CPS Intake Policy, Protocol, and Guidance

Purpose

In North Carolina, any person who has cause to suspect a child is being maltreated (abused or neglected, or is dependent), is required by law to report their concerns to a county child welfare services agency. Child Protective Services (CPS) Intake is the first stage of the child welfare process and involves screening child protective services reports to determine what further action is required. Careful, detailed, and thorough work at CPS Intake lays the foundation for making well-informed decisions throughout the life of the case. The quality and consistency of the information gathered at CPS Intake directly impacts the safety of the alleged victim children and any subsequent intervention.

The goal of CPS Intake is to make consistent screening decisions using a structured intake process based on specific criteria. The steps of CPS Intake are:

1. Complete a new CPS Intake in the Child Welfare Information System.
2. Consult the Maltreatment Screening Tool(s) that correspond to the allegations.
3. Determine the county responsible for completing the CPS Assessment.
4. Determine the appropriate Assessment Response Track (Investigative or Family) and Response Time (Immediate, 24 hours, or 72 hours).

Following the steps above, the CPS Intake process determines whether the reported information meets the statutory guidelines for child maltreatment. When a report is screened in (i.e., it meets the statutory requirements), CPS Intake determines the county responsible for the assessment, the response track, the response time, and then the report is assigned for CPS Assessment.

DRAFT

Table of Contents

Description	Page
Policy / Legal Basis	3
Definitions	6
Intake Steps	8
Protocol & Guidance	
Anonymous Reporters/Reporter Confidentiality	9
Mandatory Questions	
Collection of Narrative Information and Assessing Agency History	10
Substance Affected Infants	14
Human Trafficking	15
Establishing the Authority to Intervene	17
Juvenile and Caretaker Determination	17
Reports Involving a Child Fatality with Suspicion that Maltreatment Contributed to the Death	19
Caretaker Definition Decision Tool	20
Reports Involving Child Caring Agencies	21
Duty to Report Allegations of Maltreatment in Child Care	21
Out-of-Home Care Provider CPS Reports	22
Residence or Alleged Maltreatment Is Out-of-State	22
Requests/Reports from Out of State	23
Out of State Decision Making Tree	24
Reports Involving Open Child Placement Cases	25
Reports Involving Institutional Placements	25
Reports Involving Children Living in an Institutional Setting Where a Child Has Died Due to Suspected Maltreatment	26
Multiple Reports Involving the Same Child or Family	27
Open In-Home Services Cases CPS Reports	28
Reports Creating a Conflict of Interest for the Agency	29
Intake Decision Making	30
Consultation with Maltreatment Screening Tools	30
Determination of County or State Assignment	31
Determination of Response Priority	32
Determination of Assessment Track	33
Assignment of Assessment Track	36
Two-Level Decision Making	37

DRAFT

Table of Contents

Notifications	38
Maltreatment Type Screening Tools – Attachment A	43
Response Priority Screening Tools – Attachment B	88

DRAFT

Policy/Legal Basis

Policy	Legal Basis
North Carolina requires that anyone who suspects child abuse, neglect, or dependency must report their concerns to the county child welfare services agency. A person who makes a report of suspected child abuse, neglect, or dependency is immune from civil or criminal liability if the report was made in good faith. County child welfare agencies must receive, and screen all reports of abuse, neglect, or dependency, regardless of residency. Each county child welfare services agency must have written procedures for receiving CPS reports and for providing supervisory decision-making 24 hours a day.	N.C.G.S. §153A-257, Legal residence for social service purposes: (a) Legal residence in a county determines which county is responsible (i) for financial support of a needy person who meets the eligibility requirements for a public assistance or medical care program offered by the county or (ii) for other social services required by the person. Legal residence in a county is determined as follows: (1) Except as modified below, a person has legal residence in the county in which he resides. (2) If a person is in a hospital, mental institution, nursing home, boarding home, confinement facility, or similar institution or facility, he does not, solely because of that fact, have legal residence in the county in which the institution or facility is located. (3) A minor has the legal residence of the parent or other relative with whom he resides. If the minor does not reside with a parent or relative and is not in a foster home, hospital, mental institution, nursing home, boarding home, educational institution, confinement facility, or similar institution or facility, he has the legal residence of the person with whom he resides. Any other minor has the legal residence of his mother, or if her residence is not known then the legal residence of his father; if his mother's or father's residence is not known, the minor is a legal resident of the county in which he is found. (b) A legal residence continues until a new one is acquired, either within or outside this state. When a new legal residence is acquired, all former legal residences terminate. (c) This section is intended to replace the law defining "legal settlement." Therefore, any general law or local act that refers to "legal settlement" is deemed to refer to this section and the rules contained herein. (d) If two or more county departments of social services disagree regarding the legal residence of a minor in a child abuse, neglect, or dependency case, any one of the county departments of social services may refer the issue to the Department of Health and Human Services, Division of Social Services, for resolution. The Director of the Division of Social Services or the Director's designee shall review the pertinent background facts of the case and shall determine which county department of social services shall be responsible for providing protective services and financial support for the minor in question. N.C.G.S. §7B-300, Protective Services: The director of the department of social services [county child welfare services agency] in each county of the state shall establish protective services for juveniles alleged to be abused, neglected, or dependent.

DRAFT

Policy/Legal Basis

Policy	Legal Basis
The screening process requires knowledge of the statutory definitions of child abuse, neglect, dependency, and caretaker. The county child welfare services agency has the authority to intervene only when the allegation, if true, would meet the legal definitions. Reports accepted for CPS Assessment must clearly invoke the statutory authority to provide Child Protective Services.	Protective services shall include the screening of reports; the performance of an assessment using either a Family Assessment response or an Investigative Assessment response; casework; or other counseling services to parents, guardians, or other caretakers as provided by the director. These services will help the parents, guardians, other caretakers, and the court to prevent abuse or neglect; to improve the quality of childcare; to be more adequate parents, guardians, or caretakers; and to preserve and stabilize family life. N.C.G.S. §7B-301, Duty to report abuse, neglect, dependency, or death due to maltreatment: (a) Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined N.C.G.S. §7B-101, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county where the juvenile resides or is found. The report may be made orally, by telephone, or in writing. The report shall include information as is known to the person making it including: the name and address of the juvenile; the name and address of the juvenile's parent, guardian, or caretaker; the age of the juvenile; the names and ages of other juveniles in the home; the present whereabouts of the juvenile if not at the home address; the nature and extent of any injury or condition resulting from abuse, neglect, or dependency; and any other information which the person making the report believes might be helpful in establishing the need for protective services or court intervention. If the report is made orally or by telephone, the person making the report shall give the person's name, address, and telephone number. Refusal of the person making the report to give a name shall not preclude the department's assessment of the alleged abuse, neglect, dependency, or death because of maltreatment. (b) Any person or institution who knowingly or wantonly fails to report the case of a juvenile as required by subsection (a) of this section, or who knowingly or wantonly prevents another person from making a report as required by subsection (a) of this section, is guilty of a Class 1 misdemeanor. N.C.G.S. §7B 302(b) states: "When a report of a juvenile's death as a result of suspected maltreatment or a report of suspected abuse, neglect, or dependency of a juvenile in a non-institutional setting is received the director of the department of social services shall immediately ascertain if other juveniles remain in the home, and, if so, initiate an assessment in order to determine whether they require protective services or whether immediate removal of the juveniles from the home is necessary for their protection.”

DRAFT

Policy/Legal Basis

Policy	Legal Basis
	N.C.G.S. §7B-309, Immunity of persons reporting and cooperating in an assessment. Anyone who makes a report pursuant to this Article; cooperates with the county department of social services in a protective services assessment; testifies in any judicial proceeding resulting from a protective services report or assessment; provides information or assistance, including medical evaluations or consultation in connection with a report, investigation, or legal intervention pursuant to a good-faith report of child abuse or neglect: or otherwise participates in the program authorized by this Article; is immune from any civil or criminal liability that might otherwise be incurred or imposed for that action provided that the person was acting in good faith. Child Abuse Prevention and Treatment Act (CAPTA) requires health care providers involved in the delivery and care of infants born with and identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder to notify the child protective services system of the occurrence.

DRAFT

Definitions

Definitions
Unless otherwise noted, the following definitions come from N.C.G.S. §7B-101.

Juvenile: A person who has not reached the person's eighteenth birthday and is not married, emancipated, or a member of the Armed Forces of the United States.

Caretaker: Any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting. A person responsible for a juvenile's health and welfare means a stepparent; foster parent; an adult member of the juvenile's household; an adult entrusted with the juvenile's care; a potential adoptive parent during a visit or trial placement with a juvenile in the custody of a department; any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile's health and welfare in a residential child care facility or residential educational facility; or any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services. Nothing in this subdivision shall be construed to impose a legal duty of support under Chapter 50 or Chapter 110 of the General Statutes. The duty imposed upon a caretaker as defined in this subdivision shall be for the purpose of this Subchapter only. Nothing in this subdivision shall be construed to impose a legal duty of support under Chapter 50 or Chapter 110 of the General Statutes. The duty imposed upon a caretaker as defined in this subdivision shall be for the purpose of this Subchapter only. See also Caretaker Definition Decision Tool.

Relative: An individual directly related to the juvenile by blood, marriage, or adoption. This includes but is not limited to the following examples: a grandparent, sibling, aunt, or uncle.

Abused Juveniles: Any juvenile less than 18 years of age (i) who is found to be a minor victim of human trafficking under G.S. 14-43.15 or (ii) whose parent, guardian, custodian, or caretaker

(a) Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means;
(b) Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means;
(c) Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior;
(d) Commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree rape, as provided in N.C.G.S. §14-27.2; rape of a child by an adult offender, as provided in N.C.G.S. §14- 27.2A; second-degree rape as provided in N.C.G.S. §14-27.3; first degree sexual offense, as provided in N.C.G.S. §14-27.4; sexual offense with a child by an adult offender, as provided in N.C.G.S. §14-27.4A; second degree sexual offense, as provided in N.C.G.S. §14-27.5; intercourse and sexual offenses with certain victims; consent no defense, as provided in N.C.G.S. §14-27.31 and N.C.G.S. §14- 27.32; unlawful sale, surrender, or purchase of a minor, as provided

DRAFT

Definitions
in N.C.G.S. §14-43.14; crime against nature, as provided in N.C.G.S. §14-177; incest, as provided in N.C.G.S. §14-178 and N.C.G.S. §14-179; preparation of obscene photographs, slides or motion pictures of the juvenile, as provided in N.C.G.S. §14-190.5; employing or permitting the juvenile to assist in a violation of the obscenity laws as provided in N.C.G.S. §14-190.6; dissemination of obscene material to the juvenile as provided in N.C.G.S. §14-190.7 and N.C.G.S. §14-190.8; displaying or disseminating material harmful to the juvenile as provided in N.C.G.S. §14-190.14 and N.C.G.S. §14-190.15; first and second degree sexual exploitation of the juvenile as provided in N.C.G.S. §14-190.16 and N.C.G.S. §14-190.17; promoting the prostitution of the juvenile as provided in N.C.G.S. §14-205.3(b); and taking indecent liberties with the juvenile, as provided in N.C.G.S. §14-202.1, regardless of the age of the parties; or (e) Creates or allows to be created serious emotional damage to the juvenile. Serious emotional damage is evidenced by a juvenile's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others; (f) Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile; or (g) Commits or allows to be committed an offense under N.C.G.S. §14-43.11 (human trafficking), N.C.G.S. §14-43.12 (involuntary servitude), or N.C.G.S. §14-43.13 (sexual servitude) against the child. Neglected Juvenile: Any juvenile less than 18 years of age (i) who is found to be a minor victim of human trafficking under G.S. 14-43.15 or (ii) whose parent, guardian, custodian or caretaker does not provide any of the following: (a) does not provide proper care, supervision, or discipline. (b) Has abandoned the juvenile. (c) Has not provided or arranged for the provision of necessary medical or remedial care (d) or whose parent, guardian, or custodian has refused to follow the recommendations of the Juvenile and Family Team made pursuant to Chapter 7B Article 27A. (e) Creates or allows to be created a living environment that is injurious to the juvenile's welfare. (f) Has participated or attempted to participate in the unlawful transfer of custody of the juvenile under G.S. 14-321.2 In determining whether a juvenile is a neglected juvenile, it is relevant whether that juvenile lives in a home where another juvenile has died as a result of suspected abuse or neglect or lives in a home where another juvenile has been subjected to abuse by an adult who regularly lives in the home. Relevance in this instance is a legal term that means that the court can find a child neglected on the basis that he or she was living with a victim child.

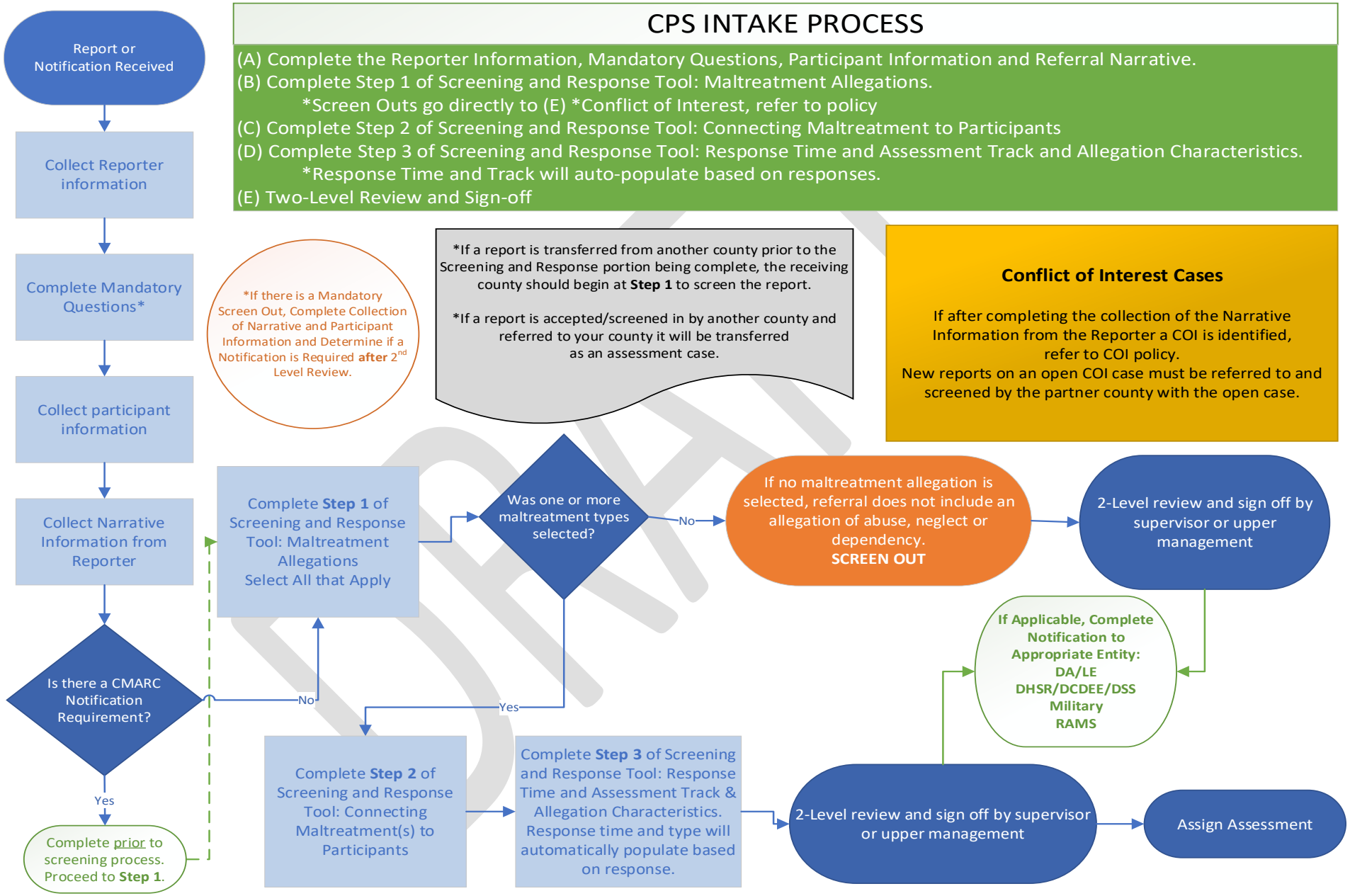
DRAFT

Definitions

Definitions
Dependent Juvenile: A juvenile in need of assistance or placement because the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision or whose parent, guardian, or custodian, is unable to provide for the care or supervision and lacks an appropriate alternative childcare arrangement.

