

CIS – 2008/ Québec Incidence Study Instrument (as partially filled in by PIJ)

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Canadian Incidence Study/Quebec Incidence Study "Signalement"

Funded by Public Health Agency of Canada and the Quebec Ministry of Health and Social Services and with the support of the Quebec youth centres.

1. Date "signalement" received at RTS or RTT (YYYY-MM-DD) 2. Date "signalement" retained (YYYY-MM-DD)

3. Source of "signalement"

a) Declarant category b) Declarant sub-category

4. Please describe the allegations reported in the "signalement" and the results of the evaluation/orientation (including alleged maltreatment/behavioural problem or risk of maltreatment/behavioural problem, if applicable)

5. Most recent decision concerning this file

6. File number

7. Code identifying the evaluating worker

8. Postal code of evaluated child (first 3 characters)

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CIS Relations

at time of "signalement"

9. Adults who are significant to the evaluated child
Validate and complete

	a) Age	b) Relationship with the evaluated child	c) Cohabiting with the evaluated child		d) Amongst the cohabiting adults, choose up to two caregivers
			no	yes	
1st adult	26	mère	<input type="checkbox"/>	<input type="checkbox"/>	
2nd adult			<input type="checkbox"/>	<input type="checkbox"/>	
3rd adult			<input type="checkbox"/>	<input type="checkbox"/>	
4th adult			<input type="checkbox"/>	<input type="checkbox"/>	
5th adult			<input type="checkbox"/>	<input type="checkbox"/>	

10. Children (19 years or less) associated with the evaluated child
Validate and complete

	a) Child's first name	b) Age of child	c) Sex of child	d) Relationship with evaluated child	e) Cohabiting with the evaluated child		f) If signaled, RTS decision	g) Primary article
					no	yes		
Evaluated child		0	M		<input type="checkbox"/>	<input type="checkbox"/>	retenu	38 b) 1 Négligence
1st associated child		5	F	soeur	<input type="checkbox"/>	<input type="checkbox"/>	non signa	
2nd associated child					<input type="checkbox"/>	<input type="checkbox"/>		
3rd associated child					<input type="checkbox"/>	<input type="checkbox"/>		
4th associated child					<input type="checkbox"/>	<input type="checkbox"/>		
5th associated child					<input type="checkbox"/>	<input type="checkbox"/>		

Exit

Responses from drop-down menus

9. d) (If « yes » is checked in 9c) :

- Primary Caregiver
- Secondary Caregiver

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CIS Cohabiting Caregivers at time of "signalement"

<p>A. Primary caregiver <input style="width: 150px;" type="text"/></p> <p>A11. Primary income <input style="width: 150px;" type="text"/></p> <p>A12. Ethno-racial group <input style="width: 150px;" type="text"/></p> <p style="padding-left: 20px;">If other, please specify <input style="width: 100px;" type="text"/></p> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Aboriginal</p> <p>a) Aboriginal status <input style="width: 150px;" type="text"/></p> <p>b) Lives on a reserve <input style="width: 150px;" type="text"/></p> <p>c) Caregiver attended residential school <input style="width: 150px;" type="text"/></p> <p>d) Caregiver's parent attended residential school <input style="width: 150px;" type="text"/></p> </div> <p>A13. Primary language <input style="width: 150px;" type="text"/></p> <p>A14. Attitude towards worker during the evaluation/orientation <input style="width: 150px;" type="text"/></p>	<p>B. Secondary caregiver <input style="width: 150px;" type="text"/></p> <p>B11. Primary income <input style="width: 150px;" type="text"/></p> <p>B12. Ethno-racial group <input style="width: 150px;" type="text"/></p> <p style="padding-left: 20px;">If other, please specify <input style="width: 100px;" type="text"/></p> <div style="border: 1px solid gray; padding: 5px; margin-top: 10px;"> <p>Aboriginal</p> <p>a) Aboriginal status <input style="width: 150px;" type="text"/></p> <p>b) Lives on a reserve <input style="width: 150px;" type="text"/></p> <p>c) Caregiver attended residential school <input style="width: 150px;" type="text"/></p> <p>d) Caregiver's parent attended residential school <input style="width: 150px;" type="text"/></p> </div> <p>B13. Primary language <input style="width: 150px;" type="text"/></p> <p>B14. Attitude towards worker during the evaluation/orientation <input style="width: 150px;" type="text"/></p>
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Responses from drop-down menus

A11 and B11 Primary Income:

- Full time
- Part-time (<30 hrs/week)
- Multiple jobs
- Seasonal
- Employment insurance
- Social Assistance
- Other benefit
- Unknown
- None

A12 and B12 Ethno-racial group:

- White
- Black (e.g.African, Haitian, Jamaican)
- Latin-American
- Arab/West Asian (e.g.Armenian, Egyptian, Iranian, Lebanese, Moroccan)
- Aboriginal
- South Asian (e.g.East Indian, Pakistani, Punjabi, Sri Lankan)
- Chinese
- Southeast Asian other than Chinese (e.g.Filipino, Indonesian, Japanese, Korean, Laotian, Vietnamese)
- Other

Aboriginal

a) Aboriginal status:

- First Nations status
- First Nations non-status
- Métis
- Inuit
- Other
- Not applicable

b) Lives on a reserve

- Yes
- No
- Not applicable (not Aboriginal)

c) Caregiver attended residential school

- Yes
- No
- Unknown
- Not applicable (not Aboriginal)

d) Caregiver's parent attended residential school

- Yes
- No
- Unknown
- Not applicable (not Aboriginal)

A14 and B14 Attitude towards worker during evaluation/orientation

- Cooperative
- Not cooperative
- Not contacted

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CIS Cohabiting Caregivers at time of "signalement"

A. Primary caregiver

A15. Caregiver risk factors
Please fill in all that apply

	Confirmed	Suspected	No	Unknown
a) Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Physical health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Few social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Victim of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Perpetrator of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) History of foster care/group home/ rehabilitation centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Other <input style="width: 50px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

B. Secondary caregiver

B15. Caregiver risk factors
Please fill in all that apply

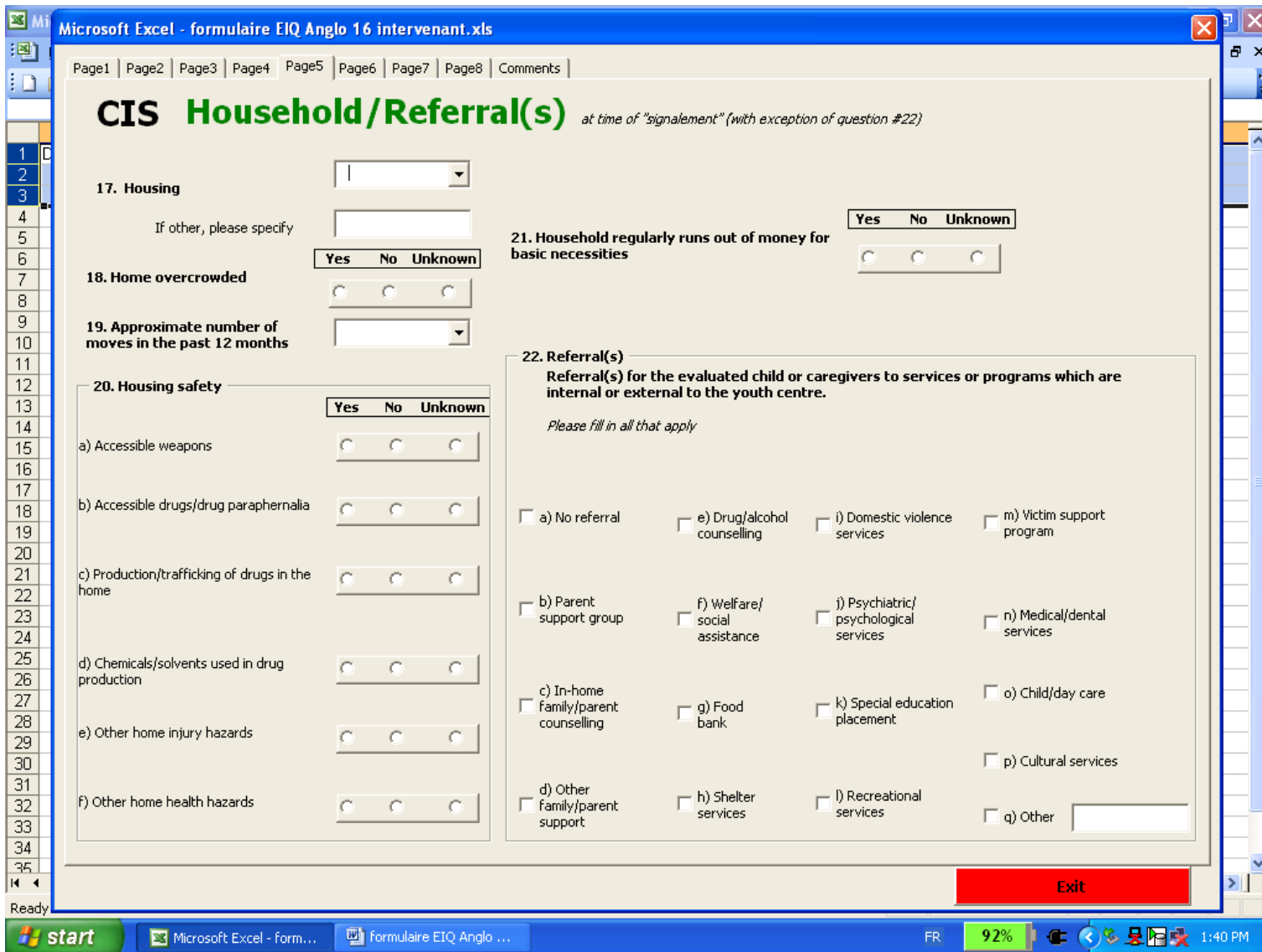
	Confirmed	Suspected	No	Unknown
a) Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Cognitive impairment	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) Mental health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Physical health issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Few social supports	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Victim of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Perpetrator of domestic violence	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) History of foster care/group home/ rehabilitation centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j) Other <input style="width: 50px;" type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

