# Cross Site Evaluation – Quality Improvement Center for Differential Response (QIC-DR)

# NDACAN Dataset 194 Codebook



#### National Data Archive on Child Abuse and Neglect

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# Cross Site Evaluation – Quality Improvement Center for Differential Response (QIC-DR)

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#### **CODEBOOK: DATASET 194 VARIABLE INFORMATION**

This codebook provides the following attributes for each variable:

Name Variable name

Position Position in the data file listed

Label Variable label
Type Numeric or string

Format Listed using SPSS FORMATS naming conventions

Data File The analytic or staff data file (ds194analytic or ds194staff)

Source Instrument name or identified as derived

Derivation Formula for derived variable

Original Variable Name of variable in research and reports published by the study contributors

Skip Logic Directions for skipping questions during instrument administration

Note Notes about the variable

Value Labels Declared labels for variable values

Missing Values Declared missing values

These variables are found in both the Analytic and Staff data files and are listed twice in this codebook:

**IDcaseworker** 

**IDsupervisor** 

**IDsite** 

**IDstate** 

**IDcounty** 

**IDregion** 

SubDate

Staff instrument question 14 (open-ended) is not included in the dataset.

Please see the NDACAN Dataset 194 QIC-DR User's Guide for detailed information on this study and the data files

See User's Guide before conducting analyses.

Technical support for this dataset is provided by NDACAN.

Send inquiries to <a href="Maintain:NDACANSUPPORT@cornell.edu">NDACANSUPPORT@cornell.edu</a>

#### Codebook: Dataset 194

#### **IDcase**

Position 1

Label Case ID (encrypted)

Type String Format A14

Data File 194Analytic Source Created

Derivation Encrypted - Converted to a string variable with state/site information added

Original Variable CaseID

#### **IDcaseworker**

Position 2

Label Caseworker ID (encrypted)

Type String Format A14

Data File 194Analytic Source Created

Derivation Encrypted - Converted to a string variable with state/site information added

Original Variable CaseworkerID

#### **IDsupervisor**

Position 3

Label Supervisor ID (encrypted)

Type String Format A14

Data File 194Analytic Source Created

Derivation Encrypted - Converted to a string variable with state/site information added

Original Variable SupervisorID

Missing Values OH

#### **IDsite**

Position 4

Label State Site
Type String
Format A2

Data File 194Analytic Source Created

Derivation String variable state abbreviation of IDstate

#### **IDstate**

Position 5

Label State ID
Type Numeric
Format F2

Data File 194Analytic
Source Case Report
Original Variable StateID

Valid Values 1 Colorado

2 Illinois3 Ohio

#### **IDcounty**

Position 6

Label County ID (encrypted)

Type Numeric Format F8.2

Data File 194Analytic Source Created

Derivation Encrypted - FIPS codes converted to random county number IDs

Original Variable CountyID

Note Colorado and Ohio dataset only. (Illinois uses region.)

Valid Values 6.00 County 6

13.00 County 13 16.00 County 16 19.00 County 19 29.00 County 29 County 52 52.00 72.00 County 72 80.00 County 80 81.00 County 81 83.00 County 83 90.00 County 90

#### **IDregion**

Position 7

Label Region ID (encrypted)

Type Numeric Format F8.2

Data File 194Analytic Source Created

Derivation Encrypted - regions converted to random number IDs

Original Variable ILregion

Note Illinois dataset only. (Colorado and Ohio use county.)

Valid Values 1.00 Region 1

2.00	Region 2
3.00	Region 3
4.00	Region 4

#### **SubDate**

Position 8

Label Submission Date (mm/dd/yyyy)

Type Numeric
Format ADATE11
Data File 194Analytic
Source Case Report

#### CSQ1

Position 9
Label Was this:
Type Numeric

Type Null Format F2

Data File 194Analytic Source Case Report

Valid Values 1 An Alternative Response Case

2 An Investigation Response Case

#### CSQ2

Position 10

Label Are you the original caseworker assigned to this family?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ3

Position 11

Label How well did the primary caregiver speak English?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Very Well

2 Well

3 Not Well4 Not At All

#### CSQ4a

Position 12

Label Number of contacts with family: Face-to-face meetings with members of the

family?

Type Numeric Format F3

Data File 194Analytic Source Case Report

#### CSQ4b

Position 13

Label Number of contacts with family: Telephone contacts with members of the

family?

Type Numeric Format F3

Data File 194Analytic Source Case Report

#### CSQ4c

Position 14

Label Number of contacts with family: Other contacts with family members (court

visits, etc.)?

Type Numeric Format F3

Data File 194Analytic Source Case Report

#### CSQ4d

Position 15

Label Number of contacts with family: Contacts with others on behalf of this family?

Type Numeric Format F3

Data File 194Analytic Source Case Report

#### CSQ4e

Position 1

Label Number of contacts with family: Face-to-face contacts between other agency

providers and family?

Type Numeric

Format F3

Data File 194Analytic Source Case Report

#### CSQ5a1

Position 17

Label Family needs present at case opening: Material Needs (e.g., housing,

food/clothing, income, employment, etc.)

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ5a2

Position 18

Label Family needs present at case opening: Material Needs (e.g., housing,

food/clothing, income, employment, etc.): Condition addressed while the case

was open?

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Skip Logic Skipped if CSQ5a1 = 0.

Valid Values 0 No

1 Yes

#### CSQ5a3

Position 19

Label Family needs present at case opening: Material Needs (e.g., housing,

food/clothing, income, employment, etc.): Improvement

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Skip Logic Skipped if CSQ5a1 = 0.

Valid Values 1 None

2 Little3 Moderate

4 Much

#### CSQ5b1

Position 20

Label Family needs present at case opening: Substance Abuse (e.g., alcohol,

prescription drugs, illicit drugs, etc.)

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ5b2

Position 21

Label Family needs present at case opening: Substance Abuse (e.g., alcohol,

prescription drugs, illicit drugs, etc.): Condition addressed while the case was

open?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Skip Logic Skipped if CSQ5b1 = 0.

Valid Values 0 No

1 Yes

#### CSQ5b3

Position 22

Label Family needs present at case opening: Substance Abuse (e.g., alcohol,

prescription drugs, illicit drugs, etc.): Improvement

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Skip Logic Skipped if CSQ5b1 = 0.

Valid Values 1 None

2 Little3 Moderate

4 Much

#### CSQ5c1

Position 23

Label Family needs present at case opening: Physical Health (e.g., adult or child

disability, developmental delay, etc.)

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ5c2

Position 24

Label Family needs present at case opening: Physical Health (e.g., adult or child

disability, developmental delay, etc.): Condition addressed while the case was

open?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Skip Logic Skipped if CSQ5c1 = 0.

Valid Values 0 No

1 Yes

#### CSQ5c3

Position 25

Label Family needs present at case opening: Physical Health (e.g., adult or child

disability, developmental delay, etc.): Improvement

Type Numeric Format F2

Data File 194Analytic Source Case Report

Skip Logic Skipped if CSQ5c1 = 0.

Valid Values 1 None

2 Little3 Moderate4 Much

#### CSQ5d1

Position 26

Label Family needs present at case opening: Mental Health

Type Numeric Format F2

Data File 194Analytic

Source Case Report

Valid Values 0 No

1 Yes

CSQ5d2

Position 27

Label Family needs present at case opening: Mental Health: Condition addressed

while the case was open?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

CSQ5d3

Position 28

Label Family needs present at case opening: Mental Health: Improvement

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 None

2 Little3 Moderate

4 Much

CSQ5e1

Position 29

Label Family needs present at case opening: Parenting Skills/Discipline

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

CSQ5e2

Position 30

Label Family needs present at case opening: Parenting Skills/Discipline: Condition

addressed while the case was open?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ5e3

Position 31

Label Family needs present at case opening: Parenting Skills/Discipline: Improvement

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 None

2 Little3 Moderate4 Much

#### CSQ5f1

Position 32

Label Family needs present at case opening: Domestic Violence

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ5f2

Position 33

Label Family needs present at case opening: Domestic Violence: Condition addressed

while the case was open?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ5f3

Position 34

Label Family needs present at case opening: Domestic Violence: Improvement

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 None

2 Little3 Moderate4 Much

#### CSQ5g1

Position 35

Label Family needs present at case opening: Education (e.g., school attendance,

progress, etc.)

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ5g2

Position 36

Label Family needs present at case opening: Education (e.g., school attendance,

progress, etc.): Condition addressed while the case was open?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ5g3

Position 37

Label Family needs present at case opening: Education (e.g., school attendance,

progress, etc.): Improvement

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 None

2 Little3 Moderate4 Much

#### CSQ5h1

Position 38

Label Family needs present at case opening: Social Supports (e.g., extended family,

friends, neighbors, etc.)

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ5h2

Position 39

Label Family needs present at case opening: Social Supports (e.g., extended family,

friends, neighbors, etc.): Condition addressed while the case was open?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ5h3

Position 40

Label Family needs present at case opening: Social Supports (e.g., extended family,

friends, neighbors, etc.): Improvement

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 None

2 Little

3 Moderate

4 Much

#### CSQ6a1

Position 41

Label Safety Threats Present: Neglect or abandonment

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6a2

Position 42

Label Safety Threats Present: Neglect or abandonment: Level of Safety Threat At First

Contact

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Mild

ModerateSevereNone

#### CSQ6a3

Position 43

Label Safety Threats Present: Neglect or abandonment: Level of Safety Threat At

Closure

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Mild

ModerateSevereNone

#### CSQ6a4

Position 44

Label Safety Threats Present: Neglect or abandonment: Was the Safety Threat

Addressed: Yes, by County Staff

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6a5

Position 45

Label Safety Threats Present: Neglect or abandonment: Was the Safety Threat

Addressed: Yes, by Private agency provider

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6a6

Position 46

Label Safety Threats Present: Neglect or abandonment: Was the Safety Threat

Addressed: Yes, by Unpaid community resource

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6a7

Position 47

Label Safety Threats Present: Neglect or abandonment: Was the Safety Threat

Addressed: Yes, by Family/kin

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6a8

Position 48

Label Safety Threats Present: Neglect or abandonment: Was the Safety Threat

Addressed: Yes, by Other

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6a9

Position 49

Label Safety Threats Present: Neglect or abandonment: Was the Safety Threat

Addressed: No, because: Funds unavailable

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6a10

Position 50

Label Safety Threats Present: Neglect or abandonment: Was the Safety Threat

Addressed: No, because: Provider unavailable

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6a11

Position 51

Label Safety Threats Present: Neglect or abandonment: Was the Safety Threat

Addressed: No, because: Uncooperative family

Type Numeric Format F2

Data File 194Analytic Source Case Report Valid Values 0 No

1 Yes

#### CSQ6a12

Position 52

Label Safety Threats Present: Neglect or abandonment: Was the Safety Threat

Addressed: No, because: Other

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6a13

Position 53

Label Safety Threats Present: Neglect or abandonment: Was the Safety Threat

Addressed

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

3 Don't Know/Not Sure

#### CSQ6b1

Position 54

Label Safety Threats Present: Physical, sexual, emotional abuse

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6b2

Position 55

Label Safety Threats Present: Physical, sexual, emotional abuse: Level of Safety Threat

At First Contact

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Mild

ModerateSevereNone

#### CSQ6b3

Position 56

Label Safety Threats Present: Physical, sexual, emotional abuse: Level of Safety Threat

At Closure

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Mild

ModerateSevereNone

#### CSQ6b4

Position 57

Label Safety Threats Present: Physical, sexual, emotional abuse: Was the Safety Threat

Addressed: Yes, by County Staff

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6b5

Position 58

Label Safety Threats Present: Physical, sexual, emotional abuse: Was the Safety Threat

Addressed: Yes, by Private agency provider

Type Numeric Format F2

Data File 194Analytic Source Case Report Valid Values 0 No 1 Yes

#### CSQ6b6

Position 59

Label Safety Threats Present: Physical, sexual, emotional abuse: Was the Safety Threat

Addressed: Yes, by Unpaid community resource

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6b7

Position 60

Label Safety Threats Present: Physical, sexual, emotional abuse: Was the Safety Threat

Addressed: Yes, by Family/kin

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6b8

Position 61

Label Safety Threats Present: Physical, sexual, emotional abuse: Was the Safety Threat