DRAFT

Anonymous Reporters/Reporter Confidentiality



Anonymous Reporters/Reporter Confidentiality

Protocol – What you must do	Guidance – How you should do it
North Carolina legislation requires that the person making the report give their name, address, and telephone number. However, refusal of the person making the report to identify himself or herself does not relieve the county child welfare services agency of its responsibility for conducting a CPS Assessment if the allegations meet the statutory definition for acceptance. North Carolina statute requires: • The identity of the person making the report, and • All information obtained during a CPS Assessment must be held in the strictest confidence by the county child welfare agency. This statute does not grant the right of the reporter to remain anonymous. However, the reporter must be informed that their identity will remain confidential unless: • A court orders otherwise; • A local, state, or federal entity demonstrates a need for the reporter's name to carry out its mandated responsibilities. Statute does not require that the reporter to possess any information beyond a cause to suspect abuse or neglect. The reporter is not required to have witnessed the abuse or neglect or to have firsthand knowledge.	County child welfare agencies often need to speak with a reporter more than once to clarify or follow up on other issues, so anonymous calls should be discouraged as much as possible. If a county child welfare services agency has "Caller Identification," the staff should make any caller aware that the agency has this information, especially if the identifying information the caller is giving is different from the information on the "Caller Identification." If the county child welfare services agency knows the identity of the reporter, that information should be recorded on the Intake Tool under the information for Reporter, even if the caller wishes to remain anonymous. The worker should include that the reporter would like to remain anonymous at the top of the narrative information box. In that case, the fact that the caller wants to remain anonymous should be noted as well.

DRAFT

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
CREATING A NEW CPS INTAKE The county child welfare worker must document and manage information about the report of suspected abuse, neglect, and/or dependency by creating a new CPS Intake in the Child Welfare Information System. A new CPS Intake begins with the collection of reporter information. RESPONSE TIME The timeframe for responding to screened in reports of abuse, neglect, and/or dependency begin at the time the reporter contacts the county child welfare services agency. County child welfare agencies must provide Child Protective Services, including Intake, 24 hours per day, 7 days per week, and, respond immediately to emergency situations when identified in the Intake tool. The county child welfare worker must provide support and encouragement to the reporter by: ● Explaining the purpose of CPS (to ensure safety of children, and protect and strengthen the family); ● Emphasizing the importance of reporting; ● Dealing with the fears and concerns of the reporter; and ● Discussing confidentiality regarding the CPS report including the identity of the reporter.	Making effective CPS Intake decisions requires county child welfare workers to have competent interviewing skills, awareness of the information needed, the skill to organize and analyze information, to arrive at accurate conclusions, and the ability to be supportive of reporters. The reporter's information regarding the allegations needs to be listened to and documented on the Intake Tool, and to ensure that Intake has collected all of the information provided by the reporter. The Intake worker should access the Desk Guide for additional questions to assist them in completing a comprehensive Intake assessment. Every effort should be made to speak with the reporter at the time the call is placed. In instances when the reporter left a message, the timeframe for response begins at the time the reporter left the message, not the time the call was returned. There may be times when the reporter does not have access to a telephone on a regular basis and cannot leave a number for the call to be returned. Assessing safety and if an immediate response is required is impossible when those concerns are left on a messaging system. In cases where the reporter has concerns about making a report, the worker can point them to NCGS § 7B-301 that requires any person over the age of 18 that suspects abuse, neglect, or dependency of a juvenile to make a report to the local county child welfare agency. This suspicion does not require the reporter to have witnessed or have firsthand knowledge of the allegations. This statute also assures immunity from civil and criminal liability as long as the report was made in good faith. The reporter must be supported in their decision to make a report and address their concerns. It is important to understand that it can often be very difficult for the reporter to make the call. In some instances, a reporter may be considered a "designated reporter" for their agency, meaning they are calling on behalf of the person who has firsthand

DRAFT

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
	knowledge of the situation. In such situations, it is permissible to contact the person with firsthand knowledge prior to making a final decision about accepting the report. The person(s) with firsthand knowledge should be listed in the collateral section of the Intake tool.
MANDATORY QUESTIONS The county child welfare worker must answer a series of mandatory questions in the Intake tool prior to gathering the narrative information to assist with determining whether the use of the Screening and Response Tool is necessary. If the allegations are not regarding a child and there are no other children in the home, the worker will bypass the remainder of the tool to screen out. In cases involving allegations of abuse or severe neglect against an individual who is not a caretaker, with the exception of Human Trafficking, the worker will still gather the narrative and participant information from the reporter and send it to the appropriate agency. In cases where the agency does not have statutory authority to intervene because there is not a child under 18 in the home or the allegations do not involve a caretaker, except Human Trafficking, the information will be screened out prior to completion of the Screening and Response Tool and go straight to the supervisor for review. The Mandatory Questions include: 1. Is the victim child under 18 years of age? 2. Is the child a victim of fatality? 3. Is this a near fatality, where a physician has determined that a child is in serious or critical condition as a result of	MANDATORY QUESTIONS It will be important for intake workers to be able to communicate the definitions for words such as caretaker, Human Trafficking, and Domestic Violence that may not be familiar to the reporter so that they can answer the question accurately. The Intake system has built-in decision-making assistance by responding to questions in an if/then format. If the victim is over 18 the system will provide a notification about referral of the information to law enforcement or Adult Protective Services (APS). It will also ask if there are any other children under 18 in the home and if the answer is no, the system will bypass the Screening and Response Tool and send to the supervisor for review. If the child is the victim of a fatality and there are no other children in the home, the system will bypass the Screening and Response Tool and send to the supervisor for review. CPS does not have jurisdiction in cases where there are no children under 18 years of age. In cases that do not involve children 18 years of age, the worker should direct notification to the appropriate entity such as law enforcement or Adult Protective Services (APS). Most questions are in a yes/no format. There are some questions that ask for additional information. Where did the incident occur requires the worker to fill the information into the narrative box. If the child is not a resident of North Carolina, the system will request residency information.

DRAFT

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
sickness or injury caused by suspected abuse, neglect, or maltreatment? 4. Is the child a resident of North Carolina? 5. Where did the incident occur? (This question has a narrative box) 6. Is the perpetrator a parent/caretaker? 7. Are you aware of any relatives or kin supports for this family? 8. Are there concerns for Human Trafficking? 9. Are there concerns for Domestic Violence? 10. Is this a licensed facility or group home? COLLECT PARTICIPANT INFORMATION After completing the mandatory questions, the worker will be directed to identify participants involved in the case and their roles. Identification of a case head depends on the role of the participants involved in the new CPS Intake. Only the information provided by the reporter can be used in the participant section of the Intake tool. This ensures confidentiality by not providing the reporter with any additional information that they did not give. Participant roles are: • Adult • Alleged Victim • Caretaker • Custodian • Non-Resident Parent • Parent Case heads are determined using the following guideline: • Mother	COLLECT PARTICIPANT INFORMATION The identification of the case head as unknown during intake can change during the assessment should that information become known. When an adult parent/caretaker remains unknown the assessment case head should follow using this guideline. The case head should be documented in the system first. Any additional information obtained during the Assessment should not be updated in the Intake tool to ensure that the reporter does not get information that they did not provide to the agency and maintain the family's confidentiality. Only living participants should be added to the participant information. Deceased participants, including parents or caretakers, should be documented in the Narrative Information box.

DRAFT

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
• Father • Female Caretaker • Male Caretaker • Female child • Male child If the parent or caretaker is unknown, the case head is identified by the child in the assessment. If there is more than one child, the case head is that of the youngest child.	
IDENTIFYING RELATIVES AND KIN Beginning at Intake, the identification of relatives and kin, including non-relative/fictive kin, can help to promote the safety of children. This information should be included in the mandatory question section under the question, "Are you aware of any relatives or kin supports for this family? Asking about relatives and kin includes those who live outside of the home but can provide support to the family.	This is a statutory requirement, but more importantly the engagement of supports early in the process can begin construction of a family's support network and help stabilize families in crisis and prevent future safety issues.
<u>Collection of Information and Assessing Agency History</u> The county child welfare worker must gather sufficient information from the reporter to be able to: • Identify and locate case participants (child(ren), parents, or primary caretaker) and; • Determine if the report meets the statutory guidelines for child maltreatment; • Assess the seriousness of the child's situation; and • Understand the relationship of the reporter to the family and the motives of the reporter.	While it is important to know the reporter's concerns about the risk to the children, it is crucial that the message conveyed is that CPS is about ensuring safe homes for children by identifying the strengths of the family-not by identifying bad parents and taking children away. Another way that may be helpful includes talking with the reporter about what they hope the family can accomplish. Discussing safety shifts the focus from problems to possible solutions. Some of these questions include:

DRAFT

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
• Identify collaterals who may have additional information for the assessment (medical/behavioral health care providers, teachers, friends, family, or others) and their relationship to the alleged victim child(ren). The county child welfare worker must check the Child Welfare Information System for service history and/or county agency records to determine if the case participants (family or child) have been reported/known to the agency previously. Any information obtained regarding additional participants must be entered into the Narrative Information box or case notes for the Assessment worker. The worker must NOT enter any additional participants that the reporter did not provide.	1. Calling DSS is a big step. In your opinion, what would it take to make the child safer? 2. What do you think the family is capable of doing to make the child safer? 3. Can you tell me how the agency will know when the problem is solved? Comprehensive information provided by the reporter supports county child welfare workers in making the best determination about the appropriateness of the report for CPS Assessment, the level of risk to the child, and the urgency of the response needed. Information gathering should focus on the alleged maltreatment; and information about the child, the parents/caretakers, and the family. Use of Narrative Information gathering is a helpful tool in ensuring that you have obtained as much information as you can from the reporter for screening purposes.
The county child welfare worker must NOT check the Central Registry/Responsible Individuals List or contact another community agency to make a screening decision.	There are some maltreatment reports that do not clearly meet legal definitions of abuse, neglect, and/or dependency; however, the alleged maltreatment is concerning. It may be that the reporter did not have enough information to provide specifics or was not willing to do so. In these situations, it is acceptable to use Child Welfare Information System history and county agency history to make a well-informed decision. To maintain the confidentiality of the family, the worker should add any additional participants found from the search of the Child Welfare Information System/county agency records to the narrative box rather than the participant section to ensure that the reporter notification letter does not include information that was not provided by the reporter. Reviewing a 5027 for previous 210 services may be one way to check the family history. Questions from a safety-oriented approach may be unexpected, causing the reporter to need more time to think critically about the situation and the county child welfare intake worker to be able to explain questions. Some reporters will be open to engaging in a discussion regarding safety and others will not because they

DRAFT

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
	feel they have done their job by notifying the county child welfare services agency. Exception questions, eliciting strengths, and goal-oriented questions cause the reporter to think about the family's situation and emphasizes that child safety and protection is a community issue that calls for collective responsibility. The worker should use their professional judgement to determine the level of information that a reporter may have about a family based on the relationship and length of time the reporter has known the family. This should help guide the questions that may be used to elicit information.

DRAFT

Substance Affected Infants

Protocol – What you must do	Guidance – How you should do it
Child Abuse Prevention and Treatment Act (CAPTA) requires that all infants identified as "substance affected" by a healthcare provider, receive a Plan of Safe Care. When a county child welfare services agency receives notification of the birth and identification of a substance affected infant, it must begin the process of ensuring a Plan of Safe Care is identified and developed for each infant by: • Completing a Care Management for At Risk Children (CMARC) referral form and • Submitting the referral form to the local CMARC program or designated alternative service. To comply with confidentiality laws and to ensure that a Plan of Safe Care can be created for every infant, it is important that the CMARC referral be made during the screening of the report and prior to deciding to screen in or screen out the report during the 2nd level review. Once the referral has been made, the county child welfare services agency must follow the guidance contained in the Child Welfare Resources for Substance Affected Infants and Plan of Safe Care as well as consult the Substance Affected Infant Maltreatment Definition to determine if a CPS Assessment is warranted. Also, refer to "Substance Affected Infants" in Assessments in the NC Child Welfare manual for more information.	The timing of the referral is critical because confidentiality laws prohibit a county child welfare services agency from making the referral to CMARC if the report has already been screened out and child protective services are no longer being provided. Healthcare providers have to make notification of all identified substance affected infants. It is the responsibility of the child welfare worker to gather information regarding the impact of this identification on the infant to determine whether the notification meets the threshold for child welfare involvement and screened in for a child welfare assessment. Current standard practice dictates that any information the county child welfare services agency obtains that is protected by federal regulations should not be disclosed absent a court order or proper client consent. See OBTAINING SUBSTANCE ABUSE RECORDS BY COURT ORDER in the Juvenile "Court and Child Welfare" section of Cross Function Topics in the NC Child Welfare manual for more information on 42 C.F.R. Part 2 regulations.

DRAFT

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
The Human Trafficking screening criteria in **Step 1** of Maltreatment Allegations must be selected when: • A reporter indicates or suspects trafficking • The CPS Intake worker suspects trafficking based on the maltreatment allegations The narrative information must include the child's parent, guardian, custodian, or caretaker information: • Protective capacity; • Willingness to take protective action; and • Role in the trafficking. Human Trafficking is a child who is sold, traded, or exchanged for anything, or to settle a debt, regardless of whether the child is used for labor or sex. For additional information about human trafficking, see Cross Function Topic: Human Trafficking.	Perpetrators of trafficking may be family members or may pose as the child or youth's parent, sibling, aunt, uncle, or significant other and their relationship to the child may be unclear – even to the reporter. Often persons who exploit children and youth through sex or labor trafficking make promises to children or to families that the child will have improved circumstances, access to education, or a job if the child moves from one place to another. Sometimes this involves moving from another country. If a child has moved from another country to the United States without a family member or is traveling with an adult to whom they are not related or with whom the relationship is unclear, it is possible that the child is being trafficked or is at risk of being trafficked. Intake workers should gather as much information as the reporter is able to provide concerning the child and the child's circumstances, including: • Where they are traveling from; • Where they are traveling to; • Who (if anyone) they are traveling with and their relationship to this person; • The reason for coming to the United States, as provided by the child, the person with whom they are traveling or with whom they reside; and • Any other information the reporter can provide regarding their concern that the child is being trafficked or is at risk of being trafficked.

