



North Carolina Department of Health and Human Services Division of Social Services

325 North Salisbury Street • Raleigh, North Carolina 27603
Courier # 56-20-25

Michael F. Easley, Governor
Carmen Hooker Odom, Secretary

Sherry S. Bradsher, Director
(919) 733-3055

April 7, 2006

DEAR COUNTY DIRECTORS OF SOCIAL SERVICES

ATTENTION: Childrens' Services Administrators , Managers and Supervisors

SUBJECT: Community Child Protection Teams

The Division of Social Services, Family Support and Child Welfare Section, requests your feedback as we assess the impact of our Community Child Protection Teams (CCPT). As Directors, you are in a unique position to support the CCPTs, by sharing with us your insights and perspectives. The information you share will assist us as we make decisions toward enhancing the effectiveness of the local team.

We are requesting that each Director (or assigned Program Administrator) complete the attached survey. Please return a completed survey by April 21, 2006, via email to charisse.johnson@ncmail.net. A second survey will be distributed to randomly selected members of the locals CCPTs, so that we can gain additional insight from Community Child Protection Team Members.

If you have any question regarding the survey, please contact Charisse Johnson, Team Leader for Community Based Programs at 919-733-2279. Thank you for taking the time to complete this survey. We appreciate the work you do and your support.

Sincerely,

A handwritten signature in black ink, appearing to read 'Jo Ann Lamm'.

Jo Ann Lamm, Section Chief
Family Support and Child Welfare Services

Attachment

cc: Sherry Bradsher
Children s Program Representatives
Family Support and Child Welfare Services Team Leaders
Local Business Liaisons
Work First Representatives

FSCWS-23-06

**DIVISION OF SOCIAL SERVICES
FAMILY SUPPORT AND CHILD WELFARE SECTION**

DSS Director's Survey

A Survey Regarding Community Child Protection Teams

Section I. Answer the question by marking the box that most closely matches your experience.

	Strongly Agree	Agree	Neutral	Disagree	Strongly Disagree
1. The CCPT adds great value to our agency and community.					
2. I would like to see our CCPT merge with another team/committee.					
3. Our CCPT reviews cases regularly					
4. CCPT meetings are well attended.					
5. Active participation occurs at our CCPT meetings.					
6. Our CCPT drives change.					
7. Our CCPT is responsible for developing strategies to address child welfare issues in my county.					
8. Team members are aware that they may serve as CCPT Chairperson.					

Section II. Please answer the following:

1. Who is your CCPT Chairperson? What is their role in the community?
2. What changes would be beneficial to the effectiveness of your CCPT?
3. What are the benefits of your CCPT?
4. If you could design your ideal CCPT, what would it look like?
5. How are cases selected for review by the CCPT?
6. Have you served on your CCPT; if so, how long?
7. What changes in the child protection system in your county have occurred because of the CCPT?
8. What is the average number of members in attendance at each meeting?
9. What value or challenges do you see regarding merging with another team?
If merging is an option, what team would you choose?

Section III. Please fill in the space provided or mark the appropriate answer.

1. Our CCPT reviews cases
 - Weekly
 - Monthly
 - Quarterly
 - Other _____
2. How many cases are reviewed **annually** by your CCPT? _____
3. Are there resources that your CCPT would need to be more effective? Yes ___ No ___
If yes, what resources are needed? _____