Addressed: Yes, by Other

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6b9

Position 62

Label Safety Threats Present: Physical, sexual, emotional abuse: Was the Safety Threat

Addressed: No, because: Funds unavailable

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6b10

Position 63

Label Safety Threats Present: Physical, sexual, emotional abuse: Was the Safety Threat

Addressed: No, because: Provider unavailable

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6b11

Position 64

Label Safety Threats Present: Physical, sexual, emotional abuse: Was the Safety Threat

Addressed: No, because: Uncooperative family

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6b12

Position 65

Label Safety Threats Present: Physical, sexual, emotional abuse: Was the Safety Threat

Addressed: No, because: Other

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6b13

Position 66

Label Safety Threats Present: Physical, sexual, emotional abuse: Was the Safety Threat

Addressed

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

3 Don't Know/Not Sure

#### CSQ6c1

Position 67

Label Safety Threats Present: Lack of supervision or proper care

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6c2

Position 68

Label Safety Threats Present: Lack of supervision or proper care: Level of Safety

Threat At First Contact

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Mild

2 Moderate3 Severe4 None

#### CSQ6c3

Position 69

Label Safety Threats Present: Lack of supervision or proper care: Level of Safety

Threat At Closure

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Mild

ModerateSevereNone

#### CSQ6c4

Position 70

Label Safety Threats Present: Lack of supervision or proper care: Was the Safety

Threat Addressed: Yes, by County Staff

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6c5

Position 71

Label Safety Threats Present: Lack of supervision or proper care: Was the Safety

Threat Addressed: Yes, by Private agency provider

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6c6

Position 72

Label Safety Threats Present: Lack of supervision or proper care: Was the Safety

Threat Addressed: Yes, by Unpaid community resource

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6c7

Position 73

Label Safety Threats Present: Lack of supervision or proper care: Was the Safety

Threat Addressed: Yes, by Family/kin

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6c8

Position 74

Label Safety Threats Present: Lack of supervision or proper care: Was the Safety

Threat Addressed: Yes, by Other

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6c9

Position 75

Label Safety Threats Present: Lack of supervision or proper care: Was the Safety

Threat Addressed: No, because: Funds unavailable

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6c10

Position 76

Label Safety Threats Present: Lack of supervision or proper care: Was the Safety

Threat Addressed: No, because: Provider unavailable

Type Numeric Format F2

Data File 194Analytic Source Case Report Valid Values 0 No

1 Yes

#### CSQ6c11

Position 77

Label Safety Threats Present: Lack of supervision or proper care: Was the Safety

Threat Addressed: No, because: Uncooperative family

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6c12

Position 78

Label Safety Threats Present: Lack of supervision or proper care: Was the Safety

Threat Addressed: No, because: Other

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6c13

Position 79

Label Safety Threats Present: Lack of supervision or proper care: Was the Safety

Threat Addressed

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

3 Don't Know/Not Sure

#### CSQ6d1

Position 80

Label Safety Threats Present: Damaging adult-child relationship

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6d2

Position 81

Label Safety Threats Present: Damaging adult-child relationship: Level of Safety Threat

At First Contact

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Mild

ModerateSevereNone

#### CSQ6d3

Position 82

Label Safety Threats Present: Damaging adult-child relationship: Level of Safety Threat

At Closure

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Mild

ModerateSevereNone

#### CSQ6d4

Position 83

Label Safety Threats Present: Damaging adult-child relationship: Was the Safety

Threat Addressed: Yes, by County Staff

Type Numeric Format F2

Data File 194Analytic Source Case Report Valid Values 0 No

1 Yes

#### CSQ6d5

Position 84

Label Safety Threats Present: Damaging adult-child relationship: Was the Safety

Threat Addressed: Yes, by Private agency provider

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6d6

Position 85

Label Safety Threats Present: Damaging adult-child relationship: Was the Safety

Threat Addressed: Yes, by Unpaid community resource

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6d7

Position 86

Label Safety Threats Present: Damaging adult-child relationship: Was the Safety

Threat Addressed: Yes, by Family/kin

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6d8

Position 87

Label Safety Threats Present: Damaging adult-child relationship: Was the Safety

Threat Addressed: Yes, by Other

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6d9

Position 88

Label Safety Threats Present: Damaging adult-child relationship: Was the Safety

Threat Addressed: No, because: Funds unavailable

Type Numeric Format F8.2

Data File 194Analytic Source Case Report

Valid Values .00 No

1.00 Yes

#### CSQ6d10

Position 89

Label Safety Threats Present: Damaging adult-child relationship: Was the Safety

Threat Addressed: No, because: Provider unavailable

Type Numeric Format F8.2

Data File 194Analytic Source Case Report

Valid Values .00 No

1.00 Yes

#### CSQ6d11

Position 90

Label Safety Threats Present: Damaging adult-child relationship: Was the Safety

Threat Addressed: No, because: Uncooperative family

Type Numeric Format F8.2

Data File 194Analytic Source Case Report

Valid Values .00 No

1.00 Yes

#### CSQ6d12

Position 91

Label Safety Threats Present: Damaging adult-child relationship: Was the Safety

Threat Addressed: No, because: Other

Type Numeric Format F8.2

Data File 194Analytic Source Case Report

Valid Values .00 No

1.00 Yes

#### CSQ6d13

Position 92

Label Safety Threats Present: Damaging adult-child relationship: Was the Safety

**Threat Addressed** 

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

3 Don't Know/Not Sure

#### CSQ6e1

Position 93

Label Safety Threats Present: Other threat

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6e2

Position 94

Label Safety Threats Present: Other threat: Level of Safety Threat At First Contact

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values	1	Mild
	2	Moderate
	3	Severe
	4	None

# CSQ6e3

Position	95	
Label	Safety Threats	Present: Other threat: Level of Safety Threat At Closure
Туре	Numeric	
Format	F2	
Data File	194Analytic	
Source	Case Report	
Valid Values	1	Mild
	2	Moderate
	3	Severe
	4	None

# CSQ6e4

Position	96		
Label	Safety Threa County Staff	ats Present: Other threat: Was the Safety Threat Addressed: Yes, by	
Туре	Numeric		
Format	F2		
Data File	194Analytic		
Source	Case Report	t	
Valid Values	0	No	
	1	Yes	

# CSQ6e5

Position	97	
Label	Safety Th	reats Present: Other threat: Was the Safety Threat Addressed: Yes, by
	Private a	gency provider
Туре	Numeric	
Format	F2	
Data File	194Analy	tic
Source	Case Rep	ort
Valid Values	0	No
	1	Yes

# CSQ6e6

Position	98	
1 03111011	50	

Label Safety Threats Present: Other threat: Was the Safety Threat Addressed: Yes, by

Unpaid community resource

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6e7

Position 99

Label Safety Threats Present: Other threat: Was the Safety Threat Addressed: Yes, by

Family/ kin

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6e8

Position 100

Label Safety Threats Present: Other threat: Was the Safety Threat Addressed: Yes, by

Other

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6e9

Position 101

Label Safety Threats Present: Other threat: Was the Safety Threat Addressed: No,

because: Funds unavailable

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6e10

Position 102

Label Safety Threats Present: Other threat: Was the Safety Threat Addressed: No,

because: Provider unavailable

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6e11

Position 103

Label Safety Threats Present: Other threat: Was the Safety Threat Addressed: No,

because: Uncooperative family

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6e12

Position 104

Label Safety Threats Present: Other threat: Was the Safety Threat Addressed: No,

because: Other

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ6e13

Position 105

Label Safety Threats Present: Other threat: Was the Safety Threat Addressed

Type Numeric Format F2

Data File 194Analytic Source Case Report Valid Values 0 No

1 Yes

3 Don't Know/Not Sure

#### CSQ7

Position 106

Label Was information about or referral to services given to the family?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

3 Uncertain

#### CSQ8a

Position 107

Label Were any services (traditional or non-traditional) or supports provided to this

family (caregivers or children)?

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

3 Uncertain whether family actually received services

#### CSQ8b

Position 108

Label If yes, how soon after the initial report date did the family receive services?

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Within One Week

Within Two WeeksWithin Three Weeks

Within Four Or More WeeksFamily Was Not Offered Services

6 Uncertain

#### CSQ9

Position 109

Label Since the case opened, were relatives and friends outside the household

involved in providing needed support and/or assistance to this family?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Not At All

Very LittleModeratelyExtensively

#### CSQ10

Position 110

Label Were no-cost neighborhood/community resources (i.e. churches) used to assist

this family?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Not At All

Very LittleModeratelyExtensively

#### CSQ11a

Position 111

Label Reasons why the family may not have been fully served: size of worker caseload

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ11b

Position 112

Label Reasons why the family may not have been fully served: limited staff time to

work with family

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ11c

Position 113

Label Reasons why the family may not have been fully served: other pressing cases on

caseload

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ11d

Position 114

Label Reasons why the family may not have been fully served: problems beyond scope

of CPS to remedy

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ11e

Position 115

Label Reasons why the family may not have been fully served: limited funds for

needed services

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQ11f

Position 116

Label Reasons why the family may not have been fully served: Other

Type Numeric Format F2.1

Data File 194Analytic Source Case Report

Valid Values .0 No

1.0 Yes

### CSQ12a

Position 117

Label Family Characteristics during the First Meeting: Cooperative

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Very

2 Moderately3 A Little4 Not At All

# CSQ12b

Position 118

Label Family Characteristics during the First Meeting: Receptive to Help

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Very

ModeratelyA LittleNot At All

# CSQ12c

Position 119

Label Family Characteristics during the First Meeting: Engage

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values	1	Very
	2	Moderately
	3	A Little
	4	Not At All

# CSQ12d

Position	120		
Label	Family Characteristics during the First Meeting: Uncooperative		
Туре	Numeric		
Format	F2		
Data File	194Analytic		
Source	Case Report		
Valid Values	1	Very	
	2	Moderately	
	3	A Little	
	4	Not At All	

# CSQ12e

Position	121		
Label	Family Characteristics during the First Meeting: Difficult		
Туре	Numeric		
Format	F2		
Data File	194Analytic		
Source	Case Report		
Valid Values	1	Very	
	2	Moderately	
	3	A Little	
	4	Not At All	

# CSQ13

Position	122		
Label	If you met with members of the family more than one time, rate these characteristics the last time you met with them: Does not Apply		
Туре	Numeric		
Format	F2		
Data File	194Analytic		
Source	Case Report		
Valid Values	1	Does Apply (Box Not Checked)	
	2	Does Not Apply (Box Checked)	

### CSQ13a

Position 123

Label If you met with members of the family more than one time, rate these

characteristics the last time you met with them: Cooperative

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Very

ModeratelyA LittleNot At All

# CSQ13b

Position 124

Label If you met with members of the family more than one time, rate these

characteristics the last time you met with them: Receptive to help

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Very

ModeratelyA LittleNot At All

### CSQ13c

Position 125

Label If you met with members of the family more than one time, rate these

characteristics the last time you met with them: Engaged

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Very

ModeratelyA LittleNot At All

#### CSQ13d

Position 126

Label If you met with members of the family more than one time, rate these

characteristics the last time you met with them: Uncooperative

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Very

ModeratelyA LittleNot At All

### CSQ13e

Position 127

Label If you met with members of the family more than one time, rate these

characteristics the last time you met with them: Difficult

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Very

2 Moderately 3 A Little 4 Not At All

#### CSQ14a

Position 128

Label Did you help members of this family in obtaining services from any of the

following: school

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQ14b

Position 129

Label Did you help members of this family in obtaining services from any of the

following: neighborhood organization

Type Numeric

Format F2

Data File 194Analytic

Source Case Report

Valid Values 0 No

1 Yes

CSQ14c

Position 130

Label Did you help members of this family in obtaining services from any of the

following: mental health provider

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

CSQ14d

Position 131

Label Did you help members of this family in obtaining services from any of the

following: alcohol/drug rehab agency/program

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

CSQ14e

Position 132

Label Did you help members of this family in obtaining services from any of the

following: MR/DD provider

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

CSQ14f

Position 133

Label Did you help members of this family in obtaining services from any of the

following: youth organization

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

CSQ14g

Position 134

Label Did you help members of this family in obtaining services from any of the

following: health care provider

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

CSQ14h

Position 135

Label Did you help members of this family in obtaining services from any of the

following: job service/employment security

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

CSQ14i

Position 136

Label Did you help members of this family in obtaining services from any of the

following: employment & training agency (JTPA etc.)

