

ICPSR 34312

## **Maternal Lifestyle Study in Four Sites in the United States, 1993-2011**

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Questionnaire for Phase II: M18  
Mother/Caregiver Report Data, CPS and Foster  
Care, Long Form

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# THE EFFECTS OF MATERNAL LIFESTYLES ON INFANT OUTCOMES

FORM NC23.1

10/28/93

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Center Number		Screening Number				Visit Month				Birth Number							

## 4 - 36 MONTH CPS AND FOSTER CARE FORM (LONG)

Other sources must be consulted to complete this form, but some information may be obtained from interview as appropriate.

### A. Child Protective Services

1. Was there a report/referral to Child Protective Services (CPS) made on behalf of this child that was open at last visit?

YES NO

CQS\_RPO

If yes,

- a. The nature of the report/referral made to CPS was: (choose all that apply)

1) Mother abandoned child	CQOPBAN
2) Mother thought to be incapable to care for child	CQOPINC
3) Evidence of neglect	CQOPNEG
4) Evidence of physical abuse	CQOPHYA
5) Evidence of sexual abuse	CQOPSYA
6) Maternal drug or alcohol use	CQOPDAA
7) Mother's social or economic circumstances	CQOPSEC
8) Mother's physical or mental condition	CQOPPMC
9) Mother is already known to CPS	CQOPKNW
10) Unknown reason for referral	CQOPUNK

- b. Check all of the following actions that have been taken for this report/referral since last visit:

1) The case was opened/accepted for further CPS services.	CQOPEND
2) The child is under CPS supervision with mother.	CQOPMSP
3) The child is under CPS supervision with other relative.	CQOPRSP
4) The child has been placed in out-of-home care by the child welfare agency since last visit (discharge).	CQOPHDM
5) The mother indicated a wish to voluntarily relinquish the child for adoption, but hasn't taken any formal steps.	CQOPADP
6) The mother has initiated the adoption process.	CQOPSTA
7) Unknown status	CQOPUNS
8) Parental rights terminated	CQOPRTS
If terminated, give dates	
a) Maternal rights terminated	CQOPMRT
b) Paternal rights terminated	CQOPATS
9) The case was not accepted for CPS services.	CQOPACC
10) No new actions have been taken since last visit.	CQOPACT
11) The case was closed.	CQOPCLS

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Visit Month

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Birth Number

2. Has a report/referral to CPS been made on behalf of this child since last visit?

YES NO

CQS\_RPT

If yes,

a. How many reports/referrals have been made on behalf of this child since last visit?

CQS\_REF

b. The nature of the most recent report/referral made to CPS was: (choose all that apply)

1) Mother abandoned child	CQRPBAN
2) Mother thought to be incapable to care for child	CQRPINC
3) Evidence of neglect	CQRPNEG
4) Evidence of physical abuse	CQRPPHA
5) Evidence of sexual abuse	CQRPSXA
6) Maternal drug or alcohol use	CQRPDAA
7) Mother's social or economic circumstances	CQRPSEC
8) Mother's physical or mental condition	CQRPPMC
9) Mother is already known to CPS	CWRPMKN
10) Unknown reason for referral	CQRPUNK

c. Check all of the following actions that have been taken for this report:

1) The case was opened/accepted for further CPS services.	CQRPACC
2) The child is under CPS supervision with mother.	CQRPSUP
3) The child is under CPS supervision with other relative.	CQRPREL
4) The child has been placed in out-of-home care by the child welfare agency since last visit (discharge).	CQRPHOM
5) The mother indicated a wish to voluntarily relinquish the child for adoption, but hasn't taken any formal steps.	CQRPADP
6) The mother has initiated the adoption process.	CQRPADT
7) Unknown status	CQRPUNS
8) Parental rights terminated	CQRPRTS
If terminated, give dates	
a) Maternal rights terminated	CQRPMAT
b) Paternal rights terminated	CQRPPAT
9) The case was not accepted for CPS services.	CQRPNAC
10) The case was closed.	CQRPCLS

If child has never been discharged from the hospital STOP HERE

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Visit Month

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## B. Foster Care Placement

1. Is this child currently in an out-of-home placement (foster family care, group home, or residential care)?

YES	NO
CQS_PLC	

If no,

- a. Has a report/referral to Child Protective Services (CPS) been made for any other children in this child's current household since last visit?

YES	NO
CQS_OTH	

If question 1 was No, STOP after question 1a, complete initial box at end of form, and then form is completed.  
If question 1 was Yes, continue with question 1b.

If yes,

- b. Since last visit, how many times has this child been removed from the home of the caretaker?

CQSTCHR
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If b=0, skip to e.

- c. Since last visit: Has this child had a foster care placement before the current episode?

YES	NO
CQSCHFP	

- 1) If yes, when was the child discharged from the prior episode?

CQSDSDT		
Month	Day	Year

- d. What was the date of the child's latest removal from the home of the caretaker?

CQSCRDT		
Month	Day	Year

- e. What was the date the child was placed in the current foster care setting?

CQSCFDT		
Month	Day	Year

- f. What is the child's current placement setting? CQSCCPS

Pre-adoptive home	1
Foster family home - relative/licensed	2
Foster family home - relative/not licensed	3
Foster family home - non-relative	4
Group home	5
Institution	6

- g. In how many other placement settings has the child lived during this current removal episode?

CQSCCPL
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h. What were the legal circumstances under which this child was removed for the current episode?

CQSLGVP

Voluntary placement	1
Court ordered	2
Not yet determined	3

i. What were the actions or conditions associated with this child's removal: (choose all that apply)

1) Physical abuse	CQSAPA	8) Death of parent(s)	CQSADTH
2) Sexual abuse	CQSASA	9) Incarceration of parent(s)	CQSAINC
3) Neglect	CQSANEG	10) Caretaker's inability to cope	CQSAILL
4) Alcohol abuse (parent)	CQSAAP	due to illness or other reason	
5) Drug abuse (parent)	CQSADAP	11) Abandonment	CQSABAN
6) Child's disability	CQSADIS	12) Relinquishment (Signing off)	CQSARQT
7) Child's behavior problem	CQSABEH	13) Inadequate housing	CQSAINH

j. What are the sources of government support for this child? (choose all that apply)

Source	Dollar Amount/Month	
1) Foster care maintenance payment	\$	CQSGVMP
2) Adoption assistance/subsidy payment	\$	CQSGVAA
3) Aid to Families with Dependent Children	\$	CQSGVAF
4) General assistance	\$	CQSGVGA
5) SSI or other Social Security Act Benefit	\$	CQSGVSI

k. Is this child eligible for Medicaid?

YES	NO
CQSMEDA	

l. The child's most recent case plan goal is best described as:

CQSCASE

Reunify with parent(s)	1
Live with other relative(s)	2
Adoption	3
Guardianship	4
Case plan goal not yet established	5

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## C. Congregate Care

1. Is this child currently in congregate care (group home or residential care)?

YES NO  
CQS\_ONG

IF NO, STOP HERE

If yes,

a. Reason for placement in this facility: (check all that apply)

1) No foster family available	CQSNFFA
2) Placement of choice; requires highly skilled nursing/medical care	CQSKMDC
3) Needs therapeutic care in preparation for family placement	CQSCARE
4) Other reason: _____	CQSOTHR

b. What is the bed capacity of this facility?

CQSBEDC

c. What are the total staff numbers?

CQSTSMB

d. What is the number of direct care staff during the day?

CQSNSTD

e. What is the number of direct care staff during the night?

CQSNSTN

f. Is a specific person assigned to child's care?

YES NO  
CQSPACC

g. Upper age limit for child residents?

CQSUAGE ars

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\_\_\_\_\_

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h. Have any family members visited the child in this facility since the last visit? **CQSVIST**

Yes	1
No, no contact	2
No, not allowed	3
Unknown	4

1) If yes, which family members?

Use relationship codes to list relationship to child and give frequency using frequency codes given below.

First Name Of Visitor

Relationship To Child

Frequency

**Frequency Codes**  
 1 = daily  
 2 = less than daily, but weekly or more  
 3 = less than weekly, but more than monthly  
 4 = monthly or less  
 5 = no set pattern

CQSREL1

CQSRLF1

CQSREL2

CQSRLF2

CQSREL3

CQSRLF3

CQSREL4

CQSRLF4

CQSREL5

CQSRLF5

CQSREL6

CQSRLF6

CQSREL7

CQSRLF7

CQSREL8

CQSRLF8

i. What is the monthly cost?

\$ **CQSMONC**

j. What agency/person is responsible for this placement? **CQSAGEN**

Hospital	1
Child welfare	2
Other agency specify: _____	3
Other individual specify: _____	4

Form completed by:

**FORMIN**

First

Last

Date form completed:

**FORMDT**

Month

Day

Year



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Visit Month

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Birth Number

## CPS AND FOSTER CARE - ADDITIONAL NOTES

Complete the following that apply:

1. Name of agency responsible for child: \_\_\_\_\_

Name of contact person: \_\_\_\_\_

Phone number: \_\_\_\_\_

2. Name of social worker: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_

3. Name of Current Placement: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Phone Number: \_\_\_\_\_