DRAFT

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
	Children who have run away from home, or whose parent or caretaker is absent, may be trafficked or at risk of being trafficked. The CPS Intake worker should engage the reporter to obtain information about: • Child's circumstances and access to basic needs; • Who is providing for these needs – food, clothing, shelter, etc.; • Whether the child is exchanging sex acts to meet these needs; and • Names, aliases, physical description, and relationship to the child of anyone accompanying the child or youth who is suspected to be dependent or who has run away. When appropriate, the county child welfare worker may provide the reporter with information and resources for human trafficking victims before a screening decision is made. Appropriate information and resources shared with the reporter may include but are not limited to: • National Human Trafficking Hotline Number (1-888-373-7888); • Contact information for local agencies serving survivors of human trafficking; and • Contact information for statewide agencies serving survivors of human trafficking.
RESPONDING TO MISSING AND ABDUCTED CHILDREN The Trafficking Victims Prevention and Protection Reauthorization Act of 2022 (Public Law 117-348) requires agencies to report immediately (no later than 24 hours) to law enforcement any missing or abducted children for entry into the	Abduction of Children – Per N.C.G.S. § 14-41 any person who, without legal justification or defense, abducts or induces any minor child who is at least four years younger than the person, to leave

DRAFT

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
National Crime Information Center (NCIC) database, and to the National Center for Missing and Exploited Children. It also reauthorizes and amends the Trafficking Victims Protection Act (TVPA) to include additional communication and details when title IV-E agencies report missing or abducted children to law enforcement and the National Center for Missing and Exploited Children (NCMEC). REPORTING REQUIREMENTS When a report involves a missing or an abducted child, the county child welfare agency must notify law enforcement and the National Center for Missing and Exploited Children immediately regardless of the screening decision. Additional Information that must be shared with law enforcement when known through case search and/or provided by the reporter includes: • A photo of the missing or abducted child or youth; and • County child welfare worker's contact information or other preferred point of contact (e.g., the worker's supervisor). • The child or youth's full name, aliases and nicknames, age and date of birth, social security number, driver's license number (if applicable), and other biographical information; • A description of the child or youth (i.e., height, weight, hair color, eye color, skin color, braces, clothes worn, book bag, shoes, contact lenses or glasses, dentures, gold or silver teeth, any impairments [physical, hearing, speech, vision], moles, and scars, body piercings, tattoos) • Physical or psychological conditions, developmental delays, or any condition that may affect the ability of the child or youth to respond to environmental dangers;	any person, agency, or institution lawfully entitled to the child's custody, placement, or care. High Risk Child – The missing child's safety is severely compromised for one or more of the following reasons: • The child is believed to be or has been abducted; • The child is known or believed to be a victim of human trafficking (sex trafficking, labor trafficking, child trafficking, or both) • The child is believed to be in the company of adults who could endanger their safety; • The child is younger than 13 years of age and/or is believed to be out of the zone of safety for their age or developmental stage; • The child has one or more health conditions that, if not treated daily, will place the child at severe risk; • The child is drug dependent, including prescribed medication and/or illegal substances, and the dependency is life-threatening; • The child has severe emotional problems that, if not treated, will place the child at severe risk; • The child has a developmental disability that impairs the child's ability to care for him/herself; • The child is pregnant and/or parenting and the infant/child is believed to be with their parent(s); • The child is missing more than 24 hours before being reported to law enforcement; • The child is believed to be in a life-threatening situation; • The child's absence is inconsistent with their established patterns of behavior and the deviation is not readily explained; and/or

DRAFT

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
• Other factors of endangerment, such as young age, hazardous location, medical needs, disability, etc.; • Medication and/or history of suspected substance use/abuse; • The child or youth's custody status (birth certificate, custody order; • Type of missing episode (if known), including runaway, family abduction, non-family abduction, or other; • When, where, and with whom the child or youth was last seen; • Possible method of travel (e.g., car, bicycle, public transportation, on foot); • Names and addresses of friends, relatives, present and former placement providers, including childcare facilities/staff, and acquaintances; • Locations the child or youth is known to frequent; • Suspected destinations and accomplices; and • Prior disappearances and outcomes. If a child or youth is identified as "high risk," this must be communicated to law enforcement. REQUIREMENTS FOR SUPERVISORS Upon notification that a child is missing or abducted, the supervisor must: • Within 24 hours, confirm the county child welfare worker has made notification to law enforcement. The Intake worker must include documentation in the Intake report for any contact information for law enforcement contacted.	• Other circumstances involved in the disappearance that would cause a reasonable person to conclude that the child should be considered "at imminent risk." Kidnapping – Per N.C.G.S. § 14-39 any person who shall unlawfully confine, restrain, or remove from one place to another, any other person 16 years of age or over without the consent of such person, or any other person under the age of 16 years without the consent of a parent or legal custodian of such person. Missing Child – Per N.C.G.S. § 143B-1011, a juvenile as defined in N.C.G.S § 7B-101 whose location has not been determined, who has been reported as missing to a law enforcement agency, and whose parent's, spouse's, guardian's, or legal custodian's temporary or permanent residence is in North Carolina or is believed to be in North Carolina. Missing Foster Child – A child who has either left voluntarily (ran away) or involuntarily (abduction, kidnapped, or lost), and cannot be accounted for by the agency responsible for their care and placement. Runaway – A child who has voluntarily left their placement provider or home and whose whereabouts are either unknown by the child's parent, guardian, custodian, caretaker, foster parent, or county child welfare worker or whose whereabouts are unknown by the child's parent, guardian, custodian, caretaker, foster parent, or county child welfare worker but who maintains periodic contact with the county child welfare worker or others. Regular Communication with National Center for Missing and Exploited Children (NCMEC) and Local Law Enforcement Agencies

DRAFT

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
	Federal policy states county agencies shall maintain regular communication with NCMEC and law enforcement agencies in efforts to provide a safe recovery of a missing or abducted child or youth. Intake workers can access NCMEC regarding contact information and the steps for reporting missing children at https://www.missingkids.org/gethelpnow/isyourchildmissing. The assessment worker should be given contact information for all entities (including NCMEC and the local law enforcement) contacted during the Intake for follow up. Factors that should be assessed to determine whether a child is considered at high risk of running away include, but are not limited to: • History of running away; • Demonstrating a desire to run (or stating a desire to run); • Demonstrating independence, including an ability to survive on the streets; • Demonstrating limited social skills and/or peer relationships; • A sibling with a strong bond and they are not placed together; • Have a history of engaging in risky behavior; • Have a history of out-of-home placements; • Fall between the ages of 13 and 18 years old; • Excessive school absences; • Have significant emotional issues; • Abuse alcohol or other substances; • Have an unstable family/home environment; • Have history of juvenile referrals and/or arrests; and • Reported abuse or other victimization.

DRAFT

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
	Factors that should be assessed to determine the child's risk of being abducted by a parent or family member include, but are not limited to: • Family members have threatened abduction (or there has been a prior incidence of abduction); • Limited ties to the area or have family/social support in another community; • History of mental illness; • Feel alienated from the legal system; • History of child abuse/neglect; • History of alcohol/substance abuse; • History of unlawful behavior and/or arrests; • Do not accept relevant court orders; • Exhibit a desire to retaliate; • History of short-term employment or unemployment; and • Stability of relationship with the other parent. The National Center for Missing and Exploited Children (NCMEC) will fax the county child welfare worker a questionnaire which includes an Information Release and Verification Form requiring the guardian or caseworker's signature. This form is to be completed and faxed back to NCMEC. If the case is screened in, then the form should be sent to the assessment worker to complete. If the case is screened out, then the form should be sent back to NCMEC informing them that the agency is unable to complete the form and of any caretaker information available. Providing information to NCMEC, including the child's photograph, DOES NOT violate North Carolina confidentiality laws and rules.

DRAFT

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
	It is important to inform law enforcement about any circumstances that could severely compromise the safety of a child or youth who is missing. These circumstances include anything that would fall in the definition of a high risk child listed above.

DRAFT

Establishing the Authority to Intervene

Protocol – What you must do	Guidance – How you should do it
JUVENILE AND CARETAKER DETERMINATION **Determine Juvenile Involvement** Any reports of maltreatment that do not involve a juvenile will be automatically screened out and sent to a supervisor for a 2nd level review. See definitions. However, all children living in the home of the victim child identified in the report must be considered alleged victim children. **Does the Report Meet Abuse, Neglect, &/or Dependency Definitions?** County child welfare agencies only have the authority to intervene when the allegations if true meet the statutory definitions of abuse, neglect, and/or dependency. See definitions. **Is the Alleged Perpetrator a Parent, Guardian, Custodian or Caretaker?** Reports that do not involve the maltreatment of a child by a parent, guardian, custodian or caretaker will be automatically screened out and sent to a supervisor for 2nd level review, except for those alleging human trafficking.	
Caretaker County child welfare agencies must screen Child Protective Services reports to determine whether the alleged perpetrator meets the statutory requirements for a caretaker at the time the maltreatment occurred. See Caretaker Definition Decision Tool and definitions.	Caretaker has a legal definition that is separate from that of a parent, guardian or custodian; therefore, the Caretaker Definition Decision Tool in human trafficking cases does not apply. Please see the "Human Trafficking" section of the Cross Function Manual in the NC Child Welfare manual.
Determination of Caretaker Extended step-relatives such as step-grandparents, step-aunts, step-uncles, and step-cousins entrusted with responsibility for the health and welfare of the child must be considered caretakers. An adult entrusted with the health and welfare of a juvenile is a person who has a significant degree of parental-type responsibility for	A temporary arrangement for supervision is not the equivalent of entrusting a person with the care of the juvenile. To entrust means the individual is responsible for the health and welfare

DRAFT

Establishing the Authority to Intervene

Protocol – What you must do	Guidance – How you should do it
the child. The totality of the circumstances must be considered in these instances including: ● The duration and frequency of care provided by the adult; ● The location in which that care is provided; and ● The decision-making authority granted to the adult. County child welfare agencies must assess whether the parent made an appropriate decision regarding the child's safety and welfare when he or she placed the child with the relative/caretaker, regardless of whether the alleged perpetrator meets the caretaker definition. When a report of maltreatment involves a person, the reporter is unable to identify as the caretaker the agency must mark "yes" in the system. The report must be accepted for assessment if it cannot be determined whether the alleged perpetrator meets the statutory definitions of a caretaker. When allegations involve an adult who does not meet the caretaker definition, but provides care for the child, the parent, custodian, or guardian's decision to allow the adult to provide care and their response to the abuse or neglect must be screened for maltreatment. While every "employee or volunteer" of a juvenile justice secure detention facility is no longer subject to a CPS Assessment, the caretaker definition still applies to employees who have "responsibility for the health and welfare of a juvenile" at such a facility. See Out-of-Home Care Providers. Reports alleging maltreatment in boarding schools also are subject to a CPS Assessment based on the caretaker definition. **Non-Caretaker Reports** When a report of maltreatment is not accepted for CPS Assessment but includes	of a juvenile with a significant degree of parental type responsibility for the juvenile. The North Carolina Supreme Court case law re: R.N.N. provides additional information regarding the determination of a caretaker. The duration and frequency of care provided, location in which that care is provided, and the decision-making authority granted to the adult has to be considered in its totality to determine whether an individual meets the definition of a caretaker. It is important to consider whether the parent, guardian, or custodian has relinquished their responsibility for the child's health and welfare to the caretaker. In cases where a child spends a significant amount of time with an adult, even one who is related, but does not live in their home cannot necessarily be considered a caretaker if the parent, guardian, or custodian maintains their decision-making authority over the child's health and welfare. In the above situations, the intake worker should gather the information related to maltreatment of the child in conjunction with the caretaker's awareness and response to the behavior to determine a screening decision. The statute includes "allows to be created." Statute is specific to include certain relationships such as stepparents. These relationships should be liberally construed, and inclusive of persons connected by blood, as well as by marriage. In cases that the reporter is unable to identify if the person maltreating is a caretaker, the agency should accept the report

DRAFT

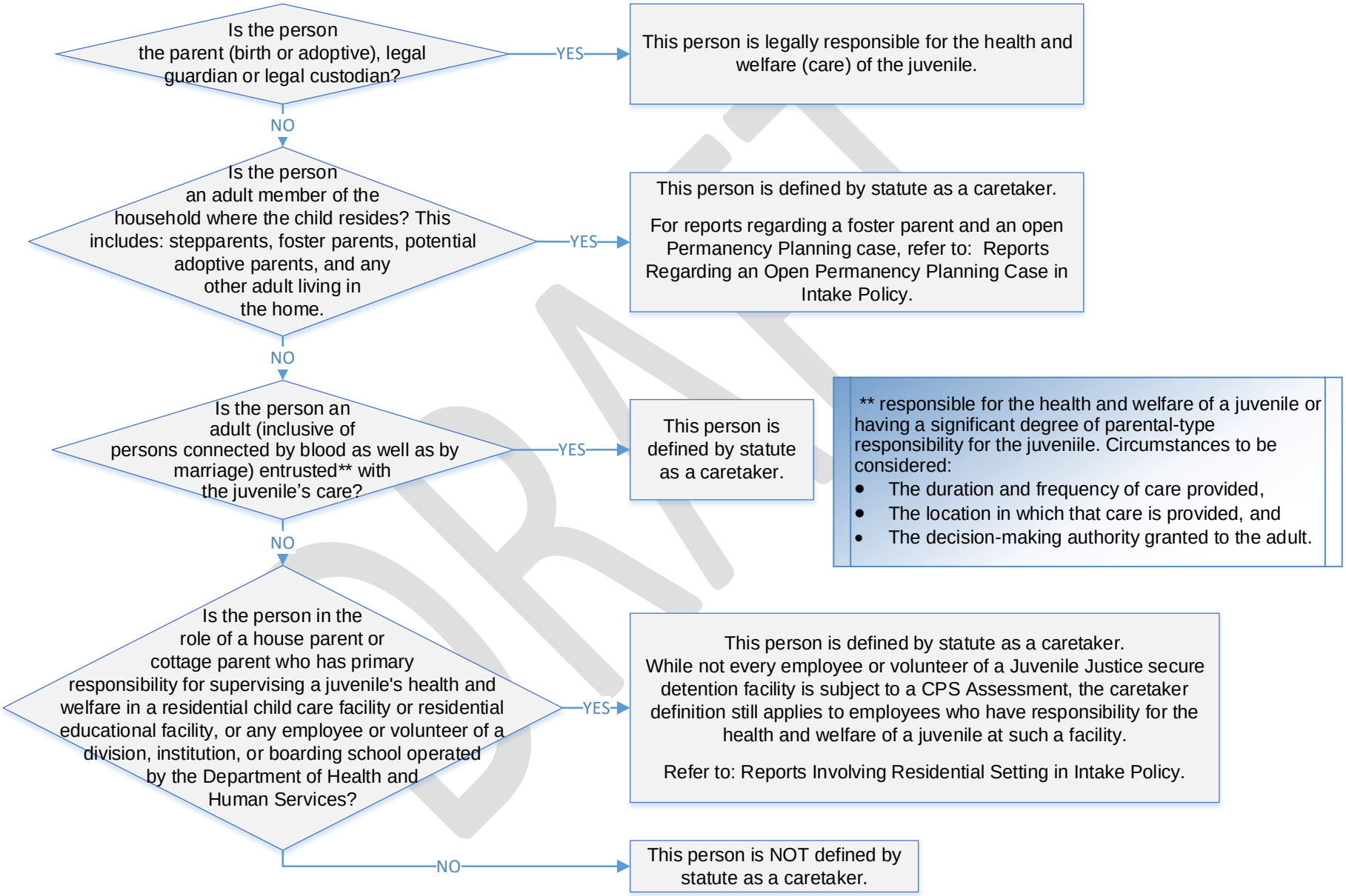
Establishing the Authority to Intervene

Protocol – What you must do	Guidance – How you should do it
information that a child may have been physically (including sexually) harmed in violation of any criminal statute by a non-caretaker, the agency must: • Give immediate verbal notifications to the District Attorney or designee; • Send subsequent written notification to the District Attorney within 48 hours; • Give immediate verbal notification to the appropriate local law enforcement agency; and • Send subsequent written notification to the appropriate local law enforcement agency within 48 hours.	and allow the assessment worker to determine the relationship with the child. If the person maltreating the child is not a caretaker, then the caretaker would need to be assessed for safety because the non-caretaker was "allowed" to maltreat the child.
REPORTS INVOLVING A CHILD FATALITY WITH SUSPICION THAT MALTREATMENT CONTRIBUTED TO THE DEATH At the time of the fatality: • All children residing in the home must be identified on the Intake Tool as victim children • If no other children reside in the home, the county child welfare services agency has no authority to intervene in the case but must make a report to law enforcement. The system will notify the worker that a report must be made to law enforcement and the District Attorney. • When the cause of death is suspected maltreatment, a report of the death must be made to NC DSS for a Child Fatality review. See the "Child Fatality Prevention and Review" section of the NC Child Welfare manual.	If a child lives in a home where another child has died because of maltreatment, that child may also have been abused or neglected. It is critical that information regarding risk and safety be carefully gathered and evaluated to determine if the child has been harmed or if there is evidence or suspicion that the other children are being maltreated.