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQ14i

Position 137

Label Did you help members of this family in obtaining services from any of the

following: legal services provider

Type Numeric

Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

### CSQ14k

Position 138

Label Did you help members of this family in obtaining services from any of the

following: support group

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

### CSQ14I

Position 139

Label Did you help members of this family in obtaining services from any of the

following: childcare/preschool provider/Head Start

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQ14m

Position 140

Label Did you help members of this family in obtaining services from any of the

following: community action agency

Type Numeric

Format F2

Data File 194Analytic

Source Case Report

Valid Values 0 No

1 Yes

CSQ14n

Position 141

Label Did you help members of this family in obtaining services from any of the

following: domestic violence shelter

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

CSQ14o

Position 142

Label Did you help members of this family in obtaining services from any of the

following: emergency food provider

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

CSQ14p

Position 143

Label Did you help members of this family in obtaining services from any of the

following: church or religious organization

Type Numeric Format F2

Data File 194Analytic Source Case Report

case Report

Valid Values 0 No

1 Yes

CSQ14q

Position 144

Label Did you help members of this family in obtaining services from any of the

following: recreational facility (e.g. YMCA)

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQ14r

Position 145

Label Did you help members of this family in obtaining services from any of the

following: neighbors/friends/extended family

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

### CSQ14s

Position 146

Label Did you help members of this family in obtaining services from any of the

following: other

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### **CSQ15**

Position 147

Label Overall, how well were the services that were actually provided matched to the

service needs of the family?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Very Well Matched

2 Somewhat Matched

Not Very Well MatchedNot At All Matched

### CSQ16

Position 148

Label Overall, how effective were the services provided to the family in solving their

problems or in producing needed changes?

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 Very Effective

Somewhat EffectiveNot Very EffectiveNot At All Effective

### CSQSFI1a

Position 149

Label Service provided: Services to address Material Needs

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI1b

Position 150

Label Info/referral provided: Services to address Material Needs

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

### CSQSFI1c

Position 151

Label Service in place at start: Services to address Material Needs

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI1d

Position 152

Label Level of participation or use by family: Services to address Material Needs

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 1 Very Little

2 2 3 3 4 4

5 5 Very Much 6 Uncertain

### CSQSFI2a

Missing Values

Position 153

Label Service provided: Substance Abuse Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI2b

Position 154

Label Info/referral provided: Substance Abuse Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

### CSQSFI2c

Position 155

Label Service in place at start: Substance Abuse Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI2d

Position 156

Label Level of participation or use by family: Substance Abuse Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 1 Very Little

2 2 3 3 4 4

5 5 Very Much Missing Values 6 Uncertain

### CSQSFI3a

Position 157

Label Service provided: Health Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI3b

Position 158

Label Info/referral provided: Health Services

Type Numeric Format F2

Data File 194Analytic Source Case Report Valid Values 0 No

1 Yes

# CSQSFI3c

Position 159

Label Service in place at start: Health Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI3d

Position 160

Label Level of participation or use by family: Health Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 1 Very Little

2 2 3 3 4 4

5 5 Very Much Missing Values 6 Uncertain

### CSQSFI4a

Position 161

Label Service provided: Mental Health Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI4b

Position 162

Label Info/referral provided: Mental Health Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No 1 Yes

# CSQSFI4c

Position 163

Label Service in place at start: Mental Health Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI4d

Position 164

Label Level of participation or use by family: Mental Health Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 1 Very Little

2 2 3 3 4 4

5 5 Very Much

Missing Values 6 Uncertain

# CSQSFI5a

Position 165

Label Service provided: Parenting Classes

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

### CSQSFI5b

Position 166

Label Info/referral provided: Parenting Classes

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI5c

Position 167

Label Service in place at start: Parenting Classes

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI5d

Position 168

Label Level of participation or use by family: Parenting Classes

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 1 Very Little

2 2 3 3 4 4

5 5 Very Much Missing Values 6 Uncertain

# CSQSFI6a

Position 169

Label Service provided: Domestic Violence Services

Type Numeric Format F2

Data File 194Analytic Source Case Report Valid Values 0 No 1 Yes

CSQSFI6b

Position 170

Label Info/referral provided: Domestic Violence Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

CSQSFI6c

Position 171

Label Service in place at start: Domestic Violence Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

CSQSFI6d

Position 172

Label Level of participation or use by family: Domestic Violence Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 1 Very Little

2 2 3 3 4 4

5 5 Very Much

Missing Values 6 Uncertain

CSQSFI7a

Position 173

Label Service provided: Educational Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI7b

Position 174

Label Info/referral provided: Educational Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI7c

Position 175

Label Service in place at start: Educational Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

### CSQSFI7d

Position 176

Label Level of participation or use by family: Educational Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 1 Very Little

2 2 3 3 4 4

5 5 Very Much

Missing Values 6 Uncertain

# CSQSFI8a

Position 177

Label Service provided: Social Support Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI8b

Position 178

Label Info/referral provided: Social Support Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI8c

Position 179

Label Service in place at start: Social Support Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

#### CSQSF18d

Position 180

Label Level of participation or use by family: Social Support Services

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 1 1 Very Little

233

4

5 5 Very Much Missing Values 6 Uncertain

# CSQSFI9a

Position 181

Label Service provided: Other

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI9b

Position 182

Label Info/referral provided: Other

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI9c

Position 183

Label Service in place at start: Other

Type Numeric Format F2

Data File 194Analytic Source Case Report

Valid Values 0 No

1 Yes

# CSQSFI9d

Position 184

Label Level of participation or use by family: Other

Type Numeric Format F2

Data File 194Analytic Source Case Report Valid Values 1 1 Very Little

2 2 3 3 4 4

5 5 Very Much Missing Values 6 Uncertain

### Admin1

Position 185

Label RCT pathway assignment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 1 FAR

2 IR

### Admin2

Position 186

Label RCT Pathway Assignment Date

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

### Admin3

Position 187

Label Discovered to be Ineligible for FAR

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic Skipped unless Admin1 = 1.

Valid Values 0 No

1 Yes

# Admin4

Position 188

Label Reporting Period end date

Type Numeric Format ADATE11

Data File 194Analytic

Source Administrative Data
Derivation Admin2 + 364 days.

# Admin5

Position 189

Label Pathway change

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic If Admin5 = 0, skip to Admin11.

Valid Values 0 No

1 Yes

### Admin6

Position 190

Label Pathway Change date

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

### Admin7

Position 191

Label Pathway change due to safety concern

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 No

1 Yes

# Admin8

Position 192

Label Pathway change due to new report

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 No

1 Yes

### Admin9

Position 193

Label Pathway change due to family request

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 No

1 Yes

#### Admin<sub>10</sub>

Position 194

Label Pathway change due to reason besides safety, a new report, or family request

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 No

1 Yes

### Admin11

Position 195

Label Completion of first safety assessment date

Type Numeric
Format ADATE8.2
Data File 194Analytic

Source Administrative Data

### Admin12

Position 196

Label First safety assessment result

Type Numeric Format F8

Data File 194Analytic

Source Administrative Data

Valid Values 1 Not Safe

2 Safe

### Admin13

Position 197

Label Completion of last safety assessment date

Type Numeric
Format ADATE8.2
Data File 194Analytic

Source Administrative Data

Skip Logic Missing unless 2 or more safety assessments were performed.

#### Admin14

Position 198

Label Last safety assessment result

Type Numeric Format F8

Data File 194Analytic

Source Administrative Data

Skip Logic Missing unless 2 or more safety assessments were performed.

Valid Values 1 Not Safe

2 Safe

#### Admin15

Position 199

Label Completion of IR/FAR assessment period date

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

#### Admin15b

Position 200

Label Completion of IR/FAR assessment period MODIFIED date

Type Numeric
Format ADATE12
Data File 194Analytic

Source Administrative Data

Note Illinois only. Caseworker initial safety assessment concerns were added,

resulting in a new report for AR cases. This impacted the duration of assessment

and ongoing services. See User's Guide for details.

#### Admin16

Position 201

Label Transfer to Ongoing Services

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic If Admin16 = 0, skip to Admin19.

Valid Values 0 No

1 Yes

### Admin17

Position 202

Label Start of Ongoing Services Provision Date

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

#### Admin18

Position 203

Label End of Ongoing Services Provision Date

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

#### Admin19

Position 204

Label In the RCT report, was physical abuse alleged for any child

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic Since at least one allegation should have been alleged in the initial RCT report,

Admin19, 20, 21, 22, 23 cannot all be blank.

Valid Values 0 No

1 Yes

#### Admin<sub>20</sub>

Position 205

Label In the RCT report, was neglect alleged for any child

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic Since at least one allegation should have been alleged in the initial RCT report,

Admin19, 20, 21, 22, 23 cannot all be blank.

Valid Values 0 No

1 Yes

#### Admin21

Position 206

Label In the RCT report, was medical neglect alleged for any child

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic Since at least one allegation should have been alleged in the initial RCT report,

Admin19, 20, 21, 22, 23 cannot all be blank.

Valid Values 0 No

1 Yes

#### Admin22

Position 207

Label In the RCT report, was sexual abuse alleged for any child

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic Since at least one allegation should have been alleged in the initial RCT report,

Admin19, 20, 21, 22, 23 cannot all be blank.

Valid Values 0 No

1 Yes

#### Admin23

Position 208

Label In the RCT report, was psychological/emotional maltreatment alleged for any

child

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic Since at least one allegation should have been alleged in the initial RCT report,

Admin19, 20, 21, 22, 23 cannot all be blank.

Valid Values 0 No

1 Yes

### Admin24

Position 209

Label In the RCT report was any maltreatment substantiated/indicated for any child

Type Numeric

Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin1 = 1 and Admin5 = 0.

Valid Values 0 No

1 Yes

# Admin25

Position 210

Label Number of caregivers in household

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 1 1

2 2 or more

#### Admin26

Position 211

Label DOB of primary caregiver

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

Derivation Encrypted - DOBs recoded to the 15th of the month

### Admin27

Position 212

Label Sex of primary caregiver

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 1 Male

2 Female

### Admin28

Position 213

Label Race of primary caregiver

Type Numeric Format F8

Data File 194Analytic

Source Administrative Data

Valid Values 1 American Indian or Alaskan Native Only

2 Asian Only

3 Black or African American Only

4 Native Hawaiian or other Pacific Islander Only

5 White Only6 Multi-racial

### Admin29

Position 214

Label Ethnicity of primary caregiver

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 Not Hispanic or Latino

1 Hispanic or Latino

### Admin30

Position 215

Label Number of children who were part of the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

### Admin31

Position 216

Label DOB of first child associated with the IR/FAR assessment

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

Derivation Encrypted - DOBs recoded to the 15th of the month

### Admin33

Position 217

Label Sex of first child associated with the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 1 Male

2 Female

#### Admin34

Position 218

Label Race of first child associated with the IR/FAR assessment

Type Numeric F8

Data File 194Analytic

Source Administrative Data

Valid Values 1 American Indian or Alaskan Native Only

2 Asian Only

3 Black or African American Only

4 Native Hawaiian or other Pacific Islander Only

5 White Only6 Multi-racial

#### Admin35

Position 219

Label Ethnicity of first child associated with the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 Not Hispanic or Latino

1 Hispanic or Latino

### Admin36

Position 220

Label First child associated with the IR/FAR assessment ever removed during the 365

day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 No

1 Yes

#### Admin37

Position 221

Label Number of days first child associated with the IR/FAR assessment was in foster

care during the 365 day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

#### Admin38

Position 222

Label DOB of second child associated with the IR/FAR assessment

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

Derivation Encrypted - DOBs recoded to the 15th of the month

Skip Logic This question is skipped if Admin30 = 1.

### Admin40

Position 223

Label Sex of second child associated with the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 = 1.

Valid Values 1 Male

2 Female

#### Admin41

Position 224

Label Race of second child associated with the IR/FAR assessment

Type Numeric Format F8

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 = 1.

