

Appendix C

National Study of Child Protective Services Systems and Reform Efforts

Blank State CPS Policy Review Form

State: _____

Date of Review: _____

Reviewer: _____

Same Manual Reviewed for unsub Yes No

Agency Name: _____

Manual Reviewed: _____

Date(s) of Manual(s) Reviewed: _____

A. Administrative Structure

1. Is CPS in this State

1.1 State Administered

1.2 State Supervised/County Administered

1.3 Other (please specify) _____

2. Responsibility for major functions (in each cell write “P” if the agency has primary responsibility, “S” if the responsibility is shared. If the responsibility is shared please put an “S” in each cell where that agency or office shares responsibility. If the manual does not specify responsibility put an “X” in the Not Specified column.)

Function	State Central Office	Regional District Office	County/Local CPS Office	Other (Please Specify)	Not Specified	Section/page/date
Maintain Hotline	2.1.a	2.1.b	2.1.c	2.1.d	2.1.e	2.1.f
Receive Referrals/reports	2.2.a	2.2.b	2.2.c	2.2.d	2.2.e	2.2.f
Screen/determine need for response	2.3.a	2.3.b	2.3.c	2.3.d	2.3.e	2.3.f
Conduct Investigation	2.4.a	2.4.b	2.4.c	2.4.d	2.4.e	2.4.f
Conduct Safety/Risk Assessments	2.5.a	2.5.b	2.5.c	2.5.d	2.5.e	2.5.f
Conduct Additional Family Functioning Assessments	2.6.a	2.6.b	2.6.c	2.6.d	2.6.e	2.6.f
Conducts Other CPS Response (alternative track)	2.7.a	2.7.b	2.7.c	2.7.d	2.7.e	2.7.f
Assigns cases to response track	2.8.a	2.8.b	2.8.c	2.8.d	2.8.e	2.8.f
Other (please specify)	2.9.a	2.9.b	2.9.c	2.9.d	2.9.e	2.9.f

B. Screening

1. Reporters (please check all that apply)

Mandated	Accepted	Not Specified	Section/Page/Date _____
_____	_____	_____ 1.1 Social Services Personnel	
_____	_____	_____ 1.2 Medical Personnel	
_____	_____	_____ 1.3 Mental Health Personnel	
_____	_____	_____ 1.4 Education Personnel	
_____	_____	_____ 1.5 Legal, law enforcement or criminal justice personnel	
_____	_____	_____ 1.6 Child day care providers	
_____	_____	_____ 1.7 Substitute care providers including foster parents	
_____	_____	_____ 1.8 Alleged victims	
_____	_____	_____ 1.9 Parents (birth, adoptive, step)	
_____	_____	_____ 1.10 Other relatives	
_____	_____	_____ 1.11 Friends and neighbors (includes clergy, youth group, paramours)	
_____	_____	_____ 1.12 Alleged perpetrators	
_____	_____	_____ 1.13 Anonymous or unknown	
_____	_____	_____ 1.14 Other (please specify) _____	

2. Definition of non-mandated reporter

Section/Page/Date _____

3. Criteria for Commencing Investigation (Screening In)

Short Description of Criterion (Please copy and attach definitions)	Section/Page/Date
3.1.a	3.1.b
3.2.a	3.2.b
3.3.a	3.3.b
3.4.a	3.4.b
3.3.a	3.3.b

4. Exclusions for Commencing Investigation (Screening Out)

Short Description of Criterion (Please copy and attach definitions)	Section/Page/Date
4.1.a	4.1.b
4.2.a	4.2.b
4.3.a	4.3.b
4.4.a	4.4.b
4.5.a	4.5.b

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5. **Is there 24-hour availability for accepting referrals?** ___ Yes ___ No ___ Not Specified Section/Page/Date _____

6. **Is there a required form for documenting all referrals?** ___ Yes ___ No ___ Not Specified Section/Page/Date _____

(IF YES, PLEASE DESCRIBE FORM HERE) _____

7. **What are the required timeframes for accepting a referral and forwarding it for investigation?** Section/Page/Date _____

8. Results of Screening

____ 8.1 Screened out, no further action
____ 8.2 Referral made outside CPS to other part of Child Welfare agency
(Criteria) _____

