Attachment F

Drug Endangered Children Protocol Feedback Form: Social Worker

DO NOT include any personally identifying information on this feedback form. Your feedback will help us improve the protocol and process. Thank you.

1. Date protocol was initiated: ______________________________

2. County where protocol was initiated: _______________________

3. Age and gender of child(ren) involved:
________________________________________________________________

4. Who assumed responsibility for the children at the scene?
   ___ Law enforcement officer  _____ Protection and Safety Worker
   ___ Other (describe):________________________________________

5. To what degree was this protocol helpful to you in dealing with the child(ren)?
   Very Helpful 1……….2……….3……….4……….5 Not Helpful at all
   Comments:

6. How well were you able to complete the health history form at the scene?
   Very Completely 1……….2……….3……….4……….5 Very Incompletely
   Comments:

7. Was child taken into protective custody at the scene? Yes _____ No______

8. How quickly was the child seen by the health care provider after being placed in protective custody?
   Within 1 hour ____ 1-2 hours ____ 2-4 hours _____ 4-6 hours _____
   Greater than 6 hours ____ Not At All: _____
   Comments:

9. How can this protocol be improved?

Name: _____________________________   Role: ______________________
Date: ______________________________

Please return to: ________________________________________

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Family Support and Child Welfare