

# **Grants to States for Access and Visitation Programs**

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## **State Project Required Information For Program Description and Participation Data**

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**Information required annually 30 days  
after the end of the liquidation period of  
each annual grant**

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## **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 0970-0204. The time required to complete this information collection is estimated to take 24 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection.

## **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

## **Instructions for Completing Data Requirement**

The purpose of this data requirement is to provide information to Congress on the progress of Child Access and Visitation Grant programs. 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 Child Access and Visitation Grants. This requirement is designed to provide a continuing description of Child Access and Visitation programs. It asks *State Program Monitors* to identify all state projects, and asks *Local Project Administrators* about their project participants, goals, activities, application and referral processes, and the length and features of their project.

As federal child-support enforcement program funds support and facilitate noncustodial parents' access to, and visitation with their children, capturing program focus and impact is most important. Today, States are at differing levels of implementing access and visitation programs. Some have well-developed, statewide programs and others are just beginning to explore possibilities. These demonstration projects can feature a wide selection of activities including mediation, counseling, parenting education, development of parenting plans, development of guidelines for visitation and custody arrangement, and visitation enforcement provided through monitoring and supervised visits between non-custodial parent and child. We are very much interested in what your state does to serve non-custodial and custodial parents and children. As we work with Program Monitors and Project Administrators to evaluate Child Access and Visitation Grant projects, we are particularly interested in the progress of the programs.

To capture the progress of Child Access and Visitation projects, we are asking you to provide information on the project and its participants. The person in your states' local projects who is most knowledgeable about project goals, participants, activities, application and referral processes, length and features of project should complete this requirement. We appreciate your participation. Your cooperation is critical in helping to achieve an accurate picture of the Child Access and Visitation services in your state.

**We request local project administrators to return their data to the State program monitor, and the State program monitor to return the reporting instrument to:**

**David Arnaudo**  
**Department of Health and Human Services**  
**Office of Child Support Enforcement**  
**370 L'Enfant Promenade, SW**  
**4<sup>th</sup> Floor-West**  
**Washington, DC 20447**  
**or**  
[Darnaudo@acf.dhhs.gov](mailto:Darnaudo@acf.dhhs.gov)

**Grants to States for Child Access and Visitation Programs:  
State Administration, Monitoring, Evaluation,  
Program Reporting**

**State Project Information on Program Description  
and Participation Data**

**I. To be completed by the State Program Monitor.**

State Program Monitor: \_\_\_\_\_  
State: \_\_\_\_\_  
Department: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Fax Number \_\_\_\_\_  
E-mail Address \_\_\_\_\_  
Name of Person Completing this Survey: \_\_\_\_\_  
(if not State Program Monitor)

**II. For states that have not funded local projects, please describe below what activities you have undertaken with your Federal Child Access and Visitation Grant funds. Attach any additional information.**

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**III. Are the child access and visitation activities, in your state funded only with OCSE grant funds, or combined with funds from other sources (do not confine only to the Access and Visitation grant program only for this question?)**

OCSE funds only                       [Go to Question V]  
Multiple sources                       [Go to Question IV]

**IV. Approximately, what proportion of the funding for the access and visitation activities in your state do OCSE grant funds represent?**

\_\_\_\_\_ %

**V. Service Providers and Administrators and Service Areas of Local Sites**

Please list the names of all local Child Access and Visitation sites funded by the Federal Office of Child Support Enforcement (OCSE) in your state, and then check the appropriate box for service provider/administrator and service area for each project. Multiple service areas can be checked.

Program Sites Within the State	Service Provider/Administrator					Service Area <i>Check all that apply</i>		
	State Agency	Non-Profit Entity	Court	Local Public Agency	Other	Urban	Sub-urban	Rural
1.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*The remainder of this data requirement applies to local sites.*

**To Be Completed by Each Local Project Director**

**PROJECT DESCRIPTION**

**I. What is the name of the project?**

Location: \_\_\_\_\_

Name of Project Director: \_\_\_\_\_

Telephone No.: \_\_\_\_\_

**II. Project Goals**

**A. Which of the following describe your project's goals? Check as many as apply.**

- 1. To improve child well-being
- 2. To improve compliance with child support orders
- 3. To increase visitation between non-custodial parents and their children
- 4. To improve the relationship between non-custodial and custodial parents
- 5. To strengthen non-custodial parents as nurturers
- 6. To promote public awareness about responsible parenthood
- 7. To broaden custody options for parents
- 8. Other (describe below)

