



ICPSR 25867

Evaluation of a Multi-Site Demonstration of Collaborations to Address Domestic Violence and Child Maltreatment in the United States, 2001-2006

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Case Abstractions Data Collection Instruments



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Purposes

- [1] To develop estimates of overall rates of co-occurrence of child maltreatment (CM) and intimate partner violence (IPV) among substantiated public child welfare cases; and
- [2] To ascertain if Greenbook implementation has affected screening for IPV among substantiated public child welfare cases.
- [3] To ascertain if Greenbook implementation has affected confidentiality procedures among substantiated child welfare cases with co-occurring CM and IPV.
- [4] To ascertain if Greenbook implementation has affected referrals to services among substantiated child welfare cases with co-occurring CM and IPV.

Operational Definitions

For the purposes of the National Evaluation, *co-occurrence* is defined as:

“A case with actual or peripheral evidence that a child is maltreated by a household member* according to the Federal 1996 Child Abuse, Prevention and Treatment Act (CAPTA) which occurs concurrent with or related to the child’s parent or primary caregiver experiencing intimate partner violence.”

*A household member is someone who is a regular fixture in the home of the child and the primary caregiver, such as a household resident, a current partner of the primary caregiver, or a former spouse who maintains contact with the child. The household member is defined by an emotional relationship with the child or primary caregiver, not a business relationship (e.g., childcare provider).

And *substantiation* is defined as:

"The child welfare agency has determined that maltreatment has occurred, has verified the maltreatment, and the maltreatment meets the threshold consistent with the state statute."

Variables Under Examination Across the Six Project Sites

The following are variables we intend to assess using case files:

1. Codes used to identify child maltreatment and child placement.
2. Demographic data (e.g., child’s and IPV victim’s age, race and gender).
3. Screening of intimate partner violence by CPS staff.
4. Relationship of perpetrator to IPV victim and child maltreatment victim.
5. Confidentiality procedures (e.g., presence of a signed consent form or other documentation noting confidentiality protocols).
6. Referrals for victims of IPV, victims of child maltreatment and IPV perpetrators.

Sample Size, Frame and Procedures

- The sample will be randomly drawn from all cases where the child welfare agency substantiated child maltreatment.
 - Time 1: Cases where child maltreatment was substantiated in 2001
 - Time 2: Cases where child maltreatment was substantiated in 2003
- Each site will randomly sample 25% of these cases, stratified by whether the case was substantiated child maltreatment in the first six months of the calendar year or the second six months of the calendar year.
 - The minimum sample size for each data collection point is 75, so sites whose 25% sample results in an N less than 75 will randomly sample 75 cases, rather than 25% (or abstract data from all cases opened in the calendar year if desired).
 - The maximum sample size is 150, so sites whose 25% sample results in an N greater than 150 will randomly sample 150 cases, rather than 25%.

Classification Criteria

All cases (universe or sample) will be reviewed for which the following facts are true:

- Child Maltreatment (CM) was substantiated by the child welfare agency.
- Child maltreatment was substantiated during [Time 1]/[Time 2]

Additional data elements will be records for cases where there is co-occurring IPV defined by the following:

- Victim of IPV must be child’s parent or primary caregiver.
- Incidents of child maltreatment and intimate partner violence must occur within one year of each other

LOCAL CASE ID # (BLACKOUT BEFORE SUBMITTING TO CALIBER)	FILE REVIEW #
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COUNTY/SITE	DATE OF FILE REVIEW ____/____/____	CODER INITIALS
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CHILD MALTREATMENT CHARACTERISTICS

(Abstract data from the current incident of child maltreatment ONLY)

- 1 Child Maltreatment substantiated by child welfare agency? Yes No
- 2 New case opened and substantiated during [Time 1]/[Time 2]? Yes No

If case does not meet these two criteria, stop review and go to next case file

- 3 a Date of occurrence of most recent incident of child maltreatment ____/____/____
- b Date of initial report to child welfare agency ____/____/____
- c Date child welfare substantiated child maltreatment ____/____/____

