maximum number of days during any of those [FILL BASED ON C_SP74a weeks/months] that [fill PERMANENT PRIMARY CAREGIVER] received these services?

MAX DAYS
Range:[allow 1-31]

[GOTO C_SP76a]

C_SP75ba

[IF WAVE = 1: In the last 12 months//IF WAVE = 2: Since [FILL CONTACT DATE]], about how many times did [FILL PERMANENT PRIMARY CAREGIVER] usually receive those services?

TOTAL TIMES

C_SP75ca

During any given week, what was the maximum number of days the service was received?

MAX DAYS PER WEEK
Range: [allow 1-7]

C_SP76a

At any time [IF WAVE = 1: in the last 12 months/ /IF WAVE = 2: since [FILL CONTACT DATE]], did agency staff refer [fill PERMANENT PRIMARY CAREGIVER] to services for an emotional or psychological problem?

1 = YES [GOTO C_SP78a]
2 = NO

NOTE: "AGENCY STAFF" REFERS TO CHILD WELFARE AGENCY STAFF.

[IF C_SP18a = 2 AND C_SP76a = 2, GOTO C_SP86a]

C_SP77a

Why was a referral @bnot@b made?

CODE ALL THAT APPLY

1 = PERSON ALREADY RECEIVING THE SERVICE
2 = SERVICE NOT AVAILABLE IN THE AREA
3 = PERSON INELIGIBLE FOR SERVICE
4 = SERVICES COULD NOT BE FINANCED
5 = OTHER

[GOTO C_SP86a]

C_SP78a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

1 = SUGGESTED THAT PERSON SHOULD GET SERVICES
2 = PROVIDED PARENT/FAMILY WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
3 = ASSISTED PERSON WITH COMPLETING AND/OR FILING
APPLICATION
4 = MADE AN APPOINTMENT FOR PERSON
5 = ACCOMPANIED PERSON TO THE APPOINTMENT
6 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
7 = OTHER

C_SP79a

Was this referral specified in the case plan or safety plan?

1 = YES
2 = NO

C_SP80a

What was the result of the referral?

1 = [fill PERMANENT PRIMARY CAREGIVER] RECEIVED THE SERVICE

2 = [fill PERMANENT PRIMARY CAREGIVER] DID NOT RECEIVE THE
SERVICE

[IF RESPONSE = <>2, GOTO C_SP82a]

C_SP81a

Why was this service @bnot@b received?

CODE ALL THAT APPLY

5 = PERSON REFUSED

6 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE

7 = TRANSPORTATION PROBLEM

8 = PERSON DIDN'T ATTEND FOR REASON OTHER THAN SCHEDULING,
CHILD CARE, TRANSPORTATION

[GOTO C_SP86a]

C_SP82a

USE CARD 29. Please look at Card 29 and tell me What type of services for an emotional or psychological problem [fill PERMANENT PRIMARY CAREGIVER] received?

CODE ALL THAT APPLY. REFER TO CARD FOR DEFINITIONS.

1 = OVERNIGHT/INPATIENT

2 = OUTPATIENT

3 = DAY TREATMENT OR PARTIAL HOSPITALIZATION

4 = OTHER

C_SP83m

On about what date did [fill PERMANENT PRIMARY CAREGIVER] begin receiving these services?

(IF MULTIPLE SERVICES RECEIVED, ASK FOR START DATE OF @b**FIRST**@b RECEIVED.)

MONTH

Range:[allow 01-12]

C_SP83d

On about what date did [fill PERMANENT PRIMARY CAREGIVER] begin receiving these services?

(IF MULTIPLE SERVICES RECEIVED, ASK FOR START DATE OF @b**FIRST**@b RECEIVED.)

DAY

Range:[allow 01-31]

C_SP83y

On about what date did [fill PERMANENT PRIMARY CAREGIVER] begin receiving these services?

(IF MULTIPLE SERVICES RECEIVED, ASK FOR START DATE OF @b**FIRST**@b RECEIVED.)

YEAR

Range:

C_SP84a

[IF WAVE = 1: In the last 12 months/ //IF WAVE = 2: Since [FILL CONTACT DATE]], for how many weeks or months did [fill PERMANENT PRIMARY CAREGIVER] receive services for an @b**emotional or psychological problem**@b?

NUMBER

Range: Allow 1-52

NOTE: CODE "1 WEEK" IF SERVICE RECEIVED ONLY ONCE. CODE NUMBER OF MONTHS IF SERVICE NOT RECEIVED ON A WEEKLY BASIS (E.G. BIWEEKLY, ONCE A MONTH, ETC.) OR IF SERVICE RECEIVED SPORADICALLY (THAT IS, NOT ON A WEEKLY OR MONTHLY BASIS.)

C_SP84b

(Is that weeks or months?)

1 = WEEKS
2 = MONTHS
3 = SPORADIC

[IF RESPONSE = DK OR RE, GOTO C_SP86a]
[IF RESPONSE = 3, GOTO C_SP85ba]

C_SP85a

[IF C_SP84a = 1 WEEK OR 1 MONTH, FILL:] In that [FILL BASED ON C_SP84a week/month], how many days did [fill PERMANENT PRIMARY CAREGIVER] receive these services?

(IF SERVICE WAS ONLY RECEIVED ONE TIME, ENTER "1", AND CONTINUE WITH NEXT QUESTION.)]

[IF C_SP84a > 1 WEEK OR 1 MONTH, FILL: During those [FILL NUMBER FROM C_SP84a] [FILL BASED ON C_SP84 weeks/months], how many days per [FILL BASED ON C_SP84a week/month] did [fill PERMANENT PRIMARY CAREGIVER] usually receive these services?

(PROMPT R TO THINK OF AVERAGE NUMBER OF DAYS SERVICES WERE RECEIVED.)]

NUMBER OF DAYS
Range: 1-31

[IF C_SP84a = 1, GOTO C_SP86a]

C_SP85aa

What was the maximum number of days during any of those [FILL BASED ON C_SP84 aweeks/months] that [fill PERMANENT PRIMARY CAREGIVER] received these services?

MAX DAYS
Range: [allow 1-31]

[GOTO C_SP86a]

C_SP85ba

[IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], about how many times did [FILL PERMANENT PRIMARY CAREGIVER] usually receive those services?

TOTAL TIMES

C_SP85ca

During any given week, what was the maximum number of days the service was received?

MAX DAYS PER WEEK

Range: [allow 1-7]

C_SP86a

At any time [IF WAVE = 1: in the last 12 months/ /IF WAVE = 2: since [FILL CONTACT DATE]], did agency staff refer [fill PERMANENT PRIMARY CAREGIVER] to services for a health problem?

1 = YES [GOTO C_SP88a]

2 = NO

NOTE: "AGENCY STAFF" REFERS TO CHILD WELFARE AGENCY STAFF.

[IF C_SP21a = 2 AND C_SP86a = 2, GOTO C_SP92a]

C_SP87a

Why was a referral @bnot@b made?

CODE ALL THAT APPLY

- 1 = PERSON ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = PERSON INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SP92a]

C_SP88a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT PERSON SHOULD GET SERVICES
- 2 = PROVIDED PARENT/FAMILY WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = ASSISTED PERSON WITH COMPLETING AND/OR FILING
APPLICATION
- 4 = MADE AN APPOINTMENT FOR PERSON
- 5 = ACCOMPANIED PERSON TO THE APPOINTMENT
- 6 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 7 = OTHER

C_SP89a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SP90a

What was the result of the referral?

- 1 = [fill PERMANENT PRIMARY CAREGIVER] RECEIVED THE SERVICE
- 2 = [fill PERMANENT PRIMARY CAREGIVER] DID NOT RECEIVE THE
SERVICE

[IF RESPONSE = <> 2, GOTO C_SP92a]

C_SP91a

Why was this service @bnot@b received?

CODE ALL THAT APPLY

5 = PERSON REFUSED

6 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE

7 = TRANSPORTATION PROBLEM

8 = PERSON DIDN'T ATTEND FOR REASON OTHER THAN SCHEDULING,
CHILD CARE, TRANSPORTATION

C_SP92a

[IF OUT-OF-HOME = NO, FILL:

Next I'd like to ask you about services that may have been provided in [fill PERMANENT PRIMARY CAREGIVER]'s home. At any time [IF WAVE = 1: in the last 12 months/ /IF WAVE = 2: since [FILL CONTACT DATE]], has the family received intensive family preservation services? By this we mean, was there a worker in the home for at least 6-8 hours per week for a limited number of weeks who worked with the family in order to prevent out of home placement of a child?]

[IF OUT-OF-HOME = YES, FILL:

Next I'd like to ask about services that may have been provided for ^CHILD's reunification family. At any time [IF WAVE = 1: in the last 12 months/ /IF WAVE = 2: since [FILL CONTACT DATE]], have intensive family preservation or reunification services been provided for the reunification family? By this we mean, was there a worker in the home for at least 6-8 hours per week for a limited number of weeks who worked with the family in order to facilitate ^CHILD remaining at home?]

1 = YES

2 = NO [GOTO C_SP96a]

C_SP93m

On what date did these services @b**begin**@b?

MONTH

Range:[allow 01-12]

C_SP93d

On what date did these services @b**begin**@b?

DAY:

Range: 1-31

C_SP93y

On what date did these services @b**begin**@b?

YEAR:

Range:

C_SP94a

Are these services still being provided?

1 = YES [GOTO C_SP96a]

2 = NO

C_SP95m

On what date did these services @b**end**@b?

MONTH

Range: [allow 01-12]

C_SP95d

On what date did these services @b**end**@b?

DAY

Range: [allow 01-31]

C_SP95y

On what date did these services @b**end**@b?

MONTH
Range:

C_SP95CK

[COMPARE DATE IN C_SP95m-y TO (IF WAVE = 1: DATE 12 MONTHS PRIOR TO INTERVIEW DATE; IF WAVE > 1: CONTACT DATE. IF DATE IN C_SP95m-y IS BEFORE COMPARISON DATE, PROBE:]

The date I entered was [FILL: DATE FROM C_SP95m-y], but we're only interested in services received [IF WAVE = 1: in the last 12 months/ /IF WAVE = 2: since [FILL CONTACT DATE]]. Do I need to correct the date?

1 = YES, CORRECT DATE [GO BACK TO C_SP95m-y]
2 = NO, RE-ASK WHETHER SERVICES RECEIVED [IF WAVE = 1, FILL: [IN THE LAST 12 MONTHS]/IF WAVE > 1, FILL: SINCE [FILL CONTACT DATE]
[GO BACK TO C_SP92]

C_SP96CK

[COMPARE DATE IN C_SP93m-y TO DATE IN C_SP95m-y. IF DATE IN C_SP95m-y IS BEFORE DATE IN C_SP93m-y, PROBE:]

The dates I entered for these services indicate that services ended before they began. Which date do I need to change? The begin date, [FILL DATE FROM C_SP93m-y], or the end date [FILL DATE FROM C_SP95m-y]?

- 1 = CHANGE DATE SERVICES BEGAN. [GO BACK TO C_SP93m]
- 2 = CHANGE DATE SERVICES ENDED. [GO BACK TO C_SP95m]
- 3 = CHANGE BOTH DATES. [GO BACK TO C_SP93m]

C_SP96a

At any time [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL CONTACT DATE]], has the [IF OUT-OF-HOME CARE = YES, FILL: reunification] family received other home-based or community-based child welfare services that are designed specifically to prevent out-of-home placement of a child? These might be similar to intensive family preservation services, but, for example, with fewer hours per week or of longer duration.

- 1 = YES
- 2 = NO [GOTO C_SP100a]

C_SP97m

On what date did these services @b**begin**@b?

MONTH
Range:[allow 01-12]

C_SP97d

On what date did these services @b**begin**@b?

DAY
Range:[allow 01-31]

C_SP97y

On what date did these services @b**begin**@b?

YEAR
Range:

C_SP98a

Are these services still being provided?

1 = YES [GOTO C_SP100a]

2 = NO

C_SP99m

On what date did these services @bend@b?

MONTH

Range:[allow 01-12]

C_SP99d

On what date did these services @bend@b?

DAY

Range:[allow 01-31]

C_SP99y

On what date did these services @bend@b?

YEAR

Range:

C_SP99CK

[COMPARE DATE IN C_SP99m-y TO (IF WAVE = 1: DATE 12 MONTHS PRIOR TO INTERVIEW DATE/ IF WAVE = 2: CONTACT DATE). IF DATE IN C_SP99m-y IS BEFORE COMPARISON DATE, PROBE:]

The date I entered was [FILL: DATE FROM C_SP99], but we're only interested in services received [IF WAVE = 1: in the last 12 months/ IF WAVE = 2 : since [FILL CONTACT DATE]]. Do I need to correct the date?

1 = YES, CORRECT DATE [GO BACK TO C_SP99m-y]

2 = NO, RE-ASK WHETHER SERVICES RECEIVED [IF WAVE = 1, FILL: [IN THE LAST 12 MONTHS]/IF WAVE > 1, FILL: SINCE [FILL CONTACT DATE]]
[GO BACK TO C_SP96m]

C_SP100CK

[COMPARE DATE IN C_SP97m-y TO DATE IN C_SP99m-y. IF DATE IN C_SP99m-y IS BEFORE DATE IN C_SP97m-y, PROBE:]

The dates I entered for these services indicate that services ended before they began. Which date do I need to change? The begin date, [FILL DATE FROM C_SP97m-y], or the end date [FILL DATE FROM C_SP99m-y]?

- 1 = CHANGE DATE SERVICES BEGAN. [GO BACK TO C_SP97m]
- 2 = CHANGE DATE SERVICES ENDED. [GO BACK TO C_SP99m]
- 3 = CHANGE BOTH DATES. [GO BACK TO C_SP97m]

C_SP100a

Has the [IF OUT-OF-HOME CARE = YES, FILL: reunification] family received other non-intensive home-based services, such as monitoring visits.

- 1 = YES
- 2 = NO [GOTO C_SP108a]

C_SP101m

On what date did these services @b**begin**@b?

MONTH
Range: [allow 01-12]

C_SP101d

On what date did these services @b**begin**@b?

DAY
Range: [allow 01-31]

C_SP101y

On what date did these services @b**begin**@b?

YEAR
Range:

C_SP102a

Are these services still being provided?

- 1 = YES [GOTO C_SP104]
- 2 = NO

C_SP103m

On what date did these services @bend@b?

MONTH

Range:[allow 01-12]

C_SP103d

On what date did these services @bend@b?

DAY

Range:[allow 01-31]

C_SP103y

On what date did these services @bend@b?

YEAR

Range:

C_SP103CK

[COMPARE DATE IN C_SP103m-y TO (IF WAVE = 1: DATE 12 MONTHS PRIOR TO INTERVIEW DATE /IF WAVE = 2: CONTACT DATE). IF DATE IN C_SP103m-y IS BEFORE COMPARISON DATE, PROBE:]

The date I entered was [FILL: DATE FROM C_SP103m-y], but we're only interested in services received [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL CONTACT DATE], . Do I need to correct the date?

1 = YES, CORRECT DATE [GO BACK TO C_SP103m]

2 = NO, RE-ASK WHETHER SERVICES RECEIVED [IF WAVE = 1, FILL: [IN THE LAST 12 MONTHS]/IF WAVE > 1, FILL: SINCE [FILL CONTACT DATE]] [GO BACK TO C_SP100m]

C_SP104CK

[COMPARE DATE IN C_SP101m-y TO DATE IN C_SP103m-y. IF DATE IN C_SP103m-y IS BEFORE DATE IN C_SP101m-y, PROBE:]

The dates I entered for these services indicate that services ended before they began. Which date do I need to change? The begin date, [FILL DATE FROM C_SP101m-y], or the end date [FILL DATE FROM C_SP103m-y]?

1 = CHANGE DATE SERVICES BEGAN. [GO BACK TO C_SP101m]

2 = CHANGE DATE SERVICES ENDED. [GO BACK TO C_SP103m]

3 = CHANGE BOTH DATES. [GO BACK TO C_SP101m]

C_SP104a

About how often [FILL BASED ON RESPONSE TO C_SP102: were/are] these visits conducted?