**III. Funding Sources**

**A. Are your state child access and visitation activities (for the same purposes of the OCSE grant) funded only with OCSE grant funds, or combined with funds from other sources?**

- OCSE funds only  [Skip to Question III]
- Multiple sources  [Go to Question II-B]

**B. Approximately, what proportion of the budget for your access and visitation activities do your states' OCSE grant funds represent?**

\_\_\_\_\_ %

**IV. Project Activities**

**A. What type of activities does the project provide? Please check all that apply.**

- Mediation
- Counseling
- Education
- Development of Parenting Plans
- Development of Guidelines for Visitation and Custody Arrangements
- Visitation Enforcement 
  - monitored visitation<sup>1</sup>
  - supervised visitation<sup>2</sup>
  - therapeutic visitation<sup>3</sup>
  - neutral drop-off and pickup
  - other visitation enforcement activities \_\_\_\_\_
- Other (1) \_\_\_\_\_
- Other (2) \_\_\_\_\_
- Other (3) \_\_\_\_\_

**B. Did the project directly serve any individuals in the last twelve months?**

- Yes       No

If no, please describe what activities you have undertaken with your Federal Child Access and Visitation Grant Funds. Attach any additional information.

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***The remainder of the information requirement applies only to projects providing services to individuals.***

<sup>1</sup> *Monitored visitation* involves an outside individual recording whether or not visitation has occurred satisfactorially.

<sup>2</sup> *Supervised visitation* is court-ordered visitation after allegation of abuse or other situations involving acrimony in which an outside individual is present during the visitation session, watching participants.

<sup>3</sup> *Therapeutic visitation* involves a “counselor” facilitating interactions between the non-custodial parent and the child.

**C. Of the activities that you conduct, which of the following are mandatory for participants versus voluntary?**

ACTIVITY	PARTICIPATION BASIS		
	Mandatory	Voluntary	Both
1. Mediation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Visitation Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4a. Monitored Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4b. Supervised Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4c. Therapeutic Visitation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4d. Neutral drop-off/pickup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Development of Parenting Plans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (1) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (2) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (3) _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**D. Thinking of all the activities you conduct and the participants in them, what is the approximate ethnic breakdown of the participants?**

Hispanic or Latino \_\_\_\_\_ %  
 Not Hispanic or Latino \_\_\_\_\_ %  
 Don't know \_\_\_\_\_ %



**E. Thinking of all the activities you conduct and the participants in them, what is the approximate racial breakdown of the participants?**

American Indian or Alaska Native \_\_\_\_\_ %  
White \_\_\_\_\_ %  
Asian \_\_\_\_\_ %  
Native Hawaiian or Other Pacific Islander \_\_\_\_\_ %  
Black or African American \_\_\_\_\_ %  
Don't Know \_\_\_\_\_ %

**F. Again, thinking of all the activities you conduct and the participants in them, what is the approximate marital breakdown of the participants?**

Divorced \_\_\_\_\_ %                      Separated \_\_\_\_\_ %                      Never Married \_\_\_\_\_ %

**G. What are the approximate ranges of annual income of participants?**

Less than \$10,000 \_\_\_\_\_ %                      \$30,000 - \$39,000 \_\_\_\_\_ %  
\$10,000 - \$19,000 \_\_\_\_\_ %                      \$40,000 and above \_\_\_\_\_ %  
\$20,000 - \$29,000 \_\_\_\_\_ %

**IV. Application and/or Referral Process**

**A. What are the common sources of application or referral? Please check all that apply.**

- 1. Self-referral/individual initiative \_\_\_\_\_
- 2. Welfare Agency (TANF Agency) \_\_\_\_\_
- 3. Child Welfare Agency \_\_\_\_\_
- 4. Child Support Agency \_\_\_\_\_
- 5. Other Public Social Service Agency \_\_\_\_\_
- 6. Court \_\_\_\_\_

Names of Courts: \_\_\_\_\_

- 7. Administrative Office of the Court \_\_\_\_\_
- 8. Private Social Service Organization \_\_\_\_\_
- 9. Other (please specify below):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**B. What intake procedures does your project use? Check all that apply.**

- 1. Interview with applicant
- 2. Written application from:
  - a. Custodial parent
  - b. Non-custodial parent
- 3. Interviews with:
  - a. Custodial parent
  - b. Non-custodial parent
  - c. Judge
  - d. Court officer
  - e. Mediator
  - f. Children
  - g. Another individual \_\_\_\_\_

4. Other (please describe below):

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**V. Length and Features of a Complete Project**

**A. Does the project have a typical sequence or cycle of services offered to participants?**

*(We are interested in whether there are a set number of days, weeks, or months that participants are supposed to continue participating in the services.)* For example, if mediation is supposed to last for two sessions at an hour per session answer: yes 2 sessions 1 hour per session.

ACTIVITY	No	Yes	If yes, how long?
1. Mediation	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Counseling	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Education	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Visitation Enforcement	<input type="checkbox"/>	<input type="checkbox"/>	_____
4a. Monitored Visitation	<input type="checkbox"/>	<input type="checkbox"/>	_____
4b. Supervised Visitation	<input type="checkbox"/>	<input type="checkbox"/>	_____
4c. Therapeutic Visitation	<input type="checkbox"/>	<input type="checkbox"/>	_____
4d. Neutral drop-off/pickup	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Development of Parenting Plans	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (1) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (2) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____
Other (3) _____	<input type="checkbox"/>	<input type="checkbox"/>	_____

**B. On average, how long do participants actually receive project services?** *(Again, we are interested in the number of days, weeks, or months that participants actually continue participating in the services.)*

ACTIVITY	PARTICIPATION BASIS	
	Mothers	Fathers
1. Mediation		
2. Counseling		
3. Education		
4. Visitation Enforcement		
4a. Monitored Visitation		
4b. Supervised Visitation		
4c. Therapeutic Visitation		
4d. Neutral drop-off/pickup		
5. Development of Parenting Plans		
Other (1):		
Other (2):		
Other (3):		

**C. What constitutes completion of the program services?**

<b>ACTIVITY</b>
1. Mediation:
2. Counseling:
3. Education:
4. Visitation Enforcement:
4a. Monitored Visitation:
4b. Supervised Visitation:
4c. Therapeutic Visitation:
4c. Neutral drop-off/pickup:
Other (1) _____
Other (2) _____
Other (3) _____

**D. Does the project conduct follow-up activities with participants who have left the project?**

1. Yes

If yes, describe below:

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2. No

**E. What sanctions are there, if any, for mandatory participants who fail to comply/complete the project?**

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## PROJECT DATA

### VI. Participant Data

A. How many individuals applied, participated, and completed the project? Please indicate the total as well as numbers of individuals for each activity.

ACTIVITY	APPLICANTS OR REFERRALS	PARTICIPANTS			THOSE COMPLETED PROGRAM ACTIVITIES IN THE PAST PROGRAM YEAR		
	Total	Total	Father s	Mothers	Total	Fathers	Mothers
<b>TOTAL IN PROJECT</b>	_____#	_____#	_____#	_____#	_____#	_____#	_____#
	Total	Total	Father s	Mothers	Total	Fathers	Mothers
1. Mediation	_____#	_____#	_____#	_____#	_____#	_____#	_____#
2. Counseling	_____#	_____#	_____#	_____#	_____#	_____#	_____#
3. Education	_____#	_____#	_____#	_____#	_____#	_____#	_____#
4. Visitation Enforcement	_____#	_____#	_____#	_____#	_____#	_____#	_____#
4a. Monitored Visitation	_____#	_____#	_____#	_____#	_____#	_____#	_____#
4b. Supervised Visitation	_____#	_____#	_____#	_____#	_____#	_____#	_____#
4c. Therapeutic Visitation	_____#	_____#	_____#	_____#	_____#	_____#	_____#
4d. Neutral drop-off/pickup	_____#	_____#	_____#	_____#	_____#	_____#	_____#
5. Development of Parenting Plans	_____#	_____#	_____#	_____#	_____#	_____#	_____#
Other_____	_____#	_____#	_____#	_____#	_____#	_____#	_____#
Other_____	_____#	_____#	_____#	_____#	_____#	_____#	_____#
Other_____	_____#	_____#	_____#	_____#	_____#	_____#	_____#
Other_____	_____#	_____#	_____#	_____#	_____#	_____#	_____#

***Thank you for your prompt completion.  
Please return to your State Program Monitor***