Valid Values 1 American Indian or Alaskan Native Only

2 Asian Only

3 Black or African American Only

4 Native Hawaiian or other Pacific Islander Only

5 White Only6 Multi-racial

### Admin42

Position 225

Label Ethnicity of second child associated with the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 = 1.

Valid Values 0 Not Hispanic or Latino

1 Hispanic or Latino

#### Admin43

Position 226

Label Second child associated with the IR/FAR assessment ever removed during the

365 day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 = 1.

Valid Values 0 No

1 Yes

#### Admin44

Position 227

Label Number of days second child associated with the IR/FAR assessment was in

foster care during the 365 day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 = 1.

### Admin45

Position 228

Label DOB of third child associated with the IR/FAR assessment

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

Derivation Encrypted - DOBs recoded to the 15th of the month

Skip Logic This question is skipped if Admin30 <= 2.

### Admin47

Position 229

Label Sex of third child associated with the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <= 2.

Valid Values 1 Male

2 Female

# Admin48

Position 230

Label Race of third child associated with the IR/FAR assessment

Type Numeric Format F8

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <= 2.

Valid Values 1 American Indian or Alaskan Native Only

2 Asian Only

3 Black or African American Only

4 Native Hawaiian or other Pacific Islander Only

5 White Only6 Multi-racial

#### Admin49

Position 231

Label Ethnicity of third child associated with the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <= 2.

Valid Values 0 Not Hispanic or Latino

1 Hispanic or Latino

#### Admin50

Position 232

Label Third child associated with the IR/FAR assessment ever removed during the 365

day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <= 2.

Valid Values 0 No

1 Yes

#### Admin51

Position 233

Label Number of days third child associated with the IR/FAR assessment was in foster

care during the 365 day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <= 2.

#### Admin52

Position 234

Label DOB of fourth child associated with the IR/FAR assessment

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

Derivation Encrypted - DOBs recoded to the 15th of the month

Skip Logic This question is skipped if Admin30 <=3.

#### Admin54

Position 235

Label Sex of fourth child associated with the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=3.

Valid Values 1 Male

2 Female

#### Admin55

Position 236

Label Race of fourth child associated with the IR/FAR assessment

Type Numeric Format F8

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=3.

Valid Values 1 American Indian or Alaskan Native Only

2 Asian Only

3 Black or African American Only

4 Native Hawaiian or other Pacific Islander Only

5 White Only6 Multi-racial

### Admin56

Position 237

Label Ethnicity of fourth child associated with the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=3.

Valid Values 0 Not Hispanic or Latino

1 Hispanic or Latino

### Admin57

Position 238

Label Fourth child associated with the IR/FAR assessment ever removed during

the 365 day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=3.

Valid Values 0 No

1 Yes

#### Admin58

Position 239

Label Number of days fourth child associated with the IR/FAR assessment was in

foster care during the 365 day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=3.

### Admin59

Position 240

Label DOB of fifth child associated with the IR/FAR assessment

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

Derivation Encrypted - DOBs recoded to the 15th of the month

Skip Logic This question is skipped if Admin30 <=4.

#### Admin61

Position 241

Label Sex of fifth child associated with the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=4.

Valid Values 1 Male

2 Female

### Admin62

Position 242

Label Race of fifth child associated with the IR/FAR assessment

Type Numeric Format F8

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=4.

Valid Values

1 American Indian or Alaskan Native Only
2 Asian Only
3 Black or African American Only
4 Native Hawaiian or other Pacific Islander Only
5 White Only
6 Multi-racial

#### Admin63

Position 243

Label Ethnicity of fifth child associated with the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=4.

Valid Values 0 Not Hispanic or Latino

1 Hispanic or Latino

### Admin64

Position 244

Label Fifth child associated with the IR/FAR assessment ever removed during the 365

day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=4.

Valid Values 0 No

1 Yes

#### Admin65

Position 245

Label Number of days fifth child associated with the IR/FAR assessment was in foster

care during the 365 day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=4.

#### Admin66

Position 246

Label DOB of sixth child associated with the IR/FAR assessment

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

Derivation Encrypted - DOBs recoded to the 15th of the month

Skip Logic This question is skipped if Admin30 <=5.

#### Admin68

Position 247

Label Sex of sixth child associated with the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=5.

Valid Values 1 Male

2 Female

#### Admin69

Position 248

Label Race of sixth child associated with the IR/FAR assessment

Type Numeric Format F8

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=5.

Valid Values 1 American Indian or Alaskan Native Only

2 Asian Only

3 Black or African American Only

4 Native Hawaiian or other Pacific Islander Only

5 White Only6 Multi-racial

### Admin70

Position 249

Label Ethnicity of sixth child associated with the IR/FAR assessment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=5.

Valid Values 0 Not Hispanic or Latino

1 Hispanic or Latino

# Admin71

Position 250

Label Sixth child associated with the IR/FAR assessment ever removed during the 365

day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=5.

Valid Values 0 No

1 Yes

#### Admin72

Position 251

Label Number of days sixth child associated with the IR/FAR assessment was in foster

care during the 365 day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Skip Logic This question is skipped if Admin30 <=5.

#### Admin73

Position 252

Label Number of screened in referrals prior to RCT pathway assignment

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

# Admin74

Position 253

Label Date of first screened-in referral after RCT pathway assignment

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

# Admin75

Position 254

Label Pathway assigned for first screened-in referral

Type Numeric

Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 1 FAR

2 IR

# Admin76

Position 255

Label Was any maltreatment substantiated/Indicated for any child, first screened-in

referral

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 No

1 Yes

#### Admin77

Position 256

Label Date of second screened-in referral after RCT pathway assignment

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

#### Admin78

Position 257

Label Pathway assigned for second screened-in referral

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 1 FAR

2 IR

# Admin79

Position 258

Label Was any maltreatment substantiated/Indicated for any child, second screened-

in referral

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 No

1 Yes

# Admin80

Position 259

Label Date of third screened-in referral after RCT pathway assignment

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

# Admin81

Position 260

Label Pathway assigned for third screened-in referral

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 1 FAR

2 IR

#### Admin82

Position 261

Label Was any maltreatment substantiated/Indicated for any child, third screened-in

referral

Type Numeric

Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 No

1 Yes

# Admin83

Position 262

Label Date of fourth screened-in referral after RCT pathway assignment

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

#### Admin84

Position 263

Label Pathway assigned for fourth screened-in referral

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 1 FAR

2 IR

# Admin85

Position 264

Label Was any maltreatment substantiated/Indicated for any child, fourth screened-in

referral

Type Numeric

Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 No

1 Yes

#### Admin86

Position 265

Label Date of fifth screened-in referral after RCT pathway assignment

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

#### Admin87

Position 266

Label Pathway assigned for fifth screened-in referral

Type Numeric

Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 1 FAR

2 IR

#### Admin88

Position 267

Label Was any maltreatment substantiated/Indicated for any child, fifth screened-in

referral

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 No

1 Yes

# Admin89

Position 268

Label Date of sixth screened-in referral after RCT pathway assignment

Type Numeric
Format ADATE11
Data File 194Analytic

Source Administrative Data

# Admin90

Position 269

Label Pathway assigned for sixth screened-in referral

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 1 FAR

2 IR

# Admin91

Position 270

Label Was any maltreatment substantiated/Indicated for any child, sixth screened-in

referral

Type Numeric

Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 No

1 Yes

#### Admin104

Position 271

Label Number of referrals to ongoing services during the 365 day reporting period

Type Numeric Format F2

Data File 194Analytic

Source Administrative Data

# Admin105

Position 272

Label Is there any active involvement with any caregiver or any child with child

welfare at the end of the 365 day reporting period

Type Numeric

Format F2

Data File 194Analytic

Source Administrative Data

Valid Values 0 No

1 Yes

# CaseType

Position 273
Label Was this:
Type Numeric
Format F1

Data File 194Analytic Source Family Survey

Valid Values 1 An Alternative Response Case

2 An Investigation Response Case

# CFS1

Position 274

Label 1. How satisfied are you with the way you and your family were treated by the

caseworker who visited your home?

Type Numeric

Format F1

Data File 194Analytic

Source	Family Survey	
Valid Values	1	Very satisfied
	2	Somewhat satisfied
	3	Not at all satisfied

# CFS2

Position	275		
Label	2. How sa	2. How satisfied are you with the help you and your family received from the	
	casework	er?	
Туре	Numeric		
Format	F1		
Data File	194Analy	tic	
Source	Family Su	rvey	
Valid Values	1	Very satisfied	
	2	Somewhat satisfied	
	3	Not at all satisfied	

# CFS3

Position	276		
Label	3. How likely would you be to call the caseworker or [Agency name] if you or your family needed help in the future?		
Туре	Numeric		
Format	F1		
Data File	194Analy	/tic	
Source	Family Su	urvey	
Valid Values	1	Very likely	
	2	Somewhat likely	
	3	Not at all likely	

# CFS4A

Position	277		
Label	4. How did you feel after the first time a [Agency name] caseworker came to your home: Relieved?		
Туре	Numeric		
Format	F1		
Data File	194Analytic		
Source	Family Survey		
Valid Values	0	No	
	1	Yes	

# CFS4B

Position 278

Label 4. How did you feel after the first time a [Agency name] caseworker came to

your home: Respected?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS4C

Position 279

Label 4. How did you feel after the first time a [Agency name] caseworker came to

your home: Encouraged?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS4D

Position 280

Label 4. How did you feel after the first time a [Agency name] caseworker came to

your home: Angry?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

#### CFS4E

Position 281

Label 4. How did you feel after the first time a [Agency name] caseworker came to

your home: Worried?

Type Numeric Format F1

Data File 194Analytic Source Family Survey Valid Values 0 No

1 Yes

# CFS4F

Position 282

Label 4. How did you feel after the first time a [Agency name] caseworker came to

your home: Thankful?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS4G

Position 283

Label 4. How did you feel after the first time a [Agency name] caseworker came to

your home: Hopeful?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS4H

Position 284

Label 4. How did you feel after the first time a [Agency name] caseworker came to

your home: Comforted?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

#### CFS4I

Position 285

Label 4. How did you feel after the first time a [Agency name] caseworker came to

your home: Stressed?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS4J

Position 286

Label 4. How did you feel after the first time a [Agency name] caseworker came to

your home: Afraid?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS4K

Position 287

Label 4. How did you feel after the first time a [Agency name] caseworker came to

your home: Disrespected?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

#### CFS4L

Position 288

Label 4. How did you feel after the first time a [Agency name] caseworker came to

your home: Discouraged?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS5

Position 289 Label 5. About how many times did you or other members of your family meet with the caseworker? Type Numeric **Format** F1 Data File 194Analytic Source Family Survey Valid Values 1 1 2 2-5 3 6-10

More than 10

4

3

# CFS6

Position 290 Label 6. Overall, how carefully did the caseworker listen to what you and other members of your family had to say? Type Numeric **Format** F1 Data File 194Analytic Source Family Survey Valid Values 1 Very carefully 2 Somewhat carefully

Not at all carefully

# CFS7

Position 291 Label 7. Overall, how well do you feel the caseworker understood you and your family's needs? Type Numeric **Format** F1 Data File 194Analytic Source Family Survey Valid Values 1 Very well 2 Somewhat well 3 Not at all well

#### CFS8

Position	292
Label	8. Were there things that were important to you or your family that did not get
	talked about with the caseworker?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS9

Position 293

Label 9. How often did the caseworker consider your opinions before making

decisions that concerned you and your family?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 1 Always

SometimesNever

# CFS10

Position 294

Label 10. Did the caseworker recognize the things that you and your family do well?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

#### CFS11

Position 295

Label 11. How easy was it to contact the caseworker?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 1 Very easy

2 Somewhat easy

3 Not at all easy

# CFS12A

Position 296

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Emergency shelter?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12B

Position 297

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Car repair or transportation assistance?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12C

Position 298

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Housing assistance?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

#### CFS12D

Position 299

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Food or clothing for your family?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey Valid Values 0 No

1 Yes

#### CFS12E

Position 300

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Money to pay your rent?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12F

Position 301

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Appliances, furniture or home repair?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12G

Position 302

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Help paying utilities?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

#### CFS12H

Position 303

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Welfare/public assistance services?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12I

Position 304

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Medical or dental care for you or your

family?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12J

Position 305

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Any other financial help?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12K

Position 306

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Help for a family member with a

disability?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12L

Position 307

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Legal services?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12M

Position 308

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Assistance in your home, such as cooking

or cleaning?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12N

Position 309

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Help with child care or day care?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# **CFS120**

Position 310

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Help getting mental health services?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12P

Position 311

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Respite care for time away from your

children?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12Q

Position 312

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Help in getting alcohol or drug treatment?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12R

Position 313

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Meetings with other parents about raising

children?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12S

Position 314

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Parenting classes?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12T

Position 315

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Help in getting into educational classes?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12U

Position 316

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Counseling services (individual, family,

mental health)?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12V

Position 317

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Help in looking for employment or in

changing jobs?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12W

Position 318

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Domestic violence services?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS12X

Position 319

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Job training or vocational training?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

#### CFS12Y

Position 320

Label 12. Did you or your family get any of the following help or services during your

experience with [Agency name here]: Education services?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

#### CFS13

Position 321

Label 13. Was there any help that you or your family needed but did not receive?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS14

Position 322

Label 14. Overall, are you and your family better off or worse off because of your

experiences with [Agency name]?