DRAFT

Establishing the Authority to Intervene

CARETAKER DEFINITION DECISION TOOL



DRAFT

Reports Involving Child Caring Agencies

Protocol – What you must do	Guidance – How you should do it
DUTY TO REPORT ALLEGATIONS OF MALTREATMENT IN CHILD CARE When a county child welfare services agency receives a report of suspected child maltreatment by a caregiver in a childcare facility, narrative information must be collected in Child Welfare Information System, and the report will be automatically screened out and sent to a supervisor for a 2nd level review. The Division of Child Development and Early Education (DCDEE) must be notified within 24 hours or on the next working day and fax the DSS-5282 with the narrative information from the Child Welfare Information System.	

DRAFT

Out-of-Home Care Provider CPS Reports

Protocol – What you must do	Guidance – How you should do it
RESIDENCE OR ALLEGED MALTREATMENT IS OUT-OF-STATE ● When the report indicates that the case participants (child, parents/caretakers) residence is in North Carolina, but the location of the alleged maltreatment occurred out-of-state, the worker should indicate where the incident occurred in the Mandatory Questions, and the county of residence must conduct the CPS Assessment. ● If maltreatment is alleged to have occurred to a North Carolina child while out-of-state by an individual who is not a resident of North Carolina, the county child welfare services agency that received the report must refer it to the state where the alleged maltreatment occurred. If there are concerns regarding the decision making of the parents or caretakers with whom the child resides in North Carolina, then the child welfare agency must accept the report and conduct the CPS Assessment. Timeframes for responding to reports of abuse, neglect, and/or dependency begin at the time the reporter contacts the county child welfare services agency regardless of any jurisdictional barriers. Refer to the "Diligent Efforts" section of Cross Function Topics in the NC Child Welfare manual. ● If a report alleges that a North Carolina child was subject to maltreatment in North Carolina by a parent or caretaker who is not a North Carolina resident, the North Carolina county child welfare services agency of residence must conduct the CPS Assessment with the other state's assistance. ● When the report indicates that the residence of both the child and the parents or caretakers is out-of-state and the location of the alleged maltreatment occurred in North Carolina with a different parent or caretaker than with whom the child resides, but the child is no longer in North Carolina, the North Carolina child welfare agency shall conduct the CPS Assessment with the assistance of the state where the child resides. However, ○ When the report indicates that the residence of the child and the parents or caretakers is out-of-state and the location of the alleged maltreatment occurred in North Carolina yet the child and parents or caretakers are no	If the state where the child resides does not provide assistance (resulting in the child being unable to be interviewed), and the North Carolina child welfare agency makes diligent efforts to conduct the assessment without success, then the case may be closed as unable to locate. If a report is received on a child that resides in another state but 'found' in the county and the Intake decision was to not accept the report for CPS Assessment, the other state should be notified of the report and the county's screening decision. This gives the resident state information for when the child returns and allows for screening based on their statue. In some circumstances, the other state when contacted may not accept the county's report because the maltreatment occurred in North Carolina, even though the child is a resident of their state and is in that state now.

DRAFT

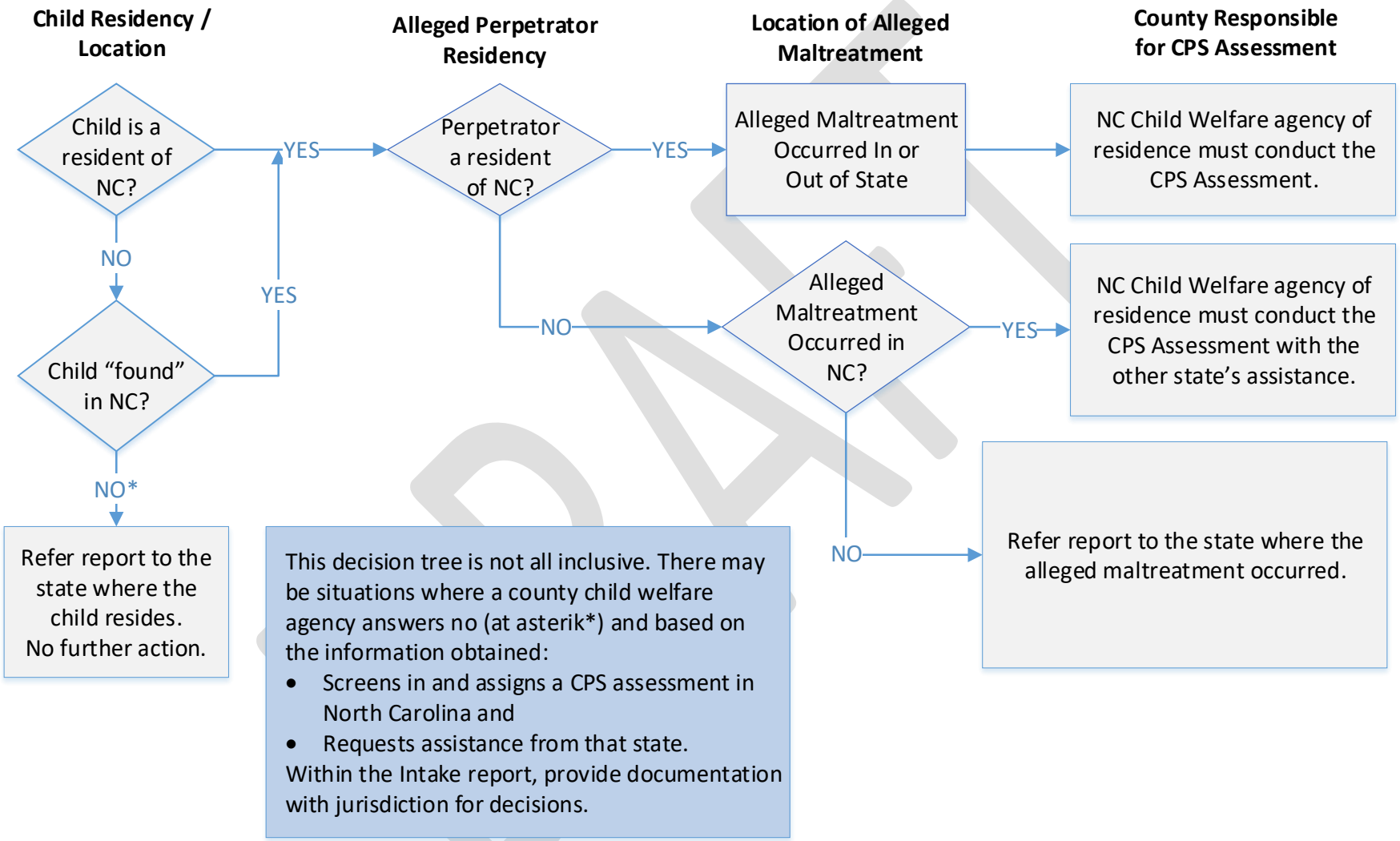
Out-of-Home Care Provider CPS Reports

Protocol – What you must do	Guidance – How you should do it
longer in North Carolina and there are no plans for them to return to the state, the child welfare agency should refer that report to the state where the child and parents or caretakers reside. ○ When the report indicates that the residence of both the child and the parents or caretakers is out-of-state and the location of the alleged maltreatment occurred out-of-state, the agency should refer that report to the state where the alleged maltreatment occurred. • If at any time, the county child welfare services agency where the child is found believes the child is in immediate danger, a petition must be filed, and a non-secure custody order obtained. See Out-of-State Decision Making Tool. **REQUESTS/REPORTS FROM OUT OF STATE** A new CPS Intake in the Child Welfare Information System must be completed when another state requests that NC continue to provide protective services to children and their families who are now living in NC. NC must determine if: • NC has statutory authority to intervene (allegations must meet NC definitions) • The child is in NC in violation of the Interstate Compact for the Placement of Children (ICPC) ○ If court action took place prior to the child(ren) being in NC, a referral to the ICPC office must be made.	Referrals to the ICPC office assures compliance with the ICPC regulations and the continuation of appropriate services to the family. See Permanency Planning in the NC Child Welfare manual.

DRAFT

Out-of-Home Care Provider CPS Reports

Out of State Decision Making Tree



This decision tree is not all inclusive. There may be situations where a county child welfare agency answers no (at asterik*) and based on the information obtained:

- Screens in and assigns a CPS assessment in North Carolina and
- Requests assistance from that state.

Within the Intake report, provide documentation with jurisdiction for decisions.

DRAFT

Out-of-Home Care Provider CPS Reports

Protocol – What you must do	Guidance – How you should do it
REPORTS INVOLVING OPEN CHILD PLACEMENT CASES Any new maltreatment and/or incident that meets the legal definitions of abuse, neglect, and/ or dependency received at any time during the child receiving Child Placement Services, must be documented and managed as a new report and the agency must conduct a prompt and thorough assessment of the maltreatment allegations. Additional requirements are contained in "Conflict of Interest" in Cross Function Topics in the NC Child Welfare manual. **REPORTS INVOLVING OUT-OF-HOME CARE PROVIDERS** Reports that allege a child is being maltreated by an out-of-home care provider, and the out-of-home provider meets the definition of caretaker per G.S. §7B-101, the county child welfare services agency must complete a CPS Assessment using the **Investigative Assessment** Track. In cases where the report alleges that the child has been maltreated by a licensed foster parent/group home, a notification must be made to NC DSS within 5 days to ensure Licensing and Regulatory are aware. NC DSS licenses all foster parents, therapeutic foster parent, and level 1 group homes. This notification must be made for ALL homes with a foster care license regardless of whether there is currently a foster child in the home. This also includes notification when the victim child is the biological or adopted child of the licensed foster parent and there is a foster child in the home. A notification must be made to the Division of Health Service Regulation for all mental health group homes (i.e., Level 2, 3, 4 and Psychiatric Residential Treatment Facility (PRTF)) within 5 days. Additional requirements are contained in "Conflict of Interest" in Cross Function Topics in the NC Child Welfare manual.	**REPORTS INVOLVING OPEN CHILD PLACEMENT CASES** Children in Out of Home placement may share additional information about abuse and neglect after being removed from their home. If the information meets the statutory definition, it must be investigated. In situations where the biological parents have had their parental rights terminated and the child discloses allegations regarding maltreatment committed by their biological parents, the report must be screened out. NCGS § 7B-1112. states, "An order terminating the parental rights completely and permanently terminates all rights and obligations of the parent to the juvenile and of the juvenile to the parent arising from the parental relationship, except that the juvenile's right of inheritance from the juvenile's parent shall not terminate until a final order of adoption is issued." A notification must be sent to Law Enforcement and the District Attorney's office. If the allegations provided meet the statutory threshold and the reporter is aware of other children in the home of the biological parent that could be at risk, it should be screened in. Licensing and Regulatory maintains information regarding licensed foster homes/group homes and should be included in the process to ensure that if there are concerns for abuse, neglect, and/or dependency that actions can be taken to ensure that no additional children are harmed.

DRAFT

Out-of-Home Care Provider CPS Reports

Protocol – What you must do	Guidance – How you should do it
REPORTS INVOLVING INSTITUTIONAL PLACEMENTS When a report alleges that a child is maltreated in an institutional placement and the person alleged to have maltreated the child is entrusted with the child's health and welfare, the report must be accepted for CPS Assessment. This includes a correctional officer or any employee with the Division of Juvenile Justice and Delinquency Prevention that has responsibility for the health and welfare of a juvenile. Screened in reports on institutional placements must be assigned as an Investigative Assessment Response and referred to law enforcement when required. Only children identified as victims must be the subject of the Investigative Assessment. However, other children in the institutional setting must be considered as victims if an assessment of the circumstances warrants the inclusion of those children in the Investigative Assessment. Additional requirements are contained in "Jurisdiction" in Cross Function Topics in the NC Child Welfare manual. **REPORTS INVOLVING CHILDREN LIVING IN AN INSTITUTIONAL SETTING WHERE A CHILD HAS DIED DUE TO SUSPECTED MALTREATMENT** When a report of a juvenile's death, because of suspected maltreatment in an institutional setting, such as a residential child care facility or residential educational facility is received: ● The county child welfare services agency must immediately determine if other juveniles remaining in the facility are subject to the alleged perpetrator's care or supervision; and ● If so, assess the circumstances of those juveniles to determine whether they require protective services or whether immediate removal of those juveniles from the facility is necessary for their protection (N.C.G.S. §7B-302(b)).	If a report is received and the person alleged to have abused or neglected the juvenile is an employee that is not entrusted with the child's care such as the cook, the janitor, the groundskeeper, etc., the report would not be accepted for CPS Assessment but reported to law enforcement.

DRAFT

Multiple Reports Involving the Same Child or Family

Protocol - What you must do	Guidance – How you should do it
MULTIPLE REPORTS INVOLVING THE SAME CHILD OR FAMILY If a CPS report is received that describes maltreatment allegations and the incident is currently being assessed through an open CPS Assessment: • The information must be on the Intake Tool in the Child Welfare Information System, screened-in, and merged with the current open assessment. • The report may not require a new initiation; therefore, a determination of the response timeframe is unnecessary. A new CPS Intake must be created when new maltreatment allegations that meet the legal definition of abuse, neglect, and or dependency are received from the public while there is an open CPS Assessment (i.e., not uncovered by the county child welfare worker as a part of the initiation in an open Assessment). The new information is considered a new report and must be responded to within the determined time frames to assess the safety of the child. There must be one assessment that addresses the initial and new information with one case decision.	There are times when a county child welfare services agency may receive a report describing maltreatment and incidents that were previously assessed during a CPS Assessment that has closed. The agency should consider all new information in making its screening decision. If there is information that has not been assessed and meets the statutory definition, the report should be screened in. "Received from the public" refers to an individual's intent to contact the county child welfare services agency for the purposes of making a CPS report. Information that a county child welfare worker obtains from a collateral contact during an open CPS Assessment related to the allegations presented in the report do not constitute a new report or obligate the county child welfare to send reporter notification letters to that individual. Information that a county child welfare worker obtains from a collateral contact during an open CPS Assessment regarding a new incident or information outside of the allegations presented in the report that meet the statutory definition of abuse, neglect, and/or dependency must be screened using the Intake tool and responded to based on the determined timeframe.

