CHILD MALTREATMENT
RECURRENCES AMONG FAMILIES
SERVED BY CHILD PROTECTIVE
SERVICES, 1984 TO 1992

(SIB - 069)

Dataset Documentation
and Instruction Manual

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CHILD MALTREATMENT RECURRENCES AMONG FAMILIES SERVED BY CHILD PROTECTIVE SERVICES, 1984 TO 1992

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Funded by
ACTION for Child Protection

Distributed by
National Data Archive on Child Abuse and Neglect

User's Guide written by
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Distribution date: August 1997
1st edition, August 1997
The study, *Child Maltreatment Recurrences Among Families Served by Child Protective Services, 1984 to 1992*, has been given to the National Data Archive on Child Abuse and Neglect for public distribution by Diane DePanfilis and Susan J. Zuravin (University of Maryland at Baltimore, School of Social Work). Funding for the project was provided by ACTION for Child Protection.
ABSTRACT

This follow-up study provides information on the recurrences of child maltreatment in 237 families originally surveyed in a 1984 study entitled, *Fertility and Contraception Among Low-Income Child Abusing Mothers in Baltimore, MD*. Data were obtained from the Baltimore City, Maryland Department of Social Services for the period 1984 to 1992. This study includes families that experienced a new substantiated report of child maltreatment while they were being served by protective services as well as families that had a substantiated report after the case was closed. Data on the type and length of social services (including foster care) and financial services families received from DSS, were also collected.

The follow-up data include 4 machine-readable data files which contain 237 cases and a total of 620 variables. Information is provided on the dates and types of CPS services, the dates and types of social and financial services, the dates of foster care placement, and information about the type and severity of maltreatment that occurred during the original study period.
ACKNOWLEDGMENT OF ASSISTANCE

All manuscripts which use data made available through the National Data Archive on Child Abuse and Neglect should acknowledge that fact as well as identify the original collector of the data. Users of these data are urged to follow some adaptation of the following statement with the parentheses indicating items to be filled in appropriately or deleted by the individual user.

The data utilized in this (publication) were made available by the National Data Archive on Child Abuse and Neglect, Cornell University, Ithaca NY; and have been used by permission. Data from the study Child Maltreatment Recurrences Among Families Served by Child Protective Services, 1984 to 1992, were originally collected by Diane DePanfilis (University of Maryland at Baltimore School of Social Work). Funding for this study was provided by ACTION for Child Protection. Neither the collector of the original data, the funder, the Archive, Cornell University, or its agents or employees bear any responsibility for the analyses or interpretations presented here.

INFORMATION ABOUT THE USE OF ARCHIVAL RESOURCES

In order to provide funding agencies with essential information about the use of NDACAN’s resources and to facilitate the exchange of information about research activities among data users and contributors, each user of these data is expected to send two copies of any completed manuscript, thesis abstract, or reprint to the National Data Archive on Child Abuse and Neglect, Cornell University, Family Life Development Center, G20 MVR Hall, Ithaca, New York 14853-4401.
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I. GENERAL STUDY OVERVIEW

**Purpose of Study**

To provide information on the recurrences of child maltreatment in 237 families originally surveyed in a 1984 study entitled, *Fertility and Contraception Among Low-Income Child Abusing Mothers in Baltimore, MD*. Data were obtained from the Baltimore City, Maryland Department of Social Services for the period 1984 to 1992. This study examined the number of families that experienced a new substantiated report of child maltreatment while they were being served by protective services as well as families that had a substantiated report after the case was closed. Data on the type and length of social services (including foster care) and financial services families received from DSS, were also collected.

**Sampling/Selection Information**

The study respondents consisted of two groups. The abuse group included 118 women with one or more physically abused children. The neglect group included 119 women who were known to have personally neglected one or more children. (Note: The 281 women that were included in the control group of the original study were not followed up in this study).

All of the study respondents met four general sampling criteria: (1) they were residents of Baltimore, Maryland during the sampling month (January 1984); (2) they received Aid to Families With Dependent Children (AFDC); (3) they were known to have at least one natural child age 12 or under; and, (4) they were single parents (i.e. were not living with a legally wedded spouse).

The two maltreatment samples were originally selected from specially constructed sampling frames prepared from the cohort of 1,744 families receiving child protective services from the Baltimore City Department of Social Services during January 1984 (Zuravin, 1988). In order to be included in the maltreatment sampling frame, a family had to meet the four general study criteria listed above, plus one of the operational definitions of child maltreatment described below.

The physical abuse sample (152 women), included every mother who was a known or suspected abuser, plus a random sample of the remaining cases of physical abuse (either indicated or substantiated) where the mother was not indicated as the offender. The neglect sample (164 women), included every Caucasian family and a random sample of the non-Caucasian families from the original cohort.

Of the 152 mothers comprising the physical abuse sample, 118 women agreed to participate in the study (a 78% interview completion rate). The sample of 164 neglectful mothers yielded 119 participants (a 73% interview completion rate).
Definition of Physical Abuse

Respondent had as of 1984 at least one natural child who was the victim of excessive or inappropriate physical force by the respondent herself and/or another caretaker. As a result of the force, the child sustained injuries at a minimum caseworker-assessed severity level of 4 on the 6-point Magura-Moses Physical Discipline Scale.¹

Information obtained from Child Protective Services case records of 105 of the abusive respondents revealed the following:

- In 59% of the situations the mother was the perpetrator.
- In 39% of the situations the most severe injury sustained as a result of the abuse was classified as mild (bruises, welts, abrasions, etc.), not requiring medical treatment.
- For 46% the most severe injury was moderate (second degree burns, breaks of various small bones, mild concussions, dislocated joints, etc.).
- For 15% the most severe injury was classified as severe (third degree burns, internal injuries, severe concussions, breaks of long bones, etc.).
- In 60% of the situations child neglect was also found to be present.

Definition of Neglect

Respondent neglected one or more children in at least one of the following eight areas: physical health care, mental health care, nutrition/diet, personal hygiene, household sanitation, physical safety in the home, supervision of activities, and arrangements for substitute child care. In addition, as of January 1984, respondent had no children who met the study definition for physical abuse. Eligibility for the sample required a minimum caseworker rating of 4 on the Magura-Moses Nutrition/Diet Scale or a minimum rating of 3 on any of the other remaining seven scales.¹

Child Protective Services case information on 102 of the neglectful respondents revealed the following:

- The two most prevalent types of neglect were inadequate physical health care (48% of the situations) and inadequate supervision (44% of the situations).
- 75% of the situations involved more than one type of neglect.
- 36% of the situations were classified as serious in that the child suffered adverse consequences as a result of the neglect.

Definition of Recurrence of Maltreatment

A case was considered a recurrence case if there were any confirmed reports of child maltreatment to any child in the family within five years from the date of the original interview. Since subjects’ original interviews were on different dates, the same follow-up time interval was calculated for each subject in separate analyses at 1, 2, 3, 4, 5, and 6 year intervals.

Data Collection for the Original Study

Data for the original study were collected in 1984 and 1985 from 518 women during personal interviews in their homes. The interview questionnaire contained 1,372 closed-ended items covering all pertinent topics related to the reproductive and family planning behaviors of study respondents and other important topics relevant to either AFDC recipiency or child maltreatment.

The 20-section questionnaire was administered by ten female interviewers who were unaware of the child maltreatment status of their respondents. The average interview required about 90 minutes and each respondent was paid $15 for participating in the study.

After completing the interviews, additional data were collected and coded on the type and duration of each service the respondents had received from the Baltimore City Department of Social Services (BCDSS).

The follow-up study documented here includes information on the maltreatment of 113 of the 118 abuse cases and all 119 of the neglect cases from the original 1984 study. Appendix F includes a copy of the coding instructions which were used to abstract information from the original case records. Appendix D includes the codebook information.

**Data Collection For the Follow-up Study**

Follow-up data were collected in 1992 from written and automated records accessible though the BCDSS Master File System. Data were coded regarding all subsequent reports of maltreatment for study families, the disposition of these reports (substantiated versus unsubstantiated), and the length and type of any services provided. Data were obtained from two sources: (1) master file data regarding study families recorded manually between 1984 and 1986 and (2) automated master file data from 1986 through February 29, 1992.

A detailed coding system was devised to increase the inter-rater reliability of coding by trained research assistants and Masters in Social Work students. Each case was coded twice and edited by a third assistant. Discrepancies between coders were resolved by the project director.

Appendix E includes a copy of the coding instructions which were used to collect the follow-up data. Appendices A,B and C include the codebook information.

**Instruments and Measures**

- AMF System Variables (State Information System)
• **Child maltreatment reports**: Dates of all reports of child maltreatment, family members involved in each report, type(s) of maltreatment, and substantiation status.

• **Family descriptive data**: Information about all members in the family, e.g., race, sex, dates of birth, and social security numbers.

• **Child Protective Services**: Types and opening and closing dates of child protective services provided to each family member.

• **Out-of-home placement services**: Types and opening and closing dates regarding placement of any involved children.

• **Other social services**: Types and opening and closing dates of other social services provided to family members, e.g., day care, intensive family services, services to families with children, services to homeless families, etc.

• **Financial services**: Opening and closing dates (lengths) of AFDC provided to the mother and her children and opening and closing dates of Food Stamps and Medical Assistance services for families not receiving AFDC.
II. DESCRIPTION OF MACHINE-READABLE FILES

The Archive distributes these data as SAS transport or SPSS portable files. Other file formats can be prepared by special request. Please refer to the NDACAN order form or call us for more information.

The Archive distributes four data files for this study -- a brief description of each file is provided below. For information regarding variables, please see Appendices A-D: Codebook Information.

File characteristics

In each of the four data files listed below, the family is the unit of analysis. Individual respondents can be uniquely identified by the combination of variables V1 and V2. Variable V1 indicates which of the two categories the respondent belongs to: physical abuse or neglect; while variable V2 is a unique three-digit identification number within that category. The "Sample ID" (V2) alone does not uniquely identify an individual case.

Each of the four follow-up data files is described below.

CPS84

This data file contains 237 observations and 153 variables. The file contains information about the CPS services received by the 237 families in the follow-up study. The file includes information about all CPS reports and their substantiation status. The dates of birth are coded for mothers and their children as known to the Automated Master File (AMF) system in Maryland. Additionally, the file includes a manual tabulation of the first application and closure date of the first substantiated recurrence to any child within the family.

FOS84

This data file contains 82 observations and 203 variables. The file contains information about foster care placement for the 237 families in the follow-up study. The data file reflects children being placed in 82 of the 237 families at some point in their history of service by DSS. If no information is available about a particular case, that means no children were placed in foster care. All foster care placement information regarding children in study families was coded for the follow-up period, which ended 2/29/92. Specific data includes information regarding dates of birth of placed child(ren), category of foster care, and application and closing dates of foster care.
SEVERE

This data file contains 232 observations and 89 variables. The file includes information on maltreatment for 113 of the 118 abuse cases and all 119 neglect cases from the original 1984 survey. Information was abstracted from original case records. Information from 5 abuse cases is missing because either the records could not be located or the records were not complete. Specific data includes information regarding dates of birth of abused children, number of physically abused children, severity of abuse, identification of perpetrator(s), type of maltreatment, failure to thrive information, and child deaths.

SOC84

This data file contains 230 observations and 175 variables. The file contains information about 230 of the 237 families in the follow-up study. (Data were missing for 7 families.) Information is included about all other social services and financial services that were received by the families and recorded in the state-wide information system. Specific data include information regarding types and dates of services provided.

Please contact the Archive directly if you have questions or encounter problems in using this dataset. Do not contact the principal investigator. The Archive has made an agreement with the investigator to field all questions related to the study.
III. REFERENCES

Published from the Dataset


Publications Related to the Dataset


Published from the Original 1984 Dataset


APPENDIX A:

CPS84 Codebook Information
Notes

1. Logical inconsistencies between application and closing dates for CPS reports have not been recoded or set to “missing” so that secondary users can make their own decisions regarding the handling of such inconsistencies.

2. There are seven case records in the CPS84 file that were not in the original study data. While these cases were in one of the original maltreatment samples, they did not participate in an interview. These were cases of maltreatment in 1984 and their recurrence data is valid. They are 1,62; 1,125; 2,31; 2,62; 2,123; 2,124; 2,125.

Missing and unknown values

For all questions, “8”, “88”, “98”, “888” = “unknown” (unless value labels state otherwise).
For all questions, “9”, “99”, “999”, “999999” = “not applicable” (unless value labels state otherwise).
For the variables CPSX_CAT (Where X represents an integer from 1 to 21) there are several cases without values.

The following variables were deleted due to the fact that they were missing for all cases:

- CPS15CAT - CPS21CAT
- APP15_M - APP21_M
- APP15_D - APP21_D
- APP15_Y - APP21_Y
- CLOS15M - CLOS21M
- CLOS15D - CLOS21D
- CLOS15Y - CLOS21Y
- CLOS15CD - CLOS21CD

Out of range values

Out of range values were detected but not removed for the following variables:

- KID4_YOB = “9”
- KIDX_DOB = “0”
- HEAD_DOB = “0”
- CLOSX_CD = “0”, “3”, “267”
Data Dictionary

V1  CASE MALTREATMENT TYPE
    Numeric

    Value Label
    1  neglect
    2  abuse

V2  STUDY ID NUMBER
    Numeric

CATEGORY  STUDY CATEGORY
    Numeric

    Value Label
    184  1984 neglect
    284  1984 physical abuse

HEAD_MOB  CASEHEAD MONTH OF BIRTH
    Numeric
    Missing Values: 99

HEAD_DOB  CASEHEAD DAY OF BIRTH
    Numeric
    Missing Values: 98, 99

HEAD_YOB  CASEHEAD YEAR OF BIRTH
    Numeric
    Missing Values: 99

RACE
    Numeric
    Missing Values: 999

    Value Label
    100  WHITE
    200  AFRICAN AMER.
    300  AMER. INDIAN
    400  ASIAN/PACIFIC
    500  HISPANIC
    900  UNKNOWN
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KID1_DOB  KID 1 DAY OF BIRTH
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KID1_YOB  KID 1 YEAR OF BIRTH
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KID2_MOB  KID 2 MONTH OF BIRTH
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KID2_DOB  KID 2 DAY OF BIRTH
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KID2_YOB  KID 2 YEAR OF BIRTH
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KID3_DOB  KID 3 DAY OF BIRTH
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KID3_YOB  KID 3 YEAR OF BIRTH
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KID6_YOB  KID 6 YEAR OF BIRTH
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CLOS1_CD CLOSING CODE 1st CPS
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Value Label
38 CONFIRMED ABUSE
39 INDICATED ABUSE
40 UNCERTAIN ABUSE
42 RULED OUT
45 CONFIRMED NEGLECT
46 RULED OUT
47 RULED OUT NEGLECT
70 SUBSTANTIATED
71 UNSUBSTANTIATED

APP2_D DAY OF 2nd CPS APPLICATION
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  71  UNSUBSTANTIATED

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70 SUBSTANTIATED
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47      RULED OUT NEGLECT
70      SUBSTANTIATED
71      UNSUBSTANTIATED

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Value  Label
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47  RULED OUT NEGLECT
70  SUBSTANTIATED
71  UNSUBSTANTIATED

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APP7_D  DAY OF 7th CPS APPLICATION
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APP7_Y  YEAR OF 7th CPS APPLICATION
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CLOSE8_Y  YEAR OF 8th CPS CLOSURE
  Numeric
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CLOS8_CD  CLOSING CODE 8th CPS
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  Value Label
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  39  INDICATED ABUSE
  40  UNCERTAIN ABUSE
  42  RULED OUT
  45  CONFIRMED NEGLECT
  47  RULED OUT NEGLECT
  70  SUBSTANTIATED
  71  UNSUBSTANTIATED

APP9_M  MONTH OF 9th CPS APPLICATION
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APP9_D  DAY OF 9th CPS APPLICATION
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   Numeric
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CLOSE9_D  DAY OF 9th CPS CLOSURE
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   Missing Values: 98, 99

CLOSE9_Y  YEAR OF 9th CPS CLOSURE
   Numeric
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CLOS9_CD  CLOSING CODE 9th CPS
   Numeric
   Missing Values: 999

   Value  Label
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   39  INDICATED ABUSE
   40  UNCERTAIN ABUSE
   42  RULED OUT
   45  CONFIRMED NEGLECT
   47  RULED OUT NEGLECT
   70  SUBSTANTIATED
   71  UNSUBSTANTIATED

APP10_M  MONTH OF 10th CPS APPLICATION
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APP10_D  DAY OF 10th CPS APPLICATION
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Missing Values: 99

APP10_Y  YEAR OF 10th CPS APPLICATION
    Numeric
    Missing Values: 99

CLOSE10M  MONTH OF 10th CPS CLOSURE
    Numeric
    Missing Values: 99

CLOSE10D  DAY OF 10th CPS CLOSURE
    Numeric
    Missing Values: 99

CLOSE10Y  YEAR OF 10th CPS CLOSURE
    Numeric
    Missing Values: 99

CLOS10CD  CLOSING CODE 10th CPS
    Numeric
    Missing Values: 999

    Value   Label
    38   CONFIRMED ABUSE
    39   INDICATED ABUSE
    40   UNCERTAIN ABUSE
    42   RULED OUT
    45   CONFIRMED NEGLECT
    47   RULED OUT NEGLECT
    70   SUBSTANTIATED
    71   UNSUBSTANTIATED

APP11_M  MONTH OF 11th CPS APPLICATION
    Numeric
    Missing Values: 99

CPS84 page 15
APP11_D  DAY OF 11th CPS APPLICATION
   Numeric
   Missing Values: 99

APP11_Y  YEAR OF 11th CPS APPLICATION
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CLOSE11M  MONTH OF 11th CPS CLOSURE
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CLOSE11D  DAY OF 11th CPS CLOSURE
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CLOSE11Y  YEAR OF 11th CPS CLOSURE
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CLOS11CD  CLOSING CODE 11th CPS
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   Value Label
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   39  INDICATED ABUSE
   40  UNCERTAIN ABUSE
   42  RULED OUT
   45  CONFIRMED NEGLECT
   47  RULED OUT NEGLECT
   70  SUBSTANTIATED
   71  UNSUBSTANTIATED

APP12_M  MONTH OF 12th CPS APPLICATION
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APP12_D  DAY OF 12th CPS APPLICATION
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 Missing Values: 99

APP12_Y  YEAR OF 12th CPS APPLICATION
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 Missing Values: 99

CLOSE12M  MONTH OF 12th CPS CLOSURE
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 Missing Values: 99

CLOSE12D  DAY OF 12th CPS CLOSURE
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CLOSE12Y  YEAR OF 12th CPS CLOSURE
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CLOS12CD  CLOSING CODE 12th CPS
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 Missing Values: 999

Value  Label
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39  INDICATED ABUSE
40  UNCERTAIN ABUSE
42  RULED OUT
45  CONFIRMED NEGLECT
47  RULED OUT NEGLECT
70  SUBSTANTIATED
71  UNSUBSTANTIATED
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APP13_D  DAY OF 13th CPS APPLICATION  
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APP13_Y  YEAR OF 13th CPS APPLICATION  
   Numeric  
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CLOSE13M  MONTH OF 13th CPS CLOSURE  
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CLOSE13Y  YEAR OF 13th CPS CLOSURE  
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CLOS13CD  CLOSING CODE 13th CPS  
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   Value  Label  
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   39  INDICATED ABUSE  
   40  UNCERTAIN ABUSE  
   42  RULED OUT  
   45  CONFIRMED NEGLECT  
   47  RULED OUT NEGLECT  
   70  SUBSTANTIATED  

CPS84  page 18
71 UNSUBSTANTIATED

APP14_M MONTH OF 14th CPS APPLICATION
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APP14_D DAY OF 14th CPS APPLICATION
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CLOSE14D DAY OF 14th CPS CLOSURE
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CLOSE14Y YEAR OF 14th CPS CLOSURE
  Numeric
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CLOS14CD CLOSING CODE 14th CPS
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  Missing Values: 999

  Value Label
  38 CONFIRMED ABUSE
  39 INDICATED ABUSE
  40 UNCERTAIN ABUSE
  42 RULED OUT
  45 CONFIRMED NEGLECT
The CPS category code is a six digit code beginning with “S03”. The fourth digit is a letter - either an “N” for “Investigation”, or a “C” for “Continuing Services”. The fifth digit is a number indicating the type of maltreatment reported: “1” indicates physical abuse, “2” indicates neglect, and “3” and “4” indicate sexual abuse. The sixth digit (represented by an X in the coding below) is used to designate the number of children involved in that particular investigation or continuing service. The complete series of PS codes is as follows:

- S03N1X = child abuse investigation
- S03C1X = child abuse continuing services
- S03N2X = child neglect investigation
- S03C2X = child neglect continuing services
- S03N3X = sexual abuse investigation
- S03C3X = Intensive Family Services (IFS)
- S03C4X = Sexual abuse continuing services
- S03C9X = History of child protective services prior to 1984

**RECUR**  RECURRANCE OF MALTREATMENT

Numeric
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**RECMONT**  Recur Month

Numeric
Missing Values: 99

**RECDAY**  Recur Day

Numeric
Missing Values: 99
RECYEAR  Recur Year
    Numeric
    Missing Values: 99
APPENDIX B

SOC84 Codebook Information
Notes

1. Logical inconsistencies between application and closing dates for social services reports have not been recoded or set to “missing”, but instead have been left as is so that secondary users can make their own decisions regarding handling of such inconsistencies.

2. There are six case records in the SOC84 file that were not in the original study data. These cases were in one of the original maltreatment samples, however they did not participate in an interview. Their social and financial services data is valid. They are 1,62; 1,125; 2,31; 2,62; 2,124; 2,125.

Missing and unknown values

For all questions, “8”, “88” = “unknown” (unless value labels state otherwise).
For all questions, “9”, “99”, “999” = “not applicable” (unless value labels state otherwise).
For the variables SOCX_CAT and MONXCAT there are several cases without values.

The following variables were deleted due to the fact that they were missing for all cases:
MON13CAT - MON15CAT
MAPP13M - MAPP15M
MAPP13D - MAPP15D
MAPP13Y - MAPP15Y
MCLOS13M - MCLOS15M
MCLOS13D - MCLOS15D
MCLOS13Y - MCLOS15Y
SOC13CAT - SOC15CAT
SAPP13M - SAPP15M
SAPP13D - SAPP15D
SAPP13Y - SAPP15Y
SCLOS13M - SCLOS15M
SCLOS13D - SCLOS15D
SCLOS13Y - SCLOS15Y

For each of the variables MCLOSX_m, MCLOSX_d and MCLOSX_y, (where X represents an integer from 1 to 12), the value “77” = “denied service”.

SOC84 page 1
Data Dictionary

V1  CASE MALTREATMENT TYPE
    Numeric
    
    Value Label
    1  neglect
    2  abuse

V2  STUDY ID NUMBER
    Numeric

CATEGORY  STUDY CATEGORY
    Numeric
    
    Value Label
    184  1984 neglect
    284  1984 abuse

SOC1_CAT  1st SOCIAL SERVICES CATEGORY CODE
    String
    Missing Values: '99999',

    Value Label
    S01C8  Serv. to Natural Parent of Adoped Child
    S02C1  Child Waiting for Day Care
    S02C2  Group Day Care
    S02C3  Family Day Care
    S02C4  Day Care Related Service
    S02C5  Day Care Related Services
    S02C9  Day Care Related Service
    S02N1  Day Care Intake
    S02N2  Day Care Intake
    S04C1  In Home Aide Services
    S04C2  In Home Aide Related Service
    S04C5  In Home Aide Related Service
    S04C6  In Home Aide Related Services
    S04C7  In Home Aide Related Service
    S05C1  Services to Families with Children
    S05C2  Intensive Family Services
    S05C3  Serv. re: Child Placed with Relatives
    S05C4  Serv. Family w/Child Related Serv.
    S05N1  Intake-Services to Families with Children
    S05N3  Intake Relative Placement
S06C1 Serv to Family When Child Placed
S06C2 Reunification Services
S06C7 Foster Care Related Service
S06C8 Serv. To Natural Parent-Foster Child
S06C9 Foster Care Service-Req other agency
S06N1 Foster Home Study
S06N9 Request from other Agency
S06P1 Placement with a Relative
S06R1 Approved Foster Home
S07N1 Intake-Other Social Services
S08C1 Single Parent Serv-Expectant Parents
S08C2 Single Parent Serv - Older Parents/Children
S08N1 Intake Single Parent Services
S09C1 Local Services
S09C5 Local Services
S09N5 Intake for Local Service
S10N1 Intake-Other Social Service
S10N3 Intake-Other Social Services
S14N1 Info & Referral
S14N3 Info & Referral
S15N1 Emergency Assistance
S15N2 Emergency Assistance
S15N3 Environmental Assistance
S15N4 Emergency Assistance
S15N6 Emergency Assistance

SAPP1_M MONTH OF 1st SOCIAL SERVICE APPLICATION
Numeric
Missing Values: 99

SAPP1_D DAY OF 1st SOCIAL SERVICES APPLICATION
Numeric
Missing Values: 99

SAPP1_Y YEAR OF 1st SOCIAL SERVICES APPLICATION
Numeric
Missing Values: 99

SCLOS1_M MONTH OF 1st SOCIAL SERVICE CLOSURE
Numeric
Missing Values: 99

SCLOS1_D DAY OF 1st SOCIAL SERVICES CLOSURE
SOC84 page 3
SCLOS1_Y YEAR OF 1st SOCIAL SERVICES CLOSURE
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SOC2_CAT 2nd SOCIAL SERVICES CATEGORY CODE
    String
    Missing Values: '99999', "

Value  Label
S01C8  Serv. to Natural Parent of Adopted Child
S02C1  Child Waiting for Day Care
S02C2  Group Day Care
S02C3  Family Day Care
S02C4  Day Care Related Service
S02C5  Day Care Related Services
S02C9  Day Care Related Service
S02N1  Day Care Intake
S02N2  Day Care Intake
S04C1  In Home Aide Services
S04C2  In Home Aide Related Service
S04C5  In Home Aide Related Service
S04C6  In Home Aide Related Services
S04C7  In Home Aide Related Service
S05C1  Services to Families with Children
S05C2  Intensive Family Services
S05C3  Serv. re: Child Placed with Relatives
S05C4  Serv. Family w/Child Related Serv.
S05N1  Intake-Services to Families with Children
S05N3  Intake Relative Placement
S06C1  Serv to Family When Child Placed
S06C2  Reunification Services
S06C7  Foster Care Related Service
S06C8  Serv. To Natural Parent-Foster Child
S06C9  Foster Care Service-Req other agency
S06N1  Foster Home Study
S06N9  Request from other Agency
S06P1  Placement with a Relative
S06R1  Approved Foster Home
S07N1  Intake-Other Social Services
S08C1  Single Parent Serv-Expectant Parents
S08C2  Single Parent Serv - Older Parents/Children
S08N1  Intake Single Parent Services
S09C1  Local Services
S09C5  Local Services
S09C8  Local Services
S09N5  Intake for Local Service
S10N1  Intake-Other Social Service
S10N3  Intake-Other Social Services
S14N1  Info & Referral
S14N3  Info & Referral
S15N1  Emergency Assistance
S15N2  Emergency Assistance
S15N3  Environmental Assistance
S15N4  Emergency Assistance
S15N6  Emergency Assistance

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SAPP2_D  DAY OF 2nd SOCIAL SERVICES APPLICATION
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SAPP2_Y  YEAR OF 2nd SOCIAL SERVICES APPLICATION
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SCLOS2_D  DAY OF 2nd SOCIAL SERVICES CLOSURE
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SCLOS2_Y  YEAR OF 2nd SOCIAL SERVICES CLOSURE
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SOC3_CAT  3rd SOCIAL SERVICES CATEGORY CODE
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SOC84  page 5
Value Label
S01C8 Serv. to Natural Parent of Adopted Child
S02C1 Child Waiting for Day Care
S02C2 Group Day Care
S02C3 Family Day Care
S02C4 Day Care Related Service
S02C5 Day Care Related Services
S02C9 Day Care Related Service
S02N1 Day Care Intake
S02N2 Day Care Intake
S04C1 In Home Aide Services
S04C2 In Home Aide Related Service
S04C5 In Home Aide Related Service
S04C6 In Home Aide Related Services
S04C7 In Home Aide Related Service
S05C1 Services to Families with Children
S05C2 Intensive Family Services
S05C3 Serv. re: Child Placed with Relatives
S05C4 Serv. Family w/Child Related Serv.
S05N1 Intake-Services to Families with Children
S05N3 Intake Relative Placement
S06C1 Serv to Family When Child Placed
S06C2 Reunification Services
S06C7 Foster Care Related Service
S06C8 Serv. To Natural Parent-Foster Child
S06C9 Foster Care Service-Req other agency
S06N1 Foster Home Study
S06N9 Request from other Agency
S06P1 Placement with a Relative
S06R1 Approved Foster Home
S07N1 Intake-Other Social Services
S08C1 Single Parent Serv-Expectant Parents
S08C2 Single Parent Serv - Older Parents/Children
S08N1 Intake Single Parent Services
S09C1 Local Services
S09C5 Local Services
S09C8 Local Services
S09N5 Intake for Local Service
S10N1 Intake-Other Social Service
S10N3 Intake-Other Social Services
S14N1 Info & Referral
S14N3 Info & Referral
S15N1 Emergency Assistance
S15N2 Emergency Assistance
S15N3 Environmental Assistance
S15N4 Emergency Assistance
S15N6 Emergency Assistance

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SAPP3_D DAY OF 3rd SOCIAL SERVICES APPLICATION
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SAPP3_Y YEAR OF 3rd SOCIAL SERVICES APPLICATION
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   Numeric
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SCLOS3_D DAY OF 3rd SOCIAL SERVICES CLOSURE
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SCLOS3_Y YEAR OF 3rd SOCIAL SERVICES CLOSURE
   Numeric
   Missing Values: 99

SOC4_CAT 4th SOCIAL SERVICES CATEGORY CODE
   String
   Missing Values: '99999', "

   Value  Label
   S01C8  Serv. to Natural Parent of Adopted Child
   S02C1  Child Waiting for Day Care
   S02C2  Group Day Care
   S02C3  Family Day Care
   S02C4  Day Care Related Service
   S02C5  Day Care Related Services
   S02C9  Day Care Related Service
   S02N1  Day Care Intake
   S02N2  Day Care Intake
S04C1  In Home Aide Services
S04C2  In Home Aide Related Service
S04C5  In Home Aide Related Service
S04C6  In Home Aide Related Services
S04C7  In Home Aide Related Service
S05C1  Services to Families with Children
S05C2  Intensive Family Services
S05C3  Serv. re: Child Placed with Relatives
S05C4  Serv. Family w/Child Related Serv.
S05N1  Intake-Services to Families with Children
S05N3  Intake Relative Placement
S06C1  Serv to Family When Child Placed
S06C2  Reunification Services
S06C7  Foster Care Related Service
S06C8  Serv. To Natural Parent-Foster Child
S06C9  Foster Care Service-Req other agency
S06N1  Foster Home Study
S06N9  Request from other Agency
S06P1  Placement with a Relative
S06R1  Approved Foster Home
S07N1  Intake-Other Social Services
S08C1  Single Parent Serv-Expectant Parents
S08C2  Single Parent Serv - Older Parents/Children
S08N1  Intake Single Parent Services
S09C1  Local Services
S09C5  Local Services
S09C8  Local Services
S09N5  Intake for Local Service
S10N1  Intake-Other Social Service
S10N3  Intake-Other Social Services
S14N1  Info & Referral
S14N3  Info & Referral
S15N1  Emergency Assistance
S15N2  Emergency Assistance
S15N3  Environmental Assistance
S15N4  Emergency Assistance
S15N6  Emergency Assistance

SAPP4_M  MONTH OF 4th SOCIAL SERVICE APPLICATION
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SAPP4_D  DAY OF 4th SOCIAL SERVICES APPLICATION
           Numeric
           SOC84  page 8
Missing Values: 99

SAPP4_Y  YEAR OF 4th SOCIAL SERVICES APPLICATION
   Numeric
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SCLOS4_M  MONTH OF 4th SOCIAL SERVICE CLOSURE
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SCLOS4_D  DAY OF 4th SOCIAL SERVICES CLOSURE
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SCLOS4_Y  YEAR OF 4th SOCIAL SERVICES CLOSURE
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SOC5_CAT  5th SOCIAL SERVICES CATEGORY CODE
   String
   Missing Values: '99999', "

   Value   Label
   S01C8   Serv. to Natural Parent of Adopted Child
   S02C1   Child Waiting for Day Care
   S02C2   Group Day Care
   S02C3   Family Day Care
   S02C4   Day Care Related Service
   S02C5   Day Care Related Services
   S02C9   Day Care Related Service
   S02N1   Day Care Intake
   S02N2   Day Care Intake
   S04C1   In Home Aide Services
   S04C2   In Home Aide Related Service
   S04C5   In Home Aide Related Service
   S04C6   In Home Aide Related Services
   S04C7   In Home Aide Related Service
   S05C1   Services to Families with Children
   S05C2   Intensive Family Services
   S05C3   Serv. re: Child Placed with Relatives
   S05C4   Serv. Family w/Child Related Serv.
   S05N1   Intake-Services to Families with Children
   S05N3   Intake Relative Placement
   S06C1   Serv to Family When Child Placed

SOC84  page 9
S06C2  Reunification Services
S06C7  Foster Care Related Service
S06C8  Serv. To Natural Parent-Foster Child
S06C9  Foster Care Service-Req other agency
S06N1  Foster Home Study
S06N9  Request from other Agency
S06P1  Placement with a Relative
S06R1  Approved Foster Home
S07N1  Intake-Other Social Services
S08C1  Single Parent Serv-Expectant Parents
S08C2  Single Parent Serv - Older Parents/Children
S08N1  Intake Single Parent Services
S09C1  Local Services
S09C5  Local Services
S09C8  Local Services
S09N5  Intake for Local Service
S10N1  Intake-Other Social Service
S10N3  Intake-Other Social Services
S14N1  Info & Referral
S14N3  Info & Referral
S15N1  Emergency Assistance
S15N2  Emergency Assistance
S15N3  Environmental Assistance
S15N4  Emergency Assistance
S15N6  Emergency Assistance

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         S02N1   Day Care Intake
         S02N2   Day Care Intake
         S04C1   In Home Aide Services
         S04C2   In Home Aide Related Service
S04C5  In Home Aide Related Service
S04C6  In Home Aide Related Services
S04C7  In Home Aide Related Service
S05C1  Services to Families with Children
S05C2  Intensive Family Services
S05C3  Serv. re: Child Placed with Relatives
S05C4  Serv. Family w/Child Related Serv.
S05N1  Intake-Services to Families with Children
S05N3  Intake Relative Placement
S06C1  Serv to Family When Child Placed
S06C2  Reunification Services
S06C7  Foster Care Related Service
S06C8  Serv. To Natural Parent-Foster Child
S06C9  Foster Care Service-Req other agency
S06N1  Foster Home Study
S06N9  Request from other Agency
S06P1  Placement with a Relative
S06R1  Approved Foster Home
S07N1  Intake-Other Social Services
S08C1  Single Parent Serv-Expectant Parents
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S02N1    Day Care Intake  
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S04C1    In Home Aide Services  
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S05C4    Serv. Family w/Child Related Serv.  
S05N1    Intake-Services to Families with Children  
S05N3    Intake Relative Placement  
S06C1    Serv to Family When Child Placed  
S06C2    Reunification Services  
S06C7    Foster Care Related Service  

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S06C8  Serv. To Natural Parent-Foster Child
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S02C3 Family Day Care
S02C4 Day Care Related Service
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S02N1 Day Care Intake
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S05C2 Intensive Family Services
S05C3 Serv. re: Child Placed with Relatives
S05C4 Serv. Family w/Child Related Serv.
S05N1 Intake-Services to Families with Children
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S06C2 Reunification Services
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   P05  Other Financial Service
   P14  Other Financial Service
   P22  Other Financial Service
   P30  Other Financial Service
   P69  Other Financial Service
   P80  Other Financial Service

MAPP4_M  MONTH OF 4th FINANCIAL SERVICE APPLICATION
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MAPP4_D  DAY OF 4th FINANCIAL SERVICES APPLICATION
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MAPP4_Y  YEAR OF 4th FINANCIAL SERVICES APPLICATION
   Numeric
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      P03 Other Financial Service
      P04 Other Financial Service
      P05 Other Financial Service
      P14 Other Financial Service
      P22 Other Financial Service
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      P69 Other Financial Service
      P80 Other Financial Service

MAPP5_M  MONTH OF 5th FINANCIAL SERVICE APPLICATION
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MAPP5_D  DAY OF 5th FINANCIAL SERVICES APPLICATION
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MAPP5_Y  YEAR OF 5th FINANCIAL SERVICES APPLICATION
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MCLOS5_Y  YEAR OF 5th FINANCIAL SERVICES CLOSURE
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  P04  Other financial services
  P30  Other financial services
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MAPP6_M  MONTH OF 6th FINANCIAL SERVICE APPLICATION
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MAPP6_D  DAY OF 6th FINANCIAL SERVICES APPLICATION
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MAPP6_Y  YEAR OF 6th FINANCIAL SERVICES APPLICATION
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MCLOS6_D  DAY OF 6th FINANCIAL SERVICES CLOSURE
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   P04    Other Financial Service
   P05    Other Financial Service
   P14    Other Financial Service
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   P30    Other Financial Service
   P69    Other Financial Service
   P80    Other Financial Service

MAPP7_M  MONTH OF 7th FINANCIAL SERVICE APPLICATION
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SOC84 page 29
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    P05   Other Financial Service
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    P69   Other Financial Service
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MCLOS9_M  MONTH OF 9th FINANCIAL SERVICE CLOSURE
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   SOC84  page 31
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Value Label
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APPENDIX C

FOS84 Codebook Information
Notes

1. Logical inconsistencies between application and closing dates for foster care reports have not been recoded or set to “missing”, but instead have been left as is so that secondary users can make their own decisions regarding handling of such inconsistencies.

Missing and unknown values

For all variables, “8”, “88” = “unknown” (unless value labels state otherwise).
For all variables, “9”, “99”, “999” = “not applicable” (unless value labels state otherwise).
For the variables FOSX_CAT (where X represents an integer from 1 to 20) there are several cases without values.

The following variables were deleted due to the fact that they were missing for all cases:
FOS21CAT - FOS22CAT
FKD21MOB - FKD22MOB
FKD21DOB - FKD22DOB
FKD21YOB - FKD22YOB
FAPP21M - FAPP22M
FAPP21D - FAPP22D
FAPP21Y - FAPP22Y
FCLOS21M - FCLOS22M
FCLOS21D - FCLOS22D
FCLOS21Y - FCLOS22Y
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    S06C1  Natural parent of child in foster care  
    S06C2  Reunification services to natural parent of child in foster care  
    S06N1  Foster home study  
    S06N9  ROA (Request of other agency)  
    S06P1  Child placed in foster care  
    S06P2  Child placed in purchase of care facility  
    S06P3  Returned home  
    S06R1  Approved foster home

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FOS84 page3
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FKD2_YOB  FOSTER KID 2 YEAR OF BIRTH
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   String
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   S01P4  placed-adoption special needs
   S05P1  placed-relative home
   S06C1  Natural parent of child in foster care
   S06C2  Reunification services to natural parent of child in foster care
   S06N1  Foster home study
   S06N9  ROA (Request of other agency)
   S06P1  Child placed in foster care
   S06P2  Child placed in purchase of care facility
   S06P3  Returned home
   S06R1  Approved foster home

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FKD3_YOB  FOSTER KID 3 YEAR OF BIRTH
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FCLOS3_Y  YEAR OF 3rd FOSTER CARE CLOSURE
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   String
   Missing Values: '99999'

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   S01P4  placed-adoption special needs
   S05P1  placed-relative home
   S06C1  Natural parent of child in foster care
   S06C2  Reunification services to natural parent of child in foster care
   S06N1  Foster home study
   S06N9  ROA (Request of other agency)
   S06P1  Child placed in foster care
   S06P2  Child placed in purchase of care facility
   S06P3  Returned home
   S06R1  Approved foster home

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   S01P4  placed-adoption special needs
   S05P1  placed-relative home
   S06C1  Natural parent of child in foster care
   S06C2  Reunification services to natural parent of child in foster care
   S06N1  Foster home study
   S06N9  ROA (Request of other agency)
   S06P1  Child placed in foster care
   S06P2  Child placed in purchase of care facility
   S06P3  Returned home
   S06R1  Approved foster home

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   FOS84  page7
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   Value Label
   S01P1  placed-adoption
   S01P4  placed-adoption special needs
   S05P1  placed-relative home
S06C1 Natural parent of child in foster care
S06C2 Reunification services to natural parent of child in foster
S06N1 Foster home study
S06N9 ROA (Request of other agency)
S06P1 Child placed in foster care
S06P2 Child placed in purchase of care facility
S06P3 Returned home
S06R1 Approved foster home

FKD6_MOB  FOSTER KID 6 MONTH OF BIRTH
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  Missing Values: 99

FKD6_DOB  FOSTER KID 6 DAY OF BIRTH
  Numeric
  Missing Values: 99

FKD6_YOB  FOSTER KID 6 YEAR OF BIRTH
  Numeric
  Missing Values: 99

FAPP6_M  MONTH OF 6th FOSTER CARE APPLICATION
  Numeric
  Missing Values: 99

FAPP6_D  DAY OF 6th FOSTER CARE APPLICATION
  Numeric
  Missing Values: 99

FAPP6_Y  YEAR OF 6th FOSTER CARE APPLICATION
  Numeric
  Missing Values: 99

FCLOS6_M  MONTH OF 6th FOSTER CARE CLOSURE
  Numeric
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FCLOS6_D  DAY OF 6th FOSTER CARE CLOSURE
  Numeric
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FCLOS6_Y  YEAR OF 6th FOSTER CARE CLOSURE
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FOS7_CAT  7th FOSTER CARE CATEGORY CODE
   String
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   Value Label
   S01P1  placed-adoption
   S01P4  placed-adoption special needs
   S05P1  placed-relative home
   S06C1  Natural parent of child in foster care
   S06C2  Reunification services to natural parent of child in foster
   S06N1  Foster home study
   S06N9  ROA (Request of other agency)
   S06P1  Child placed in foster care
   S06P2  Child placed in purchase of care facility
   S06P3  Returned home
   S06R1  Approved foster home

FKD7_MOB  FOSTER KID 7 MONTH OF BIRTH
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FKD7_DOB  FOSTER KID 7 DAY OF BIRTH
   Numeric
   Missing Values: 99

FKD7_YOB  FOSTER KID 7 YEAR OF BIRTH
   Numeric
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FAPP7_M  MONTH OF 7th FOSTER CARE APPLICATION
   Numeric
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FAPP7_D  DAY OF 7th FOSTER CARE APPLICATION
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FAPP7_Y  YEAR OF 7th FOSTER CARE APPLICATION
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FCLOS7_M  MONTH OF 7th FOSTER CARE CLOSURE
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FCLOS7_D  DAY OF 7th FOSTER CARE CLOSURE
   Numeric
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FCLOS7_Y  YEAR OF 7th FOSTER CARE CLOSURE
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   Missing Values: 99

FOS8_CAT  8th FOSTER CARE CATEGORY CODE
   String
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   Value Label
   S01P1  placed-adoption
   S01P4  placed-adoption special needs
   S05P1  placed-relative home
   S06C1  Natural parent of child in foster care
   S06C2  Reunification services to natural parent of child in foster care
   S06N1  Foster home study
   S06N9  ROA (Request of other agency)
   S06P1  Child placed in foster care
   S06P2  Child placed in purchase of care facility
   S06P3  Returned home
   S06R1  Approved foster home

FKD8_MOB  FOSTER KID 8 MONTH OF BIRTH
   FOS84 page11
FKD8_DOB  FOSTER KID 8 DAY OF BIRTH
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FKD8_YOB  FOSTER KID 8 YEAR OF BIRTH
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FAPP8_D  DAY OF 8th FOSTER CARE APPLICATION
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FAPP8_Y  YEAR OF 8th FOSTER CARE APPLICATION
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FCLOS8_M  MONTH OF 8th FOSTER CARE CLOSURE
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FCLOS8_D  DAY OF 8th FOSTER CARE CLOSURE
  Numeric
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FCLOS8_Y  YEAR OF 8th FOSTER CARE CLOSURE
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FOS9_CAT  9th FOSTER CARE CATEGORY CODE
  String
  Missing Values: '99999'

  Value Label
  S01P1  placed-adoption
  S01P4  placed-adoption special needs
  S05P1  placed-relative home
S06C1 Natural parent of child in foster care
S06C2 Reunification services to natural parent of child in foster care
S06N1 Foster home study
S06N9 ROA (Request of other agency)
S06P1 Child placed in foster care
S06P2 Child placed in purchase of care facility
S06P3 Returned home
S06R1 Approved foster home

FKD9_MOB FOSTER KID 9 MONTH OF BIRTH
   Numeric
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FKD9_DOB FOSTER KID 9 DAY OF BIRTH
   Numeric
   Missing Values: 99

FKD9_YOB FOSTER KID 9 YEAR OF BIRTH
   Numeric
   Missing Values: 99

FAPP9_M MONTH OF 9th FOSTER CARE APPLICATION
   Numeric
   Missing Values: 99

FAPP9_D DAY OF 9th FOSTER CARE APPLICATION
   Numeric
   Missing Values: 99

FAPP9_Y YEAR OF 9th FOSTER CARE APPLICATION
   Numeric
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FCLOS9_M MONTH OF 9th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FCLOS9_D DAY OF 9th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FCLOS9_Y YEAR OF 9th FOSTER CARE CLOSURE
   Numeric
Missing Values: 99

FOS10CAT  10th FOSTER CARE CATEGORY CODE
  String
  Missing Values: '99999'

  Value Label
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  S01P4 placed-adoption special needs
  S05P1 placed-relative home
  S06C1 Natural parent of child in foster care
  S06C2 Reunification services to natural parent of child in foster
  S06N1 Foster home study
  S06N9 ROA (Request of other agency)
  S06P1 Child placed in foster care
  S06P2 Child placed in purchase of care facility
  S06P3 Returned home
  S06R1 Approved foster home

FKD10MOB  FOSTER KID 10 MONTH OF BIRTH
  Numeric
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FKD10DOB  FOSTER KID 10 DAY OF BIRTH
  Numeric
  Missing Values: 99

FKD10YOB  FOSTER KID 10 YEAR OF BIRTH
  Numeric
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FAPP10_M  MONTH OF 10th FOSTER CARE APPLICATION
  Numeric
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FAPP10_D  DAY OF 10th FOSTER CARE APPLICATION
  Numeric
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FAPP10_Y  YEAR OF 10th FOSTER CARE APPLICATION
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  Missing Values: 99
FCLOS10M  MONTH OF 10th FOSTER CARE CLOSURE
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FCLOS10D  DAY OF 10th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FCLOS10Y  YEAR OF 10th FOSTER CARE CLOSURE
   Numeric
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FOS11CAT  11th FOSTER CARE CATEGORY CODE
   String
   Missing Values: '99999'

   Value Label
   S01P1  placed-adoption
   S01P4  placed-adoption special needs
   S05P1  placed-relative home
   S06C1  Natural parent of child in foster care
   S06C2  Reunification services to natural parent of child in foster care
   S06N1  Foster home study
   S06N9  ROA (Request of other agency)
   S06P1  Child placed in foster care
   S06P2  Child placed in purchase of care facility
   S06P3  Returned home
   S06R1  Approved foster home

FAPP11_M  MONTH OF 11th FOSTER CARE APPLICATION
   FOS84  page15
Numeric
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FAPP11_D DAY OF 11th FOSTER CARE APPLICATION
Numeric
Missing Values: 99

FAPP11_Y YEAR OF 11th FOSTER CARE APPLICATION
Numeric
Missing Values: 99

FCLOS11M MONTH OF 11th FOSTER CARE CLOSURE
Numeric
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FCLOS11D DAY OF 11th FOSTER CARE CLOSURE
Numeric
Missing Values: 99

FCLOS11Y YEAR OF 11th FOSTER CARE CLOSURE
Numeric
Missing Values: 99

FKD11MOB FOSTER KID 11 MONTH OF BIRTH
Numeric
Missing Values: 99

FKD11DOB FOSTER KID 11 DAY OF BIRTH
Numeric
Missing Values: 99

FKD11YOB FOSTER KID 11 YEAR OF BIRTH
Numeric
Missing Values: 99

FOS12CAT 12th FOSTER CARE CATEGORY CODE
String
Missing Values: '99999'

Value Label
S01P1  placed-adoption
S01P4  placed-adoption special needs
S05P1  placed-relative home

FOS84 page16
S06C1 Natural parent of child in foster care
S06C2 Reunification services to natural parent of child in foster
S06N1 Foster home study
S06N9 ROA (Request of other agency)
S06P1 Child placed in foster care
S06P2 Child placed in purchase of care facility
S06P3 Returned home
S06R1 Approved foster home

FKD12MOB FOSTER KID 12 MONTH OF BIRTH
   Numeric
   Missing Values: 99

FKD12DOB FOSTER KID 12 DAY OF BIRTH
   Numeric
   Missing Values: 99

FKD12YOB FOSTER KID 12 YEAR OF BIRTH
   Numeric
   Missing Values: 99

FAPP12_M MONTH OF 12th FOSTER CARE APPLICATION
   Numeric
   Missing Values: 99

FAPP12_D DAY OF 12th FOSTER CARE APPLICATION
   Numeric
   Missing Values: 99

FAPP12_Y YEAR OF 12th FOSTER CARE APPLICATION
   Numeric
   Missing Values: 99

FCLOS12M MONTH OF 12th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FCLOS12D DAY OF 12th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FCLOS12Y YEAR OF 12th FOSTER CARE CLOSURE
   Numeric
Missing Values: 99

**FOS13CAT  13th FOSTER CARE CATEGORY CODE**
- **String**
- Missing Values: '99999'

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<th>Value Label</th>
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<td>S01P4 placed-adoption special needs</td>
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<td>S05P1 placed-relative home</td>
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<td>S06C1 Natural parent of child in foster care</td>
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<td>S06C2 Reunification services to natural parent of child in foster care</td>
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<td>S06N1 Foster home study</td>
<td></td>
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<td>S06N9 ROA (Request of other agency)</td>
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<td>S06P1 Child placed in foster care</td>
<td></td>
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<tr>
<td>S06P2 Child placed in purchase of care facility</td>
<td></td>
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<tr>
<td>S06P3 Returned home</td>
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<tr>
<td>S06R1 Approved foster home</td>
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**FKD13MOB  FOSTER KID 13 MONTH OF BIRTH**
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- Missing Values: 99

**FKD13DOB  FOSTER KID 13 DAY OF BIRTH**
- **Numeric**
- Missing Values: 99

**FKD13YOB  FOSTER KID 13 YEAR OF BIRTH**
- **Numeric**
- Missing Values: 99

**FAPP13_M  MONTH OF 13th FOSTER CARE APPLICATION**
- **Numeric**
- Missing Values: 99

**FAPP13_D  DAY OF 13th FOSTER CARE APPLICATION**
- **Numeric**
- Missing Values: 99

**FAPP13_Y  YEAR OF 13th FOSTER CARE APPLICATION**
- **Numeric**
- Missing Values: 99

FOS84 page18
FCLOS13M  MONTH OF 13th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FCLOS13D  DAY OF 13th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FCLOS13Y  YEAR OF 13th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FOS14CAT  14th FOSTER CARE CATEGORY CODE
   String
   Missing Values: '99999'

   Value Label
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   S01P4    placed-adoption special needs
   S05P1    placed-relative home
   S06C1    Natural parent of child in foster care
   S06C2    Reunification services to natural parent of child in foster
   S06N1    Foster home study
   S06N9    ROA (Request of other agency)
   S06P1    Child placed in foster care
   S06P2    Child placed in purchase of care facility
   S06P3    Returned home
   S06R1    Approved foster home

FKD14MOB  FOSTER KID 14 MONTH OF BIRTH
   Numeric
   Missing Values: 99

FKD14DOB  FOSTER KID 14 DAY OF BIRTH
   Numeric
   Missing Values: 99

FKD14YOB  FOSTER KID 14 YEAR OF BIRTH
   Numeric
   Missing Values: 99

FAPP14_M  MONTH OF 14th FOSTER CARE APPLICATION
   Numeric

FOS84  page19
Missing Values: 99

FAPP14_D  DAY OF 14th FOSTER CARE APPLICATION
Numeric
Missing Values: 99

FAPP14_Y  YEAR OF 14th FOSTER CARE APPLICATION
Numeric
Missing Values: 99

FCLOS14M  MONTH OF 14th FOSTER CARE CLOSURE
Numeric
Missing Values: 99

FCLOS14D  DAY OF 14th FOSTER CARE CLOSURE
Numeric
Missing Values: 99

FCLOS14Y  YEAR OF 14th FOSTER CARE CLOSURE
Numeric
Missing Values: 99

FOS15CAT  15th FOSTER CARE CATEGORY CODE
String
Missing Values: '99999'

Value Label
S01P1  placed-adoption
S01P4  placed-adoption special needs
S05P1  placed-relative home
S06C1  Natural parent of child in foster care
S06C2  Reunification services to natural parent of child in foster care
S06N1  Foster home study
S06N9  ROA (Request of other agency)
S06P1  Child placed in foster care
S06P2  Child placed in purchase of care facility
S06P3  Returned home
S06R1  Approved foster home

FKD15MOB  FOSTER KID 15 MONTH OF BIRTH
   Numeric
   Missing Values: 99

FKD15DOB  FOSTER KID 15 DAY OF BIRTH
   Numeric
   Missing Values: 99

FKD15YOB  FOSTER KID 15 YEAR OF BIRTH
   Numeric
   Missing Values: 99

FAPP15_M  MONTH OF 15th FOSTER CARE APPLICATION
   Numeric
   Missing Values: 99

FAPP15_D  DAY OF 15th FOSTER CARE APPLICATION
   Numeric
   Missing Values: 99

FAPP15_Y  YEAR OF 15th FOSTER CARE APPLICATION
   Numeric
   Missing Values: 99

FCLOS15M  MONTH OF 15th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FCLOS15D  DAY OF 15th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FCLOS15Y  YEAR OF 15th FOSTER CARE CLOSURE
   Numeric

FOS84  page21
Missing Values: 99

FOS16CAT 16th FOSTER CARE CATEGORY CODE
String
Missing Values: '99999'

  Value Label
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  S01P4 placed-adoption special needs
  S05P1 placed-relative home
  S06C1 Natural parent of child in foster care
  S06C2 Reunification services to natural parent of child in foster care
  S06N1 Foster home study
  S06N9 ROA (Request of other agency)
  S06P1 Child placed in foster care
  S06P2 Child placed in purchase of care facility
  S06P3 Returned home
  S06R1 Approved foster home

FKD16MOB FOSTER KID 16 MONTH OF BIRTH
Numeric
Missing Values: 99

FKD16DOB FOSTER KID 16 DAY OF BIRTH
Numeric
Missing Values: 99

FKD16YOB FOSTER KID 16 YEAR OF BIRTH
Numeric
Missing Values: 99

FAPP16_M MONTH OF 16th FOSTER CARE APPLICATION
Numeric
Missing Values: 99

FAPP16_D DAY OF 16th FOSTER CARE APPLICATION
Numeric
Missing Values: 99

FAPP16_Y YEAR OF 16th FOSTER CARE APPLICATION
Numeric
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FCLOS16M MONTH OF 16th FOSTER CARE CLOSURE
Numeric
Missing Values: 99

FCLOS16D  DAY OF 16th FOSTER CARE CLOSURE
Numeric
Missing Values: 99

FCLOS16Y  YEAR OF 16th FOSTER CARE CLOSURE
Numeric
Missing Values: 99

FOS17CAT  17th FOSTER CARE CATEGORY CODE
String
Missing Values: '99999'

Value Label
S01P1  placed-adoption
S01P4  placed-adoption special needs
S05P1  placed-relative home
S06C1  Natural parent of child in foster care
S06C2  Reunification services to natural parent of child in foster care
S06N1  Foster home study
S06N9  ROA (Request of other agency)
S06P1  Child placed in foster care
S06P2  Child placed in purchase of care facility
S06P3  Returned home
S06R1  Approved foster home

FKD17MOB  FOSTER KID 17 MONTH OF BIRTH
Numeric
Missing Values: 99

FKD17DOB  FOSTER KID 17 DAY OF BIRTH
Numeric
Missing Values: 99

FKD17YOB  FOSTER KID 17 YEAR OF BIRTH
Numeric
Missing Values: 99

FAPP17_M  MONTH OF 17th FOSTER CARE APPLICATION
Numeric
Missing Values: 99

FAPP17_D  DAY OF 17th FOSTER CARE APPLICATION
Numeric
Missing Values: 99

FAPP17_Y  YEAR OF 17th FOSTER CARE APPLICATION
Numeric
Missing Values: 99

FCLOS17M  MONTH OF 17th FOSTER CARE CLOSURE
Numeric
Missing Values: 99

FCLOS17D  DAY OF 17th FOSTER CARE CLOSURE
Numeric
Missing Values: 99

FCLOS17Y  YEAR OF 17th FOSTER CARE CLOSURE
Numeric
Missing Values: 99

FOS18CAT  18th FOSTER CARE CATEGORY CODE
String
Missing Values: '99999'

Value Label
S01P1 placed-adoption
S01P4 placed-adoption special needs
S05P1 placed-relative home
S06C1 Natural parent of child in foster care
S06C2 Reunification services to natural parent of child in foster care
S06N1 Foster home study
S06N9 ROA (Request of other agency)
S06P1 Child placed in foster care
S06P2 Child placed in purchase of care facility
S06P3 Returned home
S06R1 Approved foster home

FKD18MOB  FOSTER KID 18 MONTH OF BIRTH
Numeric
Missing Values: 99
FKD18DOB  FOSTER KID 18 DAY OF BIRTH  
    Numeric  
    Missing Values: 99

FKD18YOB  FOSTER KID 18 YEAR OF BIRTH  
    Numeric  
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FAPP18_M  MONTH OF 18th FOSTER CARE APPLICATION  
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FAPP18_Y  YEAR OF 18th FOSTER CARE APPLICATION  
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FCLOS18D  DAY OF 18th FOSTER CARE CLOSURE  
    Numeric  
    Missing Values: 99

FCLOS18Y  YEAR OF 18th FOSTER CARE CLOSURE  
    Numeric  
    Missing Values: 99
FOS19CAT  19th FOSTER CARE CATEGORY CODE
    String
    Missing Values: '99999'

    Value Label
    S01P1  placed-adoption
    S01P4  placed-adoption special needs
    S05P1  placed-relative home
    S06C1  Natural parent of child in foster care
    S06C2  Reunification services to natural parent of child in foster care
    S06N1  Foster home study
    S06N9  ROA (Request of other agency)
    S06P1  Child placed in foster care
    S06P2  Child placed in purchase of care facility
    S06P3  Returned home
    S06R1  Approved foster home

FKD19MOB  FOSTER KID 19 MONTH OF BIRTH
    Numeric
    Missing Values: 99

FKD19DOB  FOSTER KID 19 DAY OF BIRTH
    Numeric
    Missing Values: 99

FKD19YOB  FOSTER KID 19 YEAR OF BIRTH
    Numeric
    Missing Values: 99

FAPP19_M  MONTH OF 19th FOSTER CARE APPLICATION
    Numeric
    Missing Values: 99

FAPP19_D  DAY OF 19th FOSTER CARE APPLICATION
    Numeric
    Missing Values: 99

FAPP19_Y  YEAR OF 19th FOSTER CARE APPLICATION
    Numeric
    Missing Values: 99

FCLOS19M  MONTH OF 19th FOSTER CARE CLOSURE
    FOS84  page26
FCLOS19D  DAY OF 19th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FCLOS19Y  YEAR OF 19th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FOS20CAT  20th FOSTER CARE CATEGORY CODE
   String
   Missing Values: '99999'

   Value Label
   S01P1  placed-adoption
   S01P4  placed-adoption special needs
   S05P1  placed-relative home
   S06C1  Natural parent of child in foster care
   S06C2  Reunification services to natural parent of child in foster care
   S06N1  Foster home study
   S06N9  ROA (Request of other agency)
   S06P1  Child placed in foster care
   S06P2  Child placed in purchase of care facility
   S06P3  Returned home
   S06R1  Approved foster home

FKD20MOB  FOSTER KID 20 MONTH OF BIRTH
   Numeric
   Missing Values: 99

FKD20DOB  FOSTER KID 20 DAY OF BIRTH
   Numeric
   Missing Values: 99

FKD20YOB  FOSTER KID 20 YEAR OF BIRTH
   Numeric
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   Missing Values: 99
FAPP20_D  DAY OF 20th FOSTER CARE APPLICATION
   Numeric
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FAPP20_Y  YEAR OF 20th FOSTER CARE APPLICATION
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FCLOS20M  MONTH OF 20th FOSTER CARE CLOSURE
   Numeric
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FCLOS20D  DAY OF 20th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99

FCLOS20Y  YEAR OF 20th FOSTER CARE CLOSURE
   Numeric
   Missing Values: 99
APPENDIX D

SEVERE Codebook Information
Notes

1. Case record data were missing for five physically abusive families. They are 2,33; 2,49; 2,76; 2,127; 2,134.

2. Case 2,64 is missing data on sexual abuse but not on physical abuse or neglect.

Missing and unknown values

For all questions, “8”, “88”, “98” = “unknown” (unless value labels state otherwise). For all questions, “9”, “99”, “999” = “not applicable” (unless value labels state otherwise).

Out of range values

Out of range values were detected for the following variables:
SUP = “6”
LP = “3”
SAPR1CH1 = “0”
FTTYR4 = “2”
REASDTH1 = “12”
Data Dictionary

V1  MALTREATMENT TYPE
   Numeric
   Value Label
   1  neglect
   2  physical abuse

V2  STUDY NUMBER
   Numeric

ABUSE
   Numeric
   Value Label
   1  YES
   2  NO

MONTH1  MONTH BIRTH 1ST ABUSED CHILD
   Numeric
   Missing Values: 88, 99

YEAR1  YEAR BIRTH 1ST ABUSED CHILD
   Numeric
   Missing Values: 88, 99

MONTH2  MONTH BIRTH 2ND ABUSED CHILD
   Numeric
   Missing Values: 88, 99

YEAR2  YEAR BIRTH 2ND ABUSED CHILD
   Numeric
   Missing Values: 88, 99

MONTH3  MONTH BIRTH 3RD ABUSED CHILD
   Numeric
   Missing Values: 88, 99

YEAR3  YEAR BIRTH 3RD ABUSED CHILD
   Numeric
   Missing Values: 88, 99

MONTH4  MONTH BIRTH 4TH ABUSED CHILD
   Numeric
   Missing Values: 88, 99
YEAR4  YEAR BIRTH 4TH ABUSED CHILD
Numeric
Missing Values: 88, 99

SEV1  SEVERITY ABUSE 1ST CHILD
Numeric
Missing Values: 8, 9

Value Label
4  SUPERFICIAL INJURIES
5  MODERATE INJURIES
6  SEVERE INJURIES

SEV2  SEVERITY ABUSE 2ND CHILD
Numeric
Missing Values: 8, 9

Value Label
4  SUPERFICIAL INJURIES
5  MODERATE INJURIES
6  SEVERE INJURIES

SEV3  SEVERITY ABUSE 3RD CHILD
Numeric
Missing Values: 8, 9

Value Label
4  SUPERFICIAL INJURIES
5  MODERATE INJURIES
6  SEVERE INJURIES

SEV4  SEVERITY ABUSE 4TH CHILD
Numeric
Missing Values: 8, 9

Value Label
4  SUPERFICIAL INJURIES
5  MODERATE INJURIES
6  SEVERE INJURIES
PERP1CH1  1ST PERPETRATOR  1ST CHILD
Numeric
Missing Values: 88, 99

Value  Label
  1  MOTHER
  2  STEPMOTHER
  3  FOSTER MOTHER
  4  FATHER
  5  STEPFATHER
  6  FOSTER FATHER
  7  MOTHER BOYFRIEND
  8  ADULT RELATIVE
  9  SIBLING
 10  BABYSITTER
 11  OTHER
 12  UNKNOWN

PERP2CH1  2ND PERPETRATOR  1ST CHILD
Numeric
Missing Values: 88, 99

Value  Label
  1  MOTHER
  2  STEPMOTHER
  3  FOSTER MOTHER
  4  FATHER
  5  STEPFATHER
  6  FOSTER FATHER
  7  MOTHER BOYFRIEND
  8  ADULT RELATIVE
  9  SIBLING
 10  BABYSITTER
 11  OTHER
 12  UNKNOWN
PERP3CH1 3RD PERPETRATOR 1ST CHILD
Numeric
Missing Values: 88, 99

Value Label
1 MOTHER
2 STEPMOTHER
3 FOSTER MOTHER
4 FATHER
5 STEPFATHER
6 FOSTER FATHER
7 MOTHER BOYFRIEND
8 ADULT RELATIVE
9 SIBLING
10 BABYSITTER
11 OTHER
12 UNKNOWN

PERP1CH2 1ST PERPETRATOR 2ND CHILD
Numeric
Missing Values: 88, 99

Value Label
1 MOTHER
2 STEPMOTHER
3 FOSTER MOTHER
4 FATHER
5 STEPFATHER
6 FOSTER FATHER
7 MOTHER BOYFRIEND
8 ADULT RELATIVE
9 SIBLING
10 BABYSITTER
11 OTHER
12 UNKNOWN
PERP2CH2  2ND PERPETRATOR 2ND CHILD

Numeric
Missing Values: 88, 99

Value  Label
1  MOTHER
2  STEPMOTHER
3  FOSTER MOTHER
4  FATHER
5  STEPFATHER
6  FOSTER FATHER
7  MOTHER BOYFRIEND
8  ADULT RELATIVE
9  SIBLING
10  BABYSITTER
11  OTHER
12  UNKNOWN

PERP3CH2  3RD PERPETRATOR 2ND CHILD

Numeric
Missing Values: 88, 99

Value  Label
1  MOTHER
2  STEPMOTHER
3  FOSTER MOTHER
4  FATHER
5  STEPFATHER
6  FOSTER FATHER
7  MOTHER BOYFRIEND
8  ADULT RELATIVE
9  SIBLING
10  BABYSITTER
11  OTHER
12  UNKNOWN
PERP1CH3 1ST PERPETRATOR 3RD CHILD
Numeric
Missing Values: 88, 99

Value Label
1 MOTHER
2 STEPMOTHER
3 FOSTER MOTHER
4 FATHER
5 STEPFATHER
6 FOSTER FATHER
7 MOTHER BOYFRIEND
8 ADULT RELATIVE
9 SIBLING
10 BABYSITTER
11 OTHER
12 UNKNOWN

PERP2CH3 2ND PERPETRATOR 3RD CHILD
Numeric
Missing Values: 88, 99

Value Label
1 MOTHER
2 STEPMOTHER
3 FOSTER MOTHER
4 FATHER
5 STEPFATHER
6 FOSTER FATHER
7 MOTHER BOYFRIEND
8 ADULT RELATIVE
9 SIBLING
10 BABYSITTER
11 OTHER
PERP3CH3  3RD PERPETRATOR 3RD CHILD
Numeric
Missing Values: 88, 99

Value  Label
1   MOTHER
2   STEPMOTHER
3   FOSTER MOTHER
4   FATHER
5   STEPFATHER
6   FOSTER FATHER
7   MOTHER BOYFRIEND
8   ADULT RELATIVE
9   SIBLING
10  BABYSITTER
11  OTHER
12  UNKNOWN

PERP1CH4  1ST PERPETRATOR 4TH CHILD
Numeric
Missing Values: 88, 99

Value  Label
1   MOTHER
2   STEPMOTHER
3   FOSTER MOTHER
4   FATHER
5   STEPFATHER
6   FOSTER FATHER
7   MOTHER BOYFRIEND
8   ADULT RELATIVE
9   SIBLING
10 BABYSITTER
11 OTHER
12 UNKNOWN

PERP2CH4  2ND PERPETRATOR 4TH CHILD
Numeric
Missing Values: 88, 99

Value  Label
1   MOTHER
2   STEPMOTHER
3   FOSTER MOTHER
4   FATHER
5   STEPFATHER
6   FOSTER FATHER
7   MOTHER BOYFRIEND
8   ADULT RELATIVE
9   SIBLING
10  BABYSITTER
11  OTHER
12  UNKNOWN

PERP3CH4  3RD PERPETRATOR 4TH CHILD
Numeric
Missing Values: 88, 99

Value  Label
1   MOTHER
2   STEPMOTHER
3   FOSTER MOTHER
4   FATHER
5   STEPFATHER
6   FOSTER FATHER
7   MOTHER BOYFRIEND
8 ADULT RELATIVE
9 SIBLING
10 BABYSITTER
11 OTHER
12 UNKNOWN

NEGLECT NEGLECT

Value Label
1 YES
2 NO

PHC PHYSICAL HEALTH CARE

Value Label
0 PROBLEM WELL BABY CARE
1 NO INFORMATION IN RECORD
2 RECORD SUGGESTS NO PROBLEM
3 NO NEGATIVE CONSEQUENCES
4 NEGATIVE CONSEQUENCES INCLUDE ILLNESS

MHC MENTAL HEALTH CARE

Value Label
0 PROBLEM NO MEET STUDY DEF
1 NO INFORMATION IN RECORD
2 RECORD SUGGESTS NO PROBLEM
3 NO NEGATIVE CONSEQUENCES
4 NEGATIVE CONSEQUENCES
5 NEGATIVE CONSEQUENCES INJURIES TO SELF AND OTHERS

HS HOUSING SANITATION

Value Label
0  PROBLEM NO MEET STUDY DEF
1  NO INFORMATION IN RECORD
2  RECORD SUGGESTS NO PROBLEM
3  NO NEGATIVE CONSEQUENCES
4  NEGATIVE CONSEQUENCES

SAFETY  SAFETY IN THE HOME
Numeric
Missing Values: 8, 9

Value Label
0  PROBLEM NO MEET STUDY DEF
1  NO INFORMATION IN RECORD
2  RECORD SUGGESTS NO PROBLEM
3  NO NEGATIVE CONSEQUENCES
4  NEGATIVE CONSEQUENCES

SUP  SUPERVISION
Numeric
Missing Values: 8, 9

Value Label
0  PROBLEM NO MEET STUDY DEF
1  NO INFORMATION IN RECORD
2  RECORD SUGGESTS NO PROBLEM
3  NO NEGATIVE CONSEQUENCES
4  NEGATIVE CONSEQUENCES INCLUDE TROUBLE WITH THE LAW
5  NEGATIVE CONSEQUENCES INCLUDE SEX ABUSE OR PHYSICAL INJURIES

SCCA  SUBSTITUTE CHILD CARE ARRANGEMENTS
Numeric
Missing Values: 8, 9

Value Label
0  PROBLEM NO MEET STUDY DEF
1  NO INFORMATION IN RECORD
2  RECORD SUGGESTS NO PROBLEM
3  NO NEGATIVE CONSEQUENCES
4  PROPERTY DAMAGE AND OTHER SITUATIONS
5  INJURIES, PHYSICAL ABUSE, OR SEXUAL ABUSE

LP  LEAD POISONING
Numeric
Missing Values: 8, 9

Value Label
1  YES
2  NO

NUTRI   NUTRITION AND DIET
Numeric
Missing Values: 8, 9

Value Label
0  PROBLEM NO MEET STUDY DEF
1  NO INFORMATION IN RECORD
2  RECORD SUGGESTS NO PROBLEM
3  NO NEGATIVE CONSEQUENCES
4  NEGATIVE CONSEQUENCES DO NOT REQUIRE HOSPITALIZATION
5  NEGATIVE CONSEQUENCES REQUIRE HOSPITALIZATION

SEXAB   SEXUALLY ABUSED
Numeric

Value Label
1  YES
2  NO

SAMON1  MONTH BIRTH 1ST SEXUALLY ABUSED CHILD
Numeric
Missing Values: 88, 99

SAYR1   YEAR BIRTH 1ST SEXUALLY ABUSED CHILD
Numeric
Missing Values: 88, 99

SAMON2  MONTH BIRTH 2ND SEXUALLY ABUSED CHILD
Numeric
Missing Values: 88, 99

SAYR2   YEAR BIRTH 2ND SEXUALLY ABUSED CHILD
Numeric
Missing Values: 88, 99

SAMON3  MONTH BIRTH 3RD SEXUALLY ABUSED CHILD
SAYR3  YEAR BIRTH 3RD SEXUALLY ABUSED CHILD
   Numeric
   Missing Values: 88, 99

SAMON4  MONTH BIRTH 4TH SEXUALLY ABUSED CHILD
   Numeric
   Missing Values: 88, 99

SAYR4  YEAR BIRTH 4TH SEXUALLY ABUSED CHILD
   Numeric
   Missing Values: 88, 99

SASEV1  SEVERITY SEXUAL ABUSE 1ST CHILD
   Numeric
   Missing Values: 8, 9

   Value Label
   3  MOLESTATION
   4  INTERCOURSE

SASEV2  SEVERITY SEXUAL ABUSE 2ND CHILD
   Numeric
   Missing Values: 8, 9

   Value Label
   3  MOLESTATION
   4  INTERCOURSE

SASEV3  SEVERITY SEXUAL ABUSE 3RD CHILD
   Numeric
   Missing Values: 8, 9

   Value Label
   3  MOLESTATION
   4  INTERCOURSE

SASEV4  SEVERITY SEXUAL ABUSE 4TH CHILD
   Numeric
   Missing Values: 8, 9

   Value Label
   3  MOLESTATION
4 INTERCOURSE

SAPR1CH1 1ST SEXUAL ABUSE PERPETRATOR 1ST CHILD
Numeric
Missing Values: 88, 99, 9

Value Label
1 MOTHER
2 STEPMOTHER
3 FOSTER MOTHER
4 FATHER
5 STEPFATHER
6 FOSTER FATHER
7 MOM BOYFRIEND
8 ADULT RELATIVE-AUNT, UNCLE, GRANDPARENT
10 BABYSITTER
11 FRIEND/NEIGHBOR
12 STRANGER

SAPR2CH1 2ND SEXUAL ABUSE PERPETRATOR 1ST CHILD
Numeric
Missing Values: 88, 99

Value Label
1 MOTHER
2 STEPMOTHER
3 FOSTER MOTHER
4 FATHER
5 STEPFATHER
6 FOSTER FATHER
7 MOM BOYFRIEND
8 ADULT RELATIVE-AUNT, UNCLE, GRANDPARENT
9 SIBLING
10 BABYSITTER
11 FRIEND/NEIGHBOR
12 STRANGER

SAPR3CH1 3RD SEXUAL ABUSE PERPETRATOR 1ST CHILD
Numeric
Missing Values: 88, 99

Value Label
1 MOTHER
2 STEPMOTHER
3 FOSTER MOTHER
4 FATHER
5 STEPFATHER
6 FOSTER FATHER
7 MOM BOYFRIEND
8 ADULT RELATIVE-AUNT, UNCLE, GRANDPARENT
9 SIBLING
10 BABYSITTER
11 FRIEND/NEIGHBOR
12 STRANGER

SAPR1CH2 1ST SEXUAL ABUSE PERPETRATOR 2ND CHILD
Numeric
Missing Values: 88, 99

Value Label
1 MOTHER
2 STEPMOTHER
3 FOSTER MOTHER
4 FATHER
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8 ADULT RELATIVE-AUNT, UNCLE, GRANDPARENT
9 SIBLING
10 BABYSITTER
11 FRIEND/NEIGHBOR
12 STRANGER
### SAPR2CH2  2ND SEXUAL ABUSE PERPETRATOR 2ND CHILD

**Type:** Numeric  
**Missing Values:** 88, 99

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### SAPR3CH2  3RD SEXUAL ABUSE PERPETRATOR 2ND CHILD

**Type:** Numeric  
**Missing Values:** 88, 99

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</table>
12 STRANGER

SAPR1CH3 1ST SEXUAL ABUSE PERPETRATOR 3RD CHILD
Numeric
Missing Values: 88, 99

Value Label
1 MOTHER
2 STEPMOTHER
3 FOSTER MOTHER
4 FATHER
5 STEPFATHER
6 FOSTER FATHER
7 MOM BOYFRIEND
8 ADULT RELATIVE-AUNT, UNCLE, GRANDPARENT
9 SIBLING
10 BABYSITTER
11 FRIEND/NEIGHBOR
12 STRANGER

SAPR2CH3 2ND SEXUAL ABUSE PERPETRATOR 3RD CHILD
Numeric
Missing Values: 88, 99

Value Label
1 MOTHER
2 STEPMOTHER
3 FOSTER MOTHER
4 FATHER
5 STEPFATHER
6 FOSTER FATHER
7 MOM BOYFRIEND
8 ADULT RELATIVE-AUNT, UNCLE, GRANDPARENT
9 SIBLING
10 BABYSITTER
11 FRIEND/NEIGHBOR
12 STRANGER

SAPR3CH3 3RD SEXUAL ABUSE PERPETRATOR 3RD CHILD
Numeric
Missing Values: 88, 99

Value Label
1 MOTHER
2 STEPMOTHER
3 FOSTER MOTHER
4 FATHER
5 STEPFATHER
6 FOSTER FATHER
7 MOM BOYFRIEND
8 ADULT RELATIVE-AUNT, UNCLE, GRANDPARENT
9 SIBLING
10 BABYSITTER
11 FRIEND/NEIGHBOR
12 STRANGER

SAPR1CH4 1ST SEXUAL ABUSE PERPETRATOR 4TH CHILD
Numeric
Missing Values: 88, 99

Value Label
1 MOTHER
2 STEPMOTHER
3 FOSTER MOTHER
4 FATHER
5 STEPFATHER
6 FOSTER FATHER
7 MOM BOYFRIEND
<table>
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<tr>
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<tr>
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<td>FRIEND/NEIGHBOR</td>
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**SAPR2CH4  2ND SEXUAL ABUSE PERPETRATOR 4TH CHILD**

<table>
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</table>

**SAPR3CH4  3RD SEXUAL ABUSE PERPETRATOR 4TH CHILD**

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<td>5</td>
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</table>
6  FOSTER FATHER
7  MOM BOYFRIEND
8  ADULT RELATIVE-AUNT, UNCLE, GRANDPARENT
9  SIBLING
10 BABYSITTER
11 FRIEND/NEIGHBOR
12 STRANGER

FTT  FAILURE TO THRIVE
Numeric

Value Label
1  YES
2  NO

FTTMON1  MONTH BIRTH 1ST FTT CHILD
Numeric
Missing Values: 88, 99

FTTYR1  YEAR BIRTH 1ST FTT CHILD
Numeric
Missing Values: 88, 99

FTTMON2  MONTH BIRTH 2ND FTT CHILD
Numeric
Missing Values: 88, 99

FTTYR2  YEAR BIRTH 2ND FTT CHILD
Numeric
Missing Values: 88, 99

FTTMON3  MONTH BIRTH 3RD FTT CHILD
Numeric
Missing Values: 88, 99

FTTYR3  YEAR BIRTH 3RD FTT CHILD
Numeric
Missing Values: 88, 99

FTTMON4  MONTH BIRTH 4TH FTT CHILD
Numeric
Missing Values: 88, 99
FTTYR4  YEAR BIRTH 4TH FTT CHILD  
Numeric  
Missing Values: 88, 99

FTTSEV1  SEVERITY FTT 1ST CHILD  
Numeric  
Missing Values: 8, 9

Value Label  
1  NOT HOSPITALIZED  
2  HOSPITALIZED

FTTSEV2  SEVERITY FTT 2ND CHILD  
Numeric  
Missing Values: 8, 9

Value Label  
1  NOT HOSPITALIZED  
2  HOSPITALIZED

FTTSEV3  SEVERITY FTT 3RD CHILD  
Numeric  
Missing Values: 8, 9

Value Label  
1  NOT HOSPITALIZED  
2  HOSPITALIZED

FTTSEV4  SEVERITY FTT 4TH CHILD  
Numeric  
Missing Values: 8, 9

Value Label  
1  NOT HOSPITALIZED  
2  HOSPITALIZED

DEATH  DEATH OF CHILD  
Numeric  

Value Label  
1  YES  
2  NO
DEADMON1  MONTH BIRTH 1ST DEAD CHILD
   Numeric
   Missing Values: 88, 99

DEADYR1   YEAR BIRTH 1ST DEAD CHILD
   Numeric
   Missing Values: 88, 99

DEADMON2  MONTH BIRTH 2ND DEAD CHILD
   Numeric
   Missing Values: 88, 99

DEADYR2   YEAR BIRTH 2ND DEAD CHILD
   Numeric
   Missing Values: 88, 99

REASDTH1  REASON DEATH 1ST CHILD
   Numeric
   Missing Values: 88, 99

Value   Label
  1   PHYSICAL ABUSE
  2   PHYSICAL HEALTH CARE
  3   MENTAL HEALTH CARE NEGLECT
  4   PHYSICAL SAFETY IN HOME
  5   HEALTH HAZARDS IN HOME
  6   SUPERVISION
  7   SUBSTITUTE CHILD CARE
  8   NUTRITION/DIET
  9   FAILURE TO THRIVE
 10   LEAD PAINT POISONING
 11   OTHER

REASDTH2  REASON DEATH 2ND CHILD
   Numeric
   Missing Values: 88, 99
Value Label
1 PHYSICAL ABUSE
2 PHYSICAL HEALTH CARE
3 MENTAL HEALTH CARE NEGLECT
4 PHYSICAL SAFETY IN HOME
5 HEALTH HAZARDS IN HOME
6 SUPERVISION
7 SUBSTITUTE CHILD CARE
8 NUTRITION/DIET
9 FAILURE TO THRIVE
10 LEAD PAINT POISONING
11 OTHER

PERPHY PERSONAL HYGIENE
Numeric.2
Missing Values: 8.00, 9.00

Value Label
.00 NOT SEVERE ENOUGH FOR RATING
1.00 NO INFORMATION IN RECORD
2.00 RECORD SUGGESTS NO PROBLEM
3.00 NO NEGATIVE CONSEQUENCES
4.00 NEGATIVE CONSEQUENCES
5.00 NEGATIVE CONSEQUENCES

SAPERP IDENTITY SEX ABUSE PERP PREF MOM, DAD, OTHER
Numeric

Value Label
1.00 MOM
2.00 DAD FIGURE
3.00 OTHER

ABPERP IDENTITY PHY ABUSE PERP PREF MOM, DAD, OTHER
Numeric.2

Value Label
1.00 MOM
2.00 DAD FIGURE
3.00 OTHER

NUMABVIC # PHYSICALLY ABUSED KIDS
Numeric
SVABUSE  SEVERITY ABUSE MOST SEVERE KID
Numeric.2

Value Label
.00  No child was victim maltreatment
1.00  Severest type maltreat was mild
2.00  Severest type maltreat was severe

NUMSXVIC  # SEXUALLY ABUSED KIDS
Numeric

SVSEXAB  SEVERITY SEX ABUSE MOST SEVERE KID
Numeric

Value Label
.00  No child was victim sex maltreat
1.00  Severest level maltreat was mild
2.00  Severest level maltreat was severe

SVNGLECT  SEVERITY NEGLECT MOST SEVERE TYPE
Numeric

Value Label
.00  No child was victim of neglect
1.00  Severest level maltreat was mild
2.00  Severest level maltreat was severe
APPENDIX E

General Coding Instructions
CODING INSTRUCTIONS

STUDY OF CHILD MALTREATMENT RECURRENCES - 1992

Principal Investigators:
Susan J. Zuravin, Ph.D.
John Orme, Ph.D.

Project Director:
Diane DePanfilis, MSW

University of Maryland at Baltimore
School of Social Work

March 5, 1992
CODING INSTRUCTIONS

STUDY OF CHILD MALTREATMENT RECURRENCES - 1992

Introduction:

The purpose of this coding project is to obtain follow-up Baltimore City Department of Social Services (BCDSS) information on 237 families who received continuing Child Protective Services in 1984 and 500 families who received continuing Child Protective Services in 1988. Specifically, we are interested in determining how many of these families experienced new substantiated reports of child maltreatment while they were being served by protective services and how many occurred after the case was closed. In addition, we will collect information on the type and length of social services and financial services these families received from DSS during the follow-up period.

You will be abstracting information from an Automated Master File (AMF) printout (as of February 29, 1992) that lists all of the DSS services provided to the mother and her children since 1986. (For the 1984 cohort, similar data will be collected from manual records for the years 1984-1986.)

The following document gives instructions on how to correctly interpret and code the information you will find in the AMF printout.

GENERAL RULES

For all questions on the coding sheet, "8" = unknown, and "9" or "99" = not applicable.

Be sure that all of the codes answering the required questions are carefully written in the blanks provided.

For birth dates, be sure and record a two digit number for "month" e.g., "08" "day", e.g., "23" and year, e.g., "89".

For whole sections that are not applicable, you should clearly mark the whole section with "9"s.

When an answer requires that you write letters (e.g. the client's name), be sure to print the letters and use capitals only.

Abstract data about services applied for and/or received up to and including 2/29/92. If any reports or services are received on 3/1/92 or later, do not include them on the coding form. This is to insure consistency between all of the cases.

If at any time you are uncertain of where to locate information and/or how to record
information and you cannot answer the question by using these coding instructions, DO NOT GUESS! Complete as much of the case as you can, and mark the location of the question on the coding form with a note to the project director.

**IDENTIFYING INFORMATION:**

The first section of the coding sheet consists solely of identifying information. It contains the following items:

<table>
<thead>
<tr>
<th>Study Number (5)</th>
<th>00000</th>
</tr>
</thead>
<tbody>
<tr>
<td>Study Category (3)</td>
<td>000</td>
</tr>
<tr>
<td>184 = 1984 Neglect</td>
<td></td>
</tr>
<tr>
<td>284 = 1984 Physical Abuse</td>
<td></td>
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<tr>
<td>888 = 1988 CPS Case</td>
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<tr>
<td>Casehead Date of Birth (2)(2)(2)</td>
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</table>
Race (3)
100 - White
200 - African American
300 - American Indian
400 - Asian American
500 - Hispanic
900 - Unknown

Date of Birth - Children (2)(2)(2)

Coding Instructions for Identifying Information

Study Number: The study number is a five digit number which should be handwritten on the upper left-hand corner of the first sheet of the AMF printout when you select the printout for abstraction.

All 1984 study numbers begin with either a "1" (to designate neglect case) or a "2" (to designate abuse case) and all of both types of 1984 cases end in a "3". For example, a correct "study number" for 1984 is "10173". If by chance the number recorded on the upper left hand corner is only 4 digits and does not have a "3" in the right column, you should add it to make a five digit number.

All 1988 study numbers begin with a 1 and are five digits. A correct study number from this cohort is "10696". In some cases, the study number may be recorded as "1-0696". Do not record the "-" when you code the number on the coding form.

The study number retrieved from the left corner of the AMF packet should be copied directly from the AMF cover sheet to the coding form.

Study Category: For the 1984 cohort, the study category indicates which type of maltreatment - physical abuse or neglect was initially present in 1984. The first digit of the "Study Number" (see above) is a "1" or "2". This number codes the study category: "1" indicates the casehead belongs in the case group for physical neglect, and "2" indicates the casehead belongs in the case group for physical abuse. Copy the "Study Category" number from the first digit of the "Study Number."

For the 1988 cohort, always record "888" for the study category. (NOTE: The first copy of printed forms incorrectly listed values of "188" and "288" for 1988 cases. This study
did not designate cases by type of case, thus these values are inappropriate.)

**Case Number:** The case number is the six digit number assigned to the casehead when she applies for services from BCDSS. You can find this number on the top left corner of the first page of the AMF printout (Automated Master Case Display). Because ALL of the cases we will be coding are Baltimore City cases, you do not need to code the "30" which appears before the six digit case number on the AMF printout. (This "30" merely indicates that the case is a Baltimore City case.) Record ONLY the six digit case number appearing after the "30."

(NOTE: The first copies of coding forms were inadvertently missing spaces for the case number. For these forms, list the case number in the upper right hand corner of the Coding Form.)

**Race:** The race of the casehead is given as item #4 of the "bucket" page (individual information screen) of the 1992 AMF printout. (NOTE: the bucket page displays 4 columns of information.) The AMF system uses the following coding system for race:

- 100 = white/non-hispanic origin
- 200 = black/non-hispanic origin
- 300 = American Indian
- 400 = Asian/ Pacific Islander
- 500 = Hispanic
- 900 = unknown

Transfer this number on to the coding form. If for some reason this information is missing, record "888".

**Casehead Last Name:** The name of the casehead appears as item #1 on the "bucket" page of the 1992 AMF printout. You can tell the mother is the casehead because line "13" in the 1st bucket (Relation) should specify the code, "A1". (Note: for some reason, the mother is not always the first person listed on the summary sheets. For this reason, it is better to use the bucket pages for this information.) Be sure to record the last name of the casehead clearly in capital letters. If there are any discrepancies in the last name of the mother during the follow up time, record the most recent last name for the mother. Also, if there are differences in spelling, record the name as most recently entered. [Note: most recent entries are identified by either locating an "A" (ACTIVE) in the top upper right corner of each bucket and/or by identifying the most recent transaction dates on the Case Summary pages found in the beginning of the AMF packet.]

**Casehead First Name:** Enter the first name clearly in all capital letters following the steps identified for "Casehead Last Name."

4
Casehead Date Of Birth: The casehead date of birth is located on the case summary pages of the AMF printout in the column labeled "DOB" and designated as item "2) BIRTH DT" on the bucket pages. Make sure that you match the month, day, and year of birth with the casehead last name and first name.

Children, Dates of Birth: Identify month, day, and year of birth for all children listed on the "Case Summary" pages of the AMF printout. Be sure to omit other individuals who may be part of the "case" but, due to their age, are clearly not children. Be sure to fill any blanks with "9's". (NOTE: if there are more than 10 children in the family, list them at the bottom of the page, e.g., "Child Number 11 - 02 04 92" and notify the Project Director immediately as this may require corrections to the data entry program.)

CHILD PROTECTIVE SERVICES INVOLVEMENT

There are fifteen sections to record protective services involvement. Each section is set up as follows:

<table>
<thead>
<tr>
<th>CPS Category (6)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Application (2)(2)(2)</td>
<td>M M D D Y Y</td>
</tr>
<tr>
<td>Date of Closure (2)(2)(2)</td>
<td></td>
</tr>
<tr>
<td>Closing Code (3)</td>
<td></td>
</tr>
</tbody>
</table>

Coding Instructions - Child Protective Services

The AMF code for Protective Services is a five digit code beginning with "S03" and followed by two additional digits which specify the type of service received. The fourth digit is a letter - either an "N" for "Investigation," or a "C" for "Continuing Services." The fifth digit is a number indicating the type of maltreatment reported: "1" indicates physical abuse, "2" indicates neglect, and "3" and "4" indicate sexual abuse. The complete series of PS codes is as follows:

- S03N1 = child abuse investigation
- S03C1 = child abuse continuing services
- S03N2 = child neglect investigation
- S03C2 = child neglect continuing services
- S03N3 = sexual abuse investigation
S03C3 = Intensive Family Services (IFS)
S03C4 = sexual abuse continuing services

For each new S03 entry, record the S03 category, the date of application, the date of closure, and the closing code (disposition). Be sure to code ALL Protective Services activity: both PS investigations (S03N- codes), AND continuing PS services (S03C-codes).

CPS Category: First, look through all of the service codes listed for the casehead and her family in the case summary pages of the AMF printout. If there are no CPS codes for the casehead or for any of her children, code "9" (not applicable) for all 15 boxes available for CPS activity.

If there is a CPS code in the case summary screen of the AMF, turn to the buckets to obtain more complete information on the services received. [NOTE: in some cases, if the case activity is too large, bucket pages are dropped out. Cross check to make sure that every new S03 in the Summary Screens are later described in the buckets.] Copy the specific CPS service code from line 12 of the bucket (it will be one of the seven CPS codes listed above).

Since the beginning of 1990 a sixth character has been added to the five digit PS service codes. The sixth character is a number which is used to designate the number of children involved in that particular investigation or continuing service. For example, S03N13 means that three children were reported in an abuse investigation. You should include the sixth character when you are coding the CPS service code. For codes with five digit codes, record a 0 in the right column. Thus, a code listed as "S03N2" would be entered as "S03N20".

In addition, you will occasionally see an investigation code followed by "NR", for example, S03N1 NR. The "NR" stands for "no record," and is added to indicate that this particular PS report was made on a case already involved in continuing care. This code alerts anyone checking the AMF to the fact that the narrative of the PS investigation is included in the continuing care folder, and not in a separate PS investigation folder. You should see the "NR" code ONLY on PS investigation (S03N-) buckets. You do not need to include the "NR" when you are coding the PS service code.

Date of Application and Date of Closure: After copying the CPS service code from the bucket, find the opening and closing dates of the service. These can be found on lines 16 and 20, respectively, of the bucket under the heading "APP DT" for the opening date, and "CLS DT" for the closing date of the service. Copy these dates in corresponding boxes on the coding sheet. If a service is still open, and therefore no closing date is given on the bucket, code "99 99 99" (not applicable) for the closing date.

Closing Code - Disposition: There are two reasons that we are collecting closing codes:
1) to determine the disposition of CPS investigations and 2) to identify any reported outcome from services. To identify closing codes for any services, look at line 21 - "CLS CD" ("Close code").

CPS Investigations: Prior to 1988, a series of six number codes were used to indicate whether an abuse/neglect investigation was substantiated. In 1988 the six codes were condensed into two disposition codes. In October of 1991 a third category was again added however it is unlikely that we will find many of these. Because we will be looking at service buckets from 1986 to the present, you will find both the old and the new DSS disposition codes for CPS investigations.

The AMF uses the following coding system for CPS investigation disposition:

**Old codes**
- 038 = confirmed physical abuse
- 039 = indicated physical abuse
- 040 = uncertain physical abuse
- 042 = ruled out physical abuse
- 045 = confirmed neglect
- 047 = ruled out neglect

**New codes**
- 070 = substantiated investigation
- 071 = unsubstantiated investigation

**New code-10/91**
- 042 = ruled out

It is not necessary that you remember these codes. You need only to record the code in the Closing Code boxes for all S03N_ entries. (After data entry, we will recode these categories into three disposition categories: "substantiated," "uncertain," and "unsubstantiated." When we analyze the data, we will code "0" (unsubstantiated) for disposition if the AMF disposition code is 042, 047 or 071; code "1" (uncertain) for disposition if the AMF disposition code is 040; and code "2" (substantiated) for disposition if the AMF disposition code is 038, 039, 045 or 070.)

If the case involves a CPS investigation which is still open, there will be no code listed for "CLS CD." To determine if the case is still active, look at the top right hand corner of the bucket - - an "A" represents an "Active" case and a "C" represents a "Closed" case. There may also be some cases where the disposition has not been entered. In either of these cases, code "8" (unknown) for disposition. [NOTE: these are cases that we may have to do AMF searches on later or go to the case record for further information].
CPS Continuing Service: If the case involves a CPS continuing service and the case is closed, possible codes available after continuing services are:

- 000 - Objective Achieved
- 099 - Other

Transfer these codes into the appropriate boxes on the form. If the case is still active in continuing services however (look for the "A" in the top right of the bucket), there will be no closing code entered. In these cases, enter "999" for the closing code. If the continuing case is closed and there is no closing code, then you should record "888" for missing. NOTE: THIS IS A CHANGE FROM THE ORIGINAL INSTRUCTIONS WHICH SUGGESTED THAT CLOSING CODES BE ENTERED AS "999" IF THE CASE WAS NOT A CPS INVESTIGATION CASE. DUE TO THE CONFUSION OVER THIS ISSUE, YOU SHOULD NOW FOLLOW THESE INSTRUCTIONS.

Additional Instructions for CPS: Be sure to complete a separate section for each CPS investigation or continuing service. If the case involves more than fifteen CPS entries, continue coding on the back of the coding sheet and immediately notify the project director.

Unusual Case Circumstances: If the case you are working with is part of the 1984 database, it is possible that the casehead has had no new CPS investigations since 1984 but HAS been involved with a continuing CPS service worker since 1984. These cases may or may not have had new maltreatment episodes since the beginning of the 1984 study. We will be idling in the gaps for these cases when the manual case record search is completed. For these cases, record the one continuing service entry and enter 9s for all of the other CPS sections.

In addition, you may find some cases without any S03 codes. These are cases that were closed in CPS before 1986 and have not had new reports since that time. For these cases, record 9s for all of the CPS sections.

S03 Codes That Should Not be Entered at this time: Finally, you will come across cases where you will see from the case summary screen of the AMF that one or more of the children listed in the case are involved with Protective Services, but the casehead is not. (Remember, you can tell who the casehead is by looking in the R/C column on the case summary pages or by looking at line 13 "Relation" on the bucket pages.) For your information, the following codes indicate the casehead or the relationship of an individual to the casehead:

- A1 = CASEHEAD
- B1 = MOTHER
- C1 = FATHER
D1 = DAUGHTER  
E1 = SON  
F1 = SISTER  
G1 = BROTHER  
J1 = WIFE  
K1 = HUSBAND  
L1 = NON-RELATED ADULT  
L2 = NON-RELATED CHILD  
L3 = LEGAL GUARDIAN  
M1 = OTHER  
M2 = UNKNOWN  

*Includes all relationships other than natural (adoptive, by marriage, or generational).  
For example includes: step-parents and stepchildren, in-laws, grandparents and grandchildren, adoptive children and adoptive siblings, step-children and stepsiblings.

In cases such as this, we will need to obtain additional information on the case to see if it is possible to determine whether or not the casehead was involved in the maltreatment incident. **DO NOT ENTER S03 CODES UNLESS THE MOTHER IS LISTED AS THE CASEHEAD (A1).** These cases should be flagged and brought to the attention of the Project Director.

What kind of cases are we talking about? In some instances, a case such as this may involve a casehead who has received custody of a relative's child after that relative has severely maltreated the child. In these circumstances, the casehead SHOULD NOT be included with maltreating caseheads, because she was not involved in the maltreatment incident.

In other cases, the casehead's buckets do not show CPS involvement due to an administrative error, or because the CPS investigation was opened under the child's father's name. In these circumstances, the casehead SHOULD be included with the maltreaters because there is a possibility of her being involved with the maltreatment incident.

In either case, we will need to look at the AMF printout for the children involved in the case. Consequently, if you are coding a case similar to the ones described above, flag it for the Project Director to look at. It may be necessary to do further AMF processing or to search the case file to clarify the issues.

Finally, you will see some cases where an adult child of the original 1984 casehead now has a child of her own (the casehead's grandchild) and is herself the casehead in a new PS investigation. In cases such as this, note on the bottom of the coding sheet that this is a two-generational maltreatment family, but be sure that you **DO NOT include the CPS**
service codes for the adult child with any services that the original casehead may be receiving.

NOTE: FOR THESE UNUSUAL CASES, WE HAVE PRINTED OUT THE CHILD BUCKETS BUT WE DO NOT WANT YOU TO ENTER THEM ON THE CODING FORM UNTIL FURTHER INFORMATION IS LOCATED TO EXPLAIN THE REASON FOR THE DISCREPANCY. THE BOTTOM LINE IS...ENTER S03'S ONLY WHEN THE MOTHER IS LISTED AS CASEHEAD.

FOSTER CARE

There are six sections to record information about children placed in foster care. Each section looks as follows:

<table>
<thead>
<tr>
<th>Foster Care Category (5)</th>
<th>5 5 5 5 5</th>
</tr>
</thead>
<tbody>
<tr>
<td>Child Date of Birth (2)(2)(2)</td>
<td>M M D D Y Y</td>
</tr>
<tr>
<td>Date of Application (2)(2)(2)</td>
<td>5 5 5 5 5</td>
</tr>
<tr>
<td>Date of Closure (2)(2)(2)</td>
<td>5 5 5 5 5</td>
</tr>
</tbody>
</table>

Coding Instructions for Foster Care

To control for children who have been separated from the family, we are collecting information on children placed in foster care. There are only two categories that indicate that a child is placed: "S06P1" and "S06P2". All S06 categories are as follows:

- **S06N1** = Foster Home Study
- **S06N9** = ROA (Request of other agency)
- **S06R1** = Approved Foster Home
- **S06C1** = Natural Parent of Child In Foster Care (Services directed to natural parent with children in foster care directed toward alternative permanent placement.)
- **S06C2** = Reunification Services to Natural Parent of Child in Foster Care (Services to the natural parent of the child in foster care for whom the permanent plan is reunification.)
- **S06P1** = Child Placed in Foster Care
- **S06P2** = Child Placed in Purchase of Care Facility
As you will see from this list, only the last two examples provide information on children actually placed. The other service codes will be recorded in the Other Social Services Section. (NOTE: this is a change from previous instructions.)

**Foster Care Category:** The process for identifying S06P1's and S06P2's is similar to what you do to abstract CPS case information. First, look through all of the service codes listed for the casehead and her family in the case summary pages of the AMF printout. If there are no S06P1's or S06P2's for any of the casehead's code "9" (not applicable) for all 6 sections available for foster care activity. (Remember, other S06 categories should be recorded in "Other Social Services").

If there is an S06P1 and/or S06P2 code in the case summary screen of the AMF, turn to the buckets of any child with an "A-1" next to his or her name on the summary sheets to obtain more complete information on the services received. Copy the specific Foster Care placement code from line 12 of the bucket (either S06P1 or S06P2).

**Child Date of Birth:** Copy the date of the birth of the child placed (A1). This can be retrieved from the summary sheets or the child bucket pages as previously described under "Identifying Information".

**Date of Application and Date of Closure:** After copying the foster care placement code from the bucket, find the opening and closing dates of the service. These can be found on lines 16 and 20, respectively, of the bucket under the heading "APP DT" for the opening date, and "CLS DT" for the closing date of the service. Copy these dates in corresponding boxes on the coding sheet. If a service is still open, and therefore no closing date is given on the bucket, code "99 99 99" (not applicable) for the closing date. Additional Instructions for Foster Care: Be sure to complete a separate section for each child placed in foster care or other placement. If the case involves more than seven separate placements, continue coding on the back of the coding sheet and immediately notify the project director.

**OTHER SOCIAL SERVICES**

There are ten sections to record information about other social services provided to the casehead and/or her children. Each section looks as follows:
Coding Instructions for Other Social Services

To determine whether families with substantiated recurrences have received different types and lengths of services than families who did not have substantiated recurrences, we are collecting information about all other social services provided to this family during our follow up interval. All other social services begin with the letters, "SO." There are a considerable number of different codes to describe all of these services. You should record information about all unduplicated services provided to this family. This includes the other foster care categories listed in the Foster Care Section of these instructions as well as others. Examples of other services are:

- S02C2 = Child in Group Day Care
- S02C3 = Child in Family Day Care
- S04C1 = In Home Aide Services to Families
- S05C1 = Services to Families with Children
- S05C2 = Intensive Family Services
- S14N3 = Information & Referral - Family
- S15N3 = Environmental Emergency Assistance-Family

Social Services Category: The process for identifying other "SO" categories is similar to abstracting CPS and Foster care case information. First, look through all of the service codes listed for the casehead and her family in the case summary pages of the AMF printout. If there are no other "SO" categories (excluding CPS, S03's and S06P1's or S06P2's) for any casehead, code "9" (not applicable) for all 10 sections available for social services case activity.

If there are other "SO" codes on the case summary screen of the AMF, turn to the buckets of any mother or child with an "A-1" next to his or her name on the summary sheets to obtain more complete information on the services received. Copy the specific Social Services code from line 12 of the bucket.

In addition, if a child has an M-1 next to his or her name, record the services provided but flag this case to the attention of the Project Director. These are usually cases that
involve relative placements which we do want to keep track of however there may be others that are inappropriate to include.

Date of Application and Date of Closure: After copying the Social Services code from the bucket, find the opening and closing dates of the service. These can be found on lines 16 and 20, respectively, of the bucket under the heading "APP DT" for the opening date, and "CLS DT" for the closing date of the service. Copy these dates in corresponding boxes on the coding sheet. If a service is still open, and therefore no closing date is given on the bucket, code "99 99 99" (not applicable) for the closing date.

Additional Instructions for Social Services: Be sure to complete a separate section for all entries of social services other than CPS or child placement. If the case involves more than ten separate services, continue coding on the back of the coding sheet and immediately notify the project director.

FINANCIAL SERVICES

There are ten sections to record information about financial services provided to the casehead and/or her children. Each section looks as follows:

<table>
<thead>
<tr>
<th>Financial Services Category (5)</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Application (2)(2)(2)</td>
<td>M M D D Y Y</td>
</tr>
<tr>
<td>Date of Closure (2)(2)(2)</td>
<td></td>
</tr>
</tbody>
</table>

Coding Instructions for Financial Services

To determine whether there are differences in the financial status between families with substantiated recurrences and families who did not have substantiated recurrences, we are collecting information about all financial services provided to this family during our follow up interval. Financial services begin with the letters, "P0." There are a considerable number of different codes to describe financial services. The code you will see most frequently is P02 (Aid to Families with Dependent Children). You should record information about all unduplicated financial services provided to this family. Note: do not record information about food stamps (codes beginning with F) or medical assistance (codes beginning with M).

Financial Services Category: The process for identifying "P0" categories is similar to abstracting CPS, Foster care, and other social services case information. First, look
through all of the service codes listed for the casehead and her family in the case summary pages of the AMF printout. If there are no "P0" categories for any casehead, code "9" (not applicable) for all 10 sections available for financial services case activity.

If there are "P0" codes on the case summary screen of the AMF, turn to the buckets of any casehead with an "A-1" next to her name on the summary sheets to obtain more complete information on the services received. Copy the specific Financial Services code from line 12 of the bucket.

Date of Application and Date of Closure: After copying the Financial Services code from the bucket, find the opening and closing dates of the service. These can be found on lines 16 and 20, respectively, of the bucket under the heading "APP DT" for the opening date, and "CLS DT" for the closing date of the service. Copy these dates in corresponding boxes on the coding sheet. If a service is still open, and therefore no closing date is given on the bucket, code "99 99 99" (not applicable) for the closing date. Additional Instructions for Financial Services: Be sure to complete a separate section for all entries of financial services. If the case involves more than ten separate services, continue coding on the back of the coding sheet and immediately notify the project director.
APPENDIX F

The Family Planning and Child Care Adequacy Study Coding Manual
THE FAMILY PLANNING AND CHILD CARE ADEQUACY STUDY
CODING MANUAL

1. Selection of Child Maltreatment Samples
2. Characterization of Maltreatment Perpetrated on
   Children of Study Respondents

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Grant Award #FPR 000028-01-0
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INTRODUCTION

This manual includes detailed information pertinent to selection and characterization of the child physical abuse and child neglect samples for the Child Care Adequacy and Family Planning Study funded by the U. S. Public Health Services, Office of Population Affairs.

(1) Section 1--Selection of the Sampling Frames: This section includes information pertinent to operational definitions of child physical abuse and child neglect. These definitions were used to identify, from the 1744 families who were receiving child protective services from the Baltimore City Department of Social Services during January, 1984, those families who were eligible for inclusion in the child abuse and child neglect sampling frames.

(2) Section 2--Detailed Descriptions of Maltreatment Characterizing Families Included in the Child Abuse and Neglect Samples. This section includes information pertinent to the very detailed characterization of the type(s), severity, perpetrator(s), and adverse consequences of maltreatment occurring to each natural child of respondents included in the child abuse and child neglect samples.

The basis and departure point for all operational definitions and characterizations of child physical abuse and neglect are nine rating scales from the Child Maltreatment Rating Scales developed by Steven Magura and Beth Moses of the Child Welfare League of America.
SECTION 1
SELECTION OF CASES TO BE INCLUDED IN THE CHILD
ABUSE AND CHILD NEGLECT SAMPLING FRAMES

The Child Abuse Sampling Frame

To be eligible for inclusion in the child abuse sampling frame, a family who was receiving child protective services from the Baltimore City Department of Social Services during January 1984 had to meet two sets of criteria. Set I criteria included four characteristics: single parenthood (defined as not living with a legally wedded mate); Baltimore, Maryland residency; Aid to Families of Dependent Children (AFDC) recipiency; and one natural child 12 years of age or younger. Set II criteria is the following operational definition of child physical abuse:

One or more children who received physical injuries at a minimum severity level of four on the Magura-Moses Physical Discipline Scale (see appendix 1) as a result of inappropriate and excessive use of force by the mother herself or some other caretaker (excluding foster parent or licensed day care mother or employee of a licensed day care center).

Child protective service-child abuse caseworkers were trained to use the Magura-Moses Physical Discipline scale (see Appendix 1) to rate relevant cases in their caseloads. Since the purpose of this screening was to identify cases for the sampling frame, caseworkers were asked to identify and rate only the most severe incidence of abuse.
The Child Neglect Sampling Frame

To be eligible for inclusion in the child neglect sampling frame, a family who was receiving child protective services from the Baltimore City Department of Social Services during January 1984 had to meet three sets of criteria. Set I criteria included four characteristics: single parenthood (defined as not living with a legally wedded mate); Baltimore, Maryland residency; Aid to Families of Dependent Children (AFDC) recipiency; and one natural child 12 years of age or younger. Set II criteria was the following operational definition of child neglect:

One or more children who were neglected by the mother herself in at least one of the following eight ways—physical health care, mental health care, personal hygiene, supervision, substitute child care arrangements, household sanitary conditions, household safety conditions, and nutrition—at a minimum severity level of 4 on the Magura-Moses nutrition scale and a severity level of 3 on the remaining 7 scales (see appendix 2).

Set III criteria required that none of the potential respondent's children meet the study definition of child physical abuse.

Child protective service-child neglect caseworkers were trained to use the Magura-Moses Physical Discipline scale as well as the 8 child neglect scales to rate relevant cases in their caseloads.
SECTION 2
DETAILED CHARACTERIZATION OF THE TYPES OF MALTREATMENT PECULIAR TO EACH FAMILY INCLUDED IN THE CHILD ABUSE AND CHILD NEGLECT SAMPLES

Child physical abuse and child neglect are not homogeneous clinical phenomena. Physically abusive situations vary relative to severity of child's injury, perpetrator identity, presence and severity of child neglect, presence and type of child sexual abuse, number of occurrences over time, and number of children abused. Neglectful situations vary relative to type and severity of neglect, whether children were harmed, presence and type of child sexual abuse, and number of different types of neglect.

Given the diversity of clinical presentations and the possibility that different clinical presentations could be etiological distinct, any attempt to identify the antecedents of child physical abuse or child neglect requires very precise characterization of the maltreatment that occurred. Only by grouping together for purposes of statistical analysis similar types of maltreatment situations is it possible to identify important etiological factors.

The purpose of this codebook is to provide instructions for abstracting and coding from case record narratives prepared by child protective service caseworkers very detailed information about the maltreatment characterizing each study family. Information is to be abstracted and coded for the following data
areas:

(1) presence and severity of physical abuse, sexual abuse, neglect, medically diagnosed failure to thrive syndrome, and medically diagnosed lead poisoning.

(2) identity of perpetrator(s) of physical abuse and sexual abuse for each abused child.

(3) identity and birthdate of physically as well as sexually abused child(ren).

(4) identity and birthdate of medically diagnosed failure-to-thrive children.

(5) identity, birthdate, and reason for death for children who died.

(6) number of children with diagnosed lead poisoning.

Each case included in the abuse and neglect samples is to be rated on all six of the above data areas on the rating schedule found in Appendix 3. To abstract and code necessary information follow the general procedures described in Section 2 and use the operational definitions detailed in Section 1.
SECTION 1
OPERATIONAL DEFINITIONS

A. PHYSICAL ABUSE

A physically abused child is one, who according to the best judgment of the social worker(s) assigned to the family, has been physically injured due to excessive and inappropriate use of physical force by a parent, parent substitute, or temporary caretaker. The three levels of severity are:

1. Excessive or inappropriate physical force used, resulting in superficial injury.
2. Excessive or inappropriate physical force used, resulting in moderately serious injury.
3. Excessive or inappropriate physical force used, resulting in severe injury.

OPERATIONAL DEFINITIONS

Below are definitions of the underlined terms in the introduction.

A. Child is a person under 18 years of age.

B. Best judgment of the social worker assigned to the family means that the injury to the child is rated by the caseworker as "uncertain, indicated, or confirmed abuse". "Uncertain" is being included because many caseworkers use this very conservative judgment when prima facie evidence - evidence sufficient for adjudication of the situation in juvenile or adult court -regarding the identity of the perpetrator is not available.
C. **Excessive and inappropriate use of physical force** includes continuous or lengthy beating, slapping, or whipping with hands, fists, and/or objects such as brooms, extension cords, sticks, boards, etc. as well as kicking, biting, twisting, shaking, dropping, burning, scalding, poisoning, suffocating, using weapons such as guns or knives, etc.

D. **Temporary caretakers** include non-related paid babysitters as well as relatives, friends, and/or neighbors who are playing the role of substitute caretaker while the mother or other primary caretaker needs to be away from the child(ren).

### SEVERITY LEVELS

As you assess the severity of physical abuse, keep the following in points:

1. An abused child is a child who has, **according to the best judgment of the child protective service caseworker assigned to the case,** been injured as a result of excessive or inappropriate physical force on the part of a caretaker. Any injury to a child that is rated by the caseworker as "uncertain, indicated, or confirmed abuse" is for purposes of this study to be considered "abuse in the best judgment of the child protective service caseworker."

2. A child who has received injuries even fatal ones as a result of neglect defined as physical safety in the home problems or supervision of child activities is a neglected child not an abused child.
3. A child who has received injuries even fatal ones as a result of neglect in the area of arrangements for substitute child care is a neglected child not an abused child. Physical abuse— inappropriate and excessive physical force on the part of anyone with whom the primary caretaker has left the child. In this one situation, the child is both a neglected and an abused child.

SEVERITY LEVEL 4

SUPERFICIAL INJURIES NOT NEEDING MEDICAL CARE

Level 4 injuries are superficial injuries that do not ordinarily require medical treatment. Proper home remedies will usually suffice. Level 4 injuries are limited to bruises, welts, cuts that don't require stitches, scratches, abrasions, redness, a black eye involving no eye injury, and/or first degree burns. An overall rating of level 4 means level 4 injuries restricted to no more than two of the twelve body areas and including no more than 2 level 4 injuries/body area. The twelve areas of the body are: face and head, neck, shoulder to waist in front, shoulder to waist in back, waist to top of thigh in front, waist to top of thigh in back, left arm, right arm, left leg, right leg, feet, and hands.

SEVERITY LEVEL 5

MODERATE INJURIES USUALLY NEED MEDICAL ATTENTION

Level 5 injuries are moderate injuries—ones that should usually receive medical attention to reduce risk of
complications, to substantially speed healing, and to reduce pain. However, such injuries are not life-threatening, not likely to cause crippling, even in the absence of medical treatment, and do not ordinarily require hospitalization for medical reasons. Level 5 injuries are restricted to sprains, mild concussions (those that don't require hospitalization), broken teeth, cuts needing suture, 2nd degree burns including cigarette burns, dislocations of joints (shoulder, elbow, knee, hip), fractures of small bones (toes, fingers, small bones in foot or hand), level 4 injuries on more than two areas of the body, and more than two level 4 injuries on one area of the body. An overall rating of level 5 means any single 5 level injury, any set of 5 level injuries regardless of how many, level 4 injuries on more than two areas of the body, and more than two level 4 injuries on one area of the body.

SEVERITY LEVEL 6:
SEVERE INJURIES REQUIRE PROMPT MEDICAL ATTENTION

Level 6 injuries are severe injuries that always require prompt medical attention often on an emergency basis. These injuries may be life-threatening, could result in physical or mental crippling, could cause serious disfigurement, could cause deep, chronic pain, and usually require hospitalization. Level 6 injuries include any eye injury, any deep wound (one that cuts muscles, tendons, and/or goes near or down to bone), severe concussions (subdural hematoma), fracture(s) of the skull, fractures of any bones other than toes/fingers/small bones of
hand and foot, rupture of internal organs (liver, spleen, kidney, gall bladder), collapsed lung (pneumothorax), internal bleeding, third degree burns, and brain or spinal cord injuries. An overall rating of level 6 means any single 6 level injury or any set of 6 level injuries regardless of how many.
CHILD NEGLECT

Child neglect refers to omission(s) in care on the part of the child's primary caretaker that either (1) place a child at risk for obvious immediate or near immediate negative consequences or (2) actually result in negative consequences. For purposes of this study there are eight types of omissions in care that are considered neglect. The 8 types are, neglect of:

- Physical health care
- Supervision of child activities
- Mental health care
- Appropriate substitute child care
- Personal Hygiene
- Household sanitary conditions
- Nutrition/diet
- Household safety conditions

For any type to be considered present the case record narrative must confirm that the alleged omission did occur.

OPERATIONAL DEFINITIONS

Below are definitions of the underlined terms in the introduction.

A. Child is a person under 18 years of age.

B. Primary caretaker for this study is the child's natural mother.

C. Negative consequences, while slightly different for each type of neglect, generally refer to three categories of
outcomes--those that harm the child, those where the child harms the property of others, and those where the child harms the person of others. Those that harm the child include accidental injuries (injuries listed under physical abuse severity levels 5 and 6), physical abuse, sexual victimization by someone other than the child's primary caretaker, illnesses/disease, non-organic failure to thrive, and death. Those where the child harms the property of others include setting property on fire accidentally or on purpose, breaking windows, destroying furniture, etc. Those where the child harms the person of others include physically injuring or sexually victimizing another person.

D. Eight types of omission in care are the eight different types of neglect relevant to this study. Each type will be defined in detail on the following pages.

SEVERITY RATINGS

As you assess the presence and rate the severity of neglect in each of the eight areas, keep the following points in mind:

1. Neglect can exist without any children suffering any obvious and/or visible negative consequences--e.g. injuries, illnesses, sexual victimization, non-organic failure to thrive, or death.

2. For neglect in any of the eight areas to be rated "present" at least one of the assigned caseworkers must express the opinion that the particular allegations are true. Throughout many case records you will see frequent references to neglect
allegations made by neighbors, friends, spouses, relatives, etc. Unless the caseworker concurs somewhere in the record that the particular allegations are true, do not consider the particular type of neglect present (you may have to read an entire case record before finding caseworker statements that substantiate a particular type of allegation).

3. Severity of neglect for all eight areas exists at a minimum of two levels: moderate neglect and severe neglect. Moderate neglect, regardless of neglect type, always means that one or more children are at high risk for negative consequences but none have actually occurred; whereas, severe neglect always means that one or more children have suffered negative consequences. When a third severity level is present, it is always designated "serious neglect", is always the middle category between moderate and severe neglect, and always means that one or more children are at exceptionally high risk for negative consequences or property has been damaged by the child.

4. Caseworkers differ with respect to the completeness and detail of their case record recordings. Some address all eight types of neglect, indicate whether each occurred, and then provide details of each occurrence. Others address only those types of neglect that occurred. And still others, provide few details about either the types or details of the neglect that occurred. Because of these inconsistencies among case record recordings, it's not really appropriate to state that a type of neglect did not occur unless the worker specifically states that the type didn't occur. Thus, use the following set of ratings
when coding a specific type of neglect that does not meet the relevant operational definition.

0 = neglect is described but it does not, from what is dictated in the case record, meet the relevant operational definition.

1 = no discussion in case record about this area of neglect.

2 = record says that mother does not have a problem with the particular type of neglect.

5. A child who has received injuries even fatal ones as a result of neglect in the area of arrangements for substitute child care is a neglected child......EXCEPT......when the child is injured as a result of physical abuse--inappropriate and excessive physical force on the part of anyone with whom the primary caretaker has left the child. In this one situation, the child is both a neglected and an abused child.
PHYSICAL HEALTH CARE NEGLект

Physical health care neglect refers to two situations:

1. The primary caretaker fails to obtain or delays in obtaining professional medical attention for acute illnesses, injuries, physical disabilities and chronic medical problems that if left untreated could result in negative consequences for the child.

2. The primary caretaker fails to comply with or sporadically complies with professional recommendations (medical, school, or social work) regarding the treatment of a particular acute illness, injury, physical disability, or chronic medical problem.

The two severity levels are moderate neglect (rating 3) and severe neglect (rating 4). The major distinction between the two levels pertains to whether a child(ren) suffered negative consequences.

OPERATIONAL DEFINITIONS

Below are operational definitions of the underlined terms in the introduction.

A. Physical disabilities/chronic medical problems that require treatment include but are not necessarily limited to cerebral palsy, club foot, cleft palate, hare lip, epilepsy, rheumatic heart, diabetes, asthma, vision problems, hearing problems, scoliosis (curvatures of the spine), lead poisoning, and cystic fibrosis.

B. Injuries that require medical attention include all
injuries specifically mentioned under physical abuse severity levels 5 and 6 and animal bites (dog, cat, rat, and so forth).

C. Illnesses that require prompt medical attention include but are not limited to any serious contagious illnesses (e.g. gonorrhea, herpes, and other types of venereal disease, tuberculosis, AIDS, etc.) or skin diseases (e.g. impetigo), diarrhea particularly in a child under one year of age, food poisoning (salmonella), pneumonia, any illness associated with a high fever (103 degrees or higher) particularly in a young child.

D. Negative consequences means, at worst, death or permanent disfigurement of the child and, at least, the development of complications that require protracted outpatient treatment and/or hospitalization.

SEVERITY RATINGS

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SEVERITY LEVEL 3

NO NEGATIVE CONSEQUENCES

If no harm results from any of the specific problems listed above -- that is, the child does not require protracted special treatment or hospitalization or, if the illness is contagious, no one contracts the illness -- use severity level 3. A Level 3 rating is also to be used for the following situations if they did not result in negative consequences.

1. Failure to obtain regular well-baby care for premature or low birthweight babies is considered neglected at level 3 - moderately inadequate.
2. Any child past 3 years of age who does not have all immunizations up-to-date is considered neglected at level 3 - moderately inadequate.

3. Failure to obtain regular follow-up care and blood tests for children who have been found to have lead poisoning.

4. Removal of child from hospital against medical advice by parent or other caretakers.

NOTE SPECIAL RATING SITUATION - Immunizations and Well-Baby Care: Failure to get or keep immunizations up-to-date and to obtain well-baby or preventive health care for children 3 years old or less who were neither premature nor low-birthweight (weight less than 5 1/2 pounds) is not considered physical health care neglect, level 3 severity. It is to be rated level 0 severity.

SEVERITY LEVEL 4
NEGATIVE CONSEQUENCES

If at a minimum the neglect leads to the child being hospitalized, or needing a lengthy course of special treatment, or others get the illness, use severity level 4. IF A CHILD DIES AS A RESULT OF MEDICAL NEGLECT, BE SURE TO RECORD CHILD'S DEATH IN SECTION 5 OF THE CODING SCHEDULE AND TO SPECIFY PHYSICAL HEALTH CARE NEGLECT AS THE REASON.
MENTAL HEALTH CARE NEGLECT

Mental health care neglect refers to two situations.

1. The primary caretaker fails to comply with or only sporadically complies with professional recommendations regarding diagnosis and/or treatment of various mental health problems and/or symptoms of problems that could have negative consequences for the child or others.

2. The primary caretaker fails to obtain appropriate professional help on her own initiative for various severe mental health symptoms that have a very high probability of leading to negative consequences for the child or others.

This type of neglect exists at three levels of severity: moderate neglect (rating=3), serious neglect (rating=4), and severe neglect (rating=5).

OPERATIONAL DEFINITIONS

Below are operational definitions of the underlined terms in the introduction.

A. Professional recommendations include recommendations for diagnosis and/or treatment of mental health problems and/or symptoms from (1) school system staff--teachers, principals, school medical and psychological personnel; (2) hospital or clinic-based medical personnel--doctors, psychologists, nurse practitioners, social workers--as well as private physicians; and (3) child protective service social workers.

B. Mental health problems and symptoms are disorders that impair the child's performance in major roles including student,
friend, family member, and citizen. SEVERE MENTAL HEALTH PROBLEMS/SYMPTOMS are ones that not only impair the child's role performance but also have a very high probability of endangering the safety of others or the child himself. For purposes of this study mental health problems include disorders that fall within the realm of 5 areas—emotional, behavioral, learning, speech, and developmental delay problems.

Specific types of mental health problems include but are not limited to childhood schizophrenia, autism, childhood affective disorder (depression and manic depression), behavioral hyperactivity, speech impediments, dyslexia and other information processing problems, various specific learning disabilities, and mental retardation.

Symptoms of mental health problems include but are not limited to firesetting, physically harming children or pets, sexually victimizing children or pets, non-organic bedwetting or encopresis by children 6 or older, extreme aggressivity, suicide attempts, self-mutilation, and head banging by young children.

Examples of severe mental health symptoms/problems include but are not limited to firesetting, physically harming children or pets, sexually victimizing children or pets, suicide attempts, and self-mutilation.

C. Negative consequences mean (1) the child has been excluded from one or more major roles (student, friend, family member, citizen, etc.), or (2) the child has harmed himself or someone else, or (3) the child has damaged other's property. For purposes of this study exclusion from a major role means a minimum of one
indefinite or three time-limited suspensions from school (student role), institutionalization in a mental health facility (family member and citizen), incarceration in a facility for delinquent minors (family member and citizen). A CHILD WHO HAS BEEN GIVEN THREE OR LESS TIME-LIMITED SUSPENSIONS FROM SCHOOL FOR MISBEHAVIOR IS NOT CONSIDERED EXCLUDED FROM MAJOR ROLES.

SEVERITY RATINGS

Levels of severity. The three levels of severity are: 3-moderately inadequate, 4-seriously inadequate, and 5-severely inadequate. Level 3, moderate neglect, differs from the other two severity levels in two ways: (a) the child has not ever been excluded from any roles, (b) the child has not harmed self or others, and (c) mother is not considered neglectful if she failed to seek diagnosis and treatment on her own (i.e. without a professional recommendation). Level 4, serious neglect, differs from level 5, severe neglect, in one way: child has not physically harmed a human being, has not mutilated himself, and has not made a serious suicide attempt.

SEVERITY LEVEL 3

NO NEGATIVE CONSEQUENCES, CHILD BEEN REFERRED FOR DIAGNOSIS/TREATMENT BUT NOT TAKEN OR TAKEN ONLY SPORADICALLY.

The primary caretaker fails to comply or complies only sporadically with professional recommendations regarding diagnosis and/or treatment of specific mental health problems or
symptoms that impair the child's performance in one or more major roles -- student, friend, citizen, or family member -- but have not resulted in exclusion of the child from any role and have not endangered the safety of others or the child himself.

Examples of this level include: child who has been referred for diagnosis and/or treatment by a professional because of extreme hyperactivity, aggressiveness toward other children, withdrawal and isolation from other children, dyslexia, non-organic bedwetting or encopresis, specific learning disabilities, mental retardation, speech impediments, etc.

SEVERITY LEVEL 4

NEGATIVE CONSEQUENCES INCLUDE EXCLUSION FROM A MAJOR ROLE(S) AND DESTRUCTION OF PROPERTY

The primary caretaker fails to seek professional help or fails to comply with professional recommendations regarding help for a child who meets one or more of the following criteria but has not yet physically harmed self or others:

1. excluded one or more times from major roles
2. displays symptoms that place self and others at great risk for physical harm, i.e. firesetting, physically assaultive behavior but not yet harmed anyone.
3. sexually victimized a child less than 10 years old or sexually victimized a child less than 10 years old or an animal (see definition sexual victimization pp.
4. raped anybody
5. destroyed property including that of own family

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Examples of this level include but are not limited to the child who has repeatedly been suspended from school, the child who is indefinitely suspended from school, the child who has been incarcerated in a juvenile facility, the child who has been adjudicated a CINS child (CINS=child in need of supervision, child who is beyond the control of his/her caretaker), the child who has been hospitalized in a mental health facility, the child who is a firesetter, the child who has made suicide attempts.

SEVERITY LEVEL 5
NEGATIVE CONSEQUENCES INCLUDE PHYSICAL INJURIES TO SELF OR OTHERS

The primary caretaker fails to seek professional help or fails to comply with professional recommendations regarding help for a child who meets any of the following criteria:

1. has physically injured another human being as a result of inappropriate and excessive use of physical force (injuries include those listed under physical abuse severity levels 5 and 6 but not 4).

2. has mutilated self—meaning that child is seriously wounding his/her own body (injuries are those included under physical abuse severity levels 5 and 6.)

3. made a suicide attempt that resulted in permanent disfigurement or hospitalization in a medical hospital for more than one day.
SUPERVISORY NEGLECT

Neglect in this area refers to inadequate supervision of child activities both inside and outside of the home by the mother or other primary caretaker. More specifically, it refers to two types of situations:

1. The primary caretaker is in the home with the child but is not monitoring the child's activities closely enough to keep the child from behaving in ways that could have negative consequences for himself, others, and/or property.

2. The primary caretaker is not aware enough of the child's activities when he/she is out of the home to assure that she/he is not at risk for negative personal consequences or engaging in behaviors that could harm others or other's property.

Supervisory neglect exists at 3 severity levels—rating 3 moderate neglect, rating 4 serious neglect, and rating 5 severe neglect. These levels differ relative to the type and presence of negative consequences. It is important to note that the specific types of supervisory omissions that define neglect in this area differ by age of the child. Obviously, what is inadequate supervision for a three year old may not be inadequate supervision for a 12 year old.

OPERATIONAL DEFINITIONS

Below are operational definitions of the underlined terms in the introduction.

A. Inadequate supervision inside the home includes but is not limited to the following activities for children of various
age ranges (all examples are cumulative, meaning that what is true for a child under 12 is automatically true for a child under 3):

1. CHILDREN UNDER 12 - (1) playing with matches, the stove, the space heater, electrical outlets, heated irons, medications, and household cleaning agents; (2) playing on fire escapes, steep stairways, windowsills; (3) locking playmates in closets or other closed in spaces; and (4) hanging out windows.

2. CHILDREN UNDER 3 - (1) sitting unattended in a high chair or tubful of bathwater or (2) lying on a bed without sides.

B. Inadequate supervision outside the home includes but is not limited to the following activities for children of various age ranges (examples are cumulative):

1. CHILDREN UNDER 16 - (1) caretaker completely unaware of child's whereabouts when child is out of the house, i.e. doesn't know where child is or who child is with; (2) child remains out all night without informing caretaker of whereabouts or companions; (3) child is gone for days at a time without caretaker knowing his whereabouts or companions; (4) TRUANCY - child is absent from school for a minimum of 20 days without legitimate reason (illness); (5) NOT ENROLLING A CHILD IN SCHOOL - primary caretaker never bothers to register a child for school regardless of the reason.

2. CHILDREN UNDER 12 - (1) child remains outside after dark with no supervision.
3. CHILDREN UNDER 7 - (1) child wanders outside the home alone and plays unsupervised; (2) child wanders off, gets lost, and is unable to find caretaker without help.

C. Negative consequences mean that a child is injured severely enough to require medical treatment, or has been seriously victimized, or has been in trouble with the law, as a direct result of improper supervision of activities as defined above. More specifically........

1. injured severely enough to require medical treatment means level 5 and 6 but not level 4 injuries.
2. serious victimization means level 3 and 4 sexual victimization by any adult or child, or participation in child pornography, or prostitution.
3. in trouble with the law means that the child has been found by juvenile court to be CINS (child in need of supervision) or 'delinquent'. Any child who has a probation officer, or a caseworker from the Department of Juvenile Services (DJS) or been detained at Montrose or Maryland Training School (MTSB) has been 'in trouble with the law."

SEVERITY RATINGS

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SEVERITY LEVEL 3

NO NEGATIVE CONSEQUENCES

The primary caretaker fails to adequately supervise a child or children either inside or outside of the home but no negative consequences of any type occur. Truancy and failing to enroll a
child in school are both considered severity level 3 types of supervision neglect. Accidental injuries less severe than those described under physical abuse injury levels 5 and 6.

SEVERITY LEVEL 4
NEGATIVE CONSEQUENCES INCLUDING 'TROUBLE WITH THE LAW' AND PROPERTY DESTRUCTION
The primary caretaker fails to adequately supervise a child or children outside and/or inside of the home and as a result the child gets 'in trouble with the law.'

SEVERITY LEVEL 5
NEGATIVE CONSEQUENCES INCLUDE SEXUAL VICTIMIZATION OR PHYSICAL INJURIES
The primary caretaker fails to adequately supervise a child or children inside or outside the home and as a result the child is sexually victimized or physically injured.
SUBSTITUTE CHILD CARE NEGLECT

Neglect in this area refers to failure on the part of the
primary caretaker to arrange safe and appropriate substitute
child care when she/he needs to be away from the child for a
period of time. This kind of neglect refers to three general
types of situations. The primary caretaker:

(1) leaves child or children alone to fend for themselves.
(2) leaves child or children in the care of an inappropriate
caretaker.
(3) deserts child or children.

Like the other 7 types of neglect, negative consequences do not
have to occur to either the child or property for this type of
neglect to be rated present. Inadequate substitute child care
exists at three severity levels--rating 3 moderate, rating 4
serious, and rating 5 severe neglect. Obviously, operational
definitions of the three types of inadequate substitute child
care vary with the age of the child.

OPERATIONAL DEFINITIONS

Following are operational definitions for the underlined
terms in the introduction:

A. Inappropriate caretakers include strangers, children under
13 for purposes of babysitting for a few hours with other
children under 13, children under 16 for purposes of overnight
caretaking of other children under 16, individuals with alcohol
and drug problems, individuals who are known to have sexually
victimized and/or physically abused children, individuals with
serious mental health problems (severe depression, mania, and/or schizophrenia), individuals who are mentally retarded, and individuals with physical handicaps (blind, deaf, wheel chair bound).

B. Desertion pertains to two situations: leaving children under 16 to (1) fend for themselves for more than 48 hours or (2) with any caretaker for more than 48 hours without either telling the caretaker in advance that the child(ren) would remain for 2 days or calling during the first 2 days to explain the delay and to specify how much longer return would be delayed.

C. Negative consequences include accidental injuries (operationalized as all injuries listed under physical abuse severity levels 5 and 6), physical abuse (see study definition), sexual victimization, (see study definition), and property damage. Property damage includes damage to residential (including child's own home and the home of an inappropriate caretaker) or commercial buildings as well as the furnishings in these buildings resulting from (1) fire caused by the child either on purpose or as a result of playing with matches and (2) malicious destruction on the part of the child(ren). Examples of property damage include but are not limited to broken windows; holes in the walls, ceiling, or doors; destroyed furnishings --fabrics slashed, wood broken; etc.

D. Age level definitions of inappropriate child care arrangements:

Children Under 8 - leaving children under 8 alone or with an inappropriate caretaker for any amount of time is neglectful.
Children 8 to 12 - leaving children 8 to 12 years old alone for short periods of time (3 or 4 hours) provided they have been instructed about how to obtain help in an emergency, provided they know where mother is and when she is returning, and provided mother is responsible about returning on time is NOT CONSIDERED NEGLECT.

1. leaving children in this age range alone for 3 or 4 hours and NOT instructing them about where and how to obtain help, NOT notifying them when return is going to be delayed, and NOT telling them where mother is going is CONSIDERED NEGLECT.

2. leaving children in this age range with an inappropriate caretaker for any period of time.

Children 13 to 15 - leaving children alone or with an inappropriate caretaker overnight or longer.

SEVERITY RATINGS

Levels of severity. The three levels of severity are: 3-moderately inadequate, 4-seriously inadequate, and 5-severely inadequate. Generally speaking, level 5 differs from the other two levels in one way: one or more children were injured, physically abused, or sexually victimized as a result of inadequate substitute child care arrangements. Level 4 differs from level 3 in two ways: children are at exceptional risk of negative consequences and/or children damaged property.
SEVERITY LEVEL 3

NO NEGATIVE CONSEQUENCES

No negative consequences and no property destruction resulted from children of any age meeting the operational definition for inadequate substitute child care (see two exceptions listed under severity level 5). In other words, no child was injured accidentally, physically abused, sexually victimized, or died and no child destroyed property as a result of being left alone, left with an inappropriate caretaker, or being deserted.

SEVERITY LEVEL 4

PROPERTY DAMAGE AND SPECIAL SITUATIONS

1. Child(ren) destroyed property as a result of inadequate substitute child care (as defined for their age group) but no child sustained any negative consequences.

2. Special situation. Infants (6 months or younger) are left alone or with an inappropriate caretaker for any period of time.

3. Special situation. Young children (6 years old or younger) with serious chronic illnesses or physical disabilities are left alone or with an inappropriate caretaker for any period of time.

SEVERITY LEVEL 5

INJURIES, PHYSICAL ABUSE, OR SEXUAL ABUSE.

The above negative consequences result from inappropriate substitute child care as defined for each different age groups.
PHYSICAL SAFETY IN HOME NEGLECT

Neglect in this area refers to the presence of obvious hazardous physical conditions in the home. Like the other 7 areas of neglect, the child(ren) do not have to suffer negative consequences as a result of hazardous conditions for neglect to be considered present. The two severity levels are 3=moderate neglect and 4=severe neglect. The major distinction between the two levels pertains to whether a child(ren) suffered negative consequences.

OPERATIONAL DEFINITIONS

Below are operational definitions of the underlined terms in the introduction.

A. Hazardous physical conditions include but are not necessarily limited to the following:

1. Leaking gas from stove or heating unit.
2. Recent fire in living quarters or building.
3. Hot water/steam leaks from radiators.
4. Dangerous substances (household cleaning agents, insect and rodent poisons, medications, anything that if swallowed could cause death or serious illness) and dangerous objects (guns and knives) stored in unlocked lower shelves or cabinets, under sink, or in the open.
5. No guards on open windows.
6. Broken or missing windows.
7. Falling ceiling.
8. Consistent lack of heat in winter.
B. **Negative consequences** mean that a child(ren) sustains injuries and/or is poisoned as a result of any one of the above hazardous conditions. Injuries listed for physical abuse severity levels 5 and 6 **but not level 4** are negative consequences of this type of neglect.

**IMPORTANT NOTE:** Due to the prevalence of lead-based paint in Baltimore's inner city housing stock, a child with lead poisoning is not considered neglected by the parent **unless** there has been obvious physical health care neglect or nutrition neglect of the lead poisoning problem. If one or more children in the family are documented to have lead poisoning (hospital or public health department blood tests show elevated blood-lead levels) note on appropriate section of coding schedule but **do not** code as neglect in this area.

**SEVERITY LEVELS**

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**SEVERITY LEVEL 3**

**NO NEGATIVE CONSEQUENCES**

One or more hazardous conditions in the home but no child has sustained any negative consequences. No child in the family has been diagnosed by a physician as having lead poisoning.

**SEVERITY LEVEL 4**

**NEGATIVE CONSEQUENCES**

One or more children have sustained negative consequences as a result of hazardous conditions in the home.
HOUSEHOLD SANITATION

Neglect in this area refers to the presence of obvious hazardous sanitary conditions in the home. Like the other 7 areas of neglect, the child(ren) do not have to suffer negative consequences as a result of hazardous conditions for neglect to be considered present. The two severity levels are 3 (moderate neglect) and 4 (severe neglect). The major distinction between the two levels pertains to whether a child(ren) suffered negative consequences.

OPERATIONAL DEFINITIONS

Below are operational definitions of the underlined terms in the introduction.

A. Hazardous sanitary conditions include but are not necessarily limited to the following (if you think of others get to Jessica):

1. Trash and junk are piled in corners of rooms and rarely if ever moved.

2. Garbage is not kept in a receptacle instead it is strewn around the house or kept in bags which are rarely taken away.

3. Dirty dishes encrusted with old food are a constant presence—when family members eat they eat off the dirty dishes.

4. Perishable foods are not refrigerated and are frequently found spoiling on counter tops, floors, tables, etc.

5. Roaches, mice, and/or rats are frequently seen in
the home during daylight hours.

6. Human and/or animal excrement is found on floors and may be smeared on walls.

7. Toilets are non-functioning with human excrement leaking over the bathroom floor.

B. **Negative consequences** mean that a child(ren) has become ill or sustained injuries as a direct result of unsanitary household conditions.

1. Injuries include rodent or insect bites.

2. Illnesses include but are not limited to food poisoning [salmonella or botulism], intestinal disorders, hepatitis, etc.

**SEVERITY LEVELS**

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**SEVERITY LEVEL 3**

**NO NEGATIVE CONSEQUENCES**

One or more hazardous sanitary conditions in the home but no child has sustained any negative consequences. No child in the family has developed food poisoning, intestinal disorders, or hepatitis nor has any child been bitten by a rodent or sustained insect bites as a direct result of unsanitary household conditions.

**SEVERITY LEVEL 4**

**NEGATIVE CONSEQUENCES**

One or more children have sustained negative consequences as a result of hazardous sanitary conditions in the home.
PERSONAL HYGIENE

Neglect in this area refers to the presence of obvious personal hygiene problems for one or more children. Like the other 7 areas of neglect, the child(ren) do not have to suffer negative consequences as a result of the personal hygiene condition for neglect to be considered present. The two severity levels are 3=moderate neglect and 4=serious neglect. The major distinction between the two levels pertains to whether a child(ren) suffered negative consequences.

OPERATIONAL DEFINITIONS

Below are operational definitions of the underlined terms in the introduction.

A. Personal hygiene problems include but are not limited to the following conditions which are characteristic of the child's personal hygiene; in other words, they are not one time only occurrences:

1. Child's hair is matted or tangled and visibly dirty.
2. Child emits bad body odor or mouth odor.
3. Child's skin is visibly dirty.
4. Child's teeth are encrusted with green or brown matter.
5. Infant/toddler's soiled diapers are not changed for hours.
6. Child's clothes, which are soiled and stained beyond cleaning, are worn for days.

B. Negative consequences means that a child(ren) has become ill, become infested with insects or worms, and/or been
rejected by peers as a result of any of the above personal hygiene problems.

1. Illnesses include skin rashes or infections [e.g. impetigo, ringworm], tooth decay, "dirt sores", infected diaper rashes, and abscesses.

2. Infestations include lice [found in hair or on body] and worms [pinworms found in stool most common type of worm infestation for children].

3. Children are rejected by peers because of the hygiene problems......school personnel complain to parents about their child's poor personal hygiene.

SEVERITY LEVELS

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SEVERITY LEVEL 3

NO NEGATIVE CONSEQUENCES

Child(ren) are characterized by one or more of the above personal hygiene problems but no negative physical consequences have occurred. Children are rejected by peers due to hygiene problems and/or school authorities complain about child's personal hygiene; however, the child does not have lice, worms, or any other kind of infestation.

SEVERITY LEVEL 5

NEGATIVE PHYSICAL CONSEQUENCES

Child(ren) have lice, worms, and/or other infestations.

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NUTRITION/DIET NEGLECT

Nutrition diet neglect refers to two situations:

1. Situations where the primary caretaker fails to provide a child or children with regular and ample meals that meet basic nutritional requirements.

2. Situations where the primary caretaker fails to provide the necessary rehabilitative diet to a child with particular types of physical health problems.

The child does not have to suffer negative consequences as a result of the nutrition/diet problem for neglect to be considered present. The three severity levels are 3=moderate neglect, 4=serious neglect, and 5=severe neglect. The major distinction between levels 5 and 6 and level 4 pertains to a child having suffered negative consequences.

FAILURE TO THRIVE SYNDROME IS NOT TO BE AUTOMATICALLY RATED A NUTRITION/DIET PROBLEM. If the doctors state that one of the reasons for the FTT problem is failure on the part of the mother to adequately feed the child, give the respondent a nutrition/diet severity level of 5 otherwise do not rate neglect in this area.

OPERATIONAL DEFINITIONS

Below are operational definitions of the underlined terms in the introduction.

A. Failure to provide regular and ample meals means that a child or children have experienced one or more of the following conditions:

1. Meals have not been provided at all for several days.

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2. Consistently, the house contains no food or almost no food.
3. Children are frequently seen begging for food.
4. Mother needs emergency food assistance 3 or more times in 6 months and/or caseworker mentions in the case record that mother frequently requires emergency food referrals.
5. Children eat spoiled food or non-food items like starch, dogfood, catfood, or are seen begging for food.

B. **Rehabilitative diet** is a diet specifically formulated to correct a nutritional deficiency or physical disorder; e.g. lead poisoning and severe diarrhea particularly in infants both require special rehabilitative diets. If the proper diet is not provided, various negative consequences such as dehydration or mental retardation could result.

C. **Negative consequences** include but are not necessarily limited to the following two types of outcomes....

1. Child suffers from clinical symptoms of malnutrition, dehydration, or food poisoning which are serious enough to require medical attention and/or a rehabilitative diet but not hospitalization.

2. Child suffers from clinical symptoms of malnutrition, dehydration, or food poisoning which are so serious that the child must be hospitalized.
SEVERITY LEVELS

SEVERITY LEVEL 3
NO NEGATIVE CONSEQUENCES
Primary caretaker meets any one of the operational definitions of nutrition-diet neglect or fails to provide a child with the necessary physician prescribed rehabilitative diet.

SEVERITY LEVEL 4
NEGATIVE CONSEQUENCES NOT SEVERE ENOUGH TO REQUIRE HOSPITALIZATION.
As a result of the primary caretaker meeting anyone of the operational definitions specified above, the child develops clinical symptoms of malnutrition, dehydration, or food poisoning that require medical attention but not hospitalization OR the child is underweight according to medical opinion.

SEVERITY LEVEL 5
NEGATIVE CONSEQUENCES SEVERE ENOUGH TO REQUIRE HOSPITALIZATION
As a result of the primary caretaker meeting anyone of the operational definitions specified above, the child develops clinical symptoms of malnutrition, dehydration, or food poisoning that are so severe that hospitalization is required.
OPERATIONAL DEFINITION
SEXUAL VICTIMIZATION

Sexual victimization comes in two types, extrafamilial and intrafamilial, and exists at two levels of severity, level 3-molestation and level 4-intercourse.

OPERATIONAL DEFINITIONS

Definitions for the above underlined terms are:

A. Extrafamilial child sexual abuse

1. 13 Years Old or Younger: one or more unwanted sexual experiences ranging from molestation to intercourse with any person unrelated by blood or marriage.

2. 14 through 17 Years: abuse limited to completed or attempted forcible rape by any person unrelated by blood or marriage (Russell, D. 1983).

B. Intrafamilial child sexual abuse is any kind of exploitive sexual behavior ranging from molestation to intercourse that occurs between relatives, no matter how distant the relationship, before the victim turns 18 (Russell, D. 1983).

C. Molestation excludes oral, anal, and genital intercourse but includes touching/fondling of genitals, breasts, or anal area (may be mutual); having child exhibit himself; penetration of child's vagina or rectum with any object other than the penis.

D. Intercourse/rape includes oral, anal, or genital intercourse--i.e. full penetration of the orifice by the penis. It does not includes penetration of the vagina or rectum with any
SEVERITY LEVEL 3

EXCLUDES ORAL, ANAL, GENITAL INTERCOURSE

Severity level 3 is sexual molestation. It includes touching/fondling of genitals, breasts, or anal area (may be mutual); having child exhibit himself; penetration of child's vagina or rectum with any object other than the penis.

IT IS IMPORTANT TO NOTE THAT THIS LEVEL IS NOT APPLICABLE TO EXTRAFAMILIAL SEXUAL ABUSE OF 14 TO 17 YEAR OLD INDIVIDUALS.

SEVERITY LEVEL 4

INCLUDES ORAL, ANAL, GENITAL INTERCOURSE

Severity level 4 is intercourse/rape. It involves penetration of the rectum, vagina, or mouth by the penis.
SECTION 2
INSTRUCTIONS FOR FILLING OUT RATING SCHEDULE

Step 1
Read the entire set of case record narratives for each respondent. As you read, underline in red every description of physical injuries, every description of sexual abuse, every description of the 8 different types of neglect, every reference to a failure-to-thrive child, every reference to a child who died, and every reference to a child with lead poisoning. If the particular description or reference meets the following two criteria: (1) it pertains to any of the respondent's natural children and (2) it was substantiated by medical authorities and/or protective service caseworkers. In the margin beside the red underlining note the following: (a) the type of maltreatment described or incident referenced in the underlining, (b) the level of severity of the maltreatment, (c) who perpetrated the maltreatment if sexual or physical abuse, and (d) the name and date of birth of the child if sexual abuse, physical abuse, failure-to-thrive, or death.

Step 2
Complete Final Ratings and Record on Rating Sheet: Once the entire record has been read and every relevant description been underlined and documented in the margin, review every margin documentation and then fill out the rating sheet (see appendix 3) according to the following instructions.
Fill out section 1a for every case you rate regardless of whether physical abuse occurred. Fill out sections 1b, 1c, and 1d only for those cases where abuse occurred at severity level 4 or greater. See 'Operational Definition' section for specific information about the precise meaning of each severity level of abuse.

1a - This data item references whether abuse occurred to one or more children at a severity level of 4. The codes are:

1 = one child, at least, was substantiated by the caseworker as having received 4 level or worse injuries as the result of inappropriate force on the part of a caretaker.

2 = no child in this family has received 4 level or worse injuries as the result of inappropriate force on the part of a caretaker.

1b - This data item details which child(ren) were abused and their birthdate. List in chronological order, starting with the oldest child, the name and birth date of each child who was substantiated by the caseworker as being abused [substantiation means the worker ruled the abuse 'uncertain, indicated, or confirmed]. For birthdate, list only month and year. For months that have only one digit, January through September, put a '0' before their digit designation (e.g. January = 01, February = 02, March = 03). For those cases where no physical abuse occurred leave code slots blank.
lc - These data items reference the severity of abuse experienced by each child listed in lb. Specify for each child the severest degree of abuse experienced by that child 1/84 or earlier. Put rating for child 1, child 2, etc. in the appropriate slot. For those cases where no physical abuse occurred leave code slots blank.

ld - These data items identify the perpetrator(s) of the abuse.
Section 2 - Neglect: Fill out section 2a for every case you rate regardless of whether neglect occurred. Fill out all parts of section 2b for only those cases where neglect occurred in at least one area. Remember, for a case to be classified as neglect the mother must have personally neglected one or more children in at least one of the following 8 areas - mental health care, physical health care, household sanitation, safety in the home, supervision, substitute child care arrangements, personal hygiene, and nutrition/diet. To be considered neglect, a minimum severity level of 3 is required. See 'Operational Definition' section for specific information about the precise meaning of each severity level for the 8 specific types of neglect.

2a - This data item references whether the mother personally neglected one or more children in at least one of the 8 areas at the required level of severity.

1 = one child, at least, was substantiated by the caseworker as being neglected in at least one of the 8 areas at the required level of severity.

2 = no child in this family was substantiated by the caseworker as being neglected in at least one of the 8 areas at the required level of severity.

2b - The 8 data items reference whether and how severely the mother personally neglected one or more children in each of the 8 different neglect areas - mental health care, physical health care, household sanitation, safety in the home,
supervision, substitute child care arrangements, personal hygiene, and nutrition/diet. Use the following code scheme for the 8 areas:

0 = discussion pertinent to the type of neglect but problem doesn't meet operational definition.
1 = no discussion at all in case record about this type of neglect.
2 = case record mentions that mother does not have a problem in this area
3 & 4 or 3,4,5 = severity levels for 8 types of neglect.
RATING SCHEDULE SECTION 3 - SEXUAL ABUSE

Section 3 - Sexual Abuse. Fill out section 3a for every case you rate regardless of whether sexual abuse occurred. Fill out sections 3b, 3c, and 3d only for those cases where sexual abuse occurred at severity level 5 or greater. See 'Operational Definition' section for specific information about the precise meaning of the two severity levels of sexual abuse.

3a - This data item references whether sexual abuse occurred to one or more children at a minimum severity level of 5. The codes are:

1 = one child, at least, was substantiated by the caseworker as having been sexually abused by anyone at a severity level of 5 or 6.

2 = no child was substantiated by the caseworker as having been sexually abused by anyone at a severity level of 5 or 6.

3b - This data item details which child(ren) were sexually abused and their birthdate. List in chronological order, starting with the oldest child, the name and birth date of each child who was substantiated by the caseworker as being sexually abused [substantiation means the worker ruled the abuse 'uncertain, indicated, or confirmed]. For birthdate list only month and year. For months that have only one digit, January through September, put a '0' before their digit designation (e.g. January = 01, February = 02, March = 03). For those cases for which no sexual abuse occurred leave code slots blank.
3c - These data items reference the severity of sexual abuse experienced by each child listed in 3b. Specify for each child the severest degree of sexual abuse experienced by that child 1/84 or earlier. Put rating for child 1, child 2, etc. in the appropriate slot. For those cases for which no sexual abuse occurred leave code slots blank.

3d - These data items identify the perpetrator(s) of the sexual abuse. Codes for the perpetrator distinguish between the child and adult perpetrator (person 18 or older). Codes are as follows:

01 = mother  
08 = adult relative
02 = steppmother  
09 = child relative includes sibling
03 = foster mother  
10 = babysitter/day care employee
04 = father  
11 = friend/neighbor
05 = steppfather  
12 = Stranger
06 = foster father  
07 = mom's boyfriend  
98 = don't know

If the child has been molested by more than one perpetrator, codes are placed in blocks in order of their number code. For example, if mother, mom's boyfriend, and babysitter were perpetrators for one particular child, rating slot 1 would contain the code for mother (01), rating slot 2 would contain the code for mom's boyfriend (07), and rating slot 3 would contain the code for the babysitter (10).
RATING SCHEDULE SECTION 4 - FAILURE TO THRIVE

Section 4 - Failure to Thrive. Fill out section 4a for every case you rate regardless of whether one or more of respondent's children were diagnosed by a physician as failing to thrive. Fill out section 4b only for those cases where diagnosed failure to thrive occurred.

4a - This data item references whether one or more children have been diagnosed as failure to thrive. The codes are:

1 = one child, at least, was diagnosed by a physician as failing to thrive.

2 = no child was diagnosed by a physician as failing to thrive.

4b - This data item identifies the child(ren) who were diagnosed by a physician as failing to thrive and specifies their birthdate. List in chronological order, starting with the oldest child, the name and birth date of each child who was diagnosed as FTT. For birthdate, list only month and year. For months that have only one digit, January through September, put a '0' before their digit designation (e.g. January = 01, February = 02, March = 03). For cases without an FTT child, leave code slots blank.

4c - These data items describe the severity of FTT, hospitalized vs. not hospitalized. Specify for each FTT child whether or not the child was hospitalized (1 = child hospitalized and 2 = child not hospitalized). For those cases where no FTT occurred, leave code slots blank.
Section 5 - Child Died. Fill out section 5a for every case you rate regardless of whether one or more of respondent's children died. Fill out section 5b and 5c only for those cases where one or more children died.

5a - This data item references whether one or more of respondent's children have died. The codes are: 1 = one child, at least, died and 2 = no child died.

5b - This data item specifies the child(ren) who died. List in chronological order, starting with the oldest child, the name and birth date of each child who died. For birthdate, list only month and year. For months that have only one digit, January through September, put a '0' before their digit designation (e.g. January = 01, February = 02, March = 03). For those cases where no child died, leave code slots blank.

5c - This data item specifies the reason why the child died. Codes are as follows:
- 01 = injuries sustained as a result of physical abuse
- 02 = physical health care neglect.
- 03 = mental health care neglect (suicide)
- 04 = physical safety in home.
- 05 = health hazards in home.
- 06 = supervision of child activities
- 07 = arrangements for substitute child care
- 08 = nutrition/diet.
- 09 = failure to thrive.
- 10 = lead paint poisoning.
- 11 = other
RATING SCHEDULE SECTION 6 – CHILDREN WITH LEAD POISONING

Section 6 – Lead Poisoning. Fill out section 6a for every case you rate regardless of whether one or more of respondent's children had lead poisoning. Fill out section 6b only for those cases where one or more children had lead poisoning.

6a - This data item references whether one or more of respondent's children had lead poisoning. The codes are: 1 = one child, at least, had lead poisoning and 2 = no child had lead poisoning.

6b - Specify how many children had lead poisoning.
APPENDIX 1

MAGURA-MOSES PHYSICAL DISCIPLINE SCALE
SECTION 27: PHYSICAL DISCIPLINE

If abuse indicated (codes 3, 4, 5, or 6) for any child, also complete Section 34, Frequency of Abuse, and Section 35, Person(s) Responsible for Abuse.

1 No physical discipline used with child.

Child never physically punished. Only non-physical, non-assaultive methods of discipline used (e.g., revoking privileges, verbal disapproval). Caretaker does not allow others to physically punish child.

2 Physical discipline used, but not excessive or inappropriate (not abusive).

Only culturally acceptable mode(s) of physical punishment used, typically spanking on rear.

Punishment is not excessive and does not ordinarily leave physical marks or cause great pain. Purpose of punishment is primarily to symbolize disapproval, not to hurt or inflict great pain on child.

3 Excessive or inappropriate discipline used, but no resulting injury. (Explain below)

See definitions and examples of excessive or inappropriate force below. Child experiences considerable temporary pain, but is not physically injured, though potential for some injury was there. (If actual injury did result, choose one of next codes.)

4 Excessive or inappropriate physical force used, resulting in superficial injury. (Explain below)

See definitions and examples of excessive or inappropriate force below. Typical superficial injuries are bruises, welts, cuts, abrasions, or first-degree (mild) burns. Injuries are localized in one or two areas and involve no more than broken skin.

Superficial injuries do not ordinarily require medical treatment; proper home remedies would suffice. (However, medical treatment may be received.)

5 Excessive or inappropriate physical force used, resulting in moderately serious injury. (Explain below)

See definitions and examples of excessive or inappropriate force below. Moderate injuries should usually receive medical attention to reduce risk of complications, substantially speed healing, or reduce pain. But such injuries are not life-threatening and not likely to cause crippling, even in the absence of medical treatment.

Examples are sprains, mild concussions, broken teeth, bruises all over body, cuts needing suture, 2nd degree (moderately severe) burns, minor (small bone) fractures, etc.

Moderate injuries do not ordinarily require hospitalization for medical reasons. (However, child may be hospitalized for protection against repeat harm.)

6 Excessive or inappropriate physical force used, resulting in severe injury. (Explain below)

See definitions and examples of excessive or inappropriate force below.

Severe injuries always require prompt medical attention, often on an emergency basis (e.g., long bone fractures; internal injuries; 3rd degree (most severe) burns; brain or spinal cord injury; eye injury; deep wounds or punctures that could result in systemic infection).

Injury may be life-threatening; or could result in physical or mental crippling; or could cause serious disfigurement; or could cause deep, chronic pain.

Hospitalization is usually required for medical reasons.

U Unknown (Explain why below).

X Categories above didn't fit (Explain why below).

Z Not applicable (Explain why below).

Definitions of excessive or inappropriate force:

(a) Caretaker (or other) uses culturally acceptable mode(s) of physical punishment, but overdoes it, prolongs it induly, or uses excessive force.

OR,

(b) Culturally unacceptable or inappropriate mode(s) of physical punishment used.

Examples:

Continuous or lengthy beating, slapping or whipping; hitting with fist; kicking, biting, twisting, shaking, dropping, bludgeoning, burning, scalding, poisoning, suffocating, using weapon, etc.

Explanations:

(Continued)
APPENDIX 2

EIGHT MAGURA-MOSES CHILD NEGLECT SCALES
SECTION 1 : PHYSICAL HEALTH CARE

1 Adequate

There are no children with untreated injuries, illness, or disabilities that could benefit from medical treatment.

All children receive normal preventive health care for age.

2 Mildly inadequate (Explain below)

There are no children with untreated medical conditions that could benefit from medical treatment.

But preventive medical or dental care (immunizations, dental check-ups) should be improved.

3 Moderately inadequate (Explain below)

At least one child is not receiving medical care for an injury, illness, or disability that usually should receive such treatment.

Such medical care would reduce risk of complications, relieve pain, speed healing, or reduce risk of contagion for others.

But child’s condition would probably eventually correct itself even in absence of medical treatment.

Include situations where child has symptoms that should be diagnosed, but where this has not been done.

4 Severely inadequate (Explain below)

At least one child is not receiving medical treatment for an injury or illness that, if left untreated, is life-threatening, could result in permanent impairment, or is a serious threat to public health.

Include serious untreated physical or developmental disabilities that could benefit from medical attention, although perhaps not curable.

Include diagnostic assessments for such serious conditions that have not been conducted.

U Unknown--insufficient information (Explain why below)

X Not classifiable--categories above don’t fit (Explain why below)

Z Not applicable (Explain why below)

Explanation:
SECTION 11: MENTAL HEALTH CARE

1 Adequate

All children who could benefit from professional treatment for a mental, emotional, or psychological problem are receiving such service(s).
Includes children with behavior problems (e.g., delinquency) who are known to service providers, but for whom mental health services are not now planned.

2 Mildly inadequate (Explain below)

At least one child who could benefit from mental health treatment is not receiving such service.

Child has emotional condition that causes him/her considerable personal stress and discomfort and may require others to make adjustments in their relationships with the child, i.e., give him special help.

The child remains able to maintain his normal levels of role performance for the time being, though with increased difficulty. But role performance probably will deteriorate in the absence of treatment.

Includes situations where the child has early symptoms of emotional disturbance ordinarily requiring professional evaluation.

3 Moderately inadequate (Explain below)

At least one child who could benefit from mental health treatment is not receiving such service.

Child has an emotional condition that impairs his performance in major roles (e.g., as family member, as student, as friend, or as citizen).

Child is unable to maintain normal relations with others. May disrupt others' activities to the point where moderate sanctions are used against the child, e.g., others limit their interactions with him/her, or are forced to respond in a punishing way.

But child does not endanger the safety of others nor of himself, and total exclusion from one or more major roles is not imminent.

4 Severely inadequate (Explain below)

At least one child who could benefit from mental health treatment is not receiving such service.

Child has an emotional condition that threatens to exclude him/her entirely from one or more major roles (e.g., as family member, as student, as friend, or as citizen).

Child is completely unable to function in one or more major roles, and/or makes it impossible for persons involved with him to function in theirs. Severe sanctions against child may have been used (or threatened).

Child may present a danger to the safety of others and/or of himself.

U Unknown--insufficient information (Explain why below).

X Not classifiable--categories above don't fit (Explain why below).

Z Not applicable (Explain why below).

Explanation:
SECTION 12: SUPERVISION OF CHILD ACTIVITIES

1 Adequate

Parent provides proper and timely supervision of children's activities inside and outside of home.

Parent knows children's whereabouts and activities, whom they are with, and when they return. Definite limits are set on children's activities.

2 Mildly inadequate (Explain below)

For younger children:
Children sometimes found playing at home with objects that could hurt them.

Parent may not realize that certain activities are unsafe or beyond the child's abilities.

Parent may allow playing with older children who are too rough, or allow children to engage in rough games.

For older children:
Children may persuade parent to allow or tolerate certain activities that are against parent's better judgement. But monitoring of activities is adequate.

3 Moderately inadequate (Explain below)

For younger children:

Parent makes little or no effort to periodically check on children.

Parent largely depends on others "to keep an eye on" the children (e.g., neighbors, friends).

Children may be found playing in unsafe circumstances.

Child is given too much responsibility for his/her own safety.

For older children:

Children's activities and whereabouts are not monitored very well, but children come home at night.

Children may be with inappropriate companions (e.g., older children, adults).

Parent makes inadequate attempts to discourage inappropriate activities (e.g., smoking, drinking, fighting, bullying).

4 Seriously inadequate (Explain below)

For younger children:

Whereabouts of child not known by parent as a result of improper supervision, on at least one recent occasion.

Child was lost or "wandered off," unable to return on his/her own and needed help.

Parent is often late and children must be on their own for a period of time (e.g., late picking them up, not home when they return from school).

Child was not injured or victimized as a result of inadequate supervision.

For older children:

Children often stay out all night without parent knowing where they are or when they return.

Parent makes inadequate attempts to prevent children from engaging in illegal activities (e.g., drugs, vandalism, stealing).

5 Severely inadequate (Explain below)

Child(ren) injured, requiring medical treatment, or seriously victimized, or in trouble with the law, as a result of improper supervision of activities.
SECTION 13: ARRANGEMENTS FOR SUBSTITUTE CHILD CARE

1 Adequate

Parent makes safe and appropriate substitute child care arrangements when needed (including babysitting and overnight arrangements).

OR,

Children are old enough so that they do not normally require arrangements for substitute child care.

2 Mildly Inadequate (Explain below)

Children are usually left in the care of a responsible babysitter or adult when parent needs substitute child care, but there is a problem with this.

Examples: Parent returns much later than substitute caretaker expected; substitute caretaker unwilling to provide child care services under present conditions (e.g., without financial compensation).

Young children are never left alone, but older children able to fend for themselves sometimes do not know where parent is or when he/she will return.

Parent has not deserted children.

3 Moderately inadequate (Explain below)

Children are left alone and are not able to handle basic self-care needs (e.g., eating, toilet, avoiding accidents), or can handle them only with great difficulty.

OR,

Children are left with person incompetent to care for them (e.g., another young child, intoxicated adult, adult invalid).

But parent does return before children's needs become acute.

OR,

Children are old enough and capable enough to obtain help in an emergency (e.g., by contacting neighbors).

4 Seriously inadequate (Explain below)

Same as "3" above, except that parent does not return before children's needs have become acute.

OR,

Children were not instructed, and would not have been able, to obtain help in an emergency.

Example: infant left alone.

But parent has not deserted children.

5 Severely inadequate (Explain below)

Child(ren) injured, requiring medical treatment, or seriously victimized, as a result of inadequate arrangements for substitute child care.

OR,

Parent has abandoned or deserted child(ren). Whereabouts of parent may be unknown for extended period of time.

OR,

Parent may have left child(ren) in an uncertain situation and is unwilling to plan for safe, permanent child care arrangements.
 SECTION 10: PHYSICAL SAFETY IN HOME

1 Safe
There are no obviously hazardous conditions in the home (See examples below).

2 Somewhat unsafe (Explain below)
There are one or two hazardous conditions in the home (but child has not sustained injury as a result).

3 Moderately unsafe (Explain below)
There are many hazardous conditions in the home (but child has not sustained injury as a result).

4 Seriously unsafe (Explain below)
There are one or two hazardous conditions in the home. Child has sustained a physical injury requiring medical treatment as a result.

5 Severely unsafe (Explain below)
There are many obviously hazardous conditions in the home. Child has sustained a physical injury requiring medical treatment as a result.

U Unknown--insufficient information (Explain why below).
X Not classifiable--categories above don't fit (Explain why below).
Z Not applicable (Explain why below).

Examples of hazardous conditions:
- Leaking gas from stove or heating unit.
- Peeling lead base paint.
- Recent fire in living quarters or building.
- Hot water/steam leaks from radiators.
- Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in the open.
- No guards on open windows.
- Broken or missing windows.

Explanation:
SECTION 7: HOUSEHOLD SANITATION

1 Adequate

Generally clean and orderly.
Carpet and tile swept often and washed as needed (but some lint, threads, paper scraps may be seen).
Regular dusting (no more than thin layer of dust on tables).
Pleasant to neutral odors.
Home is orderly (but articles for daily living may be around: newspapers, books, coats not hung up).
Dishes washed or at least put in sink after each meal.
Groceries properly stored.
Linens clean; do not mildew.

2 Mildly inadequate (Explain below)

Untidy, dusty, minor dirt buildup.
Carpet and tile have many particles of debris and are spotted; swept sometimes but rarely washed.
Tables, shelves, objects are very dusty; cobwebs in corners.
Stale, stuffy odors. Garbage not kept in proper receptacle.
Home is not picked up; things are all over (but no "piles" of trash)
Dirty dishes lay around home; washed at night or next day.
Groceries lie all around (but perishable foods generally refrigerated).
Some creeping vermin, but few in number, appearing mainly at night (no rats).
Walls, windows, doors, bathroom fixtures are spotted, stained, streaked with dirt.

3 Moderately inadequate (Explain below)

Carpet and tile have dirt buildup; carpet smells.
Dust and dirt are layered all over and accumulated in corners.
Home smells of mildew, rot, spoilage; bathroom has strong smells of urine/feces (but little visible).
Trash is around, and some corners or rooms are used to pile up junk or trash, which is rarely moved; garbage not kept in any receptacle.
Dishes only washed when no clean ones are left.
Perishable food found unrefrigerated and sometimes spoiled.
Creeping vermin frequent during daylight; home may have mice (no rats).
Walls, doors, bathroom fixtures are discolored from and smeared with dirt and grease.
Linens used after becoming dirty.

4 Seriously inadequate (Explain below)

Carpet, tile, walls, doors, bathroom fixtures are layered with encrusted dirt, debris, food wastes; human or animal waste prominent.
Thick dust and grease coat everything.
Home smells overwhelmingly of urine/feces/spoilage throughout.
Trash and junk piled up and layered on floor so that it is difficult to get around.
Dishes are not washed; family eats off dirty dishes, or doesn't use them.
Perishable foods found spoiled; spoiled foods not promptly discarded.
Heavy rodent infestation; creeping vermin have "taken over."
Family sleeps on dirty mattresses, or on linens black with dirt and soil.

5 Severely inadequate (Explain below)

At least one child has become ill (e.g., intestinal disorder, hepatitis, food poisoning) as a direct result of unsanitary household condition(s).

U Unknown -- insufficient information (Explain why below).

X Not classifiable -- categories above don't fit (Explain why below).

2 Not applicable (Explain why below).

Explanation:
SECTION 4: PERSONAL HYGIENE

1 Adequate

Children wash or bathe daily.
Hair is combed and clean.
Clothes are changed regularly, even if not outwardly dirty.
Clean underwear is worn daily.
Soiled diapers promptly changed.

2 Mildly inadequate (Explain below)

Children wash or bathe when they are outwardly dirty rather than on a regular basis.
Hair may be uncombed but tends to be clean.
Clothes are changed only when soiled.
Soiled diapers changed fairly regularly.

3 Moderately inadequate (Explain below)

Children do not regularly wash or bathe even when they are dirty.
Hair is visibly dirty.
Children may emit body or mouth odor.
Clothes are noticeably soiled and may wear the same soiled clothes for days.
Soiled diapers may not be changed for several hours.

4 Seriously inadequate (Explain below)

Children have not bathed for at least several weeks.
Children emit strong body odor and/or mouth odor.
Teeth encrusted with green or brown matter.
Clothes are soiled and stained and probably beyond cleaning.
Complaints about children's hygiene have been made by others (school, etc.). Peers will not play with children.
But children are not suffering from any illnesses due to poor personal hygiene.

5 Severely inadequate (Explain below)

Children suffer from conditions or illnesses due to poor personal hygiene (e.g., lice, worms, gastric disorders, skin rashes, decaying teeth, etc.)

U Unknown--insufficient information (Explain why below)

X Not classifiable--categories above don't fit (Explain why below)

Z Not applicable (Explain why below)

Explanation:
SECTION 2: NUTRITION/DIET

1 Adequate
Children provided with regular and ample meals that usually meet basic nutritional requirements.

2 Marginally adequate (Explain below)
Prepared meals often nutritionally unbalanced and occasionally skipped.
Children get food themselves at home or supplement diet outside home.

3 Mildly inadequate (Explain below)
Meals irregular and often not prepared at all, but usually one meal a day is provided.
Children often take food on their own, but sometimes only nutritionally inadequate food in insufficient amounts is available.

4 Moderately inadequate (Explain below)
Periods where meals have not been provided at all for several days.
Almost no food in home and/or children unable to feed themselves.
May eat non-food items or spoiled food.
Children may be quite hungry, but there is no actual illness.

5 Seriously inadequate (Explain below)
Children suffer from some clinical symptoms of malnutrition, dehydration, or food poisoning.
Medical attention and/or rehabilitative diet required.
Hospitalization not ordinarily required for medical reasons (although children may be temporarily hospitalized for their protection).

6 Severely inadequate (Explain below)
Children so severely malnourished or dehydrated (severe weight loss, anemia, etc.), or food poisoned (fever, vomiting, etc.), that hospitalization is required for this reason.

U Unknown--insufficient information (Explain why below).

X Not classifiable--categories above don't fit (Explain why below).

2 Not applicable (Explain why below).

Explanation:
APPENDIX 3

RATING SCHEDULE FOR ABUSE AND NEGLECT SAMPLES
SECTION 1: PHYSICAL HEALTH CARE

1 Adequate

There are no children with untreated injuries, illness, or disabilities that could benefit from medical treatment.
All children receive normal preventive health care for age.

2 Mildly inadequate (Explain below)

There are no children with untreated medical conditions that could benefit from medical treatment.
But preventive medical or dental care (immunizations, dental check-ups) should be improved.

3 Moderately inadequate (Explain below)

At least one child is not receiving medical care for an injury, illness, or disability that usually should receive such treatment.
Such medical care would reduce risk of complications, relieve pain, speed healing, or reduce risk of contagion for others.
But child's condition would probably eventually correct itself even in absence of medical treatment.
Include situations where child has symptoms that should be diagnosed, but where this has not been done.

4 Severely inadequate (Explain below)

At least one child is not receiving medical treatment for an injury or illness that, if left untreated, is life-threatening, could result in permanent impairment, or is a serious threat to public health.
Include serious untreated physical or developmental disabilities that could benefit from medical attention, although perhaps not curable.
Include diagnostic assessments for such serious conditions that have not been conducted.

U Unknown--insufficient information (Explain why below)

X Not classifiable--categories above don't fit (Explain why below)

Z Not applicable (Explain why below)

Explanation:
SECTION 2: NUTRITION/DIET

1 Adequate

Children provided with regular and ample meals that usually meet basic nutritional requirements.

2 Marginally adequate (Explain below)

Prepared meals often nutritionally unbalanced and occasionally skipped.
Children get food themselves at home or supplement diet outside home.

3 Mildly inadequate (Explain below)

Meals irregular and often not prepared at all, but usually one meal a day is provided.
Children often take food on their own, but sometimes only nutritionally inadequate food in insufficient amounts is available.

4 Moderately inadequate (Explain below)

Periods where meals have not been provided at all for several days.
Almost no food in home and/or children unable to feed themselves.
May eat non-food items or spoiled food.
Children may be quite hungry, but there is no actual illness.

5 Seriously inadequate (Explain below)

Children suffer from some clinical symptoms of malnutrition, dehydration, or food poisoning.
Medical attention and/or rehabilitative diet required.
Hospitalization not ordinarily required for medical reasons (although children may be temporarily hospitalized for their protection).

6 Severely inadequate (Explain below)

Children so severely malnourished or dehydrated (severe weight loss, anemia, etc.), or food poisoned (fever, vomiting, etc.), that hospitalization is required for this reason.

U Unknown--insufficient information (Explain why below).

X Not classifiable--categories above don't fit (Explain why below).

Z Not applicable (Explain why below).

Explanation:
SECTION 4: PERSONAL HYGIENE

1 Adequate
Children wash or bathe daily.
Hair is combed and clean.
Clothes are changed regularly, even if not outwardly dirty.
Clean underwear is worn daily.
Soiled diapers promptly changed.

2 Mildly inadequate (Explain below)
Children wash or bathe when they are outwardly dirty rather than on a regular basis.
Hair may be uncombed but tends to be clean.
Clothes are changed only when soiled.
Soiled diapers changed fairly regularly.

3 Moderately inadequate (Explain below)
Children do not regularly wash or bathe even when they are dirty.
Hair is visibly dirty.
Children may emit body or mouth odor.
Clothes are noticeably soiled and may wear the same soiled clothes for days.
Soiled diapers may not be changed for several hours.

4 Seriously inadequate (Explain below)
Children have not bathed for at least several weeks.
Children emit strong body odor and/or mouth odor.
Teeth encrusted with green or brown matter.
Clothes are soiled and stained and probably beyond cleaning.
Complaints about children's hygiene have been made by others (school, etc.). Peers will not play with children.
But children are not suffering from any illnesses due to poor personal hygiene.

5 Severely inadequate (Explain below)
Children suffer from conditions or illnesses due to poor personal hygiene (e.g., lice, worms, gastric disorders, skin rashes, decaying teeth, etc.)

U Unknown—insufficient information (Explain why below)

X Not classifiable—categories above don't fit (Explain why below)

I Not applicable (Explain why below)
1 Adequate

Generally clean and orderly.
Carpet and tile swept often and washed as needed (but some lint, threads, paper scraps may be seen).
Regular dusting (no more than thin layer of dust on tables).
Pleasant to neutral odors.
Home is orderly (but articles for daily living may be around: newspapers, books, coats not hung up).
Dishes washed or at least put in sink after each meal.
Groceries properly stored.
Linens clean; no vermin.

2 Mildly inadequate (Explain below)

Untidy, dusty, minor dirt buildup.
Carpet and tile have many particles of debris and are spotted; swept sometimes but rarely washed.
Tables, shelves, objects are very dusty; cobwebs in corners.
Stale, stuffy odors. Garbage not kept in proper receptacle.
Home is not picked up; things are all over (but no "piles" of trash)
Dirty dishes lay around home; washed at night or next day.
Groceries lie all around (but perishable foods generally refrigerated).
Some creeping vermin, but few in number, appearing mainly at night (no rats).
Walls, windows, doors, bathroom fixtures are spotted, stained, streaked with dirt.

3 Moderately inadequate (Explain below)

Carpet and tile have dirt buildup; carpet smells.
Dust and dirt are layered all over and accumulated in corners.
Home smells of mildew, rot, spoilage; bathroom has strong smells of urine/feces (but little visible).
Trash is around, and some corners or rooms are used to pile up junk or trash, which is rarely moved; garbage not kept in any receptacle.
Dishes only washed when no clean ones are left.
Perishable food found unrefrigerated and sometimes spoiled.
Creeping vermin frequent during daylight; home may have mice (no rats).
Walls, doors, bathroom fixtures are discolored from and smeared with dirt and grease.
Linens used after becoming dirty.

4 Seriously inadequate (Explain below)

Carpet, tile, walls, doors, bathroom fixtures are layered with encrusted dirt, debris, food wastes; human or animal waste prominent.
Thick dust and grease coat everything.
Home smells overwhelmingly of urine/feces/spoilage throughout.
Trash and junk piled up and layered on floor so that it is difficult to get around.
Dishes are not washed; family eats off dirty dishes, or doesn't use them.
Perishable foods found spoiled; spoiled foods not promptly discarded.
Heavy rodent infestation; creeping vermin have "taken over."
Family sleeps on dirty mattresses, or on linens black with dirt and soil.

5 Severely inadequate (Explain below)

At least one child has become ill (e.g., intestinal disorder, hepatitis, food poisoning) as a direct result of unsanitary household condition(s).

U Unknown -- insufficient information (Explain why below).

X Not classifiable -- categories above don't fit (Explain why below).

Z Not applicable (Explain why below).
SECTION 10: PHYSICAL SAFETY IN HOME

1 Safe
There are no obviously hazardous conditions in the home (See examples below).

2 Somewhat unsafe (Explain below)
There are one or two hazardous conditions in the home (but child has not sustained injury as a result).

3 Moderately unsafe (Explain below)
There are many hazardous conditions in the home (but child has not sustained injury as a result).

4 Seriously unsafe (Explain below)
There are one or two hazardous conditions in the home. Child has sustained a physical injury requiring medical treatment as a result.

5 Severely unsafe (Explain below)
There are many obviously hazardous conditions in the home. Child has sustained a physical injury requiring medical treatment as a result.

U Unknown--insufficient information (Explain why below).

X Not classifiable--categories above don't fit (Explain why below).

Z Not applicable (Explain why below).

Examples of hazardous conditions:
Leaking gas from stove or heating unit.
Peeling lead base paint.
Recent fire in living quarters or building.
Hot water/steam leaks from radiators.
Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink or in the open.
No guards on open windows.
Broken or missing windows.

Explanation:
SECTION 1: MENTAL HEALTH CARE

1 Adequate

All children who could benefit from professional treatment for a mental, emotional, or psychological problem are receiving such service(s).

Includes children with behavior problems (e.g., delinquency) who are known to service providers, but for whom mental health services are not now planned.

2 Mildly inadequate (Explain below)

At least one child who could benefit from mental health treatment is not receiving such service.

Child has emotional condition that causes him/her considerable personal stress and discomfort and may require others to make adjustments in their relationships with the child, i.e., give him special help.

The child remains able to maintain his normal levels of role performance for the time being, though with increased difficulty. But role performance probably will deteriorate in the absence of treatment.

Includes situations where the child has early symptoms of emotional disturbance ordinarily requiring professional evaluation.

3 Moderately inadequate (Explain below)

At least one child who could benefit from mental health treatment is not receiving such service.

Child has an emotional condition that impairs his performance in major roles (e.g., as family member, as student, as friend, or as citizen).

Child is unable to maintain normal relations with others. May disrupt others' activities to the point where moderate sanctions are used against the child, e.g., others limit their interactions with him/her, or are forced to respond in a punishing way.

But child does not endanger the safety of others nor of himself, and total exclusion from one or more major roles is not imminent.

4 Severely inadequate (Explain below)

At least one child who could benefit from mental health treatment is not receiving such service.

Child has an emotional condition that threatens to exclude him/her entirely from one or more major roles (e.g., as family member, as student, as friend, or as citizen).

Child is completely unable to function in one or more major roles, and/or makes it impossible for persons involved with him to function in theirs. Severe sanctions against child may have been used (or threatened).

Child may present a danger to the safety of others and/or of himself.

U Unknown--insufficient information (Explain why below).

X Not classifiable--categories above don't fit (Explain why below).

Z Not applicable (Explain why below).

Explanation:
SECTION 13: ARRANGEMENTS FOR SUBSTITUTE CHILD CARE

1 Adequate

Parent makes safe and appropriate substitute child care arrangements when needed (including babysitting and overnight arrangements).

OR, Children are old enough so that they do not normally require arrangements for substitute child care.

2 Mildly Inadequate (Explain below)

Children are usually left in the care of a responsible babysitter or adult when parent needs substitute child care, but there is a problem with this.

Examples: Parent returns much later than substitute caretaker expected; substitute caretaker unwilling to provide child care services under present conditions (e.g., without financial compensation).

Young children are never left alone, but older children able to fend for themselves sometimes do not know where parent is or when he/she will return.

Parent has not deserted children.

3 Moderately inadequate (Explain below)

Children are left alone and are not able to handle basic self-care needs (e.g., eating, toilet, avoiding accidents), or can handle them only with great difficulty.

OR, Children are left with person incompetent to care for them (e.g., another young child, intoxicated adult, adult invalid).

But parent does return before children's needs become acute.

OR, Children are old enough and capable enough to obtain help in an emergency (e.g., by contacting neighbors).

4 Seriously inadequate (Explain below)

Same as "3" above, except that parent does not return before children's needs have become acute.

OR, Children were not instructed, and would not have been able, to obtain help in an emergency.

Example: infant left alone.

But parent has not deserted child(ren).

5 Severely inadequate (Explain below)

Child(ren) injured, requiring medical treatment, or seriously victimized, as a result of inadequate arrangements for substitute child care.

OR, Parent has abandoned or deserted child(ren).

Whereabouts of parent may be unknown for extended period of time.

OR, Parent may have left child(ren) in an uncertain situation and is unwilling to plan for safe, permanent child care arrangements.
### SECTION 27: PHYSICAL DISCIPLINE

If abuse indicated (codes 3, 4, 5, or 6) for any child, also complete Section 34, Frequency of Abuse, and Section 35, Person(s) Responsible for Abuse.

1. **No physical discipline used with child.**
   - Child never physically punished. Only non-physical, non-assaultive methods of discipline used (e.g., revoking privileges, verbal disapproval).
   - Caretaker does not allow others to physically punish child.

2. **Physical discipline used, but not excessive or inappropriate (not abusive).**
   - Only culturally acceptable mode(s) of physical punishment used, typically spanking on rear.
   - Punishment is not excessive and does not ordinarily leave physical marks or cause great pain.
   - Purpose of punishment is primarily to symbolize disapproval, not to hurt or inflict great pain on child.

3. **Excessive or inappropriate discipline used, but no resulting injury.**
   - See definitions and examples of excessive or inappropriate force at end.
   - Child experiences considerable temporary pain, but is not physically injured, though potential for some injury was there. (If actual injury did result, choose one of next codes.)

4. **Excessive or inappropriate physical force used, resulting in superficial injury.**
   - See definitions and examples of excessive or inappropriate force below.
   - Typical superficial injuries are bruises, welts, cuts, abrasions, or first-degree (mild) burns. Injuries are localized in one or two areas and involve no more than broken skin.
   - Superficial injuries do not ordinarily require medical treatment; proper home remedies would suffice. (However, medical treatment may be received.)

5. **Excessive or inappropriate physical force used, resulting in moderately serious injury.**
   - See definitions and examples of excessive or inappropriate force below.
   - Moderate injuries should usually receive medical attention to reduce risk of complications, substantially speed healing, or reduce pain. But such injuries are not life-threatening and not likely to cause crippling, even in the absence of medical treatment.
   - Examples are sprains, mild concussions, broken teeth, bruises all over body, cuts needing suture, 2nd degree (moderately severe) burns, minor (small bone) fractures, etc.
   - Moderate injuries do not ordinarily require hospitalization for medical reasons. (However, child may be hospitalized for protection against repeat harm.)

6. **Excessive or inappropriate physical force used, resulting in severe injury.**
   - See definitions and examples of excessive or inappropriate force at end.
   - Severe injuries always require prompt medical attention, often on an emergency basis (e.g., long bone fractures; internal injuries; 3rd degree (most severe) burns; brain or spinal cord injury; eye injury; deep wounds or punctures that could result in systemic infection).
   - Injury may be life-threatening; or could result in physical or mental crippling; or could cause serious disfigurement; or could cause deep, chronic pain.
   - Hospitalization is usually required for medical reasons.

**Definitions of excessive or inappropriate force:**

(a) Caretaker (or other) uses culturally acceptable mode(s) of physical punishment, but overdoes it, prolongs it induly, or uses excessive force.

(b) Culturally unacceptable or inappropriate mode(s) of physical punishment used.

**Examples:**
- Continuous or lengthy beating, slapping or whipping; hitting with fist; kicking, biting, twisting, shaking, dropping, bludgeoning, burning, scalding, poisoning, suffocating, using weapon, etc.

**Explanation:**
CHILD CARE ADEQUACY AND FAMILY PLANNING STUDY
CODING SCHEDULE FOR ABUSE AND NEGLECT SAMPLES

Respondent ID#: __ __ __

Respondent name: ____________________________

1st rater name: ______________________________

Quality control reviewed by: ____________________

SECTION 1 - PHYSICAL ABUSE

Fill out section la for every case you rate regardless of whether physical abuse occurred. Fill out sections lb, lc, and ld for only those cases where abused occurred at severity level 4 or greater.

la. Was at least one of the respondent's natural children physically abused? 1=yes 2=no

lb. List in chronological order, starting with the oldest child, the name and birthdate [birth month and year only] of each child who was substantiated by the caseworker as being abused.

Child 1_________________________________________ __ __ __

 Child 2_________________________________________ __ __ __

-65-
lc. Specify for each child the severest degree of abuse experienced by the child 1/84 or earlier.

Child 1____________________________________________________  
23

Child 2____________________________________________________  
25

Child 3____________________________________________________  
27

Child 4____________________________________________________  
29

ld. Specify for each child the perpetrator's identity:

Child 1____________________________________________________  
31 34 37

Child 2____________________________________________________  
40 43 46

Child 3____________________________________________________  
49 52 55

Child 4____________________________________________________  
58 61 64

01=mother 05=stepfather 09=sibling
02=stepmother 06=foster father 10=babysitter
03=foster mother 07=mother's boyfriend 11=other
04=father 08=adult relative 12=unknown
SECTION 2 - NEGLECT

Fill out section 2a for every case you rate regardless of whether neglect occurred. Fill out sections 2b for only those cases where neglect occurred in at least one of the 8 neglect areas.

2a. Did neglect occur at the required severity level in at least one of the 8 neglect areas? yes=1 no=2

2b. Record how severely the mother personally neglected one or more children in each of the 8 different neglect areas.

   Physical health care-----------------------------

   Mental health care-------------------------------

   household sanitation--------------------------

   safety in the home-----------------------------

   supervision-------------------------------------

   substitute child care arrangements-------------

-67-
0=record mentions a problem but given what is written in the record the problem is not severe enough to meet any of the study definitions of neglect.
1=no discussion in case record about this area of neglect.
2=record mentions that mother does not have a problem in this area.
3 and 4 or 3, 4 and 5=severity ratings for different types of neglect.
SECTION 3 - SEXUAL VICTIMIZATION

Fill out section 3a for every case you rate regardless of whether sexual victimization occurred. Fill out sections 3b, 3c, and 3d for only those cases where sexual abuse occurred at the appropriate severity level to at least one child in the family.

3a. Was at least one of the respondent's natural children sexually abused? 1=yes 2=no

3b. List in chronological order, starting with the oldest child, the name and birthdate [birth month and year only] of each child who was substantiated by the caseworker as being abused.

Child 1 ________________________________   _____________________________
              87  89

Child 2 ________________________________   _____________________________
              92  94

Child 3 ________________________________   _____________________________
              97  99

Child 4 ________________________________   _____________________________
              102

-69-
3c. Specify for each child the severest degree of sexual abuse experienced by the child 1/84 or earlier.

Child 1--------------------------------------------------__

Child 2--------------------------------------------------__

Child 3--------------------------------------------------__

Child 4--------------------------------------------------__

3d. Specify for each child the identity of the perpetrator(s) of the sexual abuse.

Child 1--------------------------------------------------__ __ __ __

Child 2--------------------------------------------------__ __ __ __

Child 3--------------------------------------------------__ __ __ __

Child 4--------------------------------------------------__ __ __ __

01=mother 05=stepfather 09=sibling (child relative)
02=stepmother 06=foster father 10=babysitter (day care employee)
03=foster mother 07=mother's boyfriend 11=friend/neighbor
04=father 08=adult relative 12=stranger
SECTION 4 - DIAGNOSED FAILURE-TO-THRIVE SYNDROME

Fill out section 4a for every case you rate regardless of whether any children were diagnosed by a physician as failing to thrive. Fill out sections 4b and 4c for only those cases where failure-to-thrive syndrome was diagnosed by a physician for at least one of respondent's natural children.

4a. Was at least one of the respondent's natural children diagnosed by a physician as a failure-to-thrive. yes=1 no=2 18

4b. List in chronological order, starting with the oldest child, the name and birthdate [birth month and year only] of each child who was diagnosed by a physician as a failure-to-thrive child.

Child 1__________________________________________ __ __ __ __ __
  20

Child 2__________________________________________ __ __ __ __ __
  25

Child 3__________________________________________ __ __ __ __ __
  30

Child 4__________________________________________ __ __ __ __ __
  35
4c. Specify for each child the severity of the failure to thrive. 1=not hospitalized 2=hospitalized

Child 1-------------------------------------------------- 37
Child 2-------------------------------------------------- 39
Child 3-------------------------------------------------- 41
Child 4-------------------------------------------------- 43
SECTION 5 - DEATH OF A CHILD(REN)

Fill out section 5a for every case you rate regardless of whether one of respondent's natural children died. Fill out sections 5b and 5c for only those cases where a child died.

5a. Did at least one of the respondent's natural children die prior to 18 years of age? 1=yes 2=no

5b. List in chronological order, starting with the oldest child, the name and birthdate [birth month and year only] of each child who died.

Child 1______________________________ __ /__ __

Child 2______________________________ __ /__ __

Child 3______________________________ __ /__ __

Child 4______________________________ __ /__ __
5c. Specify for each child the reason for death.

<table>
<thead>
<tr>
<th>Child 1</th>
<th></th>
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<tbody>
<tr>
<td>64</td>
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</table>

<table>
<thead>
<tr>
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<table>
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<table>
<thead>
<tr>
<th>Child 4</th>
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<tbody>
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</table>

<table>
<thead>
<tr>
<th>Reason</th>
</tr>
</thead>
<tbody>
<tr>
<td>01=physical abuse</td>
</tr>
<tr>
<td>02=physical health care neglect</td>
</tr>
<tr>
<td>03=mental health care neglect</td>
</tr>
<tr>
<td>04=physical safety in home</td>
</tr>
<tr>
<td>05=health hazards in home</td>
</tr>
<tr>
<td>06=supervision</td>
</tr>
<tr>
<td>07=substitute child care</td>
</tr>
<tr>
<td>08=nutrition/diet</td>
</tr>
<tr>
<td>09=failure-to-thrive</td>
</tr>
<tr>
<td>10=lead paint poisoning</td>
</tr>
<tr>
<td>11=other</td>
</tr>
</tbody>
</table>
SECTION 6 - LEAD POISONING

Fill out section 6a for every case you rate regardless of whether one of respondent's natural children had lead poisoning.

6a. Did at least one of the respondent's natural children have lead poisoning? 1=Yes 2=No

47

6b. How many children had lead poisoning?

49