

TouchPoint - Blank TouchPoint



TouchPoint Name: Child Abuse Prevention Council (CAPC)

Date: ____/____/____

Name:

Completed by:

Completed on behalf of:

Identifier:

Child Abuse Prevention Council (CAPC) TouchPoint

INSTRUCTIONS: This TouchPoint is designed to collect county Child Abuse Prevention Council (CAPC) report information to meet state and federal reporting requirements. This information includes, but is not limited to, participant data, service activity and outcomes that occurred during the reporting period for the CAPC program. Please record one TouchPoint for each CAPC.

Name of designated CAPC (Limit 100 characters)

Address

City

Report Prompts:

TouchPoint: Child Abuse Prevention Council (CAF)

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County

Executive Director/Lead Name

State/Province

Suite/Bldg

Zip/Postal Code

Phone Number

Phone Ext.

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Website

Email

Indicate how the County's designated Child Abuse Prevention Council is organized

<input type="checkbox"/> 501c3 nonprofit organization
<input type="checkbox"/> County operated
<input type="checkbox"/> Other

Please describe other CAPC organizational structure (Limit 100 characters)

Report Prompts:



Select the primary function(s) of the County's designated Child Abuse Prevention Council. Select ALL that apply.

<input type="checkbox"/>	Advocacy (local, state, and national levels as it relates to safety, permanency, well-b
<input type="checkbox"/>	Child Abuse Prevention Month activities
<input type="checkbox"/>	Child Death Review Team (in a leading role)
<input type="checkbox"/>	Child Death Review Team participant (not in a leading role)
<input type="checkbox"/>	Direct service provider (other than FRCs)
<input type="checkbox"/>	Fiscal accountability (for child abuse prevention network)
<input type="checkbox"/>	Multi-disciplinary Interview Center (in a leading role)
<input type="checkbox"/>	Multi-disciplinary Interview Center (not in a leading role)
<input type="checkbox"/>	Network development (strategic planning, service coordinator)
<input type="checkbox"/>	Network resource development (e.g. fundraising, grant writing for network)
<input type="checkbox"/>	Operates family resource center(s) (FRC)
<input type="checkbox"/>	Parent leadership training and/or engagement
<input type="checkbox"/>	Program data collection and/or evaluation
<input type="checkbox"/>	Public education and awareness
<input type="checkbox"/>	Service provider training and/or professional development
<input type="checkbox"/>	Mandated Reporter Training (prevention component)
<input type="checkbox"/>	Mandated Reporter Training (no prevention component)
<input type="checkbox"/>	County Self-Assessment Development (participant)
<input type="checkbox"/>	County System Improvement Plan Development (participant)
<input type="checkbox"/>	Other primary function

Other primary function (Please specify) (Limit 100 characters)

Report Prompts:

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Other public agency (Please specify) (Limit 100 characters)

Additional comments (Limit 1,500 characters)

Please upload or email any photos (jpg), articles (pdf) or media links to OCAP-PND@dss.ca.gov. We may include your submissions in our next report to the federal government.

For multiple CAPCs, please select Save and Record Similar below and record this TouchPoint for each CAPC.

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