16. Custody dispute concerning the evaluated child Yes No Unknown

Exit

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Responses from drop-down menus

17. Housing:

- Own home
- Rental
- Public Housing
- Band Housing
- Unknown
- Shelter/Hotel
- Other

19. Approximate number of moves in the last 12 months:

- 0
- 1
- 2
- 3 or more
- Unknown

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CIS Evaluated Child

23. First name 24. Sex 25. Age

26. a) Aboriginal child b) Aboriginal status

27. Child functioning
Please fill in one circle for each item

	Confirmed	Suspected	No	Unknown		Confirmed	Suspected	No	Unknown
a) Depression/anxiety/withdrawal	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	j) Youth Criminal Justice Act involvement	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b) Suicidal thoughts	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	k) Intellectual disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c) Self-harming behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	l) Failure to meet developmental milestones	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d) ADD/ADHD	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	m) Academic difficulties	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e) Other psychiatric issues <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	n) FAE/FAS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f) Attachment issues	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	o) Positive toxicology at birth	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g) Aggression	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	p) Physical disability	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h) Running (multiple incidents)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	q) Alcohol abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i) Inappropriate sexual behaviour	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	r) Drug/solvent abuse	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
					s) Other <input type="text"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

28. Type of evaluation
 INCIDENT of maltreatment/ behavioural problem or RISK of maltreatment/ behavioural problem only

29. If risk evaluation only, is there a significant risk of future maltreatment/behavioural problem?

For RISK evaluations only, please go to question #39

Exit

Responses from drop-down menus

26 b) Aboriginal status:

- First Nations status
- First Nations non-status
- Métis
- Inuit
- Other
- Not applicable

29. If risk evaluation only, is there a significant risk of future maltreatment/behavioral problem?

- Yes
- No
- Unknown
- Not applicable (incident of maltreatment)

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CIS Results of Evaluation/Orientation Forms of maltreatment/behavioural problem (Question 30)

30. Insert form of maltreatment/ behavioural problem in boxes

Enter primary form of maltreatment/behavioural problem first

	1st	2nd	3rd
31. Alleged perpetrator			
1. Select from significant adults listed below			
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.a) Other (including when it is the evaluated child)			
<input type="radio"/> Oui <input type="radio"/> Non			
b) Relationship with evaluated child <input style="width: 100%;" type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Age <input style="width: 100%;" type="text"/>			
d) Sex <input style="width: 100%;" type="text"/>			
32. Level of substantiation	<input type="text"/>	<input type="text"/>	<input type="text"/>
a) If unfounded, was the "signalement" a malicious referral?	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) If unfounded, is there a significant risk of future maltreatment/behavioural problem ?	<input type="text"/>	<input type="text"/>	<input type="text"/>
33. Was maltreatment a form of punishment ?	<input type="text"/>	<input type="text"/>	<input type="text"/>
34. Duration	<input type="text"/>	<input type="text"/>	<input type="text"/>

*** [BEHAVIOURAL PROBLEMS] (PIJ terminology)

33- Comportement(s) autodestructeur(s)
34- Violence envers les autres
35- Fréquentations à risque
36- Consommation problématique de psychotropes
37- Fugue (une seule fois)
38- Fugues (plus d'une fois)

39- Problèmes relationnels avec les parents/autorité
40- Problèmes de comportement en milieu scolaire
41- Absentéisme scolaire
42- Atteinte aux biens matériels
43- Autres comportements dangereux
44- Comportement(s) sexuel(s) inadéquat(s)

*** [PHYSICAL ABUSE]

1- Shake, push, grab or throw
2- Hit with hand
3- Punch, kick or bite
4- Hit with object
5- Choking, poisoning, stabbing
6- Other physical abuse

*** [SEXUAL ABUSE]

7- Penetration
8- Attempted penetration
9- Oral sex
10- Fondling
11- Sex talk or images
12- Voyeurism
13- Exhibitionism
14- Exploitation
15- Other sexual abuse

*** [NEGLECT]

16- Failure to supervise: physical harm
17- Failure to supervise: sexual harm
18- Permitting criminal behaviour
19- Physical neglect
20- Medical neglect (includes dental)
21- Failure to provide psychological/psychiatric treatment
22- Abandonment
23- Educational neglect

*** [EMOTIONAL MALTREATMENT]

24- Terrorizing or threat of violence
25- Verbal abuse or belittling
26- Isolation/confinement
27- Inadequate nurturing or affection
28- Exploiting or corrupting behaviour

*** [EXPOSURE TO INTIMATE PARTNER VIOLENCE]

29- Direct witness to physical violence
30- Indirect exposure to physical violence
31- Exposure to emotional violence

32- Exposure to non-partner physical violence

Exit

Response from drop-down menu:

31.1 Alleged perpetrator, select from the significant adults listed below:

- Significant adults listed in q. 9

31.2c) Age:

- <13 yrs
- 13-15 yrs
- 16-20 yrs
- 21-30 yrs
- 31-40 yrs
- 41-50 yrs
- 51-60 yrs
- > 60 yrs
- Unknown

31.2 d) Sex:

- Male
- Female

32. Level of substantiation (3 columns):

- Substantiated
- Suspected
- Unsubstantiated

32. a) If unfounded, was the “signalement” a malicious referral?

- Yes
- No
- Unknown

32. b) If unfounded, was there a serious risk of future maltreatment/behavior problems?

- Yes
- No
- Unknown

33. Was maltreatment a form of punishment?

- Yes
- No
- Not applicable (behavioral problem)
- Unknown

34. Duration of maltreatment

- Single incident
- Multiple incidents (less than six months)
- Multiple incidents (more than six months)
- Multiple incidents (duration unknown)

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CIS Results of Evaluation/Orientation

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35. Physical harm

Please fill in all that apply

No harm Bruises/cuts/scrapes

Broken bones Burns/scalds Head trauma

Fatal Other

b) Medical treatment required

c) Health or safety seriously endangered by the suspected or founded maltreatment/ behavioural problem

36. Physician/nurse physically examined child as part of the investigation

37. History of injuries

38. Emotional harm

a) Mental or emotional harm evident as a result of the suspected or founded maltreatment/ behavioural problem

b) The child requires therapeutic treatment

39. Placement during the evaluation or orientation

If foster home, please specify

If foster home, please specify

40. Youth court

a) Interim measures ordered or court petitioned

b) Orientation towards a service or alternative procedure with the goal of achieving an agreement between the parties regarding the protection of the child

41. Previous "signalements"

a) If applicable, date of most recent prior "signalement"

RTS/evaluation decision

b) Previous evaluations

	Date	Decision		Date	Decision
1	<input type="text"/>	<input type="text"/>	2	<input type="text"/>	<input type="text"/>
3	<input type="text"/>	<input type="text"/>	4	<input type="text"/>	<input type="text"/>

42. Police intervention

a) Police investigation regarding the evaluated child maltreatment/behavioural problem

b) Police investigation regarding adult domestic violence investigation

43. Caregivers use spanking as a form of discipline

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Response from drop-down menu:

35. b) Medical treatment required (or was required)

- Yes
- No
- Not applicable (no harm)

35. c) Health and safety seriously endangered by the suspected or founded maltreatment/behavioral problem :

- Yes
- No
- Not applicable (unfounded)

36. Physician/nurse physically examined child as part of the investigation

- Yes
- No

37. History of injuries

- Yes
- No
- Unknown

38. a) Mental or emotional harm evident as a result of suspected or founded maltreatment/behavioral problem

- Yes
- No
- Not applicable (unfounded)

38. b) Child requires therapeutic treatment

- Yes
- No
- Not applicable (no harm)

39. If foster home selected:

- Regular
- Specific
- Unknown
- Not applicable (not foster home)

40 b.) Orientation towards a service or alternative procedure with the goal of achieving the agreement between the parties regarding the protection of the child

- Yes
- No

42. a) Police investigation regarding the evaluated child maltreatment/behavioral problem:

- None
- Investigation in process
- Charges laid
- Investigation completed with no charges laid

42. b) Police investigation regarding adult domestic violence investigation

None

- None
- Investigation in process
- Charges laid
- Investigation completed with no charges laid
- Unknown
- Not applicable

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CIS Comments/Other information

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44. The "signalement" and the evaluation/orientation

45. The household

46. The child

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