

OMB Control No: 0970-0204
Expiration Date: 11/30/2008

State Child Access Program Survey

Program Reporting Requirements
For Participation in the
Grants to States for Access and
Visitation Program –
Description of Projects & Participant Data

Information Required Annually
Due Date: November 30

State Child Access Program Survey: Instructions

Purpose

The purpose of this survey is to provide information to Congress on the progress of services provided under the Child Access and Visitation Grant, the goal of which is to "...support and facilitate a noncustodial parents' access to and visitation with their children."

As part of the Personal Responsibility and Work Opportunity Reconciliation Act of 1996, states are required to monitor, evaluate, and report on programs funded through this grant program in accordance with regulations prescribed by the Secretary. A final rule delineating the program data reporting requirements was published by the federal Office of Child Support Enforcement in the Federal Register (64 FR 15132) on March 30, 1999, and specifies the collection of data as follows:

"Section 303.109(c) REPORTING. The state must:

- (1) Report a detailed description of each program funded, providing the following information as appropriate: service providers and administrators, service area (rural/urban), population served (income, race, marital status), program goals, application or referral process (including referral sources), voluntary or mandatory nature of the programs, types of activities and length and features of a completed program; and

- (2) Report data including: the number of applicants/referrals for each program, the total number of participating individuals, and the number of persons who have completed program requirements by authorized activities (mediation—voluntary and mandatory, counseling, education, development of parenting plans, visitation enforcement—including monitoring, supervision and neutral drop-off and pickup) and development of guidelines for visitation and alternative custody arrangements."

Survey Components

The *State Child Access Program Survey* is comprised of two-parts: 1) the State Agency Program Survey; and 2) the Local Service Provider Survey.

The state is:

... responsible for summarizing much of the data provided by its grantees and reflecting this information in the "State Agency Program Survey" part of the form. The state is also responsible for making sure that local service providers or grantees complete the "Local Service Provider Survey" part of the form. In the instance a state transfers its child

access grant funds to another state agency (e.g., Office of the Courts) who, in turn, issues grants to local courts and/or community-based organizations, the state must ensure that these “sub-grantees” complete the “Local Service Provider Survey.” Last, the state is responsible for submitting the “*State Child Access Program Survey*” to OCSE by November 30th of each year that the survey is authorized.

The local service provider is:

...responsible for completing the “Local Service Provider Survey” for clients served and submitting this information to the state who, in turn, will submit it to OCSE . A new feature of the survey (see Section D: Local Service Provider Worksheet) requires that grantees report on the following:

REQUIRED OUTCOME:

#1. Increased NCP parenting time with children.
(NCP = non custodial parent)

DEFINITION of Required Outcome:

“An increase in the number of hours, days, weekends, and/or holidays as compared to parenting time prior to the provision of access and visitation services.”

In addition, Section D: Local Service Provider Worksheet was developed to assist service providers in compiling information on clients served. The “Case Reference/Identification Number” can be the same “case” number used by a service provider at client intake. It must be emphasized, however, that personal social security numbers are not to be used since this would be a breach of client confidentiality.

Changes in Reporting Period

In years past, states were required to report on child access programs funded in a particular federal fiscal year after a local grantee’s liquidation of funds (12 – 24 months after state receipt of federal grant). This has been changed. Effective immediately, states will be required to submit their *State Child Access Program Surveys* to OCSE for the fiscal year immediately preceding the reporting date of November 30 of each year.

For example:

By November 30, 2006:
survey due to OCSE on child access programs operating
between October 1, 2005 – September 30, 2006;

Paperwork Burden Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless such collection displays a valid OMB control number. The valid OMB control number for this information collection is #0970-0204. The maximum time required to complete this information collection is estimated at 15 hours per response and includes the time to review instructions, search existing data resources, gather the data needed including outcomes, and to complete and review the information collected.

Confidentiality

Any information that would permit identification of the individual respondents will be held in strict confidence, will be used only by persons engaged in and for the purposes of the survey, and will not be disclosed or released to others for any purpose except as required by law.