DRAFT

Open In-Home Services Cases CPS Reports

Protocol – What you must do	Guidance – How you should do it
REPORTS INVOLVING OPEN CPS IN-HOME SERVICES CASES Any new maltreatment and/or incident that meets the legal definitions of abuse, neglect, and/or dependency received at any time during a CPS In-Home Services case must result in the creation of a new CPS Intake and a prompt and thorough assessment of the allegations. The county with the open CPS In-Home Services case must be the county responsible for conducting the assessment of any new screened in reports, unless there has been a change in residence. Refer to "New Assessment on Open In-Home Case" in In-Home in the NC Child Welfare manual.	This includes information from collaterals involved with the family who provide the information to the current worker providing In-Home services. A collateral should not be expected to know the difference between making a report to the worker involved with the family and a formal call to the Intake line for the agency.

DRAFT

Reports Creating a Conflict of Interest for the Agency

Protocol – What you must do	Guidance – How you should do it
The family's (child's) county of residence is responsible for conducting the CPS Assessment, except in cases where there is a conflict-of-interest present. When there is a conflict of interest, another county child welfare services agency must conduct the assessment. The narrative information must be collected by the county child welfare agency that receives the report and then the report must be sent in the Child Welfare Information System to the county child welfare services agency conducting the CPS Assessment for screening in the Screening and Response Tool. Verbal confirmation must be obtained by the county child welfare agency sending the report for screening. Transition into the Child Welfare Information System: When a county that is in the Child Welfare Information System receives a report that is a Conflict of Interest (COI) the county child welfare agency must take the information from the reporter and put it in the Child Welfare Information System. If the county receiving the COI report is in the Child Welfare Information System, then the information gathered must be sent in the system for screening and response by the receiving county. If the county receiving the COI is not in the Child Welfare Information System, then information gathered from the reporter must be printed out and immediate notification made to the county receiving the report. The sending county must ensure that it is received and then the receiving county must screen the report and if accepted determine the assessment track and response time based on the CPS Intake policy. When a county that has not transitioned into the Child Welfare Information System receives a report that is a COI the county child welfare must take the information on the current DSS-1402, make immediate notification to the other county regardless of whether they are in the Child Welfare Information System or not. The information gathered from the reporter will	As all 100 counties transition into Child Welfare Information System there will be counties that are in the Child Welfare Information system and counties that have not transitioned yet. This means that counties will be operating under two different screening and response processes. For counties that have not transitioned into the system they will continue use the DSS-1402 and CPS Intake Policy to make screening and response decisions. Counties that have entered in the Child Welfare Information System will use the Structured Decision-Making (SDM) Tool that is a part of the system for screening and response and the SDM Intake Policy. When additional information is needed to complete the screening process, the reporter can be contacted by the receiving county when available. In cases where the reporter is unavailable the intake worker will make a screening and response decision based on the information that they received.

DRAFT

Reports Creating a Conflict of Interest for the Agency

be sent to the county receiving the COI for a screening decision and, if warranted, an assessment track and response time determination. The county sending the information must ensure that it is received. If the county is in the Child Welfare Information System the information must be entered into the system and use the SDM Screening and Response Tool. See "Conflict of Interest" in the Cross Function manual in the NC Child Welfare manual for further information regarding a county child welfare services agency's responsibility when there is a conflict of interest.	

DRAFT

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
SCREENING AND RESPONSE TOOL Use of the Screening and Response tool: ● Must occur for every CPS report: ○ Regarding a child under the age of 18, and ○ Alleging abuse, neglect, and/or dependency by a parent or caretaker, and/or human trafficking ● Provides for consistent screening across the state; and ● Determines whether the allegations meet the legal definitions of abuse, neglect and dependency. ● Determines a Response Time for allegations that meet the statutory threshold for abuse, neglect, and/or dependency. County child welfare intake workers must have a current knowledge of statutory guidelines to identify and categorize child abuse, neglect and dependency allegations and elicit the reporter's concern. Intake workers shall consider the child's age, developmental status, other child vulnerabilities, and expected child and family life events when assessing referrals. The county child welfare services agency has the authority to intervene only when the allegation, if true, would meet the legal definitions. The appropriate maltreatment must be selected based on the maltreatment screening tools. In **Step 1** there are 4 maltreatment allegation screening criteria, Abuse, Abandonment, Neglect and Dependency. The Intake worker must select each maltreatment allegation subtype that corresponds to the reporter's concern and the documented referral narrative. The Abuse criteria includes Death of a child when maltreatment is suspected, Human Trafficking, Physical Abuse, Sexual Abuse, Emotional Abuse/Mental Injury, Moral Turpitude. The Abandonment criteria covers a child of any age who has been abandoned. The Neglect criteria includes Physical Neglect, Medical Neglect, Educational Neglect, Illegal Transfer of Custody, and Parent Request to Dismiss Safe Surrender. The Dependency criteria covers Caretakers' Incapacity and Safe Surrender Infants.	

DRAFT

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
DETERMINATION OF COUNTY OR STATE ASSIGNMENT The intake decision determines if there is a valid Child Protective Services (CPS) report, how quickly the agency needs to respond, and which county child welfare services agency is responsible for conducting the CPS Assessment. COUNTY ASSIGNMENT The county child welfare worker and supervisor managing the CPS Intake must: ● Screen the report; ● Determine if the maltreatment alleged in the report is sufficient to warrant intervention based on suspected abuse, neglect, and/or dependency; ● Determine how quickly the agency needs to respond; ● Determine which county child welfare services agency is responsible for conducting the CPS Assessment; and ● Send the reporter notification letter. ● Send all other required notifications (i.e. Law Enforcement, DA, DCDEE, DHSR, Military, RAMS) All information must be provided to the county where the child resides to complete the CPS Assessment and make the case decision. The county child welfare services agency responsible for conducting the CPS Assessment will screen the CPS Assessment for acceptance, response time and track assignment. Additional requirements are contained in the "Conflict of Interest" section in the Cross Function manual of the NC Child Welfare manual.	The worker should take all of the information from the reporter and then determine if there is a conflict of interest. In cases when the agency is aware of a conflict of interest the worker must send the information in the system to the county that is responsible for assessing the report to complete the Screening and Response Tool in the system. The county with the conflict of interest must make verbal notification and receive confirmation from the receiving county so that a timely assessment can be initiated. The worker should not expect the caller to find the correct number to call or make the call to another DSS agency. The caller should be advised that their name and information will be referred to another agency and that, if necessary, this agency may call the reporter seeking more information. The caller should also be advised that this agency will also send them a five-day notification letter.

DRAFT

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
DETERMINATION OF RESPONSE PRIORITY AND ASSESSMENT APPROACH The Response Time and Track is **Step 2** of Intake Decision-Making. The use of the Response Time and Track results in consistent decisions regarding the response time for assessments. The Response Time and Track step determines the time frame for the response for all reports accepted for a CPS Assessment (immediate, within 24 hours, or within 72 hours) and track (Family Assessment or Investigative Assessment). Workers will be directed to the appropriate response matrix, A or B, based on allegation type. Matrix A includes allegations of abuse child fatality, near fatality, human trafficking, abuse or abandonment (physical, sexual, emotional, moral). Matrix B includes allegations of neglect and/or dependency allegations only. If the report includes allegations on both response matrices, the worker will complete Matrix A (abuse, abandonment, child fatality, near fatality, human trafficking). All reports that are screened "in" must be assigned for response according to the allegation characteristics selected in the Response Time and Track step. This will be auto-populated based on completion of the tool.	Supervisory Override: An agency **may** always respond more quickly than the indicated time if there are circumstances or lack of information that indicate the child is possibly at greater risk than indicated by the Response Tool. An agency **may not** choose a response time that is longer than the indicated response time.

DRAFT

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
DEFINITIONS OF FAMILY ASSESSMENT AND INVESTIGATIVE ASSESSMENT FAMILY ASSESSMENT RESPONSE A response that is: ● Family-centered; ● Protection- and prevention-oriented; and ● Evaluates the strengths and needs of the juvenile's family, as well as the condition of the juvenile. The Family Assessment response is appropriate for reports that contain allegations meeting the statutory definitions of neglect and/or dependency and **does not** meet the following allegation characteristics: • Child exposed to methamphetamine lab/fentanyl; • Medical neglect of an infant with life-threatening condition; • Child is in custody of child welfare, family foster home or residential facility; • Physician or law enforcement has taken emergency custody; • A hospitalized child due to suspected neglect; • or OTHER reason described. INVESTIGATIVE ASSESSMENT RESPONSE A response to reports of child abuse and selected reports of child neglect and dependency that is a formal information gathering process to determine whether a juvenile is abused, neglected, or dependent. The Investigative Assessment response is appropriate when reports include an allegation of child fatality, near fatality, human trafficking, abuse, or abandonment (physical, sexual, emotional, moral). If response track for neglect or dependency includes any of the following, the response must be changed to Investigative Assessment:	Family centered is not the same thing as family friendly. The primary role of Child Protective Services is to ensure the safety of children. Being family centered requires workers to focus on solutions that allow children to remain safely with their families **BUT** does not negate the statutory requirement to remove children from unsafe situations when there are no other options at the expense of getting along with the family.

DRAFT

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
• Child exposed to methamphetamine lab/fentanyl; • Medical neglect of an infant with life-threatening condition; • Child is in custody of child welfare, foster care or residential care; • Physician or law enforcement has taken emergency custody; • or OTHER reason described.	
ASSIGNMENT OF ASSESSMENT APPROACH Regardless of the assignment to either CPS Assessment response, when the county child welfare services agency receives a valid CPS report, the agency must act to ensure the safety of the child through the provision of protective services. As the timeframe for responding to reports of abuse, neglect, and/or dependency begins at the time the reporter contacts the county child welfare services agency, assignment of the report for assessment must occur as soon as the CPS Intake tool is completed.	

DRAFT

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
TWO-LEVEL DECISION CONSULTATION Two-level decisions must occur on every CPS Intake completed. The screening decision(s) must include a discussion between the CPS Intake worker and a supervisor (or other management position) about Step 1 and Step 2 of the Intake tool. All persons participating in the screening decision must sign or approve the Screening and Response Tool where indicated.	Two-level decisions for CPS Intake reports should involve the assigned caseworker and that worker's supervisor. However, there may be circumstances that require another county child welfare worker or another supervisor or a higher-level manager in the agency to participate in a review or the decision making. When a supervisor does not have access to a higher-level manager for a 2nd level review when screening an Intake report, the supervisor may send to another supervisor for the 2nd level review.

DRAFT

Notifications

Protocol – What you must do	Guidance – How you should do it
DISTRICT ATTORNEY / LAW ENFORCEMENT NOTIFICATION **REPORTS OF ABUSE** Reports of abuse by a parent, guardian, custodian, or caretaker that may meet the criminal definitions of child abuse must result in a notification to the District Attorney and Law Enforcement. G.S §7B-307 directs that when there is evidence that • the child may have been abused as defined by G.S. § 7B-101 by the *parent, guardian, custodian or caretaker*, The county child welfare agency must: a) Give immediate verbal notifications to the District Attorney or designee; b) Send subsequent written notification to the District Attorney within 48 hours c) Give immediate verbal notification to the appropriate local law enforcement agency; and d) Send subsequent written notification to the appropriate local law enforcement agency within 48 hours. e) Notification to the appropriate **military** authority that there is evidence of abuse of a juvenile by a *parent, guardian, custodian, or caretaker* with that military affiliation.	The receipt of a report is considered evidence of abuse and or violation criminal misdemeanor or felony child abuse. Notification to the military authority of the alleged perpetrator only takes place there is evidence of abuse of a juvenile by a parent, guardian, custodian, or caretaker with that military affiliation.
REPORTS OF NEGELCT (Unsafe Discipline) In instances of **parental** child neglect/unsafe discipline where the injuries amount to misdemeanor child abuse according to statute, the county child welfare agency must: • Give immediate verbal notification to the appropriate **local law enforcement** agency; and • Send subsequent written notification to the appropriate **local law enforcement** agency within 48 hours	Examples of situations in which non-caretaker reports are to be made to the District Attorney and Law Enforcement include reports alleging assault on a child by educational personnel; reports alleging sexual molestation of a child by a stranger; reports alleging

DRAFT

Notifications

Protocol – What you must do	Guidance – How you should do it
NON-CARETAKER REPORTS G.S. §14-318.6 requires that any person 18 years of age or older who knows or should have reasonably known that a child has been or is the victim of criminal **misdemeanor child abuse** defined under G.S. 14-318.2 **or felony child abuse** §14-318.4 must notify the local law enforcement agency. In instances of physical harm to a child that violates any criminal statute by a N**on-Caretaker**, including instances of unsafe discipline that amount to misdemeanor child abuse, the local child welfare agency must: • Give immediate verbal notification to the appropriate local law enforcement agency; and • Send subsequent written notification to the appropriate local law enforcement agency within 48 hours • Give immediate verbal notifications to the District Attorney or designee; • Send subsequent written notification to the District Attorney within 48 hours **Notification Requirements:** • Juvenile Victim: Name, Age, Address, Current whereabouts • Parent, Guardian, Custodian, Caretaker: Name, Address • Alleged Offender: Name, Age, Address • Other Juveniles present or in danger: Name and Age • Nature, extent or conditions of offense **Definitions in Criminal statutes:** **Misdemeanor child abuse** (§14-318.2) is defined as any person (caretaker and non-caretaker) who: inflicts, allows to be inflicted creates a substantial risk of physical injury by	maltreatment of a child by staff of an acute physical care hospital. In some cases, local law enforcement may be investigating the actions of the person who is reported to be directly responsible for the harm to the child while the county child welfare services agency assesses the parent or caretaker's behavior that contributed to the alleged abuse or neglect. Other situations are clearly the responsibility of law enforcement as far as investigation and court action are concerned.

DRAFT

Protocol – What you must do	Guidance – How you should do it
non-accidental means. Failure to report crimes against juveniles carries a penalty of Class 1 misdemeanor. **Felony child abuse (§14-318.4)** • Serious bodily injury (G.S. §14-318.4(d)(1) Bodily injury that creates a substantial risk of death or that causes serious permanent disfigurement, coma, a permanent or protracted condition that causes extreme pain, or permanent or protracted loss or impairment of the function of any bodily member or organ, or that results in prolonged hospitalization. • Serious physical injury (G.S. §14-318.4(d)(2) Physical injury that causes great pain and suffering. The term includes serious mental injury. • Sexually Violent Offense (G.S. §14-208.6(5)) This also includes the following: an attempt, solicitation, or conspiracy to commit any of these offenses; aiding and abetting any of these offenses. • Violent Offense (G.S. 14-318.6(5)) any offense that inflicts upon the juvenile serious bodily injury or serious physical injury by other than accidental means. This term also includes the following: an attempt, solicitation, or conspiracy to commit any of these offenses: aiding and abetting any of these offenses. REPORTER NOTIFICATION For all CPS Intake reports, there must be documentation that: a) Written notice was sent to the person making the report within 5 working days after receipt of the report; b) The person making the report waived their right to notice; or c) The person making the report refused to provide identifying information. The notice to the reporter must include: a) A statement about whether the report was accepted for CPS Assessment based on statutory definitions and citing the relevant statutes, and identify the type of CPS Assessment that includes a brief description	The requirement for written notification does not negate the county child welfare services agency's ability to share the screening decision with the reporter through other means prior to receipt of the 5-day letter if the inquiry is an effort to provide protective services to the family. Examples of such situations include a hospital social worker wanting to know the screening decision prior to a child's discharge, or a police officer who is waiting for a county child welfare worker to arrive on the scene.