- 1 = BIWEEKLY OR MORE FREQUENTLY
- 2 = MONTHLY
- 3 = EVERY 6 WEEKS
- 4 = EVERY 2 MONTHS
- 5 = EVERY 3 MONTHS OR LESS FREQUENTLY
- 6 = OTHER

C_SP105a

On average, how long [FILL BASED ON RESPONSE TO C_SP102a: does/did] each visit last? ENTER THE NUMBER OF MINUTES AND/OR HOURS DEPENDING ON THE RESPONSE.

NUMBER:
Range: 0-12

C_SP105b

(Is that the number of minutes or hours?)

- 1 = MINUTES
- 2 = HOURS

C_SP106a

Where [FILL BASED ON RESPONSE TO C_SP102a: are/were] visits usually done?

- 1 = BIOLOGICAL/ADOPTIVE PARENT'S HOME
- 2 = FOSTER PARENT'S/RELATIVE'S HOME
- 3 = AGENCY OFFICE
- 4 = NEIGHBORHOOD LOCATION (SCHOOL, RESTAURANT, LIBRARY, ETC)
- 5 = OTHER

C_SP108a

Now I'd like to ask about specific home-based or community-based services that the [IF OUT-OF-HOME CARE = YES, FILL: reunification] family may have received [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL CONTACT DATE]].

These services may have been provided by you, another professional, the person's relatives or friends, a community group such as a church, or someone else.

C_SP112a

At any time [IF WAVE = 1: in the last 12 months, IF WAVE = 2: since [FILL CONTACT DATE], was home-based or community-based parenting skills training received? This could include services focused on learning about appropriate developmental expectations, providing medical care, developing effective feeding/sleeping/toileting routines, household safety, effective parent-child play, effective discipline, parent-child communication, or other parenting skills.

1 = YES

2 = NO [GOTO C_SP116a]

C_SP112b

[IF WAVE = 1] Did this parenting skills training begin before or after [FILL:Contact Date], the date when this parent was referred to child welfare?

1 = BEFORE DATE WHEN PARENT WAS REFERRED

2 = AFTER DATE WHEN PARENT WAS REFERRED

C_SP112xa

Was this provided at home or somewhere else?

1 = AT HOME

2 = SOMEWHERE ELSE

3 = BOTH

C_SP113a

[IF WAVE = 1: In the last 12 months/ IF WAVE = 2: Since [FILL CONTACT DATE]], for how many weeks or months was parenting training received?

NUMBER:

Range: Allow 1-31

NOTE: CODE "1 WEEK" IF SERVICE RECEIVED ONLY ONCE. CODE NUMBER OF MONTHS IF SERVICE NOT RECEIVED ON A WEEKLY BASIS (E.G. BIWEEKLY, ONCE A MONTH, ETC.) OR IF SERVICE RECEIVED SPORADICALLY (THAT IS, NOT ON A WEEKLY OR MONTHLY BASIS.)

C_SP113b

(Is that weeks or months?)

1 = WEEKS
2 = MONTHS
3 = SPORADIC

[IF RESPONSE = DK OR RE, GOTO C_SP115a]
[IF RESPONSE = 3, GOTO C_SP114ba]

C_SP114a

During the days when parenting services were received, how many hours per day were these services usually received?

HOURS PER DAY:
Range: 1-24

[IF C_SP113a = 1, GOTO C_SP115a]

[GOTO C_SP115a]

C_SP114ba

[IF WAVE = 1: In the last 12 months/ IF WAVE =: Since [FILL CONTACT DATE]], about how many times did [FILL PERMANENT PRIMARY CAREGIVER] receive those services?

TOTAL TIMES

C_SP114ca

During any given week, what was the maximum number of days the service was received?

MAX DAYS PER WEEK
Range: [allow 1-7]

C_SP115a

Who provided this service?

CODE ALL THAT APPLY

1 = CASEWORKER
2 = OTHER CHILD WELFARE AGENCY STAFF, SUCH AS A PARENT AIDE
3 = OTHER AGENCY, CONTRACTED BY CHILD WELFARE AGENCY, including

NCY,

5 = RELATIVE/FRIEND
6 = COMMUNITY GROUP/ORGANIZATION (E.G., CHURCH)
7 = OTHER

C_SP120a

At any time [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL CONTACT DATE]], was respite care for a child received? Respite care is care for the child that is provided in the home or somewhere else so that the family can have a break from ongoing care of the child. It can be thought of as child care or babysitting by an individual or program trained to meet the special needs of the child.

1 = YES
2 = NO [GOTO C_SP124a]

C_SP121a

[IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], for how many weeks or months was respite care received?

NUMBER
Range: 1-52

NOTE: CODE "1 WEEK" IF SERVICE RECEIVED ONLY ONCE. CODE NUMBER OF MONTHS IF SERVICE NOT RECEIVED ON A WEEKLY BASIS (E.G. BIWEEKLY, ONCE A MONTH, ETC.) OR IF SERVICE RECEIVED SPORADICALLY (THAT IS, NOT ON A WEEKLY OR MONTHLY BASIS.)

C_SP121b

(Is that weeks or months?)

1 = WEEKS
2 = MONTHS
3 = SPORADIC

[IF RESPONSE = DK OR RE, GOTO C_SP123a]

[IF RESPONSE = 3, GOTO C_SP122ba]

C_SP122a

[IF C_SP121a = 1 WEEK OR 1 MONTH, FILL: In that [FILL BASED ON C_SP121a week/month], how many days was this service received?

(IF SERVICE WAS ONLY RECEIVED ONE TIME, ENTER "1", AND CONTINUE WITH NEXT QUESTION.)]

[IF C_SP121a > 1 WEEK OR 1 MONTH, FILL: During those [FILL NUMBER FROM C_SP121a] [FILL BASED ON C_SP121a weeks/months], how many days per [FILL BASED ON C_SP121 week/month] was this service usually received?

(PROMPT R TO THINK OF AVERAGE NUMBER OF DAYS SERVICES WERE RECEIVED.)]

NUMBER OF DAYS
Range: 1-31

[IF C_SP121a = 1, GOTO C_SP123a]

C_SP122aa

What was the maximum number of days during any of those [FILL BASED ON C_SP121a weeks/months] respite care was received?

MAX DAYS
Range: 1-31

[GOTO C_SP123a]

C_SP122ba

[IF WAVE = 1: In the last 12 months/ IF WAVE = 2: Since [FILL CONTACT DATE]], about how many times did [FILL PERMANENT PRIMARY CAREGIVER] received those services?

TOTAL TIMES

C_SP122ca

During any given week, what was the maximum number of days the service was received?

MAX DAYS PER WEEK

Range:[allow 1-7]

C_SP123a

Who provided this service?

CODE ALL THAT APPLY

1 = CASEWORKER

2 = OTHER CHILD WELFARE AGENCY STAFF

3 = OTHER AGENCY, CONTRACTED BY CHILD WELFARE AGENCY

5 = RELATIVE/FRIEND

6 = COMMUNITY GROUP/ORGANIZATION (E.G., CHURCH)

7 = OTHER

C_SP128a

At any time [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL CONTACT DATE]], were the child's [IF OUT-OF-HOME CARE = YES, FILL: reunification] parents or guardians counseled individually at home or at the agency?

1 = YES

2 = NO [GOTO C_SP132a]

C_SP129a

[IF WAVE = 1: In the last 12 months/ IF WAVE = 2: Since [FILL CONTACT DATE]], for how many weeks or months were the child's [IF OUT-OF-HOME CARE = YES, FILL: reunification] parents or guardians counseled individually at home or at the agency?

NUMBER:

Range: 1-51

NOTE: CODE "1 WEEK" IF SERVICE RECEIVED ONLY ONCE. CODE NUMBER OF MONTHS IF SERVICE NOT RECEIVED ON A WEEKLY BASIS (E.G. BIWEEKLY, ONCE A MONTH, ETC.) OR IF SERVICE RECEIVED SPORADICALLY (THAT IS, NOT ON A WEEKLY OR MONTHLY BASIS.)

C_SP129b

(Is that weeks or months?)

1 = WEEKS
2 = MONTHS
3 = SPORADIC

[IF RESPONSE = DK OR RE, GOTO C_SP131a]
[IF RESPONSE = 3, GOTO C_SP130ba]

C_SP130a

[IF C_SP129a = 1 WEEK OR 1 MONTH, FILL: In that [FILL BASED ON C_SP129a week/month], how many days was this service received?

(IF SERVICE WAS ONLY RECEIVED ONE TIME, ENTER "1", AND CONTINUE WITH NEXT QUESTION.)]

[IF C_SP129a > 1 WEEK OR 1 MONTH, FILL: During those [FILL NUMBER FROM C_SP129a] [FILL BASED ON C_SP129a weeks/months], how many days per [FILL BASED ON C_SP129a week/month] was this service usually received?

(PROMPT R TO THINK OF AVERAGE NUMBER OF DAYS SERVICES WERE RECEIVED.)]

NUMBER OF DAYS
Range: 1-31

[IF C_SP129a = 1, GOTO C_SP131a]

C_SP130aa

What was the maximum number of days during any of those [FILL BASED ON C_SP129a weeks/months] individual counseling was received?

MAX DAYS
Range: 1-31

[GOTO C_SP131a]

C_SP130ba

[IF WAVE = 1: In the last 12 months/ IF WAVE = 2: Since [FILL CONTACT DATE]], about how many times did [FILL PERMANENT PRIMARY CAREGIVER] receive those services?

TOTAL TIMES

C_SP130ca

During any given week, what was the maximum number of days the service was received?

MAX DAYS PER WEEK
Range: [allow 1-7]

C_SP131a

Who provided this service?

CODE ALL THAT APPLY

- 1 = CASEWORKER
- 2 = OTHER CHILD WELFARE AGENCY STAFF
- 3 = OTHER AGENCY, CONTRACTED BY CHILD WELFARE AGENCY
- 5 = RELATIVE/FRIEND
- 6 = COMMUNITY GROUP/ORGANIZATION (E.G., CHURCH)
- 7 = OTHER

C_SP132a

At any time [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL CONTACT DATE]], was the [IF OUT-OF-HOME CARE = YES, FILL: reunification] family counseled together as a group, either at home or somewhere else?

- 1 = YES
- 2 = NO [GOTO C_SP136a]

NOTE: DO NOT INCLUDE FAMILY GROUP DECISION-MAKING
CONFERENCING.

C_SP133a

[IF WAVE = 1: In the last 12 months/ IF WAVE = 2 : Since [FILL CONTACT DATE]],
for how many weeks or months was the family counseled together as a group?

NUMBER:
Range: 1-52

NOTE: CODE "1 WEEK" IF SERVICE RECEIVED ONLY ONCE. CODE NUMBER
OF MONTHS IF SERVICE NOT RECEIVED ON A WEEKLY BASIS (E.G.
BIWEEKLY, ONCE A MONTH, ETC.) OR IF SERVICE RECEIVED SPORADICALLY
(THAT IS, NOT ON A WEEKLY OR MONTHLY BASIS.)

C_SP133b

(Is that weeks or months?)

1 = WEEKS
2 = MONTHS
3 = SPORADIC

[IF RESPONSE = DK OR RE, GOTO C_SP135a]
[IF RESPONSE = 3, GOTO C_SP134ba]

C_SP134a

[IF C_SP133a = 1 WEEK OR 1 MONTH, FILL: In that [FILL BASED ON C_SP133a week/month], how many days was this service received?

(IF SERVICE WAS ONLY RECEIVED ONE TIME, ENTER "1", AND CONTINUE WITH NEXT QUESTION.)]

[IF C_SP133a > 1 WEEK OR 1 MONTH, FILL: During those [FILL NUMBER FROM C_SP133a] [FILL BASED ON C_SP133a weeks/months], how many days per [FILL BASED ON C_SP133a week/month] was this service usually received?

(PROMPT R TO THINK OF AVERAGE NUMBER OF DAYS SERVICES WERE RECEIVED.)]

NUMBER OF DAYS
Range: 1-31

[IF C_SP133a= 1, GOTO C_SP135a]

C_SP134aa

What was the maximum number of days during any of those [FILL BASED ON C_SP133a weeks/months] the family was counseled?

MAX DAYS
Range: 1-31

[GOTO C_SP135a]

C_SP134ba

[IF WAVE = 1: In the last 12 months/ IF WAVE = 2: Since [FILL CONTACT DATE]], about how many times did [FILL PERMANENT PRIMARY CAREGIVER] receive those services?

TOTAL TIMES

C_SP134ca

During any given week, what was the maximum number of days the service was received?

MAX DAYS PER WEEK
Range: [allow 1-7]

C_SP135a

Who provided this service?

CODE ALL THAT APPLY

- 1 = CASEWORKER
- 2 = OTHER CHILD WELFARE AGENCY STAFF
- 3 = OTHER AGENCY, CONTRACTED BY CHILD WELFARE AGENCY

- 5 = RELATIVE/FRIEND
- 6 = COMMUNITY GROUP/ORGANIZATION (E.G., CHURCH)
- 7 = OTHER

C_SP136a

[IF OUT-OF-HOME CARE = YES, GOTO C_SP144a]

At any time [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL CONTACT DATE]], were child(ren) counseled at home?

- 1 = YES
- 2 = NO [GOTO C_SP140a]

C_SP137a

[IF WAVE = 1: In the last 12 months/ IF WAVE = 2: Since [FILL CONTACT DATE]], for how many weeks or months were child(ren) counseled at home?

NUMBER:
Range: 1-52

NOTE: CODE "1 WEEK" IF SERVICE RECEIVED ONLY ONCE. CODE NUMBER OF MONTHS IF SERVICE NOT RECEIVED ON A WEEKLY BASIS (E.G. BIWEEKLY, ONCE A MONTH, ETC.) OR IF SERVICE RECEIVED SPORADICALLY (THAT IS, NOT ON A WEEKLY OR MONTHLY BASIS.)

C_SP137b

(Is that weeks or months?)

1 = WEEKS
2 = MONTHS
3 = SPORADIC

[IF RESPONSE = DK OR RE, GOTO C_SP139a]
[IF RESPONSE = 3, GOTO C_SP138ba]

C_SP138a

[IF C_SP137a = 1 WEEK OR 1 MONTH, FILL: In that [FILL BASED ON C_SP137a week/month], how many days was this service received?

(IF SERVICE WAS ONLY RECEIVED ONE TIME, ENTER "1", AND CONTINUE WITH NEXT QUESTION.)]

[IF C_SP137a > 1 WEEK OR 1 MONTH, FILL: During those [FILL NUMBER FROM C_SP137a] [FILL BASED ON C_SP137a weeks/months], how many days per [FILL BASED ON C_SP137a week/month] was this service usually received?

(PROMPT R TO THINK OF AVERAGE NUMBER OF DAYS SERVICES WERE RECEIVED.)]

NUMBER OF DAYS
Range: 1-31

[IF C_SP137a = 1, GOTO C_SP139a]

C_SP138aa

What was the maximum number of days during any of those [FILL BASED ON C_SP137a weeks/months] children were counseled at home?

MAX DAYS
Range: 1-31

[GOTO C_SP139a]

C_SP138ba

[IF WAVE = 1: In the last 12 months/ IF WAVE = 2: Since [FILL CONTACT DATE]], about how many times did [FILL PERMANENT PRIMARY CAREGIVER] receive those services?

TOTAL TIMES

C_SP138ca

During any given week, what was the maximum number of days the service was received?

MAX DAYS PER WEEK
Range: [allow 1-7]

C_SP139a

Who provided this service?

CODE ALL THAT APPLY

- 1 = CASEWORKER
- 2 = OTHER CHILD WELFARE AGENCY STAFF
- 3 = OTHER AGENCY, CONTRACTED BY CHILD WELFARE AGENCY
- 5 = RELATIVE/FRIEND
- 6 = COMMUNITY GROUP/ORGANIZATION (E.G., CHURCH)
- 7 = OTHER

C_SP140a

At any time [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL CONTACT DATE]], did [fill PERMANENT PRIMARY CAREGIVER] receive help with child care through the child welfare agency?

- 1 = YES
- 2 = NO [GOTO C_SP144a]

C_SP141a

[IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], for how many weeks or months was help with child care received?

NUMBER:
Range: 1-52

NOTE: CODE "1 WEEK" IF SERVICE RECEIVED ONLY ONCE. CODE NUMBER OF MONTHS IF SERVICE NOT RECEIVED ON A WEEKLY BASIS (E.G. BIWEEKLY, ONCE A MONTH, ETC.) OR IF SERVICE RECEIVED SPORADICALLY (THAT IS, NOT ON A WEEKLY OR MONTHLY BASIS.)

