

# 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:** \_\_\_\_\_