____ 8.3 Referral made to another agency
(Criteria) _____

____ 8.4 Accepted for investigation
(Criteria) _____

____ 8.5 Accepted for other CPS response

____ 8.6 Information on the allegation shared with another agency
(Criteria) _____

8.7 Other (please specify) _____

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9. Results of Screening

Who decides to forward the case for further action? Section/Page/Date _____

____ 9.1 Worker only 9.2 Which cases? _____

____ 9.3 Supervisor only 9.4 Which cases? _____

____ 9.5 Worker decides/supervisor approves 9.6 Which cases? _____

____ 9.7 Joint worker/supervisor 9.8 Which cases? _____

____ 9.9 Not specified

____ 9.10 Other _____
(including special circumstances that cause basic policy to be modified)

10. Who must be notified when calls are screened in?

Section/Page/Date _____

C. Investigation

1. Definitions of maltreatment recognized by state policy (please paraphrase briefly and attach a copy of definitions to this document). If this manual has been reviewed for unsub, skip this section.

Item	Topic	Definition	Section/Page/Date
1.1.a	Neglect		1.1.b
1.2.a	Physical Abuse		1.2.b
1.3.a	Sexual Abuse		1.3.b
1.4.a	Emotional Abuse		1.4.b
1.5.a	Other (Please specify)		1.5.b
1.6.a	Other (Please specify)		1.6.b
1.7.a	Other (Please specify)		1.7.b

2. Disposition Categories (skip if manual previously reviewed)

Disposition Category/Subcategory (please use outline format to designate category/subcategory relationship)	Definition	Legal Standard for Classification	Section/Page/Date
2.1.a	2.1.b	2.1.c	2.1.d
2.1.1.a	2.1.1.b		
2.1.2.a			

3. **What is the purpose or definition of investigation provided in policy?**

Section/Page/Date _____

4. **Does this state share joint investigation authority as explicitly defined in policy?**

_____ Yes _____ No

Section/Page/Date _____

If Yes:

With what other agency or agencies?

4.1 _____

4.2 _____

4.3 What is the mechanism governing involvement with agency 1?

_____ 4.3.a Statute

_____ 4.3.b Protocol

_____ 4.3.c Cooperative agreement or Memorandum of Understanding

_____ 4.3.d Other (please specify) _____

4.4 What is the mechanism governing involvement with agency 2?

_____ 4.4.a Statute

_____ 4.4.b Protocol

_____ 4.4.c Cooperative agreement or Memorandum of Understanding

_____ 4.4.d Other (please specify) _____

4.5 Under what circumstances is agency 1 involved in investigation (check all that apply)?

_____ 4.5.a Not involved in investigations

_____ 4.5.b When emergency removal of child required

_____ 4.5.c Conducts joint investigations on sexual abuse reports only

_____ 4.5.d Conducts joint investigations on sexual abuse & severe physical abuse reports

_____ 4.5.e Not specified

_____ 4.5.f Other _____

4.6 Under what circumstances is agency 2 involved in investigation (check all that apply)?

_____ 4.6.a Not involved in investigations

_____ 4.6.b When emergency removal of child required

_____ 4.6.c Conducts joint investigations on sexual abuse reports only

_____ 4.6.d Conducts joint investigations on sexual abuse & severe physical abuse reports

_____ 4.6.e Not specified

_____ 4.6.f Other _____

5. **Are priority standards for starting an investigation described in policy?**

_____ Yes _____ No

Section/Page/Date _____

If yes, please briefly describe levels _____

6. **Is there a requirement to investigate**

Section/Page/Date _____

- All children in the family
- Only the child(ren) who are the subject(s) of the allegation(s)
- Other (please specify) _____

7. **Standardized assessments required (is formal instrument used across state)**

Section/Page/Date _____

7.1 Is safety assessment required during investigation?

Yes No

Section/Page/Date _____

7.2 At what other points is safety assessment required?

- 7.2.a Before investigation on all reported cases
- 7.2.b Before investigation on only reports that are screened in
- 7.2.c After disposition (only substantiated reports)
- 7.2.d After disposition (including unsubstantiated reports)
- 7.2.e Other (please specify) _____

7.3 Is risk assessment required during investigation?

Yes No

Section/Page/Date _____

7.4 At what other points is risk assessment required?

- 7.4.a Before investigation on all reported cases
- 7.4.b Before investigation on only reports that are screened in
- 7.4.c After disposition (only substantiated reports)
- 7.4.d After disposition (including unsubstantiated reports)
- 7.4.e Other (please specify) _____

7.5 Other standardized assessment(s) required (please describe what is required and at what points in the case) _____

8. **Requirements for specialized assessments** (by multi-disciplinary teams, clinicians, child advocacy centers, etc.).