C_SP141b

(Is that weeks or months?)

1 = WEEKS
2 = MONTHS
3 = SPORADIC

[IF RESPONSE = DK OR RE, GOTO C_SP143a]

[IF RESPONSE = 3, GOTO C_SP142ba]

C_SP142a

[IF C_SP141a = 1 WEEK OR 1 MONTH, FILL: In that [FILL BASED ON C_SP141a week/month], how many days was this service received?

(IF SERVICE WAS ONLY RECEIVED ONE TIME, ENTER "1", AND CONTINUE WITH NEXT QUESTION.)]

[IF C_SP141a > 1 WEEK OR 1 MONTH, FILL: During those [FILL NUMBER FROM C_SP141a] [FILL BASED ON C_SP141a weeks/months], how many days per [FILL BASED ON C_SP141a week/month] was this service usually received?

(PROMPT R TO THINK OF AVERAGE NUMBER OF DAYS SERVICES WERE RECEIVED.)]

NUMBER OF DAYS
Range: 1-52

[IF C_SP141a = 1, GOTO C_SP143a]

C_SP142aa

What was the maximum number of days during any of those [FILL BASED ON C_SP141a weeks/months] help with child care was received?

MAX DAYS
Range: 1-52

[GOTO C_SP143a]

C_SP142ba

[IF WAVE = 1: In the last 12 months/ IF WAVE = 2: Since [FILL CONTACT DATE]], about how many times did [FILL PERMANENT PRIMARY CAREGIVER] receive those services?

TOTAL TIMES

C_SP142ca

During any given week, what was the maximum number of days the service was received?

MAX DAYS PER WEEK
Range:[allow 1-7]

C_SP143a

Who provided this service?

CODE ALL THAT APPLY

- 1 = CASEWORKER
- 2 = OTHER CHILD WELFARE AGENCY STAFF
- 3 = OTHER AGENCY, CONTRACTED BY CHILD WELFARE AGENCY
- 5 = RELATIVE/FRIEND
- 6 = COMMUNITY GROUP/ORGANIZATION (E.G., CHURCH)
- 7 = OTHER

C_SP144a

[IF C_SP5a = 2, GOTO C_SP148a. ELSE, CONTINUE.]

At any time [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL CONTACT DATE]], was help with job training or searching for a job received?

- 1 = YES
- 2 = NO [GOTO C_SP148a]

C_SP145a

[IF WAVE = 1: In the last 12 months/ IF WAVE = 2: Since [FILL CONTACT DATE]], for how many weeks or months was help with job training or searching for a job received?

NUMBER:
Range: 1-52

NOTE: CODE "1 WEEK" IF SERVICE RECEIVED ONLY ONCE. CODE NUMBER OF MONTHS IF SERVICE NOT RECEIVED ON A WEEKLY BASIS (E.G. BIWEEKLY, ONCE A MONTH, ETC.) OR IF SERVICE RECEIVED SPORADICALLY (THAT IS, NOT ON A WEEKLY OR MONTHLY BASIS.)

C_SP145b

(Is that weeks or months?)

1 = WEEKS
2 = MONTHS
3 = SPORADIC

[IF RESPONSE = DK OR RE, GOTO C_SP147a]

[IF RESPONSE = 3, GOTO C_SP146ba]

C_SP146a

[IF C_SP145a = 1 WEEK OR 1 MONTH, FILL: In that [FILL BASED ON C_SP145a week/month], how many days was this service received?

(IF SERVICE WAS ONLY RECEIVED ONE TIME, ENTER "1", AND CONTINUE WITH NEXT QUESTION.)]

[IF C_SP145a > 1 WEEK OR 1 MONTH, FILL: During those [FILL NUMBER FROM C_SP145a] [FILL BASED ON C_SP145a weeks/months], how many days per [FILL BASED ON C_SP145a week/month] was this service usually received?

(PROMPT R TO THINK OF AVERAGE NUMBER OF DAYS SERVICES WERE RECEIVED.)]

NUMBER OF DAYS
Range: 1-31

[IF C_SP145a = 1, GOTO C_SP147a]

C_SP146aa

What was the maximum number of days during any of those [FILL BASED ON C_SP145a weeks/months] help with job training or searching for a job was received?

MAX DAYS
Range: 1-31

[GOTO C_SP147a]

C_SP146ba

[IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], about how many times did [FILL PERMANENT PRIMARY CAREGIVER] receive those services?

TOTAL TIMES

C_SP146ca

During any given week, what was the maximum number of days the service was received?

MAX DAYS PER WEEK
Range: [allow 1-7]

C_SP147a

Who provided this service?

CODE ALL THAT APPLY

- 1 = CASEWORKER
- 2 = OTHER CHILD WELFARE AGENCY STAFF
- 3 = OTHER AGENCY, CONTRACTED BY CHILD WELFARE AGENCY
- 5 = RELATIVE/FRIEND
- 6 = COMMUNITY GROUP/ORGANIZATION (E.G., CHURCH)
- 7 = OTHER

C_SP148a

At any time [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL CONTACT DATE]], was help provided in identifying and accessing other services?

- 1 = YES
- 2 = NO [GOTO C_SP152a]

C_SP149

DELETED.

C_SP150

DELETED.

C_SP150x

DELETED.

C_SP151a

Who provided this service?

CODE ALL THAT APPLY

1 = CASEWORKER

2 = OTHER CHILD WELFARE AGENCY STAFF

3 = OTHER AGENCY, CONTRACTED BY CHILD WELFARE AGENCY

5 = RELATIVE/FRIEND

6 = COMMUNITY GROUP/ORGANIZATION (E.G., CHURCH)

7 = OTHER

C_SP152a

At any time [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL CONTACT DATE]], did agency staff provide the [IF OUT-OF-HOME = YES, FILL: reunification] family with any emergency financial assistance **@bor wraparound funds to purchase needed items@b?**

1 = YES

2 = NO

NOTE: WRAPAROUND FUNDS ARE AGENCY DISCRETIONARY OR FLEXIBLE FUNDS.

C_SP153a

[IF C_UF3=2, GOTO C_SPEND.]

[IF WAVE = 1, FILL:] Has the agency ever provided any services to either of ^CHILD's biological (or adoptive) parents?

[IF WAVE = 2,FILL:] Since [FILL CONTACT DATE], has the agency provided any services to either of ^CHILD's biological (or adoptive) parents?

1 = YES

2 = NO

{GOTO C_SPEND}

1SC - SERVICES TO CHILD

C_SC1a

The next questions are about the services ^CHILD may have received [IF WAVE = 1: in the last 12 months/IF WAVE = 2: since [FILL CONTACT DATE]]. Some of these services may not have been needed, others may already have been received, and some may not have been available.

At any time [IF WAVE = 1: in the last 12 months/IF WAVE = 2: since [FILL CONTACT DATE]], did ^CHILD need services to identify a learning problem or developmental disability?

- 1 = YES
- 2 = NO

ASK C_SC1ab IF WAVE=2

C_SC1ab

Has ^CHILD ever been diagnosed with Neonatal abstinence syndrome or NAS? This is when a baby is born with withdrawal symptoms from certain drugs he or she is exposed to in the womb before birth.?

- 1 = YES
- 2 = NO

ASK C_SC1b IF CHILD AGE IS > 72 MONTHS

C_SC1b

During the past 12 months, did ^CHILD see a doctor, nurse, or other health care provider for preventive medical care such as health screening or physical exam?

- 1 = YES
- 2 = NO

ASK C_SC1C IF CHILD AGE IS < = 72 MONTHS

C_SC1c

During the past 12 months, did ^CHILD see a doctor, nurse, or other health care provider for developmental screening?

- 1 = YES
- 2 = NO

C_SC1d

Does your agency have any formal policies in place that require children to receive health screenings or physical exams?

- 1 = YES

2 = NO

C_SC1e

Does your agency have any formal policies in place that require children to receive developmental screenings?

1 = YES

2 = NO

C_SC2a

([IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did ^CHILD need...)

special education classes or services?

1 = YES

2 = NO

C_SC3a

([IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]],
did ^CHILD need...)

tutoring?

1 = YES
2 = NO

C_SC4a

[IF CHILD AGE < 10, GOTO C_SC6a]

([IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]],
did ^CHILD need...)

services for an alcohol problem?

1 = YES
2 = NO

C_SC4aa

Was a formal assessment done for an alcohol problem?

1 = YES
2 = NO

C_SC5a

[IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]],
did ^CHILD need services for a drug problem?

1 = YES
2 = NO

C_SC5aa

Was a formal assessment done for a drug problem?

- 1 = YES
- 2 = NO

C_SC6a

[IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did ^CHILD need services for an emotional, behavioral, or attention problem?

- 1 = YES
- 2 = NO

C_SC7a

Was a formal assessment done for an emotional, behavioral, or attention problem? This would have been done by a psychologist or a medical professional at school or some other place.

- 1 = YES
- 2 = NO

C_SC7aa

Is CHILD currently taking any medications for emotional or behavioral problems?

- 1 = YES
- 2 = NO

C_SC7ab

([IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did ^CHILD need services for delinquency?

- 1 = YES
- 2 = NO

C_SC8a

[IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did ^CHILD need services for a health problem?

- 1 = YES
- 2 = NO

C_SC9a

(([IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]],
did ^CHILD need...)

routine check-ups or immunizations?

1 = YES
2 = NO

C_SC10a

[IF CHILD AGE > 2, GOTO C_SC11a]

(([IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]],
did ^CHILD need...)

dental care?

1 = YES
2 = NO

C_SC11a

(([IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]],
did ^CHILD need...)

hearing screening or services to correct a hearing problem?

1 = YES
2 = NO

C_SC12a

(([IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]],
did ^CHILD need...)

vision screening or services to correct a vision problem?

1 = YES
2 = NO

C_SC13

DELETED

C_SC14a

[IF CHILD AGE < 14, GOTO C_SC15a]

([IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]],
did ^CHILD need...)

independent living skills training?

1 = YES

2 = NO

C_SC15a

Next, I'd like to ask you about services to which agency staff may have referred
^CHILD.

[IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]],
did agency staff refer ^CHILD to services to identify a learning problem or
developmental disability?

1 = YES [GOTO C_SC17a]

2 = NO

[IF C_SC1a = 2, AND C_SC15a = 2, GOTO C_SC21a]

C_SC16a

Why was a referral not made?

CODE ALL THAT APPLY

1 = CHILD WAS ALREADY RECEIVING THE SERVICE

2 = SERVICE NOT AVAILABLE IN THE AREA

3 = CHILD IS INELIGIBLE FOR SERVICE

4 = SERVICES COULD NOT BE FINANCED

5 = OTHER

[GOTO C_SC22a]

C_SC17a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

1 = SUGGESTED THAT CHILD SHOULD GET SERVICES

2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS

- OF SERVICE PROVIDERS
- 3 = MADE A DIRECT CONTACT/APPOINTMENT FOR CHILD
(e.g. REFERRAL TO SCHOOL OFFICIALS)
 - 4 = ACCOMPANIED CHILD TO THE APPOINTMENT
 - 5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
 - 6 = OTHER

C_SC18a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SC19a

What was the result of the referral?

- 1 = ^CHILD RECEIVED THE SERVICE
- 2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC22a]

C_SC20a

Why was this service not received?

CODE ALL THAT APPLY

- 1 = SERVICE NOT AVAILABLE IN THE AREA
- 2 = CHILD IS WAIT-LISTED FOR SERVICE
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = CHILD REFUSED
- 6 = CAREGIVER REFUSED
- 7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 8 = TRANSPORTATION PROBLEM
- 9 = SERVICE DETERMINED NOT TO BE NEEDED
- 10 = OTHER
- 11 = REFERRAL AGENCY DID NOT RESPOND

C_SC21a

[IF CHILD AGE < 37 MONTHS, CONTINUE. ELSE, GOTO C_SC21ba]

Was an Individual Family Service Plan developed for ^CHILD?

1 = YES

2 = NO

C_SC21ba

[IF CHILD AGE > 36 MOS]

Was an Individual Education Plan developed for ^CHILD?

1 = YES

2 = NO

C_SC22a

[IF WAVE = 1: In the last 12 months/ IF WAVE = 2 Since [FILL CONTACT DATE]],
did agency staff refer ^CHILD to special education services?

1 = YES [GOTO C_SC24a]

2 = NO

[IF C_SC2 = 2, AND C_SC22 = 2, GOTO C_SC28]

C_SC23a

Why was a referral not made?

CODE ALL THAT APPLY

1 = CHILD WAS ALREADY RECEIVING THE SERVICE

2 = SERVICE NOT AVAILABLE IN THE AREA

3 = CHILD IS INELIGIBLE FOR SERVICE

4 = SERVICES COULD NOT BE FINANCED

5 = OTHER

[IF RESPONSE CHOICE 2 = Y, GOTO C_SC26xa. ELSE GOTO C_SC28a.]

C_SC24a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

1 = SUGGESTED THAT CHILD SHOULD GET SERVICES

- 2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS OF SERVICE PROVIDERS
- 3 = MADE AN APPOINTMENT FOR CHILD
- 4 = ACCOMPANIED CHILD TO THE APPOINTMENT
- 5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 6 = OTHER

C_SC25a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SC26a

What was the result of the referral?

- 1 = ^CHILD RECEIVED THE SERVICE
- 2 = ^CHILD DID NOT RECEIVE THE SERVICE [GOTO C_SC27]

C_SC26ba

[IF CHILD AGE < 37 MONTHS. ELSE, GOTO C_SC26ca.]

What special education services did ^CHILD receive?

CODE ALL THAT APPLY

- 1 = ASSISTIVE TECHNOLOGY DEVICES/DEVICES (SPECIAL KEYBOARD FOR COMMUNICATING, POWERED WHEELCHAIRS, ETC.)
- 2 = VISION SERVICES
- 3 = HEARING SERVICES
- 4 = SPEECH OR LANGUAGE THERAPY
- 5 = OCCUPATIONAL THERAPY
- 6 = PHYSICAL THERAPY
- 7 = NUTRITION SERVICES
- 8 = BEHAVIOR MANAGEMENT SERVICES (ADVICE ON HOW TO MANAGE CHILD'S BEHAVIOR)
- 9 = RESPITE CARE
- 10 = HEALTH SERVICES
- 11 = MEDICAL DIAGNOSIS/EVALUATION
- 12 = NURSING SERVICES
- 13 = PSYCHOLOGICAL OR PSYCHIATRIC SERVICES
- 14 = SERVICE COORDINATION
- 15 = SOCIAL WORK SERVICES
- 16 = TRANSPORTATION AND/OR RELATED COSTS
- 17 = DEVELOPMENTAL MONITORING
- 18 = FAMILY COUNSELING/MENTAL HEALTH COUNSELING
- 19 = FAMILY TRAINING

- 20 = OTHER FAMILY SUPPORT
- 21 = GENETIC COUNSELING/EVALUATION
- 22 = TRANSLATION SERVICES (INTERPRETER)
- 23 = OTHER

[IF RESPONSE = DK, OR RE, GOTO C_SC28a. ELSE, GOTO C_SC26xa.]

C_SC26ca

[IF CHILD AGE > 36 MONTHS:]

What special education services did ^CHILD receive?

CODE ALL THAT APPLY

- 1 = HEARING SERVICES
- 2 = SPEECH OR LANGUAGE THERAPY
- 3 = PSYCHOLOGICAL OR PSYCHIATRIC SERVICES
- 4 = OCCUPATIONAL THERAPY
- 5 = PHYSICAL THERAPY
- 6 = RECREATION/THERAPEUTIC RECREATION SERVICES
- 7 = SOCIAL WORK SERVICES
- 8 = COUNSELING SERVICES INCLUDING REHABILITATION
- 9 = ORIENTATION AND MOBILITY
- 10 = MEDICAL DIAGNOSIS/EVALUATION
- 11 = TRANSPORTATION
- 12 = PARENTING CLASSES
- 13 = ASSISTIVE TECHNOLOGY SERVICES
- 14 = TRANSITION FROM PRESCHOOL TO ELEMENTARY SCHOOL SERVICES
- 15 = TRANSITION FROM SECONDARY SCHOOL TO POST-SECONDARY SCHOOL SERVICES
- 16 = SPECIAL EDUCATION OR INSTRUCTION IN SCHOOL (EXTRA HELP, AN AIDE, SPECIAL PROGRAM)
- 17 = TUTORING OR HELP FOR LEARNING PROBLEMS
- 18 = OTHER

[IF RESPONSE = DK, OR RE, GOTO C_SC28a]

C_SC26xa

USE CARD 30. Please look at Card 30 and tell me what the child welfare agency staff did to help deliver special education or related services to ^CHILD?