DRAFT

Notifications

Protocol – What you must do	Guidance – How you should do it
b) The date the report was made; c) The identity of the alleged victim child; for instance, if the reporter specifically identifies the name of a child, use that name; however, if the name is unknown, use the descriptor given by the reporter; d) Information regarding the process by which the reporter may obtain a review of the agency's decision not to accept the report for CPS Assessment; e) A statement about whether the report was referred to the appropriate state or local law enforcement agency; f) The identity of the county responsible for conducting the CPS Assessment, if different than the county that received the Intake; g) Information and resources on human trafficking, if the report is screened out; h) A statement that encourages the reporter to contact the agency if more information or concerns regarding the child or family surfaces; and i) The name and contact information for the assigned county child welfare worker, the supervisor, or other identified person. If a reporter describes the exact same allegations and incidents that are currently being assessed, the county child welfare services agency must still provide the notification, even if they may not have been the initial reporter. **NOTIFICATIONS INVOLVING OUT-OF-HOME PLACEMENTS** Refer to "Conflict of Interest" in Cross Function Topics in the NC Child Welfare manual for notifications required for out-of-home placements.	Reference G.S. 7B-309 for specific information about the immunity of persons reporting and cooperating in an assessment. This can be found in the policy and legal basis section of the CPS Intake Manual. Appropriate information and resources to the reporter may include, but are not limited to: • National Human Trafficking Hotline Number (1-888-373-7888); • Contact information for local agencies serving survivors of human trafficking; and, • Contact information for statewide agencies serving survivors of human trafficking.

DRAFT

Maltreatment Types

Attachment A

Protocol- What you must do	Guidance- How you should do it
MALTREATMENT TYPE Each maltreatment type is listed below and includes when a report must be accepted. Any subtypes that match the narrative information provided by the reporter must be checked in the system. **ABUSE** **Death/Near Death of a Child** A report received regarding a child fatality AND concerns for abuse or neglect by a caretaker caused or contributed to the death of a child AND other children reside in the home must be screened for assessment. It is important to consider the information the reporter provides even if the reporter does not raise suspicion. The report must be accepted if the safety of the children who continue to reside in the home is at risk based on the information presented. "Near fatality" is a phrase used in child protective services and is defined as follows: • An act that, as certified by a physician, places a child in serious or critical condition (Child Abuse Prevention and Treatment Act (CAPTA), Chapter 67, subchapter 1) • NC G.S. § 7B-2902.9(a)(3) defines a Near fatality as "A case in which a physician determines that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment." If ANY of the following conditions are reported by a medical provider, consider near fatality: • Life-saving procedures have been performed (CPR, intubation) • Child will be/was admitted to the Intensive Care Unit (ICU)*, as a direct result of the injury and/or alleged neglect.	**MALTREATMENT TYPES** **Death/Near Death of a Child** Additional questions that can be asked to assist with determining whether to accept a report include: • Did an otherwise healthy child die of unknown causes? • Was the caretaker co-sleeping with the child while under the influence? • Did the child suffer a fatal gunshot wound unsupervised? • Did the child overdose on any substance while unsupervised? • Did the child drown in any type of body of water while they were without supervision? • Was there an unexplained or suspicious head trauma or internal injury? Determination of condition by physician (serious or critical) can be made verbally and/or in writing. Hospitals apply the terms "serious" or "critical" with variability, depending on which physician specialty is queried (e.g., emergency department physician, intensive care unit physician, primary care physician, etc.) There is a distinction between an injury being of a serious nature versus a child being determined to be in serious condition. The level and extent of medical intervention may be an indicator in this distinction

DRAFT

Maltreatment Types

Attachment A

* Included is admission to pediatric intensive care unit or neonatal intensive care unit requiring treatment to continue the function of vital organ/s. **Human Trafficking** A report received regarding a child being directly or indirectly given, promised, or received in exchange for anything regardless of whether the child is used for labor or sex, or to satisfy a debt must be screened for assessment. All reports with allegations of human trafficking must be screened for assessment regardless of the perpetrator's status as a caretaker. Human trafficking does not require the perpetrator to be a caretaker. Child Sex Trafficking: A child who has been or is at risk of being recruited, harbored, transported, provided, solicited, patronized, or obtained for the purpose of sex acts, for anything given or received by any person. This does not require an act of force, fraud, or coercion. Child Labor Trafficking (involuntary servitude of a child): A child who has been allowed, forced, or coerced into performing labor in settings or activities that typically require employment. This can also include children working long hours for little to no pay and working in places or engaging in activities that are illegal for children to perform. Child Trafficking: A child exchanged for anything or as settlement for a debt. This does not have to include the child being used for labor or sex.	The condition of the child admitted to the ICU must be considered. If the child is admitted for observation, such as after surgery, the condition may not meet that of a near fatality. **Human Trafficking** In cases where the perpetrator is not a caretaker, it is critical that the child welfare worker obtain as much information as the reporter has regarding the caretaker and their knowledge of the situation

DRAFT

Maltreatment Types

Attachment A

Physical Abuse Serious Physical Injury Any report received where the allegations are serious physical injury inflicted or allowed to be inflicted on a child by a caretaker or a caretaker allowing others to inflict serious physical injury must be accepted for assessment. Serious physical injury can be an intense, acute injury OR characterized by the child suffering lasting pain. Injuries may be current or in different stages of healing. Serious physical injury examples include: • Bruising, lacerations, welts, or swelling on the head, face, eyes, throat, chest, belly/abdomen, genitalia, or other sensitive and vulnerable areas of the body; • Extensive bruising, welts, or swelling and any lacerations on legs, arms, back, or buttock; • Fractured/broken bones; • Injuries requiring medical attention, even if medical attention has not been sought; and • Patterns of burns consistent with maltreatment (e.g., cigarette burns, immersion burns). The injuries listed above are not intended to be an all-inclusive list but are an indication of information that does warrant an Investigative Assessment. Any allegations that result in the injuries listed above regardless of the caretakers' intent must be screened in as Abuse under Severe Physical Injury. Unexplained Physical Injury Allegations received that include a serious physical injury to a child, consistent with the definition above, that is not explained, or the explanation is not plausible or consistent with the injury, or the perpetrator is unknown must be accepted for assessment under this item. This item must also be selected when any injury to a non-cruising child that is not explained, or the explanation is not plausible or	Serious Physical Injury Serious Physical Injury includes corporal punishment and injuries to the child as a result of domestic violence. There may be circumstances where a child has bruises that do not rise to the level of abuse but are considered unsafe discipline (refer to the Unsafe Discipline Maltreatment Screening Tool), as well as situations where there may be bruising and there is no abuse or neglect. Gathering all the information the reporter has will be important to making the correct screening decision. For reports of discipline that do not result in serious physical injury and that have harmed the child or present a risk of harm, including reports of children three or younger subject to corporal punishment, review *Physical abuse – Excessive or cruel punishment* and *Neglect – Unsafe discipline.* Unexplained Physical Injury These reports may come from a healthcare provider stating that the injury is consistent with non-accidental injuries, or an injury observed by the reporter where the child and caretaker are unable to provide an explanation for how the injury occurred. It is also important to consider the child's age, developmental and activity level.

DRAFT

consistent with the injury is reported no matter how minor. This is called a Sentinel injury. A Sentinel injury is a visible, poorly explained small injury such as a bruise on any part of the body or intraoral (mouth) injury in a pre-cruising child often from abuse and can precede more serious abuse. "Cruising" means the child can pull to a stand and take a few steps holding onto something. Children typically learn to do this between 8 and 11 months of age. A child with a small bruise from abuse may have severe internal injuries, so additional medical screening is necessary.	Examples of Sentinel injuries include: • Bruises, regardless of size or color of bruise, anywhere on the body • Injuries inside and outside of the mouth (e.g., bruising to tongue, cuts in mouth) • Broken blood vessels or red spots in the eyes (e.g., subconjunctival hemorrhages)
Excessive or Cruel Punishment This includes any child who is three years old or younger, non-verbal, or limited by developmental, behavioral, or physical disabilities with any marks or injuries as a result of physical discipline/corporal punishment. Use of any of the following discipline must be accepted for assessment: • Actions that cause injury or pain • Forced ingestion of non-food items or dangerous amounts of food or water • Use of ropes, duct tape, blankets or other restraints that restricts the child's movement. This does not include placing a child in a room or chair for a short period. • Forced actions of the child such as extensive running, lifting, or physical chores that are beyond the child's reasonable ability • Actively and intentionally withholding or restricting access to basic needs such as food, clean drinking water, clothing, shelter, toilet and hygiene facilities to the extent that the child endures pain, illness, or injury.	
Substantial Risk of Physical Harm When a report is received with allegations that the caretaker is engaging in dangerous behavior toward or near the child and the behavior could cause serious physical injury the report must be accepted for assessment. This includes:	Substantial risk of physical harm should also be considered in situations where caretakers are providing drugs or alcohol to children. The Intake worker should consider the age and what substance was given to the child as well the outcome of providing the substance to the child.

DRAFT

• A punch to the head, stomach genitals, or other vulnerable body area that leaves no visible injury • Choking, smothering, or disruption of a child's airway • Driving a vehicle under the influence of drugs or alcohol (illegal, prescription or over the counter) with the child in the vehicle. This does not require a criminal charge or an accident to have occurred for acceptance of a new report. The act alone is abuse because it "allows to be created" without their being a negative outcome. This item also includes when a caretaker makes a credible threat of serious physical harm to the child that would be accepted for child abuse if carried out. A credible threat would include an articulated plan that is likely to occur without intervention. A caretaker who is preoccupied with thoughts or who describes situations in which they think about harming a child should be screened in for assessment. When a reporter expresses concerns about abuse occurring if a caretaker is left unsupervised, a report must be accepted. A report must also be accepted if there is credible information that a current caretaker is responsible for the death or serious injury of a child due to abuse and there is now another child living in the home. This also includes situations when the caretaker knows that the environment has a substantial risk for serious non-accidental abuse or injury and allows the child to remain in the environment. **Sexual Abuse** Sexual Act on a Child by an Adult Caretaker or Other Adult in the Household Sexual abuse includes rape, intercourse, sodomy, fondling, oral sex, incest, or sexual penetration-digital, penile, or foreign objects. Any report that includes a child's disclosure, medical evidence, and/or a credible witnessed act of sexual contact by a caretaker or other adult in the home on a child must be accepted. This could include:	In cases where the parent is withholding a medication child welfare should also assess the substantial risk of physical harm when a medication is being withheld and what impact the refusal has on the child. When there are allegations of a parent's provision of drugs or alcohol or withholding of a medication and the behavior does not meet the statutory threshold for abuse, neglect, Unsafe Supervision should be considered. **Sexual Abuse** For reports that include child on child sexual behavior to include siblings engaging in sexual activity, unsafe supervision should be reviewed for a screening decision.

DRAFT

• Physical contact with the child's breasts, buttocks, or genitals, or with other parts of the child's body in a sexualized manner. • Directing, coercing, encouraging, allowing and/or forcing contact between the child and the caretaker's breasts, buttocks, genitals, or other parts of the caretaker's body in a sexualized manner. Physical or Behavioral Indicators Consistent with Sexual Abuse When there are concerns that a child has been harmed sexually, the perpetrator is unknown, and the caretaker or adult household member cannot be ruled out a report must be accepted for assessment. Some indicators include: • A pre-adolescent child that has a sexually transmitted infection, symptoms of a sexually transmitted infection, or otherwise unexplained injuries to the child's genital or anal area. • A child that has initiated or participated in sex acts that are outside the realm of developmentally normal preadolescent exploration and adolescent behavior. It may occur with caretakers, family members, or peers. Consider the child's age, developmental status, and any power or age differential when assessing this item. • A child that has initiated sexual acts or activities with caretakers, family members, or any other adult in their life. • A child that complains of pain in the genital or anal area with no physical explanations for the pain. Exposure to Sexually Explicit Conduct or Materials The caretaker or other adult in the household knowingly permits or provides child access to pornographic or harmful sexual material or the witnessing of sexual acts must be accepted for an assessment. This includes a caretaker or adult household member sending sexually explicit photos or videos of themselves, "sexting," and engaging in sexually explicit phone calls (phone sex), video calls, or conversations with a child. This does not include incidents that are accidental or	When the report for maltreatment includes a suspicion of a Sexually Transmitted Infection (STI), it is important to clarify the specific type of infection and the recommended treatment needs.

DRAFT

inadvertent unless the report indicates that the behavior is persistent or frequently occurring. Sexual Exploitation Any caretaker who photographs, films, or depicts a child in a sexually suggestive or explicit way, including live streaming must be assessed. This includes caretakers who allow, permit, or encourage a child in their care to be used in a sexually suggestive or explicit way for the purpose of photographing, filming, recording (audio, visual, or both), or live performance or video. Caretakers who allow, permit, or encourage the child to engage in sharing photos, videos, or live stream of themselves in a sexually suggestive or explicit way must also be screened in for assessment. If any of these activities involves the exchange of anything for the activities listed above, the child sex trafficking item must also be selected. Knowingly Allowing a Person with a History of Sexual Offenses Against Minors to Have Unsupervised and/or Unrestricted Access to the Child In situations where there is unsupervised access or the concern for it to exist with a child and an individual with a record of sexual crimes toward children, or for whom credible evidence suggests there is a history of child sexual abuse perpetration without a criminal record must be accepted for abuse. This does not have to be a caretaker and can include family members, neighbors, or friends of the caretaker who do not live in the home and have unrestricted access to the home. Allegations can include a knowing caretaker or one who should reasonably know the history of the sexual offender. Reports should be accepted regardless of whether the reporter is aware of the caretakers' knowledge or not. Substantial Risk of Sexual Abuse When the report includes allegations that the caretaker's behavior causes a concern that the child is at substantial risk of sexual abuse a report must be accepted. This includes but is not limited:	The worker must assess the totality of the allegations being presented when determining if there is grooming taking place. It is inappropriate to screen in a report when favoritism is the only thing being reported.

DRAFT

- Grooming: verbal, written, or physical behavior not overtly sexual but likely designed to prepare a child for future sexual abuse. This could look like a deliberate and escalating pattern of actions taken to lower a child's inhibitions (e.g., treating the child as "more special" than other children, talking about sexual topics that are age inappropriate, commenting on physical traits/changes of the child, escalating touching from innocent to inappropriate, and "accidental" self-exposure by the adult).
- A caretaker who views or possesses child pornography.

Emotional Abuse, Mental Injury

Reports must be accepted when there are allegations that the caretaker's action or inaction has led to a child's severe anxiety, depression, withdrawal, or aggressive behavior towards themselves or others. There may be single incidents or a pattern of behavior that would be of lesser concern if it was a single incident. Examples include, but are not limited to:

- A caretaker who rejects or refuses to acknowledge the child's worth and the legitimacy of the child's needs by singling out one child to criticize or punish, belittling the child, or shaming the child.
- A caretaker who threatens the child with being sent away or tells the child he/she is unwanted.
- A caretaker who treats the child differently from other children in the home, does not allow the child the same food as the rest of the family and withholds other provisions provided to the rest of the household, and/or physically separates the child from the family.
- A caretaker who publicly humiliates the child in the guise of discipline (e.g., making an older child wear a diaper for bedwetting, forcing the child to wear soiled clothes to school, removing the child's hair).