Section/Page/Date _____

Please describe including for which cases and by whom. _____

9. **Contact requirements** (please describe requirements for contact with child, family, collaterals)

Section/Page/Date _____

10. What is the timeframe required to complete the investigation and reach disposition?

Section/Page/Date _____ (skip if manual previously reviewed)

11. Results of Investigation

Section/Page/Date _____

- ___ 11.1 Referral to services unit (substantiated cases only)
- ___ 11.2 Referral to services unit (substantiated or unsubstantiated cases)
- ___ 11.3 Case closure (no further action)
- ___ 11.4 Services provided as voluntary case
- ___ 11.5 Referral to other CPS response track
- ___ 11.6 Other (please specify) _____

12. Who makes the disposition decision?

Section/Page/Date _____

- | | |
|---|-------------------------|
| ___ 12.1 Worker only | 12.2 Which cases? _____ |
| ___ 12.3 Supervisor only | 12.4 Which cases? _____ |
| ___ 12.5 Worker decides/supervisor approves | 12.6 Which cases? _____ |
| ___ 12.7 Joint worker/supervisor | 12.8 Which cases? _____ |
| ___ 12.9 Not specified | |
| ___ 12.10 Other _____ | |
- (including special circumstances that cause basic policy to be modified)

13. After disposition, which of the following must be notified of investigation findings?

Section/Page/Date _____

(check all that apply)

- ___ 13.1 Law enforcement
- ___ 13.2 The family
- ___ 13.3 The perpetrator
- ___ 13.4 The reporter
- ___ 13.5 Central Registry (The perpetrator's name must be placed on the Central Registry)
- ___ 13.6 Other (please specify) _____

14. Does the state have a Central Registry? ___ Yes ___ No

Section/Page/Date _____

15. What are the criteria for placement on the Central Registry?



16. What is Central Registry information used for?

- 16.a background checks for school or child care employees
- 16.b internal administrative purposes
- 16.c criminal background checks by law enforcement
- 16.d other (please specify) _____

17. What are the criteria for expungement?

Section/Page/Date _____

18.a Does a person placed whose name is on the Central Registry have the right to appeal?

Yes No

18.b To whom is the appeal made?

18.c What other provisions are made for due process?

Section/Page/Date _____

19. During investigation are investigative workers required to provide short-term services if needed?

Yes No

Section/Page/Date _____

20. Is the investigative worker required to do any service planning for on-going services?

Yes No

Section/Page/Date _____

21. What is the purpose (if stated) for providing the services?

Section/Page/Date _____

D. Other CPS Response

1. **Does this state have a dual track/multiple response system explicitly defined in policy?** _____ Yes _____ No
Section/Page/Date _____ Other source _____

If Yes:

2. **Implementation**
_____ 2.1 Statewide
_____ 2.2 Local option
_____ 2.3 Other (please specify) _____

3. **Please define the tracks (specific terminology and definitions used)** Section/Page/Date _____

4. **Purpose of other CPS response** (include desired outcome and impetus for reform i.e. Legislation) Section/Page/Date _____

5. **Cases/allegations that can be referred to other CPS response** Section/Page/Date _____

6. **Role of other agencies** (include which services provided, for which cases and why) Section/Page/Date _____

7. **Requirements for standardized assessments or monitoring instruments** Section/Page/Date _____

8. **Requirements for specialized assessments** (by multi-disciplinary teams, clinicians, child advocacy centers, etc.). Section/Page/Date _____
Please describe, including for which cases and by whom. _____

9. **Contact requirements** (please describe requirements for contact with child, family, collaterals) Section/Page/Date _____

10. **Results of Investigation** Section/Page/Date _____

- ___ 10.1 Completed response, referred for voluntary services
- ___ 10.2 Completed response, petitioned the court to order mandatory services
- ___ 10.3 Completed with no further action
- ___ 10.4 Did not complete other CPS response, returned to investigation unit
- ___ 10.5 Closed without being completed
- ___ 10.6 Other (please specify) _____

11. **Decision Making** Who decides result of other CPS response? Section/Page/Date _____

- | | |
|---|-------------------------|
| ___ 11.1 Worker only | 11.2 Which cases? _____ |
| ___ 11.3 Supervisor only | 11.4 Which cases? _____ |
| ___ 11.5 Worker decides/supervisor approves | 11.6 Which cases? _____ |
| ___ 11.7 Joint worker/supervisor | 11.8 Which cases? _____ |
| ___ 11.9 Not specified | |
| ___ 11.10 Other _____ | |
- (including special circumstances that cause basic policy to be modified)

Comments (e.g. clarity of manual, etc.):