CODE ALL THAT APPLY.

- 1 = PARTICIPATED IN CHILD'S I.E.P. TEAM MEETINGS
TO DEVELOP/REVISE SPECIAL EDUCATION PLAN
- 2 = SUPPORTED TEACHERS OR OTHER SCHOOL STAFF
- 3 = PARTICIPATED IN REFERRAL OF CHILD'S ASSESSMENT
AND/OR IDENTIFICATION FOR SPECIAL EDUCATION
- 4 = PARTICIPATED IN ASSESSMENT OF CHILD'S ELIGIBILITY

FOR SPECIAL EDUCATION SERVICES

- 5 = SERVICED CHILD AT SCHOOL DURING SCHOOL DAY HOURS
- 6 = SERVICED CHILD AT SCHOOL BEFORE SCHOOL HOURS
- 7 = SERVICED CHILD AT AN AGENCY FACILITY
- 8 = SERVICED CHILD AT HIS/HER HOME
- 9 = SERVICED CHILD'S PARENTS OR CAREGIVER
- 10 = OTHER

[GOTO C_SC28a]

C_SC27a

Why was this service not received?

CODE ALL THAT APPLY

- 1 = SERVICE NOT AVAILABLE IN THE AREA
- 2 = CHILD IS WAIT-LISTED FOR SERVICE
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = CHILD REFUSED
- 6 = CAREGIVER REFUSED
- 7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 8 = TRANSPORTATION PROBLEM
- 9 = SERVICE DETERMINED NOT TO BE NEEDED
- 10 = OTHER
- 11 = REFERRAL AGENCY DID NOT RESPOND

C_SC28a

At any time [IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did agency staff refer ^CHILD to tutoring?

- 1 = YES [GOTO C_SC30a]
- 2 = NO

[IF C_SC3a= 2, AND C_SC28a = 2, GOTO C_SC34a]

C_SC29a

Why was a referral not made?

CODE ALL THAT APPLY

- 1 = CHILD WAS ALREADY RECEIVING THE SERVICE

- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SC34a]

C_SC30a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT CHILD SHOULD GET SERVICES
- 2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS OF SERVICE PROVIDERS
- 3 = MADE AN APPOINTMENT FOR CHILD
- 4 = ACCOMPANIED CHILD TO THE APPOINTMENT
- 5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 6 = OTHER

C_SC31a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SC32a

What was the result of the referral?

- 1 = ^CHILD RECEIVED THE SERVICE
- 2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC34a]

C_SC33a

Why was this service not received?

CODE ALL THAT APPLY

- 1 = SERVICE NOT AVAILABLE IN THE AREA
- 2 = CHILD IS WAIT-LISTED FOR SERVICE
- 3 = CHILD IS INELIGIBLE FOR SERVICE

- 4 = SERVICES COULD NOT BE FINANCED
- 5 = CHILD REFUSED
- 6 = CAREGIVER REFUSED
- 7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 8 = TRANSPORTATION PROBLEM
- 9 = SERVICE DETERMINED NOT TO BE NEEDED
- 10 = OTHER
- 11 = REFERRAL AGENCY DID NOT RESPOND

C_SC34a

[IF CHILD AGE < 10, GOTO C_SC40a]

At any time [IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did agency staff refer ^CHILD to services for an alcohol or drug problem?

- 1 = YES [GOTO C_SC36a]
- 2 = NO

[IF C_SC3a AND C_SC5a = 2, AND C_SC34a = 2, GOTO C_SC40a]

C_SC35a

Why was a referral not made?

CODE ALL THAT APPLY

- 1 = CHILD WAS ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SC40a]

C_SC36a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT CHILD SHOULD GET SERVICES
- 2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS OF SERVICE PROVIDERS
- 3 = MADE AN APPOINTMENT FOR CHILD
- 4 = ACCOMPANIED CHILD TO THE APPOINTMENT
- 5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED

6 = OTHER

C_SC37a

Was this referral specified in the case plan or safety plan?

1 = YES

2 = NO

C_SC38a

What was the result of the referral?

1 = ^CHILD RECEIVED THE SERVICE

2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC40a]

C_SC39a

Why was this service not received?

CODE ALL THAT APPLY

1 = SERVICE NOT AVAILABLE IN THE AREA

2 = CHILD IS WAIT-LISTED FOR SERVICE

3 = CHILD IS INELIGIBLE FOR SERVICE

4 = SERVICES COULD NOT BE FINANCED

5 = CHILD REFUSED

6 = CAREGIVER REFUSED

7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE

8 = TRANSPORTATION PROBLEM

9 = SERVICE DETERMINED NOT TO BE NEEDED

10 = OTHER

11 = REFERRAL AGENCY DID NOT RESPOND

C_SC40a

At any time [IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did agency staff refer ^CHILD to counseling for an emotional, behavioral, or attention problem?

1 = YES [GOTO C_SC42a]

2 = NO

[IF C_SC6a = 2, AND C_SC40 = 2, GOTO C_SC45aa]

C_SC41a

Why was a referral not made?

CODE ALL THAT APPLY

- 1 = CHILD WAS ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SC45aa]

C_SC42a

What specifically was done do with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT CHILD SHOULD GET SERVICES
- 2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = MADE AN APPOINTMENT FOR CHILD
- 4 = ACCOMPANIED CHILD TO THE APPOINTMENT
- 5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 6 = OTHER

C_SC43a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SC44a

What was the result of the referral?

- 1 = ^CHILD RECEIVED THE SERVICE
- 2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC45aa]

C_SC45a

Why was this service not received?

CODE ALL THAT APPLY

- 1 = SERVICE NOT AVAILABLE IN THE AREA
- 2 = CHILD IS WAIT-LISTED FOR SERVICE
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = CHILD REFUSED
- 6 = CAREGIVER REFUSED
- 7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 8 = TRANSPORTATION PROBLEM
- 9 = SERVICE DETERMINED NOT TO BE NEEDED
- 10 = OTHER
- 11 = REFERRAL AGENCY DID NOT RESPOND

S_SC45aa

At any time [IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did agency staff refer ^CHILD to counseling or other services for delinquency?

- 1 = YES [GOTO C_SC45c]
- 2 = NO

[IF C_SC7ab = 2, AND C_SC45aa = 2, GOTO C_SC46a]

C_SC45ba

Why was a referral not made?

CODE ALL THAT APPLY

- 1 = CHILD WAS ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SC46a]

C_SC45ca

What specifically was done do with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT CHILD SHOULD GET SERVICES
- 2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS OF SERVICE PROVIDERS
- 3 = MADE AN APPOINTMENT FOR CHILD
- 4 = ACCOMPANIED CHILD TO THE APPOINTMENT
- 5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 6 = OTHER

C_SC45da

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SC45ea

What was the result of the referral?

- 1 = ^CHILD RECEIVED THE SERVICE
- 2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC46a]

C_SC45fa

Why was this service not received?

CODE ALL THAT APPLY

- 1 = SERVICE NOT AVAILABLE IN THE AREA
- 2 = CHILD IS WAIT-LISTED FOR SERVICE
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = CHILD REFUSED
- 6 = CAREGIVER REFUSED
- 7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 8 = TRANSPORTATION PROBLEM
- 9 = SERVICE DETERMINED NOT TO BE NEEDED
- 10 = OTHER
- 11 = REFERRAL AGENCY DID NOT RESPOND

C_SC46a

At any time [IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did agency staff work to get ^CHILD signed up for Medicaid?

1 = YES

2 = NO

[IF RESPONSE <> 2, GOTO C_SC48a]

C_SC47a

Why was it @bnot@b recommended that ^CHILD receive Medicaid?

1 = SERVICE WAS NOT NEEDED

2 = ^CHILD WAS ALREADY RECEIVING THE SERVICE

3 = ^CHILD IS INELIGIBLE FOR SERVICE

4 = OTHER

[GOTO C_SC52a]

C_SC48a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

1 = SUGGESTED THAT CHILD SHOULD GET SERVICES

2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS

3 = MADE AN APPOINTMENT FOR CHILD

4 = ACCOMPANIED CHILD TO THE APPOINTMENT

5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED

6 = OTHER

C_SC49a

Was this referral specified in the case plan or safety plan?

1 = YES

2 = NO

C_SC50a

What was the result of the referral?

1 = ^CHILD RECEIVED THE SERVICE

2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC52a]

C_SC51a

Why was this service not received?

CODE ALL THAT APPLY

- 1 = CHILD IS INELIGIBLE FOR SERVICE
- 2 = CAREGIVER REFUSED
- 3 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 4 = TRANSPORTATION PROBLEM
- 5 = OTHER
- 6 = REFERRAL AGENCY DID NOT RESPOND

C_SC52a

At any time [IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did agency staff refer ^CHILD to services for a health problem?

- 1 = YES [C_SC54a]
- 2 = NO

[IF C_SC8a = 2, AND C_SC52a = 2, GOTO C_SC58a]

C_SC53a

Why was a referral not made?

CODE ALL THAT APPLY

- 1 = CHILD WAS ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SC58a]

C_SC54a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT CHILD SHOULD GET SERVICES
- 2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS OF SERVICE PROVIDERS
- 3 = MADE AN APPOINTMENT FOR CHILD
- 4 = ACCOMPANIED CHILD TO THE APPOINTMENT

5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
6 = OTHER

C_SC55a

Was this referral specified in the case plan or safety plan?

1 = YES
2 = NO

C_SC56a

What was the result of the referral?

1 = ^CHILD RECEIVED THE SERVICE
2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC58a]

C_SC57a

Why was this service not received?
CODE ALL THAT APPLY

1 = SERVICE NOT AVAILABLE IN THE AREA
2 = CHILD IS WAIT-LISTED FOR SERVICE
3 = CHILD IS INELIGIBLE FOR SERVICE
4 = SERVICES COULD NOT BE FINANCED
5 = CHILD REFUSED
6 = CAREGIVER REFUSED
7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
8 = TRANSPORTATION PROBLEM
9 = SERVICE DETERMINED NOT TO BE NEEDED
10 = OTHER
11 = REFERRAL AGENCY DID NOT RESPOND

C_SC58a

At any time [IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did agency staff recommend that ^CHILD receive routine check-ups or immunizations?

1 = YES [GOTO C_SC60a]
2 = NO

[IF C_SC9a = 2, AND C_SC58a = 2, GOTO C_SC64a]

C_SC59a

Why was a referral not made?

CODE ALL THAT APPLY

- 1 = CHILD WAS ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SC64a]

C_SC60a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT CHILD SHOULD GET SERVICES
- 2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = MADE AN APPOINTMENT FOR CHILD
- 4 = ACCOMPANIED CHILD TO THE APPOINTMENT
- 5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 6 = OTHER

C_SC61a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SC62a

What was the result of the referral?

- 1 = ^CHILD RECEIVED THE SERVICE
- 2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC64a]

C_SC63a

Why was this service not received?

CODE ALL THAT APPLY

- 1 = SERVICE NOT AVAILABLE IN THE AREA
- 2 = CHILD IS WAIT-LISTED FOR SERVICE
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = CHILD REFUSED
 - 6 = CAREGIVER REFUSED
- 7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 8 = TRANSPORTATION PROBLEM
- 9 = SERVICE DETERMINED NOT TO BE NEEDED
- 10 = OTHER
- 11 = REFERRAL AGENCY DID NOT RESPOND.

C_SC64a

At any time [IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did agency staff refer ^CHILD to hearing screening services or to services to correct a hearing problem?

- 1 = YES [GOTO C_SC66a]
- 2 = NO

[IF C_SC11 = 2, AND C_SC64 = 2, GOTO C_SC70]

C_SC65a

Why was a referral not made?

CODE ALL THAT APPLY

- 1 = CHILD WAS ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SC70a]

C_SC66a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT CHILD SHOULD GET SERVICES
- 2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = MADE AN APPOINTMENT FOR CHILD
- 4 = ACCOMPANIED CHILD TO THE APPOINTMENT
- 5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 6 = OTHER

C_SC67a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SC68a

What was the result of the referral?

- 1 = ^CHILD RECEIVED THE SERVICE
- 2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC70a]

C_SC69a

Why was this service not received?

CODE ALL THAT APPLY

- 1 = SERVICE NOT AVAILABLE IN THE AREA
- 2 = CHILD IS WAIT-LISTED FOR SERVICE
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = CHILD REFUSED
- 6 = CAREGIVER REFUSED
- 7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 8 = TRANSPORTATION PROBLEM
- 9 = SERVICE DETERMINED NOT TO BE NEEDED
- 10 = OTHER
- 11 = REFERRAL AGENCY DID NOT RESPOND.

C_SC70a

At any time [IF WAVE = 1: in the last 12 months/ IF WAVE = 2: since [FILL CONTACT DATE]], did agency staff refer ^CHILD to vision screening services or to services to correct a vision problem?

- 1 = YES [GOTO C_SC72a]
- 2 = NO

[IF C_SC12a = 2, AND C_SC70a = 2, GOTO C_SC76a]

C_SC71a

Why was a referral not made?

CODE ALL THAT APPLY

- 1 = CHILD WAS ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SC76a]

C_SC72a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT CHILD SHOULD GET SERVICES
- 2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS OF SERVICE PROVIDERS
- 3 = MADE AN APPOINTMENT FOR CHILD
- 4 = ACCOMPANIED CHILD TO THE APPOINTMENT
- 5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 6 = OTHER

C_SC73a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SC74a

What was the result of the referral?

- 1 = ^CHILD RECEIVED THE SERVICE
- 2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC76a]

C_SC75a

Why was this service not received?

CODE ALL THAT APPLY

- 1 = SERVICE NOT AVAILABLE IN THE AREA
- 2 = CHILD IS WAIT-LISTED FOR SERVICE
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = CHILD REFUSED
- 6 = CAREGIVER REFUSED
- 7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 8 = TRANSPORTATION PROBLEM
- 9 = SERVICE DETERMINED NOT TO BE NEEDED
- 10 = OTHER
- 11 = REFERRAL AGENCY DID NOT RESPOND

C_SC76a

[IF CHILD AGE < 2, GOTO C_SC88a]

At any time [IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did agency staff recommend that ^CHILD receive dental care?

- 1 = YES [GOTO C_SC78a]
- 2 = NO

C_SC77

[IF C_SC1a0 = 2, GOTO C_SC88a. ELSE, CONTINUE.]

Why was a referral not made?

CODE ALL THAT APPLY

- 1 = CHILD WAS ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SC88a]

C_SC78a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT CHILD SHOULD GET SERVICES
- 2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = MADE AN APPOINTMENT FOR CHILD
- 4 = ACCOMPANIED CHILD TO THE APPOINTMENT
- 5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 6 = OTHER

C_SC79a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SC80a

What was the result of the referral?

- 1 = ^CHILD RECEIVED THE SERVICE
- 2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC88a]

C_SC81a

Why was this service not received?

CODE ALL THAT APPLY

- 1 = SERVICE NOT AVAILABLE IN THE AREA
- 2 = CHILD IS WAIT-LISTED FOR SERVICE
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = CHILD REFUSED
 - 6 = CAREGIVER REFUSED
- 7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 8 = TRANSPORTATION PROBLEM
- 9 = SERVICE DETERMINED NOT TO BE NEEDED
- 10 = OTHER
- 11 = REFERRAL AGENCY DID NOT RESPOND

C_SC82-87

DELETED

C_SC88a

[IF CHILD AGE < 14, GOTO C_SC93aa]

At any time [IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did agency staff refer ^CHILD to independent living skills training? (The training could have included education and employment assistance, training in daily living skills, or counseling related to independent living.)

- 1 = YES [GOTO C_SC90a]
- 2 = NO

[IF C_SC14a = 2, AND C_SC88a = 2, GOTO C_SC93aa]

C_SC89a

Why was a referral not made?

CODE ALL THAT APPLY

- 1 = CHILD WAS ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SC93aa]

C_SC90a

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT CHILD SHOULD GET SERVICES
- 2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = MADE AN APPOINTMENT FOR CHILD
- 4 = ACCOMPANIED CHILD TO THE APPOINTMENT
- 5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 6 = OTHER

C_SC91a

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SC92a

What was the result of the referral?

- 1 = ^CHILD RECEIVED THE SERVICE
- 2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC93aa]

C_SC93a

Why was this service not received?

CODE ALL THAT APPLY

- 1 = SERVICE NOT AVAILABLE IN THE AREA
- 2 = CHILD IS WAIT-LISTED FOR SERVICE
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = CHILD REFUSED
- 6 = CAREGIVER REFUSED
- 7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 8 = TRANSPORTATION PROBLEM
- 9 = SERVICE DETERMINED NOT TO BE NEEDED
- 10 = OTHER
- 11 = REFERRAL AGENCY DID NOT RESPOND

C_SC93aa

[IF CH >12 GOTO C_SC94a]

At any time [IF WAVE = 1: In the last 12 months/IF WAVE = 2: Since [FILL CONTACT DATE]], did agency staff refer ^CHILD to day care services?

- 1 = YES
- 2 = NO

NOTE: "AGENCY STAFF" REFERS TO CHILD WELFARE AGENCY STAFF.

[IF RESPONSE <> 2, GOTO C_SC93ca]

C_SC93ba

Why was a referral @bnot@b made?

CODE ALL THAT APPLY

- 1 = CHILD ALREADY RECEIVING THE SERVICE
- 2 = SERVICE NOT AVAILABLE IN THE AREA
- 3 = CHILD INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = OTHER

[GOTO C_SC94a]

C_SC93ca

What specifically was done with respect to this referral?

CODE ALL THAT APPLY

- 1 = SUGGESTED THAT CHILD SHOULD GET SERVICES
- 2 = PROVIDED CHILD'S CAREGIVER WITH NAMES AND NUMBERS
OF SERVICE PROVIDERS
- 3 = MADE AN APPOINTMENT FOR CHILD
- 4 = ACCOMPANIED CHILD TO THE APPOINTMENT
- 5 = FOLLOWED-UP TO SEE IF SERVICE WAS PROVIDED
- 6 = OTHER

C_SC93da

Was this referral specified in the case plan or safety plan?

- 1 = YES
- 2 = NO

C_SC93ea

What was the result of the referral?

- 1 = ^CHILD RECEIVED THE SERVICE
- 2 = ^CHILD DID NOT RECEIVE THE SERVICE

[IF RESPONSE <> 2, GOTO C_SC94a]

C_SC93fa

Why was this service @bnot@b received?

CODE ALL THAT APPLY

- 1 = SERVICE NOT AVAILABLE IN THE AREA
- 2 = CHILD IS WAIT-LISTED FOR SERVICE
- 3 = CHILD IS INELIGIBLE FOR SERVICE
- 4 = SERVICES COULD NOT BE FINANCED
- 5 = CHILD REFUSED
- 6 = CAREGIVER REFUSED
- 7 = SCHEDULING PROBLEM OR PROBLEM FINDING CHILD CARE
- 8 = TRANSPORTATION PROBLEM
- 9 = SERVICE DETERMINED NOT TO BE NEEDED
- 10 = OTHER

C_SC94a

[IF WAVE =1, GOTO C_SCEND]

Are this child's services covered by Indian Child Welfare Act requirements?

- 1 = YES
- 2 = NO [GOTO C_SCEND]

C_SC95

Are the child welfare services administered by...

- 1 = the tribe,
- 2 = the county/state, or
- 3 = a combination of the tribe and the county/state?

{GOTO C_SCEND}

1IM - INDEPENDENT LIVING

C_IM1a

[IF WAVE > 1 AND IF CHILD AGE = 14 OR OLDER, COMPLETE SECTION IM.
ELSE, GOTO C_IMEND.]

The next questions are about ^CHILD's readiness for independent living. How prepared do you feel ^CHILD is for independent living? Would you say...

- 1 = Not at all prepared,
- 2 = Somewhat prepared,
- 3 = Well prepared, or
- 4 = Very well prepared?

C_IM2a

[IF CHILD IS IN OUT-OF-HOME CARE (C_UF3ad > 2), ASK C_IM2a. ELSE, GOTO C_IM3a.]

Have you talked with ^CHILD about what life will be like when {fill he/she} leaves foster care?

- 1 = YES
- 2 = NO

C_IM2b

[IF CHILD IS LIVING WITH BIRTY OR ADOPTIVE PARENTS (C_UF3ad = 1 or 2), ASK C_IM2b. ELSE, GOTO C_IM3a.]

Have you talked with ^CHILD about what life will be like when {fill he/she} needs to live independently?

- 1 = YES
- 2 = NO

C_IM3a

Does {fill he/she} know how to interview for a job?

- 1 = YES
- 2 = NO {GOTO C_IM5a}

C_IM5a

Does ^CHILD know how to apply to college?

- 1 = YES
- 2 = NO {GOTO C_IM7a}

C_IM7a

Does ^CHILD know how to use a checking or savings account?

- 1 = YES
- 2 = NO {GOTO C_IM9a}

C_IM9a

Does ^CHILD know how to rent an apartment?

- 1 = YES
- 2 = NO {GOTO C_IM11a}

C_IM11a

Does ^CHILD know how to shop for and prepare meals?

- 1 = YES
- 2 = NO {GOTO C_IM13a}

C_IM13a

Has ^CHILD ever taken driver's education?

- 1 = YES
- 2 = NO {GOTO C_IM15a}

C_IM15a

Does ^CHILD know how to use public transportation (such as a city bus or subway system)?

- 1 = YES
- 2 = NO {GOTO C_IM17a}

C_IM17a

Does ^CHILD know how to get income assistance, such as TANF or SNAP or food stamps?

- 1 = YES
- 2 = NO {GOTO C_IM19a}

C_IM19a

Does ^CHILD know how to get help from the community, such as from a local church, neighbors, or other community organizations?

- 1 = YES
- 2 = NO {GOTO C_IM21a}

C_IM21a

Does ^CHILD know how to get family planning services to prevent pregnancy or prevent sexually transmitted diseases?

- 1 = YES
- 2 = NO {GOTO C_IM23a}

C_IM23a

Does ^CHILD know how to get medical or dental care?

- 1 = YES
- 2 = NO {GOTO C_IM25a}

C_IM25

Does ^CHILD know how to deal with substance abuse issues? This includes things like knowing how drugs can be harmful, how to stay away from situations that might make him or her want to use, the importance of hanging out with friends who don't use, and knowing where to get treatment.

- 1=YES
- 2=NO

C_IM26

Does ^CHILD know how to manage aspects of his or her mental health? This includes things like paying attention to mood changes, knowing techniques to cope with mental health stressors, and knowing where and how to get treatment.

- 1=YES
- 2=NO

{GOTO C_IMEND}

1AM - ADOPTION MODULE FOR CASEWORKERS

Administered at 18-Month Follow-up for children in foster care

C_AM1a

[IF WAVE = 1, GOTO C_AMEND]

[IF CAREGIVER <> FOSTER PARENT, GOTO C_AMEND]

[IF WAVE = 2 OR 3, AND C_AM1 = 1 (YES) IN PREVIOUS WAVE, GOTO C_AMEND]

Now I'm going to ask you some questions about adoption possibilities for ^CHILD.
Has ^CHILD been legally adopted?

1 = YES

2 = NO {GOTO C_AM1cm}

C_AM1bm

On what date was the adoption legally finalized?

MONTH:

Range: 01-12 DAY

C_AM1bd

On what date was the adoption legally finalized?

DAY:

Range: 01-31

C_AM1by

On what date was the adoption legally finalized?

YEAR:

C_AM1cm

On what date was ^CHILD placed in current foster home?

MONTH:

Range: 01-12

C_AM1cd

On what date was ^CHILD placed in current foster home?

DAY:

Range: 01-31

C_AM1cy

On what date was ^CHILD placed in current foster home?

YEAR:

C_AM2a

[IF C_AM1a = 1, GOTO C_AM6]

Have you discussed the possibility of adoption of ^CHILD with the foster parents?

1 = YES
2 = NO {GOTO C_AMEND}

C_AM3a

Have the foster parents expressed an interest in adopting ^CHILD?

1 = YES
2 = NO {GOTO C_AMEND}

C_AM4a

How did you react to the foster parents expressing an interest in adopting ^CHILD?
Would you say you...

1 = strongly discouraged them,
2 = discouraged them,
3 = encouraged them, or
4 = strongly encouraged them?

C_AM5a

Is it now the plan that this foster parent would adopt ^CHILD if {fill he/she} does not return home?

1 = YES {GOTO C_AM6}
2 = NO {GOTO C_AM7}

C_AM6

USE CARD 31. Please look at Card 31 and tell me which were factors in deciding that this was the plan.

CODE ALL THAT APPLY.

S)

6 = CONCERN THAT CHILD WOULD BE PLACED IN ANOTHER FAMILY

7 = OTHER

{GOTO C_AMEND}

C_AM7

USE CARD 32. Please look at Card 32 and tell me which were factors in deciding that this would not be the plan. This includes things that are not part of the case record.

CODE ALL THAT APPLY.

- 1 = IT IS STILL EXPECTED THAT CHILD WILL RETURN HOME
- 2 = CHILD'S RACE/ETHNICITY DIFFERS FROM FOSTER PARENT
FAMILY'S RACE/ETHNICITY
- 3 = ANOTHER FAMILY RELATED TO CHILD MAY ADOPT
- 4 = ANOTHER FAMILY NOT RELATED TO CHILD MAY ADOPT
- 5 = FOSTER PARENT IS NOT THE PERSON BEST ABLE TO
MEET CHILD'S NEEDS
- 6 = OTHER

{GOTO C_AMEND}

1PO - PERMANENCY PLANNING

C_PO1a

[IF INTNUM > 1 AND CHILD IS IN OUT-OF-HOME CARE OR CAREGIVER = FOSTER PARENT OR ADOPTIVE PARENT, COMPLETE SECTION PO. ELSE, GOTO C_POEND.]

Now I'm going to ask you some questions about permanency planning possibilities for {fill CHILD}. Has {fill CHILD} been legally adopted?

- 1 = YES
- 2 = NO {GOTO C_PO1cm}

C_PO1bm

On what date was the adoption legally finalized?

MONTH

Range: allow 01-12

C_PO1bd

On what date was the adoption legally finalized?

DAY

Range: allow 01-31

C_PO1by

On what date was the adoption legally finalized?

YEAR

Range: allow up to 2008

{GOTO C_PO1d}

C_PO1cm

On what date was {fill CHILD} placed in {FILL his/her} current foster home?

MONTH

Range: allow 01-12

C_PO1cd

On what date was {fill CHILD} placed in {FILL his/her} current foster home?

DAY

Range: allow 01-31

C_PO1cy

On what date was {fill CHILD} placed in {FILL his/her} current foster home?

YEAR

Range: allow up to 2008

C_PO1d

{IF C_PO1a = 1, ASK C_PO1d. ELSE, GOTO C_PO2a.}

What agencies were involved in the adoption?

CODE ALL THAT APPLY.

- 1 = CHILD WELFARE/OTHER PUBLIC AGENCY
- 2 = CHURCH-AFFILIATED AGENCY/ORGANIZATION
- 3 = AGENCY PROMOTING ADOPTION OF MINORITY CHILDREN
- 4 = PRIVATE AGENCY/ORGANIZATION

C_PO1ea

Was there any kind of pre-adoption agreement in which the adoptive parents agreed to provide information about {fill CHILD} to one or both of {fill his/her} biological parents?

- 1 = YES
- 2 = NO {GOTO C_PO1ga}

C_PO1fa

Was this agreement written or verbal?

- 1 = WRITTEN
- 2 = VERBAL

C_PO1ga

Since the adoption, have the adoptive parents had contact with {fill CHILD}'s...

CODE ALL THAT APPLY.

- 1 = birth mother?
- 2 = birth father?
- 3 = siblings (brothers or sisters)?
- 4 = birth grandparents?
- 5 = other birth relatives?

**IF C_UF3ad = 5 (WITH RELATIVES IN A HOME THAT IS NOT LICENSED) ASK
C_PO1H THRU C_PO1R**

C_PO1h

Did you talk to the caregiver of CHILD about becoming licensed, certified, or approved as a foster care provider for the child?

- 1=YES [GO TO P_PO1i]
- 2=NO [GO TO P_PO1j]

C. P01i

If no, what other services were offered to the caregiver?

- 1=Other financial services including applying for the TANF child only cash assistance
- 2=Other financial services for kinship caregivers

- 3=Support services, such as referrals to a Kinship Navigator program, or to support groups,.
- 4=Other;

~~How did you inform the caregiver about applying to become licensed or approved as a foster care provider?~~

- ~~1=Shared information at the time of initial placement.~~
- ~~2=Discussed at a child and family team meeting~~
- ~~3= Provided the caregiver with resources, i.e. a pamphlet, online resources, a hotline number to call if they have additional questions.~~
- ~~ADD TO LIST~~

C_PO1j

What information did you provide to the kinship caregiver?

Select all that apply

- 1= Describe the foster parent licensing application process
- 2= the benefits of foster parent licensing,
- 3= described the challenges/risks of licensing/approval, including ongoing case management from the child welfare agency
- 4= discuss the financial benefits of licensing.
- 5= other

C_PO1k

Did the kinship caregiver decline to participate in the process to become a licensed foster parent?

- 1 = YES
- 2 = NO {GOTO C_PO1m}

C_PO1l

Were any of the following issues seen as too difficult or barriers for the kinship caregiver?

- 1=Access to Medical Health Records/ Refusal to share medical information
- 2=Fingerprinting/Issues related to criminal background information
- 3=House or Space limitations that did not meet licensing standard requirements.
- 4=Caregiver said they did not want any further involvement with the child welfare agency
- 5=Other adult household members in the home refused to participate
- 6=Other

C_PO1m

What options have you discussed with the caregiver of ^CHILD about adopting or becoming the permanent legal guardian?

- 1=No options have been discussed, reunification is still the primary case plan goal.
- 2=Only adoption has been discussed.
- 3=Only legal guardianship has been discussed.
- 4=Both adoption and legal guardianship have been discussed.

- 1=~~Shared information at the time of initial placement.~~
- 2=~~Discussed at a child and family team meeting~~
- 3=~~ADD TO LIST~~

C_PO1n

How did you inform the caregiver about the options for becoming an adoptive parent or a legal guardian for the child? Select all that apply:

- 1=Describe the adoption process (including termination of parent's rights)
- 2= Describe the guardianship process
- 3=Discuss the financial benefits of receiving an adoption assistance agreement or a guardianship payment.
- 4= Other

C_PO1o

If the family were to become the permanent legal guardian instead of adopting, about how much financial assistance would the family continue to receive?

- 1=Nothing or a lot less than the family currently receives
- 2=A little less (Less than \$150 per child)
- 3=About the same (the same as the foster care payment)
- 4=A little more (More than \$150 per child)

C_PO1p

What is the name of this financial assistance program?

- 1=Title IV-E Guardianship Assistance Program? State: (Drop down list)
- 2=State Relative Caregiver Program(I believe FL & Ohio have this)
- 3=TANF assistance
- 4= Other

C_PO1q

If the family were to become an adoptive parent, about how much financial assistance would the family continue to receive?

- 1=Nothing or a lot less than the family currently receives
- 2=A little less (Less than \$150 per child)
- 3=About the same (the same as the foster care payment)
- 4=A little more (More than \$150 per child)

[ASK P_PO5r ONLY OF RESPONDENTS RESIDING IN STATES WITH GUARDIANSHIP ASSISTANCE PROGRAM]:

Alabama, Alaska, Arkansas, California, Colorado, Connecticut, District of Columbia, Hawaii, Idaho, Illinois, Indiana, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, New Jersey, New York, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Dakota, Tennessee, Texas, Vermont, and Washington, West Virginia and Wisconsin

P_PO1r

Have you informed the caregiver about the guardianship assistance program?

1 YES

2 NO

C_PO3a

Have the foster parents expressed an interest in adopting {fill CHILD}?