Type Numeric

Format F1

Data File 194Analytic Source Family Survey

Valid Values 1 We are better off

We are the sameWe are worse off

#### CFS15

Position 323

Label 15. Are you a better parent because of your experience with [Agency name]?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS16

Position 324

Label 16. Are your children safer because of your experience with [Agency name]?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS17

Position 325

Label 17. Are you better able to provide necessities like food, clothing, shelter, or

medical servies because of your experience with [Agency name]?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS18

Position 326

Label 18. What is your highest level of education?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 1 Less than 8th grade

2 8th - 11th grade

High school diploma or GED
 Some college or trade school
 Two-year college degree
 Four-year college degree

7 Some graduate school or graduate degree

#### CFS19

Position 327

Label 19. What was your total household income last year?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 1 \$0 - \$9,999

2 \$10,000 - \$19,999 3 \$20,000 - \$29,999 4 \$30,000 - \$39,999 5 \$40,000 - \$49,999 6 \$50,000 - \$59,999 7 \$60,000 or more

# CFS20

Position 328

Label 20. What is your gender?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 1 Male

2 Female

### CFS21

Position 329

Label 21. Are you of Hispanic, Latino, or Spanish Origin?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS22A

Position 330

Label 22. What is your race: Black or African American?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS22B

Position 331

Label 22. What is your race: White?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS22C

Position 332

Label 22. What is your race: Alaska Native?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

### CFS22D

Position 333

Label 22. What is your race: American Indian?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS22E

Position 334

Label 22. What is your race: Asian?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS22F

Position 335

Label 22. What is your race: Native Hawaiian or other Pacific Islander?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

# CFS22G

Position 336

Label 22. What is your race: Other?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 0 No

1 Yes

### CFS23

Position 337

Label 23. Were you offered services in your preferred language?

Type Numeric Format F1

Data File 194Analytic Source Family Survey

Valid Values 1 Yes - in English

2 Yes - in another language

3 No

# **FamilyData**

Position 338

Label Family Survey Data for this CaseID

Type Numeric Format F1

Data File 194Analytic Source Created

Valid Values 0 False

1 True

# **AnyRemoved**

Position 339

Label Any children removed during 365 day window

Type Numeric Format F1

Data File 194Analytic Source Created

Derivation Equal to zero if Admin36, 43, 50, 57, 64, & 71 all = 0 or missing, = 1 otherwise.

Valid Values 0 No

1 Yes

# assess\_days

Position 340

Label duration of assessment (limited to 365 days)

Type Numeric Format F6

Data File 194Analytic Source Created

Derivation Duration between RCT Pathway Assignment Date (Admin2) and either Reporting

Period end date (Admin4) or Completion of IR/FAR assessment period date

(Admin15), whichever date occurred first.

#### assessCat

Position 341

Label Time to completion of assessment in days, limited to 365

Type Numeric Format F4.2

Data File 194Analytic Source Created

Valid Values 1.00 1 to 30 days

2.00 31 to 60 days3.00 61 to 90 days4.00 91 to 365 days

# **CAgeAtIntake**

Position 342

Label Youngest child's age at pathway assignment

Type Numeric Format F2

Data File 194Analytic Source Created

Derivation Difference between child DOB (latest date from Admin31, 38, 45, 52, 59, & 66

rounded to nearest year) & pathway assignment date (Admin2).

# CAgeAtIntakeCat\_2

Position 343

Label Youngest Child's Age At Pathway Assignment - Categorized - Categories per

Child Maltreatment

Type Numeric Format F4.2

Data File 194Analytic Source Created

Valid Values	1.00	<1
	2.00	1
	3.00	2
	4.00	3
	5.00	4 through 7
	6.00	8 through 11
	7.00	12 through 15
	8.00	16 through 17
	9.00	18 through 21

# **CDaysOutOfHome**

Position 344

Label Total number of child-days per family out of home at one year

Type Numeric Format F2

Data File 194Analytic Source Created

Derivation Sum of Admin37, 44, 51, 58, 65, &72.

# CFS4abcfgh

Position 345

Label Mean of CFSabcfg&h: Positive Affect

Type Numeric
Format F6.2
Data File 194Analytic
Source Created

Derivation Mean value of CFS4a, CFS4b, CFS4c, CFS4f, CFS4g, and CFS4h.

# CFS4dkl

Position 346

Label Mean of CFS4dk&l: Anger

Type Numeric Format F6.2

Data File 194Analytic Source Created

Derivation Mean value of CFS4d, CFS4k, and CFS4.

# CFS4eij

Position 347

Label Mean of CFS4ei&j: Worry

Type Numeric Format F6.2

Data File 194Analytic

Source Created

Derivation Mean value of CFS4e, CFS4i, and CFS4j.

# CHageO\_flag

Position 348

Label Oldest child older than 22 at intake

Type Numeric Format F6.2

Data File 194Analytic Source Created

Valid Values .00 False

1.00 True

# CHageY\_flag

Position 349

Label Youngest child older than 22 at intake

Type Numeric
Format F6.2
Data File 194Analytic
Source Created

Valid Values .00 False

1.00 True

#### **CRDRPC**

Position 350

Label Number of children removed during 365 day window

Type Numeric Format F6.2

Data File 194Analytic Source Created

Original Variable ChildrenRemovedDuringReportingPeriodCount

# CRDRPC CAT

Position 351

Label Number of children removed during 365 day - CATEGORICAL

Type Numeric Format F4.2

Data File 194Analytic Source Created

Original Variable ChildrenRemovedDuringReportingPeriodCount\_CAT

Valid Values .00 0 removals

1.00 1 removal 2.00 2 removals

3.00 3 or more removals

### engaged\_very

Position 352

Label Family characteristics at 1st meeting: Engaged - DICHOTOMOUS

Type Numeric Format F1

Data File 194Analytic Source Created

Derivation 1 if CSQ12c = 1; 0 if CSQ12c = 2,3, or 4.

Valid Values 0 moderately/a little/not at all engaged

1 very engaged

# **FamilyEthn**

Position 353

Label Family ethnicity

Type Numeric Format F1

Data File 194Analytic Source Created

Derivation If all non-missing values for ethnicity (Admin70, 63, 56, 49, 42, 35, & 29) are

Hispanic or Latino Only then FamilyEthn=1; Else FamilyEthn=0.

Valid Values 0 Non or Mixed Hispanic or Latino

1 Hispanic or Latino Only

# **FamilyRace**

Position 354

Label Family race
Type Numeric
Format F1

Data File 194Analytic Source Created

Derivation If all non-missing values for race (Admin69, 62, 55, 48, 41, 34, & 28) are the

same then FamilyRace= that value; If they are not the same FamilyRace=6.

Valid Values 1 American Indian or Alaskan Native Only

2 Asian Only

3 Black or African American Only

4 Native Hawaiian or other Pacific Islander Only

5 White Only6 Multi-racial

# **FlagYisO**

Position 355

Label Single child - Oldest and youngest information is the same

Type Numeric
Format F6.2
Data File 194Analytic

Source 194Analytic

Derivation True if DOB was only provided for Admin31.

Valid Values .00 False

1.00 True

# Multi

Position 356

Label Multi-racial, endorsed by caseworker

Type Numeric Format F1

Data File 194Analytic Source Created

Derivation Variable used in regression analyses. Equal to 1 if familyrace = 6, 0 otherwise

Valid Values 0 No

1 Yes

# NumberChildrenCat

Position 357

Label Number of children (Recoded)

Type Numeric Format F4.2

Data File 194Analytic Source Created

Valid Values 4.00 4+

# OldCAgeAtIntake

Position 358

Label Oldest Child's Age At Pathway Assignment

Type Numeric Format F2

Data File 194Analytic Source Created

Derivation Difference between child DOB (latest date from Admin31, 38, 45, 52, 59, & 66

rounded to nearest year) & pathway assignment date (Admin2).

# OldCAgeAtIntakeCat\_2

Position 359

Label Oldest child's age at pathway assignment - Categorized - Categories per Child

Maltreatment

Type Numeric Format F4.2

Data File 194Analytic Source Created

Valid Values 1.00 <1

2.00 1 3.00 2 4.00 3

5.00 4 through 7 6.00 8 through 11 7.00 12 through 15 8.00 16 through 17 9.00 18 through 21

# OldestSex

Position 360

Label Sex of oldest child

Type Numeric Format F6.2

Data File 194Analytic Source Created

Valid Values 1.00 Male

2.00 Female

# ongoing\_365

Position 361

Label Duration of ongoing services, limited to 365 days

Type Numeric Format F6

Data File 194Analytic Source Created

Derivation Number of days between the start of ongoing services provision (Admin17) and

either the end of ongoing services (Admin18) or reporting period end date

(Admin4), whichever occurred first.

# ongoing\_days

Position 362

Label Duration of ongoing services, missing recoded as 0 (if not missing the first safety

assesment result)

Type Numeric
Format F6.2
Data File 194Analytic
Source Created

Derivation Calculated as Ongoing\_365 but allowing for zero days of ongoing services

# ongoingCat

Position 363

Label Time to completion of ongoing services in days

Type Numeric Format F4.2

Data File 194Analytic Source Created

Valid Values 1.00 1 to 30 days

2.00 31 to 60 days3.00 61 to 90 days4.00 91 to 365 days

# participation\_max

Position 364

Label Largest participation value of CSQSFI 1 to 9 d

Type Numeric Format F6.2

Data File 194Analytic Source Created

Derivation Largest value in CSQSFI1d, CSQSFI2d, ..., CSQSFI9d, among those for whom any

service was provided (CSQSFI1a=1, CSQSFI2a=1, ..., CSQSFI9a=1).

# participation\_mean

Position 365

Label Average participation value of CSQSFI 1 to 9 d

Type Numeric Format F6.2

Data File 194Analytic Source Created

Derivation Mean value in CSQSFI1d, CSQSFI2d, ..., CSQSFI9d, among those for whom any

service was provided (CSQSFI1a=1, CSQSFI2a=1, ..., CSQSFI9a=1).

# **PCAgeAtIntake**

Position 366

Label Primary caregiver age at Pathway Assignment

Type Numeric Format F2

Data File 194Analytic Source Created

Derivation Difference (rounded to nearest whole year) between caregiver DOB (Admin26)

and pathway assignment date (Admin2).

# **PCAgeAtIntakeCat**

Position 367

Label Primary Caregiver Age At Pathway Assignment - Categorized

Type Numeric Format F4.2

Data File 194Analytic Source Created

Valid Values 1.00 0 through 19

2.00 20 through 293.00 30 through 394.00 40 and up

#### **RRAA**

Position 368

Label Recoded count of re-referrals occuring after the close of the initial assessment

Type Numeric Format F6.2

Data File 194Analytic Source Created

Original Variable ReReferPostAssess

Valid Values 3.00 3+

#### **RRAA365**

Position 369

Label Number of re-referrals after AR/IR assessment period and within 365 days

Type Numeric Format F6.2

Data File 194Analytic Source Created

Derivation Count of dates from Admin74, 77, 80, 83, 86, 89, 92, 95,98, & 101 after the

completion of the IR/FAR assessment date (Admin15) and before the reporting

period end date (Admin4).

Original Variable ReReferral After Assess 365

# RRAA365 AR

Position 370

Label Number of AR screened-in referrals after IR/AR assessment period (within 365

days)

Type Numeric Format F6.2

Data File 194Analytic Source Created

Derivation # of vars=1 (Admin75, 78, 81, 84, 87, 90, 93, 96, 99, & 102) with re-referral

(Admin74, 77, 80, 83, 86, 89, 92, 95, 98, & 101) after IR/FAR assessment

(Admin15) & before reporting period end (Admin4).

Original Variable ReReferralAfterAssess365\_AR

# RRAA365\_ARCAT

Position 371

Label Number of AR screened-in referrals after IR/AR assessment period (within 365

days)

Type Numeric Format F4.2

Data File 194Analytic Source Created

Original Variable ReReferralAfterAssess365\_CAT

Valid Values .00 0

1.00 1

2.00 2 or more

# RRAA365\_CAT

Position 372

Label Number of re-referrals after AR/IR assessment period and within 365 days -

**CATEGORICAL** 

Type Numeric Format F4.2

Data File 194Analytic Source Created

Original Variable ReReferral After Assess 365\_ARCat

Valid Values .00 0 re-referrals after assess/365

1.00 1 re-referrals after assess/365

2.00 2 or more re-referrals after assess/365

# RRAA365\_IR

Position 373

Label Number of IR screened-in referrals after IR/AR assessment period (within 365

days)

Type Numeric
Format F6.2
Data File 194Analytic
Source Created

Derivation # of vars=2 (Admin75, 78, 81, 84, 87, 90, 93, 96, 99, & 102) with re-referral

(Admin74, 77, 80, 83, 86, 89, 92, 95, 98, & 101) after IR/FAR assessment

(Admin15) & before reporting period end (Admin4).

Original Variable ReReferralAfterAssess365\_IR

# RRAA365\_IRCAT

Position 374

Label Number of IR screened-in referrals after IR/AR assessment period (within 365

days)

Type Numeric Format F4.2

Data File 194Analytic Source Created

Original Variable ReReferral After Assess 365\_IRC at

Valid Values .00 0

1.00 1

2.00 2 or more

# RRAA365\_IRsub

Position 375

Label Number of substantiated/indicated IR screened-in referrals after IR/AR

assessment period (within 365 days)

Type Numeric Format F6.2

Data File 194Analytic
Source Created

Derivation #of vars=1 (Admin76,79,80,83,88,91,94,97,100,&103) with re-referral=IR

(Admin75,78,81,84,87,90,93,96,99,& 102), re-referral

(Admin74,77,80,83,86,89,92,95,98,& 101) after Admin15 & before Admin4.

Original Variable ReReferralAfterAssess365\_IRsub

# RRAA365 IRsubCAT

Position 376

Label Number of substantiated/indicated IR screened-in referrals after IR/AR

assessment period (within 365 days)

Type Numeric Format F4.2

Data File 194Analytic

Source Created

Original Variable ReReferralAfterAssess365\_IRsubCat

Valid Values .00 0

1.00 1

2.00 2 or more

#### **RRCount**

Position 377

Label Number of re-referrals since RCT pathway assignment

Type Numeric Format F6.2

Data File 194Analytic Source Created

Derivation # of non-missing values from Admin74, 77, 80, 83, 86, 89, 92, 95, 98, and 101

Original Variable ReReferralsCount

#### **RRACC**

Position 378

Label Any re-referrals since initial case close

Type Numeric Format F1

Data File 194Analytic Source Created

Original Variable ReReferredAfterCaseClose

Valid Values 0 No

1 Yes

# RRCount\_CAT

Position 379

Label Number of re-referrals since RCT pathway assignment (Recoded)

Type Numeric Format F4.2

Data File 194Analytic Source Created

Original Variable ReReferralsCountR

Valid Values 3.00 3+

#### **RRCACC**

Position 380

Label Number of re-referrals after AR/IR assessment period and within 365 days

Type Numeric

Format F6.2

Data File 194Analytic Source Created

Derivation Count of dates from Admin74, 77, 80, 83, 86, 89, 92, 95, 98, and 101, after the

completion of the IR/FAR assessment date (Admin15).

Original Variable ReReferralsCountAfterCaseClose

# safety\_pattern4

Position 381

Label Changes in results from first to last safety assessment

Type Numeric Format F1

Data File 194Analytic Source Created

Derivation Based on a comparison of Admin12 and Admin14.

Valid Values 1 stayed not safe

became safebecame not safestayed safe

#### total 365

Position 382

Label Duration of ongoing services, limited to 365 days

Type Numeric Format F6

Data File 194Analytic Source Created

Derivation # of days between RCT pathway assignment date (Admin2) and either Admin15

if no ongoing services provided, Admin18 if ongoing services are provided, or

Admin4, whichever comes first.

#### totalCat

Position 383

Label Time to completion of assessment and ongoing services in days, limited to 365

Type Numeric Format F4.2

Data File 194Analytic Source Created

Derivation The earliest date from Admin74, 77, 80, 83, 86, 89, 92, 95, 98, and 101 that falls

after Admin15 (CO/OH) or Admin15b (IL).

Valid Values 1.00 1 to 30 days

2.00 31 to 60 days 3.00 61 to 90 days

4.00	91 to 120 days
5.00	121 to 150 days
6.00	151 to 180 days
7.00	181 to 365 days

### TotalDurP365Quart

Position 384

Label Time to completion of all services (assessment and ongoing) in days / proportion

of 365 days, quartiles

Type Numeric Format F2

Data File 194Analytic Source Created

Derivation total\_365 divided by 365, then categorized.

Valid Values 1 < 25%

2 25 to < 50% 3 50 to < 75% 4 75 to 100%

# YoungestSex

Position 385

Label Sex of youngest child

Type Numeric Format F6.2

Data File 194Analytic Source Created

Valid Values 1.00 Male

2.00 Female

### **IDcaseworker**

Position 1

Label Caseworker ID (encrypted)

Type String
Format A14
Data File 194Staff
Source Created

Derivation Encrypted - Converted to a string variable with state/site information added

Original Variable CaseworkerID
Missing Values CO, IL, OH

# **IDsupervisor**

Position 2

Label Supervisor ID (encrypted)

Type String
Format A14
Data File 194Staff
Source Created

Derivation Encrypted - Converted to a string variable with state/site information added

Original Variable SupervisorID Missing Values CO, IL, OH

#### **IDrecord**

Position 3

Label ID for records without a staff/supervisor ID (Does not define a unique staff

respondent)

Type String
Format A14
Data File 194Staff
Source Created

Derivation Encrypted - String variable ID with state/site information. Created for records

without a supervisor or caseworker ID

Note Ohio only. DOES NOT DEFINE A UNIQUE STAFF RESPONDENT.

Missing Values CO, IL, OH

#### **IDsite**

Position 4
Label State Site
Type String
Format A2
Data File 194Staff
Source Created

Derivation String variable state abbreviation of IDstate

#### **IDstate**

Position 5 Label St

Label State ID
Type Numeric
Format F2
Data File 194Staff

Source Staff Survey
Original Variable StateID

Valid Values 1 Colorado

2 Illinois

3 Ohio

### **IDcounty**

Position 6

Label County ID (encrypted)

Type Numeric
Format F8.2
Data File 194Staff
Source Created

Derivation Encrypted - FIPS codes converted to random county number IDs

Original Variable CountyID

Note Colorado and Ohio only. (Illinois uses region.)

Valid Values 6.00 County 6

County 13 13.00 County 16 16.00 19.00 County 19 County 29 29.00 52.00 County 52 72.00 County 72 80.00 County 80 81.00 County 81 83.00 County 83 90.00 County 90

# **IDregion**

Position 7

Label Region ID (encrypted)

Type Numeric
Format F8.2
Data File 194Staff
Source Created

Derivation Encrypted - regions converted to random number IDs

Original Variable ILregion

Note Illinois only. (Colorado and Ohio use county.)

Valid Values 1.00 Region 1

2.00 Region 23.00 Region 34.00 Region 4

### **SubDate**

Position 8

Label Submission Date (mm/dd/yyyy)

Type Numeric
Format ADATE10
Data File 194Staff

Source Staff Survey

## **PrimResponse**

Position 9

Label Primary Responsibility

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 Caseworker

SupervisorOther

### **PubPrivate**

Position 10

Label Public or Private Agency

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 Public

2 Private

### GCS1a

Position 11

Label How long have you worked in child welfare: years? (question 1, part 1)

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Complete answer to question 1 is GCS1a + GCS1b = GSC1total

### GCS1b

Position 12

Label How long have you worked in child welfare: months? (question 1, part 2)

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Complete answer to question 1 is GCS1a + GCS1b = GSC1total

### GCS1total

Position 13

Label How long have you worked in child welfare: total months?

Type Numeric
Format F4
Data File 194Staff
Source Created

Derivation GCS1a\*12 + GCS1b = GSC1total in months

### GCS2a

Position 14

Label Work areas that are currently part of your job: Intake

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 0 No

1 Yes

### GCS2b

Position 15

Label Work areas that are currently part of your job: Screening

Type Numeric
Format F2
Data File 194Staff

Source Staff Survey

Valid Values 0 No

1 Yes

### GCS2c

Position 16

Label Work areas that are currently part of your job: Case assessment–Investigative

Response (IR)

Type Numeric Format F2 Data File 194Staff

Source Staff Survey

Valid Values 0 No

1 Yes

### GCS2d

Position 17

Label Work areas that are currently part of your job: Case assessment– Alternative

Response (AR)

Type Numeric Format F2

Data File 194Staff Source Staff Survey

Valid Values 0 No

1 Yes

### GCS2e

Position 18

Label Work areas that are currently part of your job: Ongoing casework/ intact

families

Type Numeric Format F2

Data File 194Staff Source Staff Survey

Valid Values 0 No

1 Yes

### GCS2f

Position 19

Label Work areas that are currently part of your job: Out-of-home placement/ custody

cases

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 0 No

1 Yes

### GCS2g

Position 20

Label Work areas that are currently part of your job: Family preservation/prevention

services

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Valid Values 0 No

1 Yes

### GCS2h

Position 21

Label Work areas that are currently part of your job: Adoption

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 0 No

1 Yes

### GCS2i

Position 22

Label Work areas that are currently part of your job: other

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Space on instrument for open-ended written response describing "other" not

included in dataset.

Valid Values 0 No

1 Yes

### GCS3a

Position 23

Label How many cases are on your current caseload?

Type Numeric
Format F3
Data File 194Staff
Source Staff Survey

Skip Logic Asked only of caseworkers

### GCS3b

Position 24

Label How many of these are AR cases?

Type Numeric
Format F3
Data File 194Staff
Source Staff Survey

Skip Logic Asked only of caseworkers

### GCS4

Position 25

Label Do you supervise any AR workers?

Type Numeric Format F2 Data File 194Staff

Data File 194Staff
Source Staff Survey

Skip Logic Asked only of supervisors

Valid Values 0 No

1 Yes

### GCS5a

Position 26

Label Has AR in any way caused an increase or decrease in your: caseload size?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 Large Decrease

Small Decrease
No Change
Small Increase
Large Increase

### GCS5b

Position 27

Label Has AR in any way caused an increase or decrease in your: overall workload?

Type Numeric Format F2

Data File 194Staff Source Staff Survey

Valid Values 1 Large Decrease

Small Decrease
No Change
Small Increase
Large Increase

#### GCS5c

Position 28

Label Has AR in any way caused an increase or decrease in your: paperwork?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 Large Decrease

Small Decrease
No Change
Small Increase
Large Increase

#### GCS6a

Position 29

Label Your perception of your skill level in: Interviewing

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Instrument Subcategory = Interpersonal Skills

Valid Values 1 1 Basic

2 2 3 4 4 5 5 6 6

7 7 Advanced

### GCS6b

Position 30

Label Your perception of your skill level in: Listening

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Instrument Subcategory = Interpersonal Skills

Valid Values 1 1 Basic

2 2 3 4 4 5 5 6 6

7 7 Advanced

### GCS6c

Position 31

Label Your perception of your skill level in: Counseling

Type Numeric Format F2

Data File 194Staff Source Staff Survey

Note Instrument Subcategory = Interpersonal Skills

Valid Values 1 1 Basic

2 2 3 4 4 5 5 6 6

7 Advanced

### GCS6d

Position 32

Label Your perception of your skill level in: Non-verbal communication

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Note Instrument Subcategory = Interpersonal Skills

Valid Values 1 1 Basic

2 2 3 4 4 5 5 6 6

7 Advanced

### GCS6e

Position 33

Label Your perception of your skill level in: Reasoning

Type Numeric Format F2 Data File 194Staff

Source Staff Survey
Note Instrument Subcategory = Interpersonal Skills

Valid Values 1 1 Basic

2 2

3	3
4	4
5	5
6	6
7	7 Advanced

# GCS6f

Position	34	
Label	Your perception	n of your skill level in: Empathizing
Туре	Numeric	
Format	F2	
Data File	194Staff	
Source	Staff Survey	
Note	Instrument Sul	ocategory = Interpersonal Skills
Valid Values	1	1 Basic
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7 Advanced

# GCS6g

Position	35	
Label	Your perception	n of your skill level in: Interpersonal relationships
Туре	Numeric	
Format	F2	
Data File	194Staff	
Source	Staff Survey	
Note	Instrument Sub	ocategory = Interpersonal Skills
Valid Values	1	1 Basic
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7 Advanced

# GCS6h

Position	36
Label	Your perception of your skill level in: Cultural sensitivity
Туре	Numeric
Format	F2

Data File 194Staff Source Staff Survey

Note Instrument Subcategory = Interpersonal Skills

Valid Values 1 1 Basic

2 2 3 3 4 4 5 5 6 6

7 7 Advanced

### GCS6i

Position 37

Label Your perception of your skill level in: Fact finding skills

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Instrument Subcategory = Case Skills

Valid Values 1 1 Basic

2 2 3 4 4 5 5 6 6

7 7 Advanced

# GCS6j

Position 38

Label Your perception of your skill level in: Evaluating case facts

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Instrument Subcategory = Case Skills

Valid Values 1 1 Basic

2 2 3 4 4 5 5 6 6

7 7 Advanced

### GCS6k

Position 39

Label Your perception of your skill level in: Gathering complete and quality

information

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Instrument Subcategory = Case Skills

Valid Values 1 1 Basic

2 2 3 4 4 5 5 6 6

7 7 Advanced

### GCS6I

Position 40

Label Your perception of your skill level in: Effectively having clients complete case

plans

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Instrument Subcategory = Case Skills

Valid Values 1 1 Basic

2 2 3 3 4 4 5 5 6 6

7 7 Advanced

### GCS6m

Position 41

Label Your perception of your skill level in: Decision making skills

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Instrument Subcategory = Case Skills

Valid Values	1	1 Basic
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7 Advanced

# GCS6n

Position	42	
Label	Your per	ception of your skill level in: Accuracy of judgments
Туре	Numeric	
Format	F2	
Data File	194Staff	
Source	Staff Surv	vey
Note	Instrume	nt Subcategory = Case Skills
Valid Values	1	1 Basic
	2	2
	3	3
	4	4
	5	5
	6	6
	7	7 Advanced

# GCS60

Position	43		
Label	Your perception of your skill level in: Developing case plans with families		
Туре	Numeric		
Format	F2		
Data File	194Staff		
Source	Staff Survey		
Note	Instrument Subcategory = Case Skills		
Valid Values	1	1 Basic	
	2	2	
	3	3	
	4	4	
	5	5	
	6	6	
	7	7 Advanced	

# GCS6p

Position 44

Label Your perception of your skill level in: Involving families in the assessment

process

Type Numeric **Format** F2 Data File 194Staff

Staff Survey Note Instrument Subcategory = Case Skills

Valid Values 1 1 Basic

> 2 2 3 3 4 4 5 5 6 6

7 Advanced 7

### GCS6q

Source

Position 45

Label Your perception of your skill level in: Identifying client and family strengths

Type Numeric

**Format** F2

Data File 194Staff Source Staff Survey

Note Instrument Subcategory = Case Skills

Valid Values 1 1 Basic

2 2 3 3 4 4 5 5 6 6

7 7 Advanced

#### GCS6r

Position

Label Your perception of your skill level in: Connecting families with needed resources

Type Numeric **Format** F2

194Staff Data File Source Staff Survey

Note Instrument Subcategory = Case Skills

Valid Values 1 1 Basic

> 2 2 3 3 4 4

5 5 6 6

7 7 Advanced

### GCS6s

Position 47

Label Your perception of your skill level in: Collaborative decision making with families

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Instrument Subcategory = Case Skills

Valid Values 1 1 Basic

2 2 3 3 4 4 5 5 6 6

7 Advanced

### GCS7

Position 48

Label How satisfied are you with your current child welfare job?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 1 Very Dissatisfied

2 2 3 3 4 4

5 5 Very Satisfied

#### GCS8

Position 49

Label Has the introduction of AR made it any more or less likely that you will remain in

this field of work?

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 1 Much Less Likely

2 3 No Effect 3 4

5 Much More Likely 5

### GCS9

Position 50 Label For cases that are appropriate for AR, in your opinion how does the AR approach compare to the IR approach regarding child safety? Type Numeric **Format** F2 Data File 194Staff Source **Staff Survey** Valid Values 1 1 AR Much Safer 2 3 No Difference 3 4 5 IR Much Safer

### GCS10a

5

Position 51 Label What are the major differences between AR and IR in your county: Families receive services they need Type Numeric **Format** F2 Data File 194Staff Source **Staff Survey** Valid Values 1 1 Much More Likely with AR 2 2 3 3 No Difference 4 5 5 Much More Likely with IR

#### GCS10b

Position 52 Label What are the major differences between AR and IR in your county: Families receive services quickly Type Numeric **Format** F2 Data File 194Staff Source Staff Survey Valid Values 1 1 Much More Likely with AR

2 2 3 No Difference 4 4

5 Much More Likely with IR

### GCS10c

Position 53

Label What are the major differences between AR and IR in your county: Families

referred to other resources or agencies in community

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 1 Much More Likely with AR

2 2

3 3 No Difference

4 4

5 Much More Likely with IR

### GCS10d

Position 54

Label What are the major differences between AR and IR in your county: Separate

interviews of child and caregiver

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 1 Much More Likely with AR

2 2

3 No Difference

4

5 Much More Likely with IR

#### GCS10e

Position 55

Label What are the major differences between AR and IR in your county: Family

members present at initial assessment

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 1 Much More Likely with AR

2	2
3	3 No Difference
4	4
5	5 Much More Likely with IR

# GCS10f

Position	56	
Label	What are the major differences between AR and IR in your county: Cooperation	
	of caregivers/	/family members
Type	Numeric	
Format	F2	
Data File	194Staff	
Source	Staff Survey	
Valid Values	1	1 Much More Likely with AR
	2	2
	3	3 No Difference
	4	4
	5	5 Much More Likely with IR

# GCS10g

Position	57	
Label	What are the major differences between AR and IR in your county: Participation	
	in decisions a	nd case plans
Туре	Numeric	
Format	F2	
Data File	194Staff	
Source	Staff Survey	
N/ P 1N/ 1		
Valid Values	1	1 Much More Likely with AR
	2	2
	3	3 No Difference
	4	4
	5	5 Much More Likely with IR

# GCS11a

Position	58		
Label	Families	assigned to AR may receive a formal investigation if they prefer	
Туре	Numeric		
Format	F2		
Data File	194Staff		
Source	Staff Sur	rey	
Valid Values	0	No	
	1	Yes	

### GCS11b

Position 59

Label Families receiving AR may refuse services without consequence if there are no

major safety concerns

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Valid Values 0 No

1 Yes

### GCS11c

Position 60

Label When families receive AR, no one is formally identified as a perpetrator

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 0 No

1 Yes

### GCS11d

Position 61

Label Families receiving AR are transferred to the IR pathway when safety issues make

it necessary

Type Numeric

Format F2

Data File 194Staff
Source Staff Survey

Valid Values 0 No

1 Yes

### GCS11e

Position 62

Label Families receiving AR are approached in a friendly, non-accusing manner

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 0 No

1 Yes

### GCS11f

Position 63

Label Families are consistently assigned to AR vs. IR pathways, based on clear criteria

Type Numeric Format F2

Data File 194Staff Source Staff Survey

Valid Values 0 No

1 Yes

# GCS11g

Position 64

Label When families receive AR, there is no formal determination of child

maltreatment

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Valid Values 0 No

1 Yes

### GCS11h

Position 65

Label AR is formalized in statute, policy, and protocols

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 0 No

1 Yes

# GCS11i

Position 66

Label All CPS cases are eligible for AR

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 0 No 1 Yes

5

### GCS12a

Position 67 Label In your experience how effective is the current child protection system in working with client families in which there is: drug abuse Type Numeric **Format** F2 Data File 194Staff Source Staff Survey Valid Values 1 Not At All Effective 1 2 3 3 4 4

5 Very Effective

### GCS12b

Position 68 Label In your experience how effective is the current child protection system in working with client families in which there is: alcohol abuse Type Numeric **Format** F2 Data File 194Staff Source Staff Survey Valid Values 1 Not At All Effective 1 2 2 3 3 4 5 Very Effective 5

#### GCS12c

Position 69 Label In your experience how effective is the current child protection system in working with client families in which there is: domestic violence/intimate partner Type Numeric **Format** F2 Data File 194Staff Source Staff Survey 1 Not At All Effective Valid Values 1

2	2
3	3
4	4
5	5 Very Effective

# GCS12d

Position	70	
Label	In your experience how effective is the current child protection system in working with client families in which there is: extreme poverty	
Туре	Numeric	
Format	F2	
Data File	194Staff	
Source	Staff Survey	
Valid Values	1	1 Not At All Effective
	2	2
	3	3
	4	4
	5	5 Very Effective

# GCS12e

Position	71		
Label	In your experience how effective is the current child protection system in working with client families in which there is: extreme child behavior problems		
Type	Numeric		
Format	F2		
Data File	194Staff		
Source	Staff Survey		
Valid Values	1	1 Not At All Effective	
	2	2	
	3	3	
	4	4	
	5	5 Very Effective	

# GCS12f

Position	72	
Label	In your experience how effective is the current child protection system in working with client families in which there is: mental illness	
Туре	Numeric	
Format	F2	
Data File	194Staff	
Source	Staff Survey	
Valid Values	1 1 Not At All Effective	

2
 3
 4
 4
 5 Very Effective

GCS12g

Position 73

Label In your experience how effective is the current child protection system in

working with client families in which there is: mental

retardation/developmental disability

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 1 Not At All Effective

2 2 3 3 4 4

5 5 Very Effective

GCS12h

Position 74

Label In your experience how effective is the current child protection system in

working with client families in which there is: extremely poor parenting skills

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 1 Not At All Effective

2 2 3 3 4 4

5 5 Very Effective

GCS12i

Position 75

Label In your experience how effective is the current child protection system in

working with client families in which there is: educational neglect

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Valid Values	1	1 Not At All Effective
	2	2
	3	3
	4	4
	5	5 Very Effective

# GCS12j

Position	76		
Label	In your experience how effective is the current child protection system in		
	working with c	lient families in which there is: parent-child conflict	
Туре	Numeric		
Format	F2		
Data File	194Staff		
Source	Staff Survey		
Valid Values	1	1 Not At All Effective	
	2	2	
	3	3	
	4	4	
	5	5 Very Effective	

# GCS13

Position	77	
Label	Overall, how sa	atisfied are you with the AR program in your county?
Туре	Numeric	
Format	F2	
Data File	194Staff	
Source	Staff Survey	
Valid Values	1	1 Not At All Satisfied
	2	2
	3	3
	4	4
	5	5 Completely Satisfied

# GCS15a

Position	78
Label	Indicate what type of training opportunities you have received regarding AR and training opportunities you could benefit from: General introduction/overview of AR
Type	Numeric
Format	F2
Data File	194Staff
Source	Staff Survey

Valid Values 1 Training Received

2 Training Needed

3 No Training Needed or Received

### GCS15b

Position 79

Label Indicate what type of training opportunities you have received regarding AR and

training opportunities you could benefit from: Core AR Training

Type Numeric

Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 Training Received

2 Training Needed

3 No Training Needed or Received

### GCS15c

Position 80

Label Indicate what type of training opportunities you have received regarding AR and

training opportunities you could benefit from: Refresher of AR concepts

Type Numeric

Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 Training Received

2 Training Needed

3 No Training Needed or Received

#### GCS15d

Position 81

Label Indicate what type of training opportunities you have received regarding AR and

training opportunities you could benefit from: Individual training (i.e. direct

coaching, mentoring, shadowing)

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 Training Received

2 Training Needed

3 No Training Needed or Received

### GCS15e

Position 82

Label Indicate what type of training opportunities you have received regarding AR and

training opportunities you could benefit from: Training on engagement and

interviewing

Type Numeric

Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 Training Received

2 Training Needed

3 No Training Needed or Received

# GCS15f

Position 83

Label Indicate what type of training opportunities you have received regarding AR and

training opportunities you could benefit from: Specialized trainings (i.e.

domestic violence, mental health)

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 Training Received

2 Training Needed

3 No Training Needed or Received

### GCS16a

Position 84

Label Can usually find services in my community that can help keep children safe in

their home

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 1 Do Not Agree

2 2 3 3 4 4

50000000 5 Strongly Agree

### GCS16b

Position 85

Label It is easy to work with most of the service providers in my community.

Type Numeric Format F2

Data File 194Staff Source Staff Survey

Valid Values 1 1 Do Not Agree

2 2 3 3 4 4

5 5 Strongly Agree

### GCS17a

Position 86

Label I have confidence that when a family has one of the following needs, these

needs are able to be met by a local community provider: child care/day care

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 1 Not Confident

2 2 3 3 4 4

5 5 Very Confident

# GCS17b

Position 87

Label I have confidence that when a family has one of the following needs, these

needs are able to be met by a local community provider: early childhood

services

Type Numeric

Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 1 Not Confident

2 2 3 3 4 4

5 S Very Confident

### GCS17c

Position 88

Label I have confidence that when a family has one of the following needs, these

needs are able to be met by a local community provider: respite care/crisis

nursery

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 1 Not Confident

2 2 3 3 4 4

5 5 Very Confident

### GCS17d

Position 89

Label I have confidence that when a family has one of the following needs, these

needs are able to be met by a local community provider: mental health services

Type Numeric

Format F2

Data File 194Staff Source Staff Survey

Valid Values 1 1 Not Confident

2 2 3 3 4 4

5 5 Very Confident

### GCS17e

Position 90

Label I have confidence that when a family has one of the following needs, these

needs are able to be met by a local community provider: substance abuse

treatment

Type Numeric

Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 1 Not Confident

233

4 4

### GCS17f

Position 91 Label I have confidence that when a family has one of the following needs, these needs are able to be met by a local community provider: developmental disability services Numeric Type **Format** F2 194Staff Data File Staff Survey Source Valid Values 1 Not Confident 1 2 3 3 4 5 5 Very Confident

# GCS17g

Position 92 Label I have confidence that when a family has one of the following needs, these needs are able to be met by a local community provider: medical services Type Numeric **Format** F2 Data File 194Staff Source **Staff Survey** Valid Values 1 Not Confident 1 2 2 3 3 4 4 5 5 Very Confident

### GCS17h

Position	93	
Label		nfidence that when a family has one of the following needs, these e able to be met by a local community provider: dental services
Type	Numeric	
Format	F2	
Data File	194Staff	
Source	Staff Surv	vey
Valid Values	1	1 Not Confident
	2	2
	3	3

4

5 5 Very Confident

### GCS17i

Position 94

Label I have confidence that when a family has one of the following needs, these

needs are able to be met by a local community provider: transportation services

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 1 Not Confident

2 2 3 3 4 4

5 5 Very Confident

### GCS17j

Position 95

Label I have confidence that when a family has one of the following needs, these

needs are able to be met by a local community provider: domestic violence

services/shelter

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 1 Not Confident

2 2 3 3 4 4

5 S Very Confident

### GCS17k

Position 96

Label I have confidence that when a family has one of the following needs, these

needs are able to be met by a local community provider: food services/food

pantry

Type Numeric

Format F2

Data File 194Staff
Source Staff Survey

Valid Values 1 1 Not Confident

2	2
3	3
4	4
5	5 Very Confident

# GCS17I

Position	97		
Label	I have confidence that when a family has one of the following needs, these needs are able to be met by a local community provider: housing assistance		
Type	Numeric		
Format	F2		
Data File	194Staff		
Source	Staff Survey		
Valid Values	1	1 Not Confident	
	2	2	
	3	3	
	4	4	
	5	5 Very Confident	

# GCS17m

Position	98		
Label	I have confidence that when a family has one of the following needs, these needs are able to be met by a local community provider: utilities & other household assistance		
Туре	Numeric		
Format	F2		
Data File	194Staff		
Source	Staff Survey		
Valid Values	1	1 Not Confident	
	2	2	
	3	3	
	4	4	
	5	5 Very Confident	

# GCS17n

Position	99
Label	I have confidence that when a family has one of the following needs, these needs are able to be met by a local community provider: employment services
Туре	Numeric
Format	F2
Data File	194Staff
Source	Staff Survey

Valid Values	1	1 Not Confident
	2	2
	3	3
	4	4
	5	5 Very Confident

# GCS17o

Position	100	
Label	I have confidence that when a family has one of the following needs, these needs are able to be met by a local community provider: adult education/vocational services	
Туре	Numeric	
Format	F2	
Data File	194Staff	
Source	Staff Sur	vey
Valid Values	1	1 Not Confident
	2	2
	3	3
	4	4
	5	5 Very Confident

# GCS17p

Position	101		
Label	I have confidence that when a family has one of the following needs, these		
	needs are abl	e to be met by a local community provider: parenting classes,	
	household ma	anagement	
Туре	Numeric		
Format	F2		
Data File	194Staff		
Source	Staff Survey		
Valid Values	1	1 Not Confident	
	2	2	
	3	3	
	4	4	
	5	5 Very Confident	

# GCS17q

Position	102
Label	I have confidence that when a family has one of the following needs, these needs are able to be met by a local community provider: youth, recreational activities
Туре	Numeric
Format	F2

Data File	194Staff	
Source	Staff Survey	
Valid Values	1	1 Not Confident
	2	2
	3	3
	4	4
	5	5 Very Confident

# GCS17r

Position	103		
Label	I have confidence that when a family has one of the following needs, these needs are able to be met by a local community provider: legal services		
Type	Numeric		
Format	F2		
Data File	194Staff		
Source	Staff Survey		
Valid Values	1	1 Not Confident	
	2	2	
	3	3	
	4	4	
	5	5 Very Confident	

# GCS17s

Position	104		
Label		dence that when a family has one of the following needs, these ble to be met by a local community provider: support groups (e.g. nymous)	
Туре	Numeric		
Format	F2		
Data File	194Staff		
Source	Staff Survey		
Valid Values	1	1 Not Confident	
	2	2	
	3	3	
	4	4	
	5	5 Very Confident	

# GCS17t

Position	105
Label	I have confidence that when a family has one of the following needs, these
	needs are able to be met by a local community provider: mentoring
Type	Numeric

Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 1 Not Confident

2 2 3 3 4 4

5 5 Very Confident

# **GCS18**

Position 106

Label What is your age (in years)?

Type Numeric
Format F2
Data File 194Staff

Source Staff Survey

### **GCS19**

Position 107

Label What is your gender?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 Male

2 Female

### GCS20

Position 108

Label Are you of Hispanic, Latino, or Spanish Origin?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Space on Instrument for open-ended written response "please specify" not

included in dataset.

Valid Values 0 No

1 Yes

#### GCS21a

Position 109

Label What is your race: Black or African American?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note For race variables GCS21a to GCS21g instrument instructions read "check all

that apply"

Valid Values 0 No

1 Yes

### GCS21b

Position 110

Label What is your race: Asian?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note For race variables GCS21a to GCS21g instrument instructions read "check all

that apply"

Valid Values 0 No

1 Yes

#### GCS21c

Position 111

Label What is your race: Native Hawaiian or other Pacific Islander?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note For race variables GCS21a to GCS21g instrument instructions read "check all

that apply"

Valid Values 0 No

1 Yes

### GCS21d

Position 112

Label What is your race: Alaska Native?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note For race variables GCS21a to GCS21g instrument instructions read "check all

that apply"

Valid Values 0 No

1 Yes

### GCS21e

Position 113

Label What is your race: White?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note For race variables GCS21a to GCS21g instrument instructions read "check all

that apply"

Valid Values 0 No

1 Yes

### GCS21f

Position 114

Label What is your race: American Indian?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note For race variables GCS21a to GCS21g instrument instructions read "check all

that apply"

Valid Values 0 No

1 Yes

# GCS21g

Position 115

Label What is your race: Other?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note For race variables GCS21a to GCS21g instrument instructions read "check all

that apply"

Valid Values 0 No

1 Yes

### GCS22

Position 116

Label What is the highest educational level you have attained?

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Valid Values 1 Less Than 8th Grade

2 8th – 11th Grade

High School Diploma or GED
 Some College or Trade School
 Two-Year College Degree
 Four-Year College Degree

7 Some Graduate School or Graduate Degree

#### GCS23a1

Position 117

Label Which Statement: 23a

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 Work should be focused on keeping the family together.

2 Child protection workers should be willing to be an advocate for

the child.

### GCS23a2

Position 118

Label Strength of preference: 23a

Type Numeric Format F2

Data File 194Staff Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 1 Very Weak

233

4

5 5 Very Strong

#### GCS23b1

Position 119

Label Which Statement: 23b

Type Numeric
Format F2
Data File 194Staff

Data File 194Staff
Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 The client is the child and all other work is secondary.

2 Work should be focused on keeping the family together.

### GCS23b2

Position 120

Label Strength of preference: 23b

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 1 Very Weak

2 2 3 3 4 4

5 5 Very Strong

#### GCS23c1

Position 121

Label Which Statement: 23c

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values Work should be focused on protecting the child. 1

> 2 Work should be focused on keeping the family together.

#### GCS23c2

Source

Position 122

Label Strength of preference: 23c

Numeric Type **Format** F2 Data File 194Staff

**Staff Survey** Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 1 Very Weak

> 2 2 3 3 4 4

5 5 Very Strong

### GCS23d1

Position 123

Label Which Statement: 23d

Type Numeric **Format** F2 Data File 194Staff Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 Families are the best place for children to achieve their full

potential.

There is a need to ensure the physical and emotional well being

of all children.

### GCS23d2

Position 124

Label Strength of preference: 23d

Type Numeric **Format** F2

Data File 194Staff Source Staff Survey Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 1 Very Weak

2 2 3 3 4 4

5 5 Very Strong

### GCS23e1

Position 125

Label Which Statement: 23e

Type Numeric Format F2

Data File 194Staff
Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 Children's rights should be safeguarded so they achieve their

full potential.

The family's right to guide the development of their children

should be safeguarded.

### GCS23e2

Position 126

Label Strength of preference: 23e

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 1 Very Weak

2 2 3 3 4 4

5 5 Very Strong

#### GCS23f1

Position 127

Label Which Statement: 23f

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 Families are the best place for children to achieve their full

potential.

2 The state has a responsibility to protect children.

### GCS23f2

Position 128

Label Strength of preference: 23f

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 1 Very Weak

2 2 3 3 4 4

5 5 Very Strong

# GCS23g1

Position 129

Label Which Statement: 23g

Type Numeric Format F2 Data File 194Staff

Data File 194Staff
Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 There is a need to ensure the physical and emotional well being

of all children.

2 The state should not be responsible for families or their

children.

### GCS23g2

Position 130

Label Strength of preference: 23g

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 1 Very Weak

2 2 3 3 4 4

5 5 Very Strong

#### GCS23h1

Position 131

Label Which Statement: 23h

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 Families are the best place for children to achieve their full

potential.

2 Children's rights should be safeguarded so they achieve their

full potential.

### GCS23h2

Position 132

Label Strength of preference: 23h

Type Numeric
Format F2
Data File 194Staff
Source Staff Survey

Note Presented statement pairs, respondents choose which best reflects his/her

general work focus and beliefs. See Final Report Appendix for Instrument full

text.

Valid Values 1 1 Very Weak

2 2 3 4 4 5 Very Strong