DRAFT

Emotional abuse also includes a caretaker terrorizing and/or creating a climate of fear by verbally assaulting or bullying the child with the intention of causing the child to experience extreme fear. Actions could include but are not limited to: • A caretaker who harms and/or threatens harm to self, child, or loved ones, including pets. • A caretaker who harms animals in front of the child and/or places the child in dangerous situations. • A caretaker who makes credible threats or there are previous situations and/or examples of the caretaker carrying out acts that produce fear in the child that it will happen again. • A child who is experiencing reasonable fears of retribution or retaliation from the caretaker. • A child's fearful response escalates at the mention of home, people, and/or circumstances associated with reported incidents. When a caretaker uses isolation and ignoring in an extreme manner that is to the detriment of the child, it must be assessed for emotional abuse. This would be a caretaker who limits interactions, deprives the child of essential stimulation and responses, or cuts the child off from normal opportunities for social or cultural interaction, preventing the child from forming familial bonds or friendships and making the child believe that he/she is alone in the world. This would not include limited planned ignoring of behaviors or time out. Allegations must be screened if a caretaker tells the child to go ahead and harm themself when the child threatens suicide. **Moral Turpitude, Encouraging and Enabling Delinquent Offense** Reports that include allegations that the caretaker encourages, condones, or approves the commission of delinquent acts by the child must be accepted. Acts include any activity by the child that would be criminal for an adult, AND the commission of the acts is shown to be the result of the encouragement and/or approval of the caretaker. This also	**Moral Turpitude, Encouraging and Enabling Delinquent Offense** When a caretaker supports or encourages smoking, consuming alcohol, disregarding curfew laws, or other offenses that apply to juveniles (i.e., status offenses) they should be considered under neglect, unsafe supervision, or other neglect allegations.

DRAFT

includes a caretaker that places the burden of criminal activity on the child. Some examples include but are not limited to a caretaker who has the child carry illegal drugs and/or participate in drug selling and/or forcing, encouraging, or enabling a child to steal from individuals or businesses. **Please note: When the allegation involves sex trafficking and exploitation, select the child sex trafficking allegation.** A report must also be accepted for moral turpitude in situations where the caretaker has knowledge that the child is engaging in illegal activities and responds by encouraging it to continue.	When making screening decisions about emotional abuse, it is important to question the reporter about the child's mental and physical status. It is concerning for possible emotional abuse if the parent/caretaker sees the child as responsible for their problems. This could be a situation where one child has been identified as the scapegoat of the family, and the child bears the blame for anything that goes wrong within the family system.

Protocol-What you must do	Guidance-What you should do
NEGLECT **Physical Neglect** All reports that allege a caretaker is not providing proper care, supervision, discipline, or necessary medical and/or remedial care must be accepted for assessment. This must be determined based on the needs of the child.	**Physical Neglect** The necessary care of some children may exceed what is commonly considered normal. This may be the result of medical or mental health conditions, developmental delays, and/or other child characteristics. In cases where the child's baseline requires additional care that the caretaker is not providing should be assessed for the impact on the safety of the

DRAFT

Unsafe Living Conditions When information is received by the county child welfare that a child's physical living condition is harmful and/or contains hazards that have led or could lead to the child's injury or illness if not resolved. The allegations must be considered in relation to the child's age, developmental and physical concerns. Some examples to consider (this is not an all-inclusive list) include a home: • That has been condemned or is a fire hazard. • With exposed heaters, gas fumes, or faulty wiring • With no access to fresh water, sanitary waste-management conditions • With broken windows or stairs that pose a danger to children • With human or animal excrement • With insect or vermin infestations • With unsecured/inappropriately stored and easily accessible firearms • With exposure to fentanyl and/or methamphetamine or other drug manufacturing lab (A screened in case for fentanyl and/or methamphetamine or other drug manufacturing lab must receive an Investigative Assessment response) • That includes persistent unsafe sleeping conditions especially for infants younger than one year old • With heavy traffic due to substance use or criminal activity. • Where another child was the victim of abuse or neglect. An assessment of unsafe living conditions must also include situations when a child is exposed to the elements. The caretaker must ensure that the child has adequate shelter.	child. This should include resources and services that the family is connected with to assist the child. **Unsafe Living Conditions** When considering whether a child has adequate shelter it is important to consider whether the family has a shelter regardless of the temporary nature of that space. It is also critical to consider the space itself and whether the physical structure itself is safe. The state of the shelter is also important in determining its safety. **Please Note: Substance use is no longer a separate maltreatment type. The use of substances alone, regardless of its legal status or whether it is taken as directed, is not considered neglect.**

DRAFT

Unsafe Clothing and Hygiene Reports that include allegations that a caretaker is not meeting a child's basic needs for clothing and/or hygiene and it is impacting the child's daily activities or will be adversely impacted without intervention must be accepted. This can be demonstrated by a child developing or suffering worsening of an injury or illness (e.g., sores, infection, tooth pain or loss, severe diaper rash, physical illness, hypothermia, or frostbite).	
Unsafe Food/Nutrition The report should be screened in when a caretaker is not providing sufficient food or hydration to meet minimal nutritional requirements for the child. When the only information available is that there is no food in the home, the report must be accepted for assessment. The worker must include any diagnosis or indicators of non-organic failure to thrive made by a qualified medical professional.	**Unsafe Food/Nutrition** A child that experiences significant lack of food or hunger due to lack of food should be considered for screen in, but the intake worker should consider statements from the reporter about what food is in the home as well as access to food through schools, family, and neighbors' homes where the children spend significant time. Consideration should be given to community resources such as meal programs and food distribution that the family has accessed to meet their needs. The parent/caretaker needs to provide sufficient food for the child to prevent nutritional deficiencies. A report would be accepted in situations where adequate food has not been provided for a timeframe that interferes with the health needs of the child based on age and other conditions. A CPS Assessment to determine whether food neglect exists must occur when a child shows symptoms of malnutrition, dehydration, or food poisoning.
Unsafe Supervision When allegations include that the child is left alone or inadequately supervised and the child has been injured or the child could have been injured due to the caretaker's lack of attention or supervision must be accepted for assessment. This includes situations in which the caretaker is	**Unsafe Supervision** The intake worker should gather additional information about any child that has been left unsupervised to include whether there are measures in place including a support system, ability and knowledge of the child to make contact in the case of an emergency. These things should be considered in relation to the child's age, developmental

DRAFT

physically present, but unable or unwilling to meet the child's supervision needs. Examples include but must not be limited to the following: • A child younger than 8 years old has been left alone. • A child of any age that has been left unsupervised with responsibilities beyond the child's capabilities. • A child in the care of an older sibling or minor babysitter who cannot or will not provide adequate care and supervision. • The adult caretaker is not meeting the child's needs for supervision, considering the child's age and developmental status. • Child-on-child sexual abuse occurs or continues due to lack of supervision. **Unsafe Discipline** Children who are four and older who receive reports that include physical discipline that results in minor bruises, welts, or other soft-tissue injuries on the buttocks, back, legs, and/or arms that do not require medical attention must be accepted for assessment. This is not the appropriate screening decision for children of any age with allegations that include choking, blocking the child's airway and/or punching or kicking in the head, stomach, or vulnerable areas, regardless of whether an injury is visible. These allegations must be screened as physical abuse.	ability, and mental health. This consideration should also include the location of the child and the length of time alone and the time of day. When the babysitter or older sibling providing supervision is a minor their age, developmental ability, and mental health should also be considered in regard to whether they are capable of providing care to others. If a caretaker is aware of a child's previous behaviors that indicated that they needed a more structured supervision plan and the caretaker failed to put one in place, a report should be considered based on the safety of that child with the past behaviors. It is important to get sufficient information at Intake regarding the behavior of the parent(s), as well as the behavior of the minor child(ren). When the parent has no knowledge of the child's sexual activity, the child's age, behaviors, and developmental level as well as any power and control dynamics between the children impact whether a CPS Assessment should be accepted. In situations where a caretaker is consuming alcohol/drugs with the child, unsafe supervision should be considered as the parent may not be providing adequate supervision. **Unsafe Discipline** The intake worker should consider the totality of the circumstances, including severity of discipline, child's age, any developmental delays, and whether the child is medically fragile or otherwise more vulnerable when determining if the punishment is screened as neglect or abuse. It may be necessary to review *Physical Abuse – Serious physical injury inflicted by action of caretaker* or *Physical Abuse – Excessive or cruel punishment* to make the correct screening decision.

DRAFT

Children three years old and younger should not be subject to corporal punishment. Any allegations of marks on a child three years old or younger because of physical discipline must be screened for Physical Abuse-Excessive or Cruel Punishment.	
Exposure to Violence in the Home/Injurious Environment In situations where a child has been exposed to or is aware of violence and there is a lack of attention to the impact it has on the child's welfare must be accepted for assessment. This item also includes an environment that is injurious to the child. Examples include but must not be limited to: • A child in a household where an adult is the victim of physical assault, sexual assault, or mental injury by an intimate partner. • A child who has seen, heard, tried to intervene in, or is aware of physical altercations, verbal threats of violence, or intimidation between adults in the home. This could be a single incident that resulted in injury to or arrest of a caretaker or involve the use of a weapon. This could also be a pattern of behavior that would be of lesser concern if it was a single incident. In reports where allegations include a child who has been injured or threatened with injury, Physical Abuse must also be screened.	**Exposure to Violence in the Home/Injurious Environment** The worker should consider that perpetrators of intimate partner violence (IPV), previously referred to as domestic violence, engage in a pattern of coercive control against one or more intimate partners. This pattern of behavior may continue after the end of a relationship or when the partners no longer live together. The perpetrator's actions can directly involve, target, and impact children in the family. If there is an allegation of abuse directly related to IPV, the alleged perpetrator is the caretaker who is the alleged perpetrator of IPV. The adult victim of IPV should not be identified as a perpetrator unless the allegations include them playing an active role in the safety concerns of the child.
Substance Affected Infant Any infant born exposed to substances that are not attributed to medical treatment to include medication-assisted treatment, and exposure is indicated by any of the following: • Infant's positive toxicology screen for drugs or alcohol, other than prescribed AND • a medical impact to the child (i.e. hospitalization as a direct result of withdrawal or medical condition that requires ongoing medical care that is directly attributed to the drugs or alcohol in the child's system); OR	**Substance Affected Infant** Medication-assisted treatment means the use of pharmacological medications administered, dispensed, and prescribed in a Substance Abuse and Mental Health Services Administration (SAMHSA)–accredited and certified opioid treatment program or by a certified practitioner licensed in North Carolina to practice medicine, in combination with counseling and behavior therapies to promote a whole-patient approach to the treatment of substance use disorder. During the screening process, a child welfare agency may share confidential information with public and private agencies that are

DRAFT

- demonstrating behavioral impact on the parent's ability to care for the infant; OR
- there are other maltreatment concerns, including the parent's ability to care for the infant OR a pattern of substantiations or findings.

- A mother's positive toxicology screen at delivery for drugs or alcohol, other than as prescribed AND there is the demonstration of a behavioral impact on mother's ability to care for the infant;
- A mother's positive toxicology screen at delivery for drugs or alcohol, other than as prescribed AND a pattern of substantiations, findings, or services for substance use;
- An infant has one of the following diagnoses: fetal alcohol syndrome (FAS), partial FAS, neurobehavioral disorder associated with prenatal alcohol exposure, alcohol-related birth defects, or alcohol-related neurodevelopmental disorder.

If a report alleges that an infant had a positive drug toxicology screen or is experiencing withdrawal symptoms AND it is known that the drug is a medication prescribed to the mother that is being used appropriately (as prescribed by the provider), then the report should not be accepted on this basis alone. This includes medication-assisted treatment of opioid use disorders.

Parent, Guardian, or Custodian Has Refused to Follow the Recommendations of the Juvenile and Family Team

Any reports where the parent, guardian, or custodian is refusing to follow the recommendations of the Juvenile and Family Team, **AND** this refusal causes abuse, neglect and/or dependency or puts the juvenile at substantial risk of harm must be accepted for assessment. There must be abuse, neglect, and/or dependency or a substantial risk of harm to the child as a result of non-compliance for a report to be accepted for assessment.

Juvenile and Family Team is a component of Juvenile Justice specifically designed to develop court-ordered recommendations for services and providing or facilitating protective services. To comply with confidentiality laws and to ensure that a plan of safe care can be created for every infant, it is important that the CMARC referral be made during the screening of the report and prior to deciding to the screening decision. The timing of the referral is critical because confidentiality laws will prohibit a child welfare agency from making the referral to CMARC if the report has already been screened out and child protective services are no longer being provided.

Please Note: Substance use is no longer a separate maltreatment type. The use of substances alone, regardless of its legal status or whether it is taken as directed, is not considered neglect. It becomes problematic when the substance use rises to the level that the caretaker is willing to place their needs to satisfy the addiction above providing proper care to the child. The worker should gather as much information as possible about the caretaker's use and its impact on the safety of the child. The intake worker should consider whether the behaviors should be accepted under one of the other maltreatment types and document the substance use in the narrative box.

Parent, Guardian, or Custodian Has Refused to Follow the Recommendations of the Juvenile and Family Team

All allegations should be considered and may require the child welfare worker to review other Maltreatment types. The worker should gather as much information as possible regarding the impact the non-compliance of the parent is having on the safety of the child.

The juvenile court counselor serves the vulnerable juvenile through case management services for up to nine months. Article 27A includes the following list of services that can be recommended:

DRAFT

compliance for *vulnerable juveniles,* defined as "any juvenile who, while less than 10 years of age but at least 6 years of age, commits a crime or infraction under State law or under an ordinance of local government, including violation of the motor vehicle laws, and is not a delinquent juvenile."	• Attend all scheduled meetings with the juvenile court counselor. • Attend all parental responsibility classes. • Obtain medical, surgical, psychiatric, or psychological evaluation or treatment for the vulnerable juvenile or parent/guardian/custodian. • Comply with recommendations of the juvenile court counselor.
Medical Neglect Physical Health When allegations include a caretaker delaying, refusing, or failing to seek, obtain, and/or maintain necessary medical, dental, hearing, and/or vision care and the caretaker knows or should have known that the decision would adversely impact the child must be accepted for report. This item includes a caretaker missing or not scheduling appointments, rehabilitative therapies, or other necessary medical, dental, hearing, or vision care and this resulted in the child's deteriorating health, lingering illness, or exacerbating an injury.	**Medical Neglect** Physical Health If the child has exceptional needs, such as being medically fragile, which the parent/caretaker does not or cannot meet, a CPS Assessment may be warranted. Such actions may include but are not limited to the following: • Withholding or failing to obtain or maintain medically necessary treatment for a child with acute or chronic medical conditions that impact quality of life or are life threatening. • Failing to provide comfort measures to infants and children with a life-threatening condition. Failure to provide the child with immunizations or routine well child visits in and of itself does not constitute neglect. A parental decision not to provide a child with behavior modification medication in and of itself does not constitute neglect. An allegation of neglect based solely on a child having head lice is not appropriate for CPS Assessment. This condition could arise in any number of ways and is not, in and of itself, an indicator of neglect. Collecting information regarding the parent/caretaker's attempts towards treating head lice, as well as, whether public health has intervened is important.