OCSE requests local project administrators to return data to the state child access program official whom will submit the completed survey to:

**Debra Pontisso
Office of Child Support Enforcement
Administration for Children and Families
U.S. Department of Health and Human Services
370 L'Enfant Promenade, SW
4th floor
Washington, DC 20447**

**Telephone: (202) 401-4548
Internet: dpontisso@acf.dhhs.gov**

**Child Access and Visitation Grant
State Agency Program Survey**

Name of State:

Federal Grant Amount:

\$ _____

**Services Provided
in
Federal Fiscal Year
(Check One)**

- | | |
|---|--------------------------|
| FFY 2006 (10/01/2005 – 09/31/2006) | <input type="checkbox"/> |
| FFY 2007 (10/01/2006 – 09/31/2007) | <input type="checkbox"/> |
| FFY 2008 (10/01/2007 – 09/31/2008) | <input type="checkbox"/> |

PART I: BACKGROUND INFORMATION

A. Administrative Information

- Name of state program contact
- Name of designated state agency
- Street address
- City, state, & zipcode
- Telephone number
- E-mail address
- Fax number

B. Household Profile of Children and Families

(To be completed by the Federal OCSE, based on latest Census Report.)

| | <u>Census Count</u> | <u>Percent of Total Households in State</u> | <u>Percent of Total Households in Nation</u> |
|---|-------------------------|---|--|
| • Number of single parent households with children under age 18 | _____ | _____ | _____ |

C. Access and Visitation Grant Funds and Funds from Other Sources

- In the boxes below, indicate if the access and visitation activities in your state are funded only with funds from the Child Access and Visitation Grant Program, or if your grant funds are combined with funds from sources other than the Child Access and Visitation Grant Program.

Child Access and Visitation Grant Program Only [Skip to D]

Combined with funds from other sources [Please, Respond to Next Item]

- Name each additional funding source used to increase and support your state's child access and visitation program. Name the source and provide the dollar amount and percentage of the total funds.

| <u>Source</u> | <u>\$Amount of Funds</u> | <u>Percent of Total Funds</u> |
|---------------|----------------------------------|---------------------------------------|
| _____ | \$ _____ | _____ % |
| _____ | \$ _____ | _____ % |
| _____ | \$ _____ | _____ % |
| _____ | \$ _____ | _____ % |

D. Listing of Local Service Providers Funded via the Child Access and Visitation Grant

- List each service provider by its agency name, street address, and phone number.
- Check the type of service provider represented by the agency, the amount of the grant, and the type of service area covered by each agency.

| Provider Name, Project Title, Address, and Phone Number | Type of Service Provider | Service Area (Check all that Apply) |
|---|---|--|
| | (Check all that Apply) Non-Profit Entity Court Local Public Agency Dollar Amount of Grant | Urban Suburban Rural |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> _____ | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

Complete Attached Data Sheet (in Excel Format):

E. Summary of State Funded Local AV Programs

**Child Access and Visitation Grant
Local Service Provider Survey**

Name of State:

Grant Amount from State:

\$ _____

**Services Provided
in
Federal Fiscal Year
(Check One)**

- | | |
|---|--------------------------|
| FFY 2006 (10/01/2005 – 09/31/2006) | <input type="checkbox"/> |
| FFY 2007 (10/01/2006 – 09/31/2007) | <input type="checkbox"/> |
| FFY 2008 (10/01/2007 – 09/31/2008) | <input type="checkbox"/> |

A. Service Provider

- Name of designated service provider
- Street address
- City, state, & zip code
- Telephone number
- E-mail address
- Fax number

B. Project Activities

| Identify the activities below undertaken by your service agency with funds from the child Access and Visitation Grant Program. Indicate which activities are mandatory, voluntary, or both. | Participation | | |
|---|--------------------------|--------------------------|--------------------------|
| | Mandatory | Voluntary | Both |
| Access and Visitation Program Activities | | | |
| Mediation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Counseling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| <u>Visitation Enforcement</u> | | | |
| Monitored Visitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervised Visitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Therapeutic Visitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Neutral drop-off/pickup | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other (please explain below) | | | |
| Development of Parenting Guidelines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Development of Parenting Plans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Other | | | |
| _____ | | | |
| _____ | | | |
| _____ | | | |

C. Access and Visitation Grant Funds and Awards from Other Sources

- In the boxes below indicate if your access and visitation activities are funded only with funds from the Child Access and Visitation Grant Program, or if your grant funds are combined with funds amounts from other sources.

Child Access and Visitation grant funds only [Skip to E]

Combined with funds from other sources [Please, Respond to Next Item]

- If you received funds from other sources, name the source and provide the dollar amount and percentage of the total program funds.

| <u>Source</u> | <u>\$Amount of Funds</u> | <u>Percent of Total Funding</u> |
|---------------|----------------------------------|---|
| _____ | \$ _____ | _____ % |
| _____ | \$ _____ | _____ % |
| _____ | \$ _____ | _____ % |

Complete Attached Data Sheet (in Excel Format):
D. Local Service Provider Work Sheet