1 = YES

2 = NO {GOTO C_PO5a}

C_PO4a

How did you react to the foster parents expressing an interest in adopting {fill CHILD}? Would you say you...

1 = strongly discouraged them,

2 = discouraged them,

3 = encouraged them, or

4 = strongly encouraged them?

C_PO5a

Is it now the plan that this foster parent would adopt {fill CHILD} if {fill he/she} does not return home?

1 = YES {GOTO C_PO6a}

2 = NO

C_PO5ba

Have the foster parents expressed an interest in becoming {fill CHILD}'s legal guardian?

1 = YES

2 = NO {GOTO C_PO5ea}

C_PO5ca

How did you react to the foster parents expressing an interest in becoming {fill CHILD}'s guardian? Would you say you...

- 1 = strongly discouraged them,
- 2 = discouraged them,
- 3 = encouraged them, or
- 4 = strongly encouraged them?

C_PO5da

Is it now the plan that this foster parent would become {fill CHILD}'s guardian if {fill he/she} does not return home?

- 1 = YES {GOTO C_PO6a}
- 2 = NO

C_PO5ea

Have the foster parents expressed an interest in a long-term foster care relationship with {fill CHILD}?

- 1 = YES
- 2 = NO {GOTO C_PO8a}

C_PO5f

How did you react to the foster parents expressing an interest in a long-term foster care relationship? Would you say you...

- 1 = strongly discouraged them,
- 2 = discouraged them,
- 3 = encouraged them, or
- 4 = strongly encouraged them?

C_PO5ga

Is it now the plan that this foster parent would continue to care for {fill CHILD} long-term if {fill he/she} does not return home?

- 1 = YES
- 2 = NO {GOTO C_PO7a}

C_PO6a

USE CARD 33. Please look at Card 31 and tell me which were factors in deciding that {IF C_PO5 = 1, FILL: adoption/IF C_PO5d = 1, FILL: guardianship/IF C_PO5g = 1, FILL: long-term foster care} would be the plan for {fill CHILD}.

CODE ALL THAT APPLY.

- 1 = FOSTER PARENTS HAD ALWAYS PLANNED TO ADOPT CHILD OR
BECOME HIS/HER GUARDIAN OR LONG-TERM FOSTER PARENT
- 2 = CHILD'S RACE/ETHNICITY IS SAME AS FOSTER FAMILY'S
- 3 = FOSTER PARENTS FEEL LOVE/AFFECTION FOR CHILD
- 4 = FOSTER PARENTS HAVE ALREADY ADOPTED CHILD'S SIBLING(S)
OR BECOME THEIR GUARDIANS OR LONG-TERM FOSTER PARENTS

- 6 = CONCERN THAT CHILD WOULD BE PLACED IN ANOTHER FAMILY
IF FOSTER PARENTS DID NOT ADOPT, BECOME
GUARDIANS, OR CONTINUE FOSTER CARE ARRANGEMENT
LONG-TERM

{GOTO C_PO8a}

C_PO7a

USE CARD 34. Please look at Card 32 and tell me which were factors in deciding not to pursue adoption, guardianship, or long-term foster care with this foster family. This includes things that are not part of the case record.

CODE ALL THAT APPLY.

- 1 = IT IS STILL EXPECTED THAT CHILD WILL RETURN HOME
- 2 = CHILD'S RACE/ETHNICITY DIFFERS FROM FOSTER PARENT
FAMILY'S RACE/ETHNICITY
- 3 = ANOTHER FAMILY RELATED TO CHILD MAY ADOPT OR BECOME
CHILD'S GUARDIANS OR LONG-TERM FOSTER FAMILY
- 4 = ANOTHER FAMILY NOT RELATED TO CHILD MAY ADOPT OR
BECOME CHILD'S GUARDIANS OR LONG-TERM FOSTER FAMILY
- 5 = FOSTER PARENT IS NOT THE PERSON BEST ABLE TO
MEET CHILD'S NEEDS

- 6 = OTHER

C_PO8a

Have the parental rights of {fill CHILD}'s mother been terminated?

- 1 = YES
- 2 = NO {GOTO C_PO9a}

C_PO8am

When were they terminated?

MONTH

Range: 01-12

C_PO8ay

When were they terminated?

YEAR

Range: allow up to 2008

C_PO8ba

Was this voluntary or court-ordered?

1 = VOLUNTARY

2 = COURT-ORDERED

C_PO9a

Have the parental rights of {fill CHILD's} father been terminated?

1 = YES

2 = NO {GOTO C_PO10a}

C_PO9am

When were they terminated?

MONTH

Range: 01-12

C_PO9ay

When were they terminated?

YEAR

Range: allow up to 2008

C_PO9ba

Was this voluntary or court-ordered?

1 = VOLUNTARY

2 = COURT-ORDERED

C_PO10a

{IF C_PO1a = 1, FILL: Prior to this adoption, were any attempts /ELSE, FILL: Have any attempts been} made to place {fill CHILD} for adoption with other families?

1 = YES

2 = NO {GOTO C_PO12a}

C_PO11

How many attempts {IF C_PO1a = 1, FILL: were/ELSE, FILL: have been} made?

ATTEMPTS

Range: 0-99

C_PO12a

Have any of {fill CHILD}'s siblings been adopted by this foster family?

1 = YES

2 = NO

3 = CHILD DOES NOT HAVE SIBLINGS {GOTO C_PO14a}

C_PO13a

Have any of {fill CHILD}'s siblings been adopted by other families?

1 = YES

2 = NO

C_PO14

{IF C_PO1a = 1, GO TO C_POEND. ELSE, CONTINUE.}

Have any attempts been made to place {fill CHILD} in a guardianship arrangement with other families?

1 = YES

2 = NO {GOTO C_PO16a}

C_PO15

How many attempts have been made?

ATTEMPTS

Range: 0-99

C_PO16a

{IF C_PO12a = 3, GOTO C_PO18a. ELSE, ASK C_PO16a.}

Have any of {fill CHILD}'s siblings been placed in a guardianship arrangement with this foster family?

1 = YES

2 = NO

3 = CHILD DOES NOT HAVE SIBLINGS {GOTO C_PO18a}

C_PO17a

Have any of {fill CHILD}'s siblings been placed in a guardianship arrangement with other families?

1 = YES

2 = NO

C_PO18a

Have any attempts been made to place {fill CHILD} in a long-term foster care arrangement with other families?

1 = YES

2 = NO {GOTO C_PO20a}

C_PO19

How many attempts have been made?

ATTEMPTS

Range: 0-99

C_PO20a

{IF C_PO12a = 3, GOTO C_POEND. ELSE, ASK C_PO20a.}

Have any of {fill CHILD}'s siblings been placed in a long-term foster care arrangement with this foster family?

- 1 = YES
- 2 = NO

C_PO21a

Have any of {fill CHILD}'s siblings been placed in a long-term foster care arrangement with other families?

- 1 = YES
- 2 = NO

{GOTO C_POEND}

1HB - HISTORY BEFORE CASE REPORT

C_HB1a

Were any CPS reports on this child been received prior to [REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY]?

- 1 = YES
- 2 = NO **{GO TO NEXT MODULE}**

C_HB1b

How many CPS reports were received prior to [REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY]?

NUMBER: _____

C_HB1c

Were the CPS reports received prior to [REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY] about the same incident or for a different incident or incidents?

- 1 = SAME INCIDENT
- 2 = DIFFERENT INCIDENT(S)
- 3 = BOTH FOR THE SAME INCIDENT AND DIFFERENT INCIDENTS

C_HB1d

Were any of the reports received prior to [REPORT DATE OR DATE CHILD ENTERED CWS CUSTODY] substantiated?

1 = YES

2 = NO

1CT - COURT HEARINGS

C_CT1a

[IF WAVE = 1, GOTO C_CTEND. IF CONTACT DATE NOT AVAILABLE, FILL REPORT DATE WHERE APPLICABLE. IF DATE OF LAST INTERVIEW NOT AVAILABLE (NO PRIOR CASEWORKER INTERVIEWS WERE COMPLETED), FILL CONTACT DATE WHERE APPLICABLE.]

Since {IF WAVE = 2, FILL: CONTACT DATE/IF WAVE > 2, FILL: DATE OF LAST INTERVIEW}, have there been any court hearings for ^CHILD?

1 = YES
2 = NO {GOTO C_CTEND}

C_CT2m

What was the date of the {IF FIRST TIME THROUGH LOOP, FILL: first; IF SUBSEQUENT TIME THROUGH LOOP, FILL: next} hearing?

MONTH:

Range: 01-12

C_CT2d

What was the date of the {IF FIRST TIME THROUGH LOOP, FILL: first; IF SUBSEQUENT TIME THROUGH LOOP, FILL: next} hearing?

DAY:

Range: 01-31

C_CT2y

What was the date of the {IF FIRST TIME THROUGH LOOP, FILL: first; IF SUBSEQUENT TIME THROUGH LOOP, FILL: next} hearing?

YEAR:

Range: 2006-2010

C_CT2a

[COMPARE DATE IN C_CT2m THROUGH C_CT2y TO DATE LOADED AS CONTACT/DATE OF LAST INTERVIEW IN C_CT1a. IF DATE IN C_CT2m-y IS BEFORE DATE LOADED AS CONTACT/DATE OF LAST INTERVIEW IN C_CT1a, PROBE:]

The date I entered for the hearing was [FILL DATE FROM C_CT2m-y], but we're only interested in hearings since [FILL: DATE FILLED IN C_CT1a]. Do I need to correct the date?

- 1 = YES, CORRECT DATE {GO BACK TO C_CT2m-y}
- 2 = NO, RE-ASK WHETHER OR NOT THERE HAVE BEEN NEW HEARINGS {IF FIRST TIME THROUGH LOOP, GO BACK TO C_CT1a. ELSE, GO BACK TO C_CT10a TO GET OUT OF LOOP}

C_CT3a

USE CARD 36. Please look at Card 36 and tell me what type of hearing this was?

- 1 = EMERGENCY, DETENTION, SHELTER CARE OR CUSTODY HEARING (TO DETERMINE IF COURT AND AGENCY SHOULD CONTINUE TO BE INVOLVED IN THE CASE AND, FOR CHILDREN IN PLACEMENT, RETAIN THE CHILD IN CARE)
- 2 = ADJUDICATION/JURISDICTION HEARING (TO DETERMINE IF THERE IS A SUBSTANTIATED ABUSE AND NEGLECT THAT GIVES THE COURT REASON TO MAINTAIN SUPERVISION OVER THE CASE)
- 3 = DISPOSITION HEARING (TO DETERMINE WHAT THE COURT'S ROLE SHOULD BE REGARDING CONTINUED COURT SUPERVISION AND WHAT THE PLACEMENT OF CASE PLAN SHOULD BE)
- 4 = PERIODIC COURT REVIEW HEARING (COURT REVIEW OF CASE ON PERIODIC BASIS--AT LEAST EVERY 6 MONTHS--AFTER DISPOSITION HEARING)
- 5 = PERMANENCY PLANNING HEARING (TO DETERMINE AT END OF SERVICE PERIOD IF CHILD SHOULD BE RETURNED HOME OR IF A PERMANENT PLAN OF ADOPTION OR GUARDIANSHIP OR LONG-TERM FOSTER CARE SHOULD BE PURSUED)
- 6 = TERMINATION OF PARENTAL RIGHTS AND RESPONSIBILITIES HEARING (TO DETERMINE IF PARENTAL RIGHTS/RESPONSIBILITIES SHOULD BE TERMINATED)
- 7 = CIVIL COMMITMENT HEARING (TO DETERMINE IF YOUTH IS A DANGER TO SELF OR TO OTHERS AND SHOULD BE COMMITTED TO SECURE PSYCHIATRIC FACILITY)
- 8 = OTHER HEARING

{IF RESPONSE > 6, GOTO C_CT10a}

C_CT4

USE CARD 37. Please look at Card 37 and tell me what was the child welfare agency's recommendation at this hearing?

CODE ALL THAT APPLY.

- 1 = PROMPTLY RETURN CHILD TO HOME OF PARENT/RELATIVE
- 2 = CONTINUE SERVICES IN HOME
- 3 = TERMINATE SERVICES IN HOME AND CLOSE CASE
- 4 = PLACE CHILD IN OUT OF HOME CARE

- 5 = CONTINUE CURRENT PLACEMENT
- 6 = ATTEMPT TO REUNIFY CHILD WITH PARENT/RELATIVE
- 7 = REFER TO STATE/COUNTY ADOPTION PROGRAM
- 8 = REFER TO INTERSTATE COMPACT ON ADOPTION
- 9 = PETITION FOR PARENTAL RIGHT TERMINATION
- 10 = INDEPENDENT LIVING
- 11 = SOMETHING ELSE

{IF RESPONSE 1 <> YES, GOTO C_CT4ba}

PROGRAMMERS: NEED TO ADD HARD CHECK SO 1 AND 4 AND 5 CAN'T BE ALL SELECTED OR ANY COMBINATION.

C_CT4aa

Did the agency recommend returning ^CHILD to the home of...

- 1 = {fill his/her} mother,
- 2 = {fill his/her} father,
- 3 = both biological or adoptive parents, or
- 4 = some other relative?

C_CT4ba

[IF C_CT4 RESPONSE 4 <> YES, GOTO C_CT4da]

Did the agency recommend placement...

- 1 = with relatives,
- 2 = with a guardian,
- 3 = in foster care,
- 4 = in group care, or
- 5 = in residential care?

{IF RESPONSE = 4, 5, DK, RE, GOTO C_CT4da}

C_CT4ca

Was that with or without court supervision?

- 1 = WITH COURT SUPERVISION
- 2 = WITHOUT COURT SUPERVISION

C_CT4da

[IF C_CT4 RESPONSE 5 <> YES, GOTO C_CT5a]

Where is ^CHILD currently placed?

- 1 = WITH RELATIVES
- 2 = WITH A GUARDIAN
- 3 = IN FOSTER CARE
- 4 = IN GROUP OR RESIDENTIAL CARE?

C_CT5a

Did the court follow the recommendation of the child welfare agency?

- 1 = YES, FULLY
- 2 = YES, PARTIALLY
- 3 = NO

C_CT6

USE CARD 37. Please look at Card 37 and tell me what was the result of this hearing for ^CHILD?

CODE ALL THAT APPLY.

- 1 = PROMPTLY RETURN CHILD TO HOME OF PARENT/RELATIVE
- 2 = CONTINUE SERVICES IN HOME
- 3 = TERMINATE SERVICES IN HOME AND CLOSE CASE
- 4 = PLACE CHILD IN OUT OF HOME CARE
- 5 = CONTINUE CURRENT PLACEMENT
- 6 = ATTEMPT TO REUNIFY CHILD WITH PARENT/RELATIVE
- 7 = REFER TO STATE/COUNTY ADOPTION PROGRAM
- 8 = REFER TO INTERSTATE COMPACT ON ADOPTION
- 9 = PETITION FOR PARENTAL RIGHT TERMINATION
- 10 = INDEPENDENT LIVING
- 11 = SOMETHING ELSE

C_CT7

Did the court hearing result in...

CODE ALL THAT APPLY.

- 1 = the child's foster parent becoming his/her legal guardian?
- 2 = termination of parental rights?
- 3 = emancipation?
- 4 = the child's adoption being set aside?
- 5 = the child being returned to his/her parent(s)?
- 6 = some other change in legal guardianship for the child?

{IF RESPONSE 2 <> YES, GOTO C_CT10a}

C_CT9

Which of the following were factors in the decision to pursue termination of parental rights:

CODE ALL THAT APPLY

- 1 = Parent did not participate in services
- 2 = Parent did not benefit from services/no change in parental behavior
- 3 = Severity of abuse/neglect
- 4 = Time limits elapsed and parent still unable to provide minimum sufficient level of care
- 5 = Parent incarcerated for very long sentence
- 6 = Parent otherwise incapacitated
- 7 = Abandonment by parent
- 8 = Other

C_CT10a

[LOOP THROUGH QUESTIONS C_CT2m THROUGH C_CT9 UNTIL C_CT10 = 2 (NO)]

Since [IF WAVE = 2, FILL: CONTACT DATE/IF WAVE > 2, FILL: DATE OF LAST INTERVIEW], have there been any other court hearings for ^CHILD?

- 1 = YES {GO BACK TO C_CT2m}
- 2 = NO

{GOTO C_CTEND}

1IV - CASEWORKER'S INVOLVEMENT

C_IV1m

[IF WAVE = 1, GO TO C_IVEND]

Now I'd like to ask you about **@your individual involvement@b** with ^CHILD's case. On what date did you begin working on this case?

MONTH

Range: 01-12

C_IV1d

Now I'd like to ask you about **@your individual involvement@b** with ^CHILD's case. On what date did you begin working on this case?

DAY:

Range: 01-31

C_IV1y

Now I'd like to ask you about **@byour individual involvement@b** with ^CHILD's case. On what date did you begin working on this case?

YEAR

C_IV2a

@bBesides ^CHILD and {fill PERMANENT PRIMARY CAREGIVER}@b, have **@byou@b** referred any other family members to services since {IF WAVE = 2, FILL: [CONTACT DATE]/IF WAVE > 2, FILL: [DATE OF LAST INTERVIEW OR DATE IN C_IV1m-y, WHICHEVER IS MORE RECENT]}?

1 = YES

2 = NO {GOTO C_IV5a}

{IF SP1a = 1 (CURRENT REUNIFICATION PLAN)}: By family, we mean members of the family with whom you plan to reunify ^CHILD.

{IF SP1d = 1 (PAST REUNIFICATION PLAN)}: By family, we mean members of the child's family with whom there have been previous reunification efforts.

C_IV3

Which family member(s) did you refer to services? (ENTER RELATIONSHIP TO CHILD)

CODE ALL THAT APPLY

1 = MOTHER

2 = FATHER

3 = STEP-MOTHER

4 = STEP-FATHER

5 = GRANDMOTHER

6 = GRANDFATHER

7 = AUNT (INCLUDES GREAT AUNTS, OR FICTIVE KIN AUNTS)

8 = UNCLE

9 = BROTHER

10 = SISTER

11 = CHILD

12 = OTHER

C_IV4

[ASK C_IV4 FOR EACH RESPONSE CODED IN C_IV3]

USE CARD 38. Please look at Card 38 and tell me to which services you referred the [FILL: NEXT FAMILY MEMBER IN C_IV3]?

CODE ALL THAT APPLY

- 1 = HELP FINDING A PLACE TO LIVE
- 2 = HELP WITH OTHER HOUSING SERVICES (E.G., REPAIRING OR MAINTAINING HIS/HER HOUSE)
- 3 = FINANCIAL ASSISTANCE OR INCOME SUPPORT
- 4 = EMPLOYMENT SERVICES
- 5 = DOMESTIC VIOLENCE SERVICES
- 6 = LEGAL AID
- 7 = COUNSELING/SERVICES FOR AN ALCOHOL OR DRUG PROBLEM
- 8 = COUNSELING/SERVICES FOR AN EMOTIONAL OR PSYCHOLOGICAL PROBLEM
- 9 = SERVICES FOR A SERIOUS HEALTH PROBLEM OR INJURY
- 10 = OTHER COUNSELING/THERAPY
- 11 = OTHER SERVICES

C_IV5a

@b **Besides ^CHILD and {fill PERMANENT PRIMARY CAREGIVER}**@b, have @byou@b provided in-home services to any other family members since {IF WAVE = 2, FILL: [CONTACT DATE]/IF WAVE > 2, FILL: [DATE OF LAST INTERVIEW OR DATE IN C_IV1m-y, WHICHEVER IS MORE RECENT]}?

- 1 = YES
- 2 = NO {GOTO C_IV7n}

C_IV6

To whom did you provide these services? (ENTER RELATIONSHIP TO CHILD)

CODE ALL THAT APPLY

- 1 = MOTHER
- 2 = FATHER
- 3 = STEP-MOTHER
- 4 = STEP-FATHER
- 5 = GRANDMOTHER
- 6 = GRANDFATHER
- 7 = AUNT (INCLUDES GREAT AUNTS, OR FICTIVE KIN AUNTS)
- 8 = UNCLE
- 9 = BROTHER
- 10 = SISTER
- 11 = CHILD
- 12 = OTHER

C_IV6aa

[IF OUT-OF-HOME CARE <> YES, GOTO C_IV7n]

Does ^CHILD have any siblings who are also in out-of-home care?

1 = YES
2 = NO {GOTO C_IV7n}

C_IV6bn

How many?

NUMBER

Range: 1-10

C_IV6ca

Do any of these siblings currently live with ^CHILD?

1 = YES
2 = NO {GOTO c_IV6ea}

C_IV6dn

How many currently live with ^CHILD?

NUMBER:

Range: 0-10

{GOTO C_IV6ga}

C_IV6ea

Is ^CHILD in contact with any of {fill his/her} siblings who are also in out-of-home care?

1 = YES
2 = NO

C_IV6fa

Are there plans to get any of these siblings and ^CHILD placed in the same home together?

1 = YES
2 = NO

C_IV6ga

Have you ever been in direct contact with siblings of this child who are in out-of-home care or with their child welfare worker?

1 = YES
2 = NO {GOTO C_IV7n}

C_IV6hn

[ALLOW 10 SIBLINGS]

Please tell me the age and services start date for each of the siblings with whom you've had direct contact.

Sibling 1 AGE:

Range: 0-50

C_IV6hm

[ALLOW 10 SIBLINGS]

Please tell me the age and services start date for each of the siblings with whom you've had direct contact.

Sibling 1 MONTH:

Range: 01-12

C_IV6hd

[ALLOW 10 SIBLINGS]

Please tell me the age and services start date for each of the siblings with whom you've had direct contact.

Sibling 1 DAY:

Range: 01-31

C_IV6hy

[ALLOW 10 SIBLINGS]

Please tell me the age and services start date for each of the siblings with whom you've had direct contact.

Sibling 1 YEAR:

Range: up to 2009

C_IV7n

Since {IF WAVE = 2, FILL: [CONTACT DATE]/IF WAVE > 2, FILL: [DATE OF LAST INTERVIEW OR DATE IN C_IV1m-y, WHICHEVER IS MORE RECENT]}, how many

total contacts have **@byou@b** had with other agencies or treatment providers about this family? This includes both face-to-face contacts and phone contacts.

NUMBER OF CONTACTS

Range: 0-999

C_IV8n

Since {IF WAVE = 2, FILL: [CONTACT DATE]/IF WAVE > 2, FILL: [DATE OF LAST INTERVIEW OR DATE IN C_IV1m-y, WHICHEVER IS MORE RECENT]}, how many **@bface-to-face contacts@b** have you had with this family?

NUMBER OF CONTACTS

Range: 0-999

C_IV9m

[IF C_IV8n = 0, GOTO C_IV10n. ELSE, CONTINUE.]

On what date was your last face-to-face contact with the child or primary caregiver?

MONTH:

Range: 01-12

C_IV9d

On what date was your last face-to-face contact with the child or primary caregiver?

DAY:

Range: 01-31

C_IV9y

On what date was your last face-to-face contact with the child or primary caregiver?

YEAR:

C_IV10n

Since {IF WAVE = 2, FILL: [CONTACT DATE]/IF WAVE > 2, FILL: [DATE OF LAST INTERVIEW OR DATE IN C_IV1m-y, WHICHEVER IS MORE RECENT]}, how many **@bin-home contacts@b** have you had with this family?

NUMBER OF CONTACTS

Range: 0-999

C_IV11n

Since {IF WAVE = 2, FILL: [CONTACT DATE]/IF WAVE > 2, FILL: [DATE OF LAST INTERVIEW OR DATE IN C_IV1m-y, WHICHEVER IS MORE RECENT]}, on average, how many hours of in-home service has this family received per week or month?

NUMBER

Range: 0-800

C_IV11a

(ASK IF NECESSARY): Is that hours per week or hours per month?

- 1 = HOURS PER WEEK
- 2 = HOURS PER MONTH

C_IV12n

Since {IF WAVE = 2, FILL: [CONTACT DATE]/IF WAVE > 2, FILL: [DATE OF LAST INTERVIEW OR DATE IN C_IV1m-y, WHICHEVER IS MORE RECENT]}, how many phone contacts and written contacts have **@byou@b** had with this family?

NUMBER OF CONTACTS:

Range: 0-999

C_IV13n

Next I'd like to ask you about the number of hours you've spent on four types of activities related to this child and family. These activities are direct service, case management and referrals, paperwork or computerwork, and preparation for and appearances at court hearings.

Since {IF WAVE = 2, FILL: [CONTACT DATE]/IF WAVE > 2, FILL: [DATE OF LAST INTERVIEW]}, on average, how many hours of direct service did you provide to this family per week or month? In other words, on average, how many hours of direct contact, either by phone or face-to-face, have you had with this family per week or per month?

NUMBER

Range: 0-800

C_IV13a

(ASK IF NECESSARY): Is that hours per week or hours per month?

1 = HOURS PER WEEK
2 = HOURS PER MONTH

C_IV14n

Since {IF WAVE = 2, FILL: [CONTACT DATE]/IF WAVE > 2, FILL: [DATE OF LAST INTERVIEW]}, on average, how many hours per week or month did you spend on case management @band referrals@b for this family?

NUMBER

Range: 0-800

NOTE: CASE MANAGEMENT INCLUDES MEETINGS AND OTHER ACTIVITIES THAT DON'T INVOLVE DIRECT CONTACT WITH THE CHILD/FAMILY.

C_IV14a

(ASK IF NECESSARY): Is that hours per week or hours per month?

1 = HOURS PER WEEK
2 = HOURS PER MONTH

C_IV15n

Since {IF WAVE = 2, FILL: [CONTACT DATE]/IF WAVE > 2, FILL: [DATE OF LAST INTERVIEW]}, on average, how many hours per week or month did you spend doing paperwork or computerwork related to this family?

NUMBER

Range: 0-800

C_IV15a

(ASK IF NECESSARY): Is that hours per week or hours per month?

1 = HOURS PER WEEK
2 = HOURS PER MONTH

C_IV16n

Since {IF WAVE = 2, FILL: [CONTACT DATE]/IF WAVE > 2, FILL: [DATE OF LAST INTERVIEW]}, on average, how many hours per week or month did you spend preparing for and attending court hearings for this family?

NUMBER

Range: 0-800

C_IV16a

(ASK IF NECESSARY): Is that hours per week or hours per month?

- 1 = HOURS PER WEEK
- 2 = HOURS PER MONTH

C_IV17a

USE CARD 39. Please look at Card 39. For the next few questions, please respond by selecting one of the answers on the card. Thinking about this case, how confident are you that you have been able to maintain good working relationships with members of this family? Would you say...

- 1 = not at all,
- 2 = a little,
- 3 = somewhat,
- 4 = quite a bit, or
- 5 = extremely?

C_IV18a

USE CARD 39. How confident are you that you have worked effectively with schools, courts and other agencies involved with this case? Would you say...

- 1 = not at all,
- 2 = a little,
- 3 = somewhat,
- 4 = quite a bit, or
- 5 = extremely?

C_IV19a

USE CARD 39. How confident are you that you helped this child and family get the services they need?

(Would you say...READ CATEGORIES AS NEEDED.)

- 1 = NOT AT ALL
- 2 = A LITTLE
- 3 = SOMEWHAT
- 4 = QUITE A BIT
- 5 = EXTREMELY

C_IV20a

USE CARD 39. How confident are you that the services [FILL PERMANENT PRIMARY CAREGIVER] has received have been effective?

(Would you say...READ CATEGORIES AS NEEDED.)

- 1 = NOT AT ALL
- 2 = A LITTLE

3 = SOMEWHAT
4 = QUITE A BIT
5 = EXTREMELY

C_IV21a

[IF C_SP14aa = 2, GOTO C_IV22a]

USE CARD 39. How confident are you that the services ^CHILD has received have been effective?

(Would you say...READ CATEGORIES AS NEEDED.)

1 = NOT AT ALL
2 = A LITTLE
3 = SOMEWHAT
4 = QUITE A BIT
5 = EXTREMELY

C_IV22a

USE CARD 39. How confident are you that you have assisted this family in achieving the goals they identified?

(Would you say...READ CATEGORIES AS NEEDED.)

1 = NOT AT ALL
2 = A LITTLE
3 = SOMEWHAT
4 = QUITE A BIT
5 = EXTREMELY

{GOTO C_IVEND}

1CP - FAMILY COMPLIANCE AND PROGRESS

C_CP1

[IF WAVE = 1, GO TO C_CPEND. IF CONTACT DATE NOT AVAILABLE, FILL REPORT DATE WHERE APPLICABLE. IF DATE OF LAST INTERVIEW NOT AVAILABLE (NO PRIOR CASEWORKER INTERVIEWS WERE COMPLETED), FILL CONTACT DATE WHERE APPLICABLE.]

[HIGHLIGHT ANSWERS AS THEY ARE CODED]

NOTE: THIS SECTION REFERS TO THE SAME FAMILY THAT WAS THE FOCUS OF THE CASEWORKER'S INDIVIDUAL INVOLVEMENT SECTION.

USE CARD 40. The next questions are about the family's compliance and their progress. Looking at Card 40, please tell me which members of ^CHILD's family

were involved with developing the case plan. (ENTER PARTICIPANTS' RELATIONSHIP TO CHILD)

CODE ALL THAT APPLY

- | | |
|---|-------------|
| 1 = MOTHER | 9 = BROTHER |
| 2 = FATHER | 10 = SISTER |
| 3 = STEP-MOTHER | 11 = CHILD |
| 4 = STEP-FATHER | 12 = OTHER |
| 5 = GRANDMOTHER | F3 = DK |
| 6 = GRANDFATHER | F4 = RE |
| 7 = AUNT (INCLUDES GREAT AUNTS, OR FICTIVE KIN AUNTS) | |
| 8 = UNCLE | |

C_CP1x

[HIGHLIGHT ANSWERS AS THEY ARE CODED]

USE CARD 40. For which members of ^CHILD's family were goals identified in the case plan?

CODE ALL THAT APPLY

- | | |
|---|-------------|
| 1 = MOTHER | 9 = BROTHER |
| 2 = FATHER | 10 = SISTER |
| 3 = STEP-MOTHER | 11 = CHILD |
| 4 = STEP-FATHER | 12 = OTHER |
| 5 = GRANDMOTHER | F3 = DK |
| 6 = GRANDFATHER | F4 = RE |
| 7 = AUNT (INCLUDES GREAT AUNTS, OR FICTIVE KIN AUNTS) | |
| 8 = UNCLE | |

C_CP2a

[ASK C_CP2a FOR EACH FAMILY MEMBER LISTED IN C_CP1x, THEN GOTO C_CP3a]

To what extent has {fill NEXT FAMILY MEMBER from C_CP1x} adhered to the case plan? Would you say this person...

- 1 = completed no goals,
- 2 = completed some goals,
- 3 = completed most goals, or
- 4 = completed all goals?

C_CP3a

Since {IF WAVE = 2, FILL: [CONTACT DATE]/IF WAVE > 2, FILL: [DATE OF LAST INTERVIEW]}, how much overall progress would you say the family has made? Would you say...

- 1 = the family has deteriorated,
- 2 = the family has made no progress,
- 3 = the family has made some progress, or
- 4 = the family has made a lot of progress?

C_CP4a

[IF C_UF3 = 2 (STILL IN-HOME) OR IF CIDSTILLINHOMEVAR = 2 (STILL IN-HOME), GOTO C_CP6a]

How likely is it that child will return home? Would you say ...

- 1 = very unlikely,
- 2 = unlikely,
- 3 = likely, or
- 4 = or very likely?

C_CP5a

What actions have been taken to identify an alternative permanent placement?

- 1 = NO ACTION, CASEWORKER IS PURSUING REUNIFICATION
- 2 = CASEWORKER IS PURSUING ADOPTION BY CURRENT FOSTER FAMILY
- 3 = CASEWORKER IS PURSUING ADOPTION BY ANOTHER FAMILY (NOT FOSTER FAMILY), OR HAS REFERRED TO ADOPTION UNIT
- 4 = CASEWORKER IS DISCUSSING LEGAL GUARDIANSHIP WITH FOSTER FAMILY
- 5 = CASEWORKER IS ANTICIPATING THAT CHILD WILL REMAIN WITH THIS FOSTER FAMILY IN LONG-TERM FOSTER CARE
- 6 = OTHER

C_CP6a

INTERVIEWER: IS THE RESPONDENT THE CASEWORKER SUPERVISOR FOR THIS CASE?