DRAFT

Maltreatment Types

Attachment A

Mental Health A report should be accepted when a caretaker delays, refuses, or fails to seek, obtain, and/or maintain necessary mental health and substance use treatment and the caretaker knows or should have known that the decision would adversely impact the child. This item includes a caretaker: • Missing appointments, therapies, or other mental/behavioral health care for a child with a diagnosed mental/behavioral health condition. • Withholding or failing to obtain or maintain necessary treatment for a child with life-threatening, acute, or chronic mental/behavioral health conditions. • Failing to obtain or withholding substance use treatment for a child with a known substance use concern.	Mental Health Mental health conditions include serious depression, anxiety, and substance use concerns with behaviors such as: • Suicidal/homicidal ideation, action, or attempts • Self-harm • Overdose/near overdose A situation in which a child refusing to attend their scheduled appointments with a therapist while the caretaker is making every effort to support and encourage the child to keep the appointment is not sufficient information to accept a report. A parental decision to decline behavior modification medication does not necessarily constitute neglect.
Educational Neglect Any caretaker that fails to ensure that their school-age child (ages seven through 15, or age of enrollment if younger than seven) is provided with an education must be assessed for educational neglect. Some additional examples of allegations that must be accepted include: • A child between the ages of seven through 15 (school-age child) who is not enrolled in school AND is not registered in a homeschooling program with the Division of Non-Public Education. • A reporting source that is not school personnel and has no details about the school's action to engage the caretaker with concerns that a school-age child has excessive unexcused absences during the academic year that are negatively impacting the child. • A reporting source that is not school personnel and has no details about the school's action to engage the caretaker with concerns that a school-age child is not receiving a sanctioned education.	**Educational Neglect** In North Carolina, children between the ages of seven and sixteen must be enrolled in a public school or an equivalent or receive private instruction through home schooling. This includes children under the age of seven who have been enrolled in school (i.e. a five year old who has been enrolled in Kindergarten) Educational neglect may take the form of failure to home school, to register, or to enroll a child of mandatory school age. Educational neglect may take the form of permitted chronic truancy, failure to enroll or provide alternative education, or inattention to special education needs. When a report is made by school personnel, the worker should gather additional information regarding the school's engagement with the family and any attempts to engage the caretaker. N.C.G.S. §115C-378 describes a school principal's responsibilities with regards to children who are repeatedly absent and the circumstances in which a principal must notify DSS regarding unlawful absences. The allegation of chronic

DRAFT

• A caretaker who refuses to allow or fails to obtain recommended special education or remedial education services for a school-age child. • A school-age child who has excessive unexcused absences this academic year, and despite formal intervention by the school, the school reports that the caretaker has been unable to be contacted, has been uncooperative with school officials, or cannot provide an appropriate explanation for the child's absences. Intervention by DSS must occur only after the school's efforts have proven to be unable to ensure the child's attendance. • Other situations in which the information provided indicates that the caretaker refuses to allow or appears unable to support the child in attending school, including allegations that child is working or caring for other family members rather than meeting minimal schooling requirements or school attendance.	truancy does not pertain to children who willfully refuse to attend school. When the report is from the school, they should report a completion of the entire court process and the disposition prior to the acceptance of a report for educational neglect. The North Carolina Court of Appeals found neglect where a father refused to send his mentally handicapped child to public school, and its special education programs, because the father insisted on educating his children at home. *In re Devone*, 86 N.C. App. 57 (1987) the court noted that the child needed additional stimulation outside the home and that denial of the remedial care available in the public schools constituted neglect and lack of proper care.
Transfer of Custody (Illegal Placement/Adoption) When a report includes allegations that a caretaker transferred the physical custody of the child in violation of an adoption, court order, or lawful authorization to an individual that does not have a substantial relationship with the child AND is not a relative must be accepted for assessment. This includes: • A caretaker was paid or accepted an offer of payment (it does not have to be monetary) for the placement or adoption of a child. • A caretaker who places a child with an alternate caregiver without the authority to do so. • A child placed in violation of the Interstate Compact on the Placement of Children.	**Transfer of Custody (Illegal Placement/Adoption)** An adoptive parent, or their designee may pay medical expenses, counseling services expenses, and/ or reasonable or actual expenses for ordinary living expenses, etc. for a mother. ICPC is a legally and administratively sound means of placing children across state lines with the same safeguards and services that are available when they are placed within their own state. Placements across state lines require the cooperation of agencies in ensuring that potential placements are evaluated for suitability and that supervision will be provided for the time necessary to determine that the placement is in the child's best interest.
PARENT REQUESTS TO DISMISS SAFE SURRENDER A parent who safely surrendered their infant and has contacted the agency to regain custody of the infant must be accepted for assessment.	**PARENT REQUESTS TO DISMISS SAFE SURRENDER** This can only be selected in circumstances in which the agency determined that the infant's surrender met criteria for Safe Surrender infant, and the person requesting custody can demonstrate, or there is

DRAFT

	reason to believe, they are a parent that safely surrendered the infant. Please see § 7B-527. Rights of surrendering parent for additional information. The worker should accept the report for Family Assessment as long as there are no other contributing factors or additional maltreatment allegations that would require an Investigative Assessment.

DRAFT

Maltreatment Types

Attachment A

Protocol- What you must do	Guidance- How you should do it
ABANDONMENT A report must be accepted when the reporter alleges that the parent is not willing to provide care for the child and the non-legal caretaker no longer wishes or is no longer able to continue. This includes the parent/caretaker: • Establishing a new residence without the child. • Leaving the child longer than the planned time without communication or support for the child • Has deserted the child without a plan for return. • Refuses to accept the child back home AND has not participated in finding an alternative placement. • Removed the child from the home and/or refuses access and has not provided a suitable alternative. NCGS § 7B-302(a) requires workers to send a request to law enforcement to investigate through the North Carolina Center for Missing Persons and other National and State resources to determine whether the child has been reported missing when the report alleges abandonment.	**ABANDONMENT** Abandonment is a conscious decision made by the parent/caretaker to leave the child and a clear demonstration that the parent/caretaker does not intend to resume parental responsibilities for the child. In reports where there are no safety concerns and the person providing care is seeking a legal arrangement to continue providing care for the child, they should be directed to the appropriate county resources rather than accepting it for assessment. It may be necessary for the child welfare worker to consult with their legal counsel for the appropriate county resources. In cases where there are no safety issues and the person providing care is having trouble enrolling the child in school, the worker should refer them to NCGS § 115C-366. The child welfare worker should elicit additional information in cases involving a mental health or medical facility who is reporting that a caretaker is refusing to come and get a child. If the caretaker is unable to provide care for the child safely in the home, then a dependency screening decision should be reviewed. Informal caretakers are placements made by the parent, custodian or legal guardian outside of child welfare input. In cases where informal caretakers who do not have a legal arrangement are seeking assistance in achieving a legal arrangement; and there are no safety concern, should be directed to appropriate county resources rather than screening in the referral for abandonment. A worker should consult with their legal counsel on the appropriate county resources to assist the informal caretaker with accessing legal custody.

DRAFT

Maltreatment Types

Attachment A

DEPENDENCY When a caretaker is unable to care for a child as a result of incarceration, hospitalization, physical or mental incapacity AND there is no safe alternative a report must be accepted. Dependency also includes when a caretaker's ability is substantially impaired to the extent that they are unable to meet the child's basic needs. This could be due to a prescribed medication, physical illness, or emotional state that affects alertness, availability, and decision making. A report for dependency should be accepted in cases where a child is being discharged from a hospital or facility and the caretaker has communicated that they are unable to meet the needs for the child safely in the home AND has participated in attempting to find an appropriate placement. **SAFE SURRENDER INFANT** A report for dependency must be accepted for all infants less than 30 days old who are safely surrendered by a parent voluntarily delivering the infant to one of the safe persons listed below and does not express an intent to return for the infant. • A health care provider who is on duty or at a hospital or at a local or district health department or at a nonprofit community health center. • A law enforcement officer • A social services worker who is on duty or at a local department of social services (DSS). • A certified emergency medical service worker or firefighter. If, after the infant has been safely surrendered, the parent returns for the child the report must be accepted for a family assessment to ensure the safety of the home.	**DEPENDENCY** If the caretaker has made a care plan for the child with a safe adult or is otherwise able to safely mitigate the impact of their incapacity on the child, this item should not be selected. **SAFE SURRENDER INFANT** It is important to note that in North Carolina the infant must be safely surrendered to a person. While there are instances listed in statute that identify places, the requirement is that the child be given to one of the identified "safe" persons. NCGS 7B-522 states that any of the safe persons listed who takes an infant into temporary custody must perform any act necessary to protect the physical health and well-being of the infant and immediately notify the department of social services in the county where the infant is surrendered. If the child the child is surrendered to any of the safe persons the individual may inquire as to the parents' identities, the date of birth of the infant, any relevant medical history, and the parents' marital status and may advise the parent that if the parent provides that information, it may facilitate the adoption of the child. However, the parent must also be notified that they are not required to provide the information. The individual, if practical, shall provide the surrendering parent with written information regarding the next steps.

DRAFT

Response Time and Type

Attachment B

The purpose of the response matrix is to provide structure for the determination of how quickly the CPS Assessment must be initiated. The response matrix will be introduced in the CWS for all reports accepted for assessment. Workers will be directed to the appropriate response matrix, based on allegation type. If the report includes allegations on both response matrices, the worker will complete Matrix A (Child Fatality, Near Fatality, Human Trafficking, Abuse, and Abandonment Allegations) before moving to Matrix B if additional allegations exist. The worker should select all conditions that apply.

Consider child's age and developmental status, allegation severity, access of alleged perpetrator, and presence in the response criteria. After choosing the correct criteria the matrix will provide the appropriate response time (immediate, within 24-hours, or within 72-hours). For an immediate response, initiation must occur at once, immediately after completion of the Intake report. The response should never exceed 24 hours for a report alleging physical or sexual abuse. The response should never exceed 72 hours for a report alleging neglect or dependency.

The responsibility to ensure safety begins at Intake. If the county child welfare services agency selects an initiation timeframe other than what the corresponding Response Matrix indicates, the decision must be documented and approved by a supervisor or higher management level. A report response time may be changed to initiate sooner, but CWS will not allow a report to be initiated at a later time.

Protocol-What you must do	Guidance-What you should do
DETERMINING RESPONSE TRACKS All reports accepted for assessment for child fatality, near fatality, human trafficking, abuse, and abandonment must be screened in as an **Investigative Assessment**. Reports accepted for neglect or dependency are **Family Assessments** except when they include any of the following, the response type must be changed to an Investigative Assessment and responded to immediately or within 24 hours depending on the characteristics: • A child is exposed to a methamphetamine lab • Medical neglect of a disabled infant with a life-threatening condition • A child is in the custody of child welfare or placed in foster care, group home, or residential care • A physician or law enforcement officer has taken emergency custody • A child is admitted to the hospital due to suspected abuse or neglect	

DRAFT

Response Time and Type

Attachment B

DETERMINING RESPONSE TIMES	
Immediate The situation is currently unsafe/harmful or will deteriorate to unsafe/harmful within the next 24 hours. Consider the child's age and developmental status, allegation severity, access of alleged perpetrator, and presence or absence of other responsible adults.	It is critical to assess the information available regarding the current situation and expected safety or lack of safety for children who are limited by disability or are 5 years of age or younger. This includes but is not limited to a life-threatening situation in the next 24 hours, a perpetrator who will have access in the next 24 hours and whether there is a high risk of harm, and access to weapons, illegal drugs, etc.
An injury to a child age 3 years or younger.	
A child is afraid to go home and/or has a credible fear of experiencing abuse in the care of the alleged perpetrator within the next 24 hours.	Child is exhibiting behavioral indicators of fear, and this fear is attributable to an allegation and/or the reporter provides credible evidence of a threat to the child's immediate safety. Child's fear of parental response or discipline due to poor grades or behavior must reach the level of concern for child safety. Children express fear through different, sometimes contradictory, behaviors. These may include: • Kicking, screaming, biting, spitting, throwing things; • Shaking, quivering, crying uncontrollably; • Running away, hiding, trying to escape the predicted dismissal or departure time; • Zoning out, emotionally distancing from others; • Hypervigilance/exaggerated response to doors opening, phones ringing, cars approaching; • Physically distancing self from others. Finding a space (under table, desk, bed where visual and auditory input are decreased) and avoiding being touched or making eye contact; • Covering ears, closing eyes, and tucking in arms and legs as much as possible; and • Seeking protection behind an adult, under the adult's desk, or in the corner of an adult's office/home.

DRAFT

Response Time and Type

Attachment B

A child needs urgent or emergent medical or mental health care for illness or injury due to alleged abuse.	The child requires immediate medical attention due to serious condition or injury. If attention is not provided, the child's health and well-being will be permanently affected. This includes injury treatment and/or evaluation that is needed or currently in progress, including dental care. Do not include medical examination completed solely for forensic purposes.
A family may leave their current location and CPS may not be able to find them.	Information shared by the reporter indicates the family may flee, the child may become inaccessible, or workers will be unable to locate the family. Examples include but are not limited to the following: • The caretaker and/or child threaten to flee or have a history of fleeing from CPS or police. • Home address is unknown, and caretaker and/or child is currently at school, hospital, police station, or other known location. • The family is known to be homeless and is currently at a non-shelter facility open for limited hours (e.g., library, recreation center, meal distribution/foodbank center).
Forensic considerations would be compromised with a slower response.	Physical evidence would be compromised OR there is reason to believe statements will be altered if the response does not begin immediately.
No food in the home or otherwise available to the children.	
A child under the age of 8 is currently alone.	
A child 12 years or younger who self-reports to the county DSS agency.	
A Safe Surrender Infant	
When abuse allegations do not meet immediate response criteria then they should be given a 24-hour response.	

DRAFT

Response Time and Type

Attachment B

Within 24 hours A child has visible injuries due to neglect that do not require urgent or emergency medical care. The situation is currently unsafe/harmful or will deteriorate to unsafe/harmful within the next 72 hours. Consider the child's age and developmental status, allegation severity, and presence or absence of other responsible adults.	It is critical to assess the information available regarding the current situation and expected safety or lack of safety for children who are 5 years or younger or limited by disability. This includes but is not limited to the following: • A suicidal child whose caretaker is unable/unwilling to take protective action • A substance-exposed newborn who has been or will be discharged in next 24 hours • Medical neglect of a disabled infant who is hospitalized and will be discharged in the next 24 hours • A child who is hospitalized due to concerns of abuse or neglect and will be discharged in the next 24 hours • A child has access to weapons, illegal drugs, dangerous chemicals • Leaking gas from a stove or a heating unit • Lack of food in the home and information that the child has not been fed • Excessive garbage, human, and/or animal waste that threatens the child's health
A child needs urgent or emergent medical or mental health care for an illness or injury due to alleged neglect.	The child requires immediate medical attention due to serious condition or injury. If not provided, the child's health and well-being will be permanently affected. This includes injury treatment and/or evaluation that is needed or currently in progress, including dental care. Do not include medical examination completed solely for forensic purposes.
Within 72 hours When neglect allegations do not meet the criteria for a response within 24 hours then they should be given a 72-hour response.	

DRAFT

Response Time and Type

Attachment B

Allegation Characteristics	Response Track
NEGLECT AND DEPENDENCY ALLEGATIONS When the report includes neglect and/or dependency allegations only, the screener will be directed to this matrix, which identifies criteria for both response time (immediate, within 24 hours, within 72 hours) and response track (Investigative Assessment or Family Assessment). If response track for neglect or dependency includes any of the following, the response must be changed to investigative assessment response: • A child exposed to a methamphetamine lab • Medical neglect of a disabled infant with a life-threatening condition • A child is in the custody of child welfare or placed in foster care, a group home, or residential care • A physician or law enforcement officer has taken emergency custody • A child is admitted to the hospital due to suspected abuse or neglect	**Investigative Assessment**
Allegations that do not meet criteria for an Investigative Assessment.	**Family Assessment**

DRAFT

Response Time and Type

Attachment B

Allegation Characteristics	Response Time
CHILD FATALITY, NEAR FