COMPLETING THE AGENCY RESPONSE, FORM PPS 2030A
(Family Based Assessment Only)

It is the policy of the department that the DCF response to alleged child abuse or neglect reports shall be recorded on form PPS 2030A Agency Response. Complete this form only for child abuse/neglect cases.

- **CASE NAME:** Use the same case name as on page 1, Section II, #1 of form PPS 1000.
- **CASE NUMBER:** Use the same case number as on page 1 of form PPS 1001.
- **EVENT NUMBER:** Use the same event number as on page 1 of form PPS 1001.
- **CPS SPECIALIST:** Enter the name of the assigned worker from form PPS 1002, page 2, Section III.
- **DATE OF ASSIGNMENT:** Enter the date of case acceptance from form PPS 1002, page 1.

Section I: DETERMINATION OF CHILD SAFETY

Document the attempts to contact and results for each alleged victim for determination of the child's safety.

A: list each alleged victim to be contacted
B: document date and time of each attempted or completed contact
C: document location of the attempted or completed contact
D: document who attempted (CPS Specialist, Law Enforcement, etc.) or completed contact
E: document result of attempt or contact**
F: document date/time safety was determined
G: document if child was/was not determined safe

**When contact is attempted but not successful, the following allowable reason(s) must be documented:

1. Cannot locate child(ren) despite reasonable efforts on two attempts.
2. Family left the state.
3. DCF has been directed not to proceed by a county or district attorney/law enforcement.
4. Family refuses to cooperate.
5. Appointments scheduled but person(s) failed to keep the appointment.
6. Act of God (weather, road conditions).
7. Parent refused access to the child.
8. Child(ren) out of state i.e., visiting relatives.
9. Other...please specify.

NOTE: If one or more children are determined not to be safe from imminent danger, protective action MUST be taken.

Section II: PERSONS INVOLVED IN INVESTIGATION

Check all that apply. If other is checked, specify by agency (i.e. Health Department)

Section III: CONTACTED/INTERVIEWED

Document the verified incident date per PPM 2100. If an estimated date is entered, check the "Estimated Date" box. List by name all persons contacted/interviewed who are alleged victims, caregivers, alleged perpetrators, siblings residing in the same home, facility or placement with the alleged victim, and relevant persons. Indicate the date of contact/interview, whether interview occurred, how the interview was conducted and the results of the interview. If any person listed was not contacted and/or interviewed, document the reason why. Document the living arrangement of the alleged victim at the time of the alleged incident by selecting one of the following options:

1. Living with Father and Other Adult (FAA)
2. Living in Foster Home (FFH)
3. Living with Father Only (LWF)
4. Living with Mother Only (LWM)
5. Living with Both Parents (LWP)
6. Living with Mother and Other Adult (MAA)
7. Other Setting (OTH)
8. Living with Relative (REL)
9. Unknown (UNK)