- 1 = YES
- 2 = NO

{GOTO C_CPEND}

1CB - CASEWORKER BACKGROUND

C_CB0

Welcome to the caseworker background module. These questions are about your job as a caseworker and your background.

Please press [Enter] to begin the module.

C_CB1a

Which of the following best describes your **@bprimary@b** job role? By primary job, we mean the one you spend the most time at.

- 1 =screening, intake services, emergency arrangements for placements and services
- 2 =investigation/assessment of child abuse and neglect
- 3 =ongoing services for both in-home and out-of-home cases
- 4 =ongoing services for cases in which children are in the home
- 5 =reunification of children with birth parents or other permanency arrangements
- 6 =pre-adoption or adoption
- 7 =ongoing services for cases in which children have been removed from the home (reunification not a goal)
- 8 =some other role (specify)

C_CB1n

[IF C_CB1a = 8, CONTINUE. ELSE, GOTO C_CB2a.]

Specify other role:

Range: Allow 40.

C_CB2a

Which of the following best describes the unit in which you work? Is it...

- 1 = an intake unit doing investigations only,
- 2 = an intake unit carrying cases from investigation through dependency, or
- 3 = a unit providing **@bongoing@b** services to in-home or out-of-home cases {GOTO C_CB5a}

C_CB3n

@bIn the past 3 months@b, what was the average number of new investigations assigned to you per month?

NUMBER:

Range: Allow 3 digits.

C_CB4n

[IF C_CB3n = 1, GOTO C_CB5a]

On average, how many cases do you have that are awaiting establishment of agency custody?

NUMBER:

Range: Allow 3 digits.

C_CB5a

Do you define a "case" in terms of families or in terms of individual children?

- 1 = families
- 2 = individual children

C_CB6n

How many of the @bchildren@b that you are serving are receiving prevention services in their own home? These are services designed to prevent placement in out-of-home care.

NUMBER OF CHILDREN

Range: 1-100

C_CB7n

How many of the @bchildren@b that you are serving are in out-of-home placement?

NUMBER OF CHILDREN

Range: 1-100

C_CB8n

How many of the @bchildren@b that you are serving are receiving services in their own home after returning from out-of-home care?

NUMBER OF CHILDREN

Range: 1-100

C_CB8a

For children on medications on your caseload, are you responsible for any of the following activities regarding prescription medication use for emotional and behavioral problems?

Arranging for evaluation or treatment visits. Would you say...

- 0 = Not at all responsible
- 1 = Somewhat responsible
- 2 = Very responsible

C_CB8b

Reporting on medication use at team meetings. Would you say...

- 0 = Not at all responsible
- 1 = Somewhat responsible
- 2 = Very responsible

C_CB8c

Documenting medication use in child welfare records. Would you say...

- 0 = Not at all responsible
- 1 = Somewhat responsible
- 2 = Very responsible

C_CB8d

Obtaining permission for medication use from the biological parent or courts. Would you say...

- 0 = Not at all responsible
- 1 = Somewhat responsible
- 2 = Very responsible

C_CB8e

Reporting on medication use at hearings. Would you say...

- 0 = Not at all responsible
- 1 = Somewhat responsible
- 2 = Very responsible

C_CB8f

Picking up prescriptions. Would you say...

- 0 = Not at all responsible
- 1 = Somewhat responsible
- 2 = Very responsible

C_CB9n

On average, how many hours of contact do you have with your supervisor per week or month?

NUMBER OF HOURS

Range: 1-100

C_CB9a

(Is that per week or per month?)

1 = PER WEEK

2 = PER MONTH

C_CB10n

During the past 12 months, how many hours of training have you had on ethnic or cultural issues?

HOURS

Range: Allow 3 digits.

C_CB15n

The next questions are about your background. How long have you been a child welfare worker **@bat this agency@b**?

INTERVIEWER NOTE: Please round answer to the closest number of years. For example, 4 years and 5 months would be entered as "4 years." If respondent has worked in the child welfare system less than 2 years, please enter answer in months. For example, a year and a half would be entered as "18 months."

NUMBER

Range: 1-99

C_CB15a

(Is that months or years?)

1 = MONTHS

2 = YEARS

C_CB16n

@bOverall,@b how long have you worked in the child welfare system?

INTERVIEWER NOTE: Please round answer to the closest number of years. For example, 4 years and 5 months would be entered as "4 years." If respondent has worked in the child welfare system less than 2 years, please enter answer in months. For example, a year and a half would be entered as "18 months."

NUMBER

Range: 1-99

C_CB16a

(Is that months or years?)

1 = MONTHS

2 = YEARS

C_CB17a

Which term best describes your employment status? Would you say you are...

- 1 = a state agency employee,
- 2 = a county agency employee,
- 3 = a private non-profit agency employee,
- 4 = a contract employee, or
- 5 = something else?

C_CB17

[IF C_CB17a = 5, CONTINUE. ELSE, GOTO C_CB18a.]

Specify your employment status:

Range: Allow 40.

C_CB18a

Are you currently an employee of this agency?

1 = YES

2 = NO

C_CB19a

What is your highest educational degree?

- 1 = less than bachelor's degree
- 2 = bachelor of social work
- 3 = other bachelor's degree
- 4 = masters of social work
- 5 = other master's degree
- 6 = PH.D. or other doctoral degree

C_CB20y

How old are you?

Years Old:

Range: 0-120

C_CB21a

ARE YOU MALE OR FEMALE?

- 1 = Male
- 2 = Female

C_CB22a

Are you Spanish, Hispanic or Latino?

- 1 = Yes
- 2 = No {GOTO C_CB24}

C_CB23a

Which group best describes you? Would you say...

- 1 = Mexican, Mexican American, or Chicano,
- 2 = Puerto Rican,
- 3 = Cuban, or
- 4 = Other

C_CB24

USE CARD 41. What is your race?

CODE ALL THAT APPLY.

- 1 = American Indian or Alaska Native
- 2 = Asian
- 3 = Black or African American
- 4 = Native Hawaiian or Other Pacific Islander
- 5 = White

C_CB25a

Do you fluently speak any languages other than English?

- 1 = YES
- 2 = NO {GOTO C_CB27n}

C_CB26

Which languages?

CODE ALL THAT APPLY.

- 1 = Spanish
- 2 = Asian Language (E.g., Chinese, Japanese, Vietnamese)
- 3 = Other European Language (E.g., French, German, Polish)
- 4 = Other

C_CB27n

In order to assess the cost of caring for children in the child welfare system, we would like to know your income. This information will be kept private. What is your **@bannual income before taxes@b** for this position?

(ENTER AMOUNT ROUNDED TO CLOSEST HUNDRED. DO NOT ENTER COMMAS.)

INCOME:

Range: Allow 6 digits.

C_CB27xa

[IF C_CB27n = RE, DK, ASK C_CB27xa. ELSE GOTO C_CBEND.]

Understanding the cost of services is an important element of the study. Instead of the exact dollar amount, can you tell me which category comes closest to your annual income before taxes for this position. This information will be kept private.

- 1 = Less than \$5,000
- 2 = \$5,000-\$9,999
- 3 = \$10,000-\$14,999
- 4 = \$15,000-\$19,999
- 5 = \$20,000-\$24,999
- 6 = \$25,000-\$29,999
- 7 = \$30,000-\$34,999
- 8 = \$35,000-\$39,999
- 9 = \$40,000-\$44,999
- 10 = \$45,000-\$49,999
- 11 = \$50,000 or more

{GOTO C_CBEND}

OC - ORGANIZATIONAL CLIMATE

C_OC0

[IF WAVE 2, CONTINUE. ELSE GOTO C_OCEND.]

The final questions assess the culture, climate, and social context of the agency. For the next few minutes, please use the laptop computer to read the questions and enter your answers in private. For each statement, pick one response that best represents how you feel. If you have any questions or need help with the computer, please let me know.

INTERVIEWER: TURN THE LAPTOP OVER TO THE CASEWORKER. WHEN HE/SHE IS DONE WITH THE MODULE, GO THROUGH THE REMAINING SCREENS THAT INDICATE THE CASE IS COMPLETE.

P_OC1a

For each of the questions that follow, enter your answers using the number keys at the top of the keyboard. Then press then [Enter] key to save your answer and move on to the next question.

If you do not know the answer to a particular question, please press the [F3] key at the top of the keyboard to enter a "don't know" response. To "refuse" a particular question, press the [F4] key.

How often do your coworkers show signs of stress?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC2a

I have to ask a supervisor or coordinator before I do almost anything.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC3a

I really care about the fate of this organization.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC4a

I can easily create a relaxed atmosphere with the clients I serve.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC5a

Members of my organizational unit are expected to have up-to-date knowledge.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC6a

How often does your job interfere with your family life?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC7a

I understand how my performance will be evaluated.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC8a

How satisfied are you with the chance to do something that makes use of your abilities?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC9a

Members of my organizational unit are expected to avoid being different.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC10a

I feel like I'm at the end of my rope.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC11a

I am willing to put in a great deal of effort in order to help this organization be successful.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC12a

I feel exhilarated after working closely with the clients I serve.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC13a

Members of my organizational unit are expected to be critical.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC14a

The same procedures are to be followed in most situations.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent

- 3 = A great extent
- 4 = A very great extent

P_OC15a

A person can make his or her own decisions without checking with anyone else.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC16a

I feel I treat some of the clients I serve as impersonal objects.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC17a

Members of my organizational unit are expected to improve the well-being of each client.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC18a

I have accomplished many worthwhile things in this job.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC19a

How satisfied are you with the chances of advancement?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC20a

Once I start an assignment, I am not given enough time to complete it.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC21a

Members of my organizational unit are expected to evaluate how much we benefit clients.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC22a

To what extent are the objectives and goals of your position clearly defined?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC23a

This agency provides numerous opportunities to advance if you work for it.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC24a

We usually work under the same circumstances day to day.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC25a

Members of my organizational unit are expected to stay uninvolved.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC26a

I deal very effectively with the problems of the clients I serve.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC27a

My job responsibilities are clearly defined.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC28a

I am proud to tell others that I am part of this organization.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC29a

Members of my organizational unit are expected to criticize mistakes.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC30a

How satisfied are you with the freedom to use your own judgment?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent

4 = A very great extent

P_OC31a

This agency emphasizes growth and development.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC32a

When I face a difficult task, the people in my agency help me out.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC33a

Members of my organizational unit are expected to place the well-being of clients first.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC34a

I find that my values and the organization's values are very similar.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC35a

People here always get their orders from higher up.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC36a

No matter how much I do, there is always more to be done.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC37a

Members of my organizational unit are expected to find ways to serve clients more effectively.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC38a

I know what the people in my agency expect of me.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC39a

I feel fatigued when I get up in the morning and have to face another day on the job.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC40a

To what extent do your coworkers trust each other?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC41a

Members of my organizational unit are expected to avoid problems.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC42a

How satisfied are you with the feeling of accomplishment you get from your job?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC43a

There is only one way to do the job – the boss's way.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC44a

This agency rewards experience, dedication and hard work.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC45a

Members of my organizational unit are expected to be stern and unyielding.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC46a

We are to follow strict operating procedures at all times.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent

4 = A very great extent

P_OC47a

I feel used up at the end of the workday.

0 = Not at all
1 = A slight extent
2 = A moderate extent
3 = A great extent
4 = A very great extent

P_OC48a

I feel I'm positively influencing other people's lives through my work.

0 = Not at all
1 = A slight extent
2 = A moderate extent
3 = A great extent
4 = A very great extent

P_OC49a

Members of my organizational unit are expected to act in the best interest of each client.

0 = Not at all
1 = A slight extent
2 = A moderate extent
3 = A great extent
4 = A very great extent

P_OC50a

People here do the same job in the same way everyday.

0 = Not at all
1 = A slight extent
2 = A moderate extent
3 = A great extent
4 = A very great extent

P_OC51a

Members of my organizational unit are expected to become more effective in serving clients.

0 = Not at all
1 = A slight extent
2 = A moderate extent
3 = A great extent
4 = A very great extent

P_OC52a

I talk up this organization to my friends as a great organization to work for.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC53a

In my work I am calm in dealing with the emotional problems of others.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC54a

Members of my organizational unit are expected to be competitive with coworkers.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC55a

How satisfied are you with the prestige your job has within the community?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC56a

Whenever we have a problem, we are supposed to go to the same person for an answer.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC57a

There can be little action until a supervisor or coordinator approves the decision.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC58a

Members of my organizational unit are expected to go along with group decisions.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC59a

I feel burned out from my work.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC60a

I have become more callous towards people since I took this job.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC61a

Any decision I make has to have a supervisor's or coordinator's approval.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC62a

Members of my organizational unit are expected to strive for excellence.

- 0 = Not at all

- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC63a

Rules and regulations often get in the way of getting things done.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC64a

How satisfied are you with being able to do things the right way?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC65a

Interests of the clients are often replaced by bureaucratic concerns such as paperwork.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC66a

Members of my organizational unit are expected to interact positively with others.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC67a

There is a feeling of cooperation among my coworkers.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent

4 = A very great extent

P_OC68a

To what extent is it possible to get accurate information on policies and administrative procedures?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC69a

How satisfied are you with the chance to try your own approaches to working with clients?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC70a

Members of my organizational unit are expected to learn new tasks.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC71a

How well are you kept informed about things that you need to know?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC72a

How often is there friction among your coworkers?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC73a

To what extent are you constantly under heavy pressure on your job?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC74a

Members of my organizational unit are expected to follow rather than lead.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC75a

How satisfied are you with the chance to do things for clients?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC76a

This organization really inspires the very best in me in the way of job performance.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC77a

I have to do things on my job that are against my better judgment.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC78a

Members of my organizational unit are expected to be dominant and assertive.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC79a

There are not enough people in my agency to get the work done.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC80a

There are more opportunities to advance in this agency than in other jobs in general.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC81a

How often do you end up doing things that should be done differently?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC82a

Members of my organizational unit are expected to be available to each client we serve.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC83a

The amount of work I have to do keeps me from doing a good job.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent

- 3 = A great extent
- 4 = A very great extent

P_OC84a

I am extremely glad that I chose to work for this organization.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC85a

How things are done around here is left pretty much up to the person doing the work.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC86a

Members of my organizational unit are expected to pay attention to details.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC87a

I feel emotionally drained from my work.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC88a

It's hard to feel close to the clients I serve.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC89a

How satisfied are you with the recognition you get for doing a good job?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC90a

Members of my organizational unit are expected to not make waves.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC91a

The same steps must be followed in processing every piece of work.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC92a

How often do you have to bend a rule in order to carry out an assignment?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC93a

I worry that this job is hardening me emotionally.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC94a

Members of my organizational unit are expected to be number one.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC95a

I feel I'm working too hard on my job.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC96a

How often do you feel unable to satisfy the conflicting demands of your supervisors?

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC97a

For me this is the best of all possible organizations to work for.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC98a

Members of my organizational unit are expected to plan for success.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC99a

I feel that I am my own boss in most matters.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent

- 3 = A great extent
- 4 = A very great extent

P_OC100a

Members of my organizational unit are expected to be thoughtful and considerate.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC101a

Opportunities for advancement in my position are much higher compared to those in other positions.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC102a

Members of my organizational unit are expected to defeat the competition.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC103a

At times, I find myself not really caring about what happens to some of the clients.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent
- 3 = A great extent
- 4 = A very great extent

P_OC104a

Inconsistencies exist among the rules and regulations that I am required to follow.

- 0 = Not at all
- 1 = A slight extent
- 2 = A moderate extent

3 = A great extent
4 = A very great extent

P_OC105a

Members of my organizational unit are expected to be responsive to the needs of each client.

0 = Not at all
1 = A slight extent
2 = A moderate extent
3 = A great extent
4 = A very great extent

C_OC106

Thank you for answering these questions. This information will help us better understand the attitudes and opinions of caseworkers like yourself.

Please turn the laptop back over to the interviewer.

INTERVIEWER: PRESS ENTER TO CONTINUE.

{GOTO C_OCEND}

1CW - CASEWORKER INTERVIEW CLOSE

C_CW0

Those are all the questions I have for you. Thank you very much for answering these questions. This will help us a great deal in our research.

{GOTO C_CWEND}