- 4 Type of Child Maltreatment (Select all that apply):
- Physical Abuse
 - Sexual Abuse
 - Neglect (failure to provide)
 - Neglect (failure to supervise)
 - Neglect (failure to protect)
 - Neglect (other)
 - Missing or Unknown
 - Other (explain at left)

- 5 Relationship of child maltreatment perpetrator to child maltreatment victim (Select one)
- Child's biological parent
 - Spouse of biological parent
 - Boy/girlfriend of biological parent
 - Child's primary caregiver (if primary caregiver is not biological parent)
 - Missing or Unknown
 - Other (explain at left)

6 Child Maltreatment Victim Birth Date ____/____/____

- 7 Child Maltreatment Victim Gender
- Male Female
 - Missing or Unknown

- 8 Child Maltreatment Victim Race/Ethnicity *(race/ethnicity codes may be refined)*
- Hispanic
 - Black, Non-Hispanic
 - White, Non-Hispanic
 - Asian and Pacific Islander
 - Alaskan and Native American
 - Bi-/multi- racial/ Mixed
 - Missing or Unknown
 - Other (explain at left)

- 9 Was the child removed from the home for more than an "emergency" or "crisis" basis only?
- Yes
 - No
 - Missing or Unknown

"

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FILE REVIEW #

SCREENING OF IPV BY CPS STAFF

10 How was IPV assessed during the course of the investigation or during interviews (check all that apply)?

- | | <u>Indicate date</u> | <u>IPV identified?</u> | |
|---|----------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Standard Question on Intake | ___/___/___ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Question asked during interview with the CM victim(s) | ___/___/___ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Question asked during interview with the primary caregiver (whether IPV victim or other) | ___/___/___ | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| <input type="checkbox"/> Other (explain below) | ___/___/___ | | |

OR: There was no indication of IPV assessment during the course of the investigation or during interviews

11 Indicate other documentation of IPV in the file (check all that apply)

- | | <u>Indicate date</u> |
|--|----------------------|
| <input type="checkbox"/> Restraining Order | ___/___/___ |
| <input type="checkbox"/> Hospital Records relating to IPV | ___/___/___ |
| <input type="checkbox"/> Police report of 911 records with IPV indicated | ___/___/___ |
| <input type="checkbox"/> Victim Disclosure | ___/___/___ |
| <input type="checkbox"/> Communication with DV advocate | ___/___/___ |
| <input type="checkbox"/> Use of IPV services/programs | ___/___/___ |
| <input type="checkbox"/> Psychiatric or other mental health evaluation referencing IPV | ___/___/___ |
| <input type="checkbox"/> Other (explain below) | ___/___/___ |

OR: There was no indication of **other** IPV documentation

If there is no documentation of IPV in 10 or 11 above, file review is concluded at this point.

IPV CHARACTERISTICS

(Abstract data from the most recent incident of IPV ONLY)

12 Victim of Intimate Partner Violence (Select One):

- Child's biological parent
- Spouse of biological parent
- Boy/girlfriend of biological parent
- Child's primary caregiver (if primary caregiver is not biological parent)
- Missing or Unknown
- Other (explain at left)

If victim or perpetrator of IPV is NOT the child's primary caregiver, file review concluded at this point.

13 a. Date of most recent incident of intimate partner violence

___/___/___

b. If date of most recent incident is missing, does IPV appear to be active or to have occurred within the past year?

YES NO

If most recent IPV incident is NOT within a year of the current child maltreatment incident (Compare 13a with date abstracted in item 3a (if 3a is missing, compare 13a to other dates in item 3)...

OR

If "NO" is checked in 13b... file review concluded at this point.

14 Victim of Intimate Partner Violence Birth Date

___/___/___

15 Victim of Intimate Partner Violence Gender

- Male Female
- Missing or Unknown

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16 Victim of Intimate Partner Violence Race/Ethnicity

- Hispanic
- Black, Non-Hispanic
- White, Non-Hispanic
- Asian and Pacific Islander
- Alaskan and Native American
- Bi-/multi- racial/ Mixed
- Missing or Unknown
- Other (explain at left)

17 Relationship of IPV perpetrator to IPV victim
(Select one)

- Spouse
- Ex-spouse
- Boy/girlfriend
- Former boy/girlfriend
- Missing or Unknown
- Other (explain at left)

18 Relationship of IPV perpetrator to child maltreatment
victim (Select one)

- Child's biological parent
- Spouse of biological parent
- Boy/girlfriend of biological parent
- Child's primary caregiver (if primary caregiver is not biological parent)
- Partner of child's primary caregiver (if primary caregiver is not biological parent)
- Missing or Unknown
- Other (explain at left)

CONFIDENTIALITY PROCEDURES

19 Presence of **consent form**, completed and signed by child's primary caregiver OR IPV VICTIM outlining what information can be shared and with whom (or which agencies)?

- Yes No (form present or discussed but NOT completed and signed) Missing or Unknown

20 Presence of **other written document(s)**, completed and signed, by child's primary caregiver stating what information can be shared and with whom?

- Yes No (form present or discussed but NOT completed and signed) Missing or Unknown

21 Reference in the files of consent forms or confidentiality form or forms existing in a location other than the "case record"?

- Yes No Missing or Unknown

22 If "yes" to questions 19, 20, or 21 indicate where these form(s) are maintained:

"

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FILE REVIEW #

REFERRALS FROM CW AGENCY TO SERVICES FOR CURRENT INCIDENT OF CM/IPV

Referral Type:	Referral To:					Documented part of service plan?
	Perpetrator of:		Victim of:		Family (At least child & primary caregiver)	
	IPV	CM	IPV	CM		
Services subsidized by child welfare:						
23 Agency IPV Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24 IPV Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25 IPV Non-residential treatment/counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26 Victim witness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27 Batterer intervention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28 Other counseling related to co-occurrence (list each below):						
a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29 Other subsidized services (list each below):						
a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Services not subsidized by child welfare:						
30 IPV Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPV Non-residential treatment/counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31 Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
IPV court intake and/or services related						
32 IPV incident (e.g., Orders of Protection, divorce, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33 Victim witness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34 Batterer intervention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35 Other treatment/counseling related to co-occurrence (list below):						
a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36 Other (list below)						
a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37 Missing or unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38 No referrals made by child welfare	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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CASE ABSTRACTION PROTOCOL - REVISED 2004

LOCAL CASE ID	FILE REVIEW #
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COUNTY/SITE	DATE OF FILE REVIEW ___/___/___	CODER INITIALS	TYPE OF REVIEW <input type="checkbox"/> ELECTRONIC <input type="checkbox"/> PAPER <input type="checkbox"/> BOTH <input type="checkbox"/> OTHER
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<i>ITEMS FOR ABSTRACTION</i>	<i>CODER CLARIFICATION</i>
CHILD MALTREATMENT CHARACTERISTICS	
1. Child maltreatment substantiated by the child welfare agency? <input type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> No in Item 1 OR Item 2, then stop abstraction and replace case . Substantiation: The child welfare agency has determined that maltreatment has occurred, has verified the maltreatment, and the maltreatment meets the threshold consistent with the state statute.
2. New case opened and substantiated in 2003? <input type="checkbox"/> YES <input type="checkbox"/> NO	
3. Date most recent child maltreatment incident... A. Occurred ___/___/___ B. Initially reported to CW ___/___/___ C. Substantiated by CW ___/___/___ -	
4. Type of child maltreatment (<i>Select all that apply</i>) <input type="checkbox"/> Physical Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Neglect (failure to Provide) <input type="checkbox"/> Neglect (failure to supervise) <input type="checkbox"/> Neglect (failure to protect) <input type="checkbox"/> Neglect (other) <input type="checkbox"/> Missing or Unknown <input type="checkbox"/> Other (explain at right) _____	Neglect. Check items under "Neglect" if applicable. If general or other type of neglect, check "Neglect" only. Failure to provide. Basic needs such as clothing, nutrition, education, medical, and adequate or clean housing. Failure to supervise. Includes caretaker absence or inability to care for child. Failure to protect. Varies by site. Please refer to individual site definitions.
5. Relationship of child maltreatment perpetrator to child maltreatment victim (<i>Select all that apply</i>): <input type="checkbox"/> Child's biological parent <input type="checkbox"/> Child's primary caregiver <input type="checkbox"/> Spouse of biological parent <input type="checkbox"/> Other relative of child <input type="checkbox"/> Boy/girlfriend of biological parent <input type="checkbox"/> Non-relative child sees regularly <input type="checkbox"/> Other (<i>Specify</i>): _____ <input type="checkbox"/> Missing or Unknown	Primary caregiver. If other than primary parent. Non-relative child sees regularly. Family friend, partner of relative, babysitter, etc.
6. Child maltreatment perpetrator gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Missing or Unknown	Check all that apply. If there is to be more than one check in a box, write the number in box instead of checks`.
7. Child maltreatment victim birth date ___/___/___	Check all that apply. If there is more than one CM victim. Code all DM victim information for the victim whose day and month of birth date are closest to the day and month of file review.
8. Child maltreatment victim gender <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Missing or Unknown	
9. Child maltreatment victim race/ethnicity <input type="checkbox"/> Hispanic <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Black, Non-Hispanic <input type="checkbox"/> Alaskan or Native American <input type="checkbox"/> White, Non-Hispanic <input type="checkbox"/> Multi-racial <input type="checkbox"/> Other (<i>Specify</i>): _____ <input type="checkbox"/> Missing or Unknown	

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<i>ITEMS FOR ABSTRACTION</i>	<i>CODER CLARIFICATION</i>
CONFIDENTIALITY PROCEDURES	
26. Presence of consent form , <u>completed</u> and <u>signed</u> by child's primary caregiver OR IPV VICTIM outlining what information can be shared and with whom? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	<input checked="" type="checkbox"/> No If form is present or discussed but NOT completed and signed.
27. Presence of other written document(s) , <u>completed</u> and <u>signed</u> , by child's primary caregiver stating what information can be shared and with whom? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
28. Reference in the files of consent forms or confidentiality form or forms existing in a location other than the "case record"? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
29. Where are forms maintained?	Fill in if <input checked="" type="checkbox"/> Yes to any of Items 26, 27, 28

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REFERRALS AND SERVICES FROM CW AGENCY FOR CURRENT INCIDENTS OF CM AND IPV

CODER CLARIFICATION

Check all that apply.

Please place a 'M' in the check box if any **information is missing**, or if you are unable to locate relevant data.

Subsidized services and referrals are provided by or paid for by child welfare.

Family includes at least the child and the primary caregiver. This column should only be used if one of the preceding columns for specific perpetrators and victims cannot be used.

No referrals made by child welfare. Use this row only if there is no evidence of any referrals or services for that column (e.g., Perpetrator of IPV) in the case file

Use the back of this page to provide any additional narrative information to describe the identification of and response to co-occurrence in this case.

Referral/Service Type:	Referral/Service For:					Documented part of plan?	Subsidized by CW?
	Perpetrator of:		Victim of:		Family		
	IPV	CM	IPV	CM			
30. Agency IPV Specialist	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. IPV Shelter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. IPV Non-residential treatment/counseling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33. Victim witness services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Law enforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35. IPV court intake and/or services related IPV incident (e.g., Orders of Protection, divorce, etc).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Batterer intervention program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Other subsidized services (list each below):							
a	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. <i>No referrals made by child welfare</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>