



State of New Jersey

DEPARTMENT OF HUMAN SERVICES
TASK FORCE ON CHILD ABUSE AND NEGLECT
Post Office Box 700
Trenton NJ 08625

James E. McGreevey
Governor

James M. Davy
Acting Commissioner

Citizen Review Panel Survey

In 1996, the Federal Child Abuse Prevention and Treatment Act (CAPTA), was amended to direct states receiving the CAPTA Basic State Grant to establish not less than three citizen review panels. The purpose of the citizen review panels is to examine the policies and procedures of State and local child protective agencies. In July 1997, the New Jersey Comprehensive Child Abuse Prevention and Treatment Act (CCAPTA) was enacted to comply with the Federal mandate. As a result, the Commissioner of the New Jersey Department of Human Services designated three citizen review panels to examine and evaluate the child protective services delivery system within New Jersey.

The Department of Human Services Commissioner designated the New Jersey Task Force on Child Abuse and Neglect to sponsor a Citizen Review Panel. Our Panel meets on a monthly basis to investigate, evaluate, and discuss issues, policies, and procedures related to the State's child protective service agency known as the New Jersey Division of Youth and Family Services ("DYFS"). A report of the Panel's deliberations and findings are published each year in June.

On June 25, 2003, President Bush signed into law the Keeping Children and Families Safe Act of 2003 requiring Citizen Review Panels to provide for public outreach and comment in order to assess the impact of current procedures and practices by local and state protective services agencies upon the children and families whom the serve.

As you know, New Jersey's Child Welfare System is currently undergoing dramatic changes. One of these changes involves a much higher level of community involvement in the child protection process. In an effort to learn more about how the public perceives the system at this time, we seek your assistance in completing the brief enclosed survey which specifically relates to the impact DYFS has had on you and/or your community. The data collected from the survey will be incorporated into the Panel's final report to the State and may impact future policy and procedural changes contemplated by DYFS.

Thank you for taking the time to complete our survey. Please forward your completed survey to the New Jersey Task Force on Abuse and Neglect at the above address.

Sincerely,

Rachel Modiano, Psy.D.
Chairwoman, Citizen Review Panel of the New Jersey Task Force on Child Abuse and Neglect

Section 1: Demographic information

Ethnicity:

- White/Caucasian
- Bi-racial
- Hispanic
- Asian/Pacific Islander
- African American/Black
- Other

Household Income:

- \$0-\$15,000
- \$16,000-\$30,000
- \$31,000-\$45,000
- \$46,000-\$60,000
- \$61,000-\$75,000
- \$75,000-\$90,000
- Above \$90,000

Marital Status:

- Single
- Married
- Divorced/Widowed/Separated
- Other

Number of Children: _____

Gender:

- Male
- Female

City/Town: _____

Primary Language:

- English
- Spanish
- Haitian/Creole
- Russian
- Other

Age: _____

Section 2: Respondent information/descriptive (Choose one.)

- A. Parent
- B. Foster Parent
- C. Adoptive Parent
- D. Client/Service Recipient
- E. Social Worker
- F. Service Provider
- G. DYFS Worker or under DYFS contract
- H. Concerned Citizen
- I. Unfamiliar
- J. Other (Describe) _____

Section 3a: Qualitative Reactions

Please Rate the Following:

1. DYFS has made child protection a priority.

Strongly Agree *Agree* *Disagree* *Strongly Disagree* *N/A*

2. DYFS shows sensitivity for racial, cultural and ethnic differences.

Strongly Agree *Agree* *Disagree* *Strongly Disagree* *N/A*

3. I have been made aware of child protection services in my community.

Strongly Agree *Agree* *Disagree* *Strongly Disagree* *N/A*

4. If you have been involved with DYFS: DYFS has engaged you in developing a case plan for your family.

Strongly Agree *Agree* *Disagree* *Strongly Disagree* *N/A*

5. DYFS offers services geared towards preventing the removal of children.

- | | | | | | |
|----|---|-----------------|--------------------|--------------------------|----------------------------|
| | <i>Strongly Agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly Disagree</i> | <i>N/A</i> |
| 6. | DYFS is an agency that seeks to help rather than punish families. | | | | |
| | <i>Strongly Agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly Disagree</i> | <i>N/A</i> |
| 7. | DYFS explores placement of children with relatives rather than foster care placement. | | | | |
| | <i>Strongly Agree</i> | <i>Agree</i> | <i>Disagree</i> | <i>Strongly Disagree</i> | <i>N/A</i> |
| 8. | If you have been involved with DYFS: please rate your overall experience. | | | | |
| | <i>(1) Excellent</i> | <i>(2) Good</i> | <i>(3) Average</i> | <i>(4) Below Average</i> | <i>(5) Poor</i> <i>N/A</i> |

Section 3b: Qualitative Responses

1. If you were aware of or suspected abuse of a child, how likely is it that you would report your concerns to DYFS?

Highly Likely

Somewhat Likely

Unlikely

*If you responded “**Unlikely**,” what factor influenced your decision? (Choose one.)

- Concerns about confidentiality of the report
- Past negative experiences with DYFS
- I don't know where to call
- Lack of confidence in DYFS's ability to make a meaningful difference
- It is not my responsibility
- I don't believe in interfering in other people's lives
- Other (Describe) _____

2. How likely is it that you would call DYFS if you needed help with your own children?

Highly Likely

Somewhat Likely

Unlikely

*If you responded, “**Unlikely**,” what factor influenced your decision? (Choose one.)

- Concerns about confidentiality of the report
- Past negative experiences with DYFS
- Lack of confidence in DYFS's ability to make a meaningful difference
- I don't believe in having the government interfere in my family's affairs
- Other (Describe) _____

*If you responded, “**Unlikely**,” whom would you call for help? (Choose one.)

- Family member
- Friend
- Clergy/Religious institution
- Police/Law enforcement
- A hotline
- A medical professional
- A mental health professional
- No one
- Other (Describe) _____

*If you responded, “**Highly Likely**” or “**Somewhat Likely**” what factor influenced your decision?

Please Describe:

Section 4

Please tell us in your own words what you feel can be done to improve DYFS and other child protection services in New Jersey. What changes would you like to see?

Thank you for taking the time to complete this survey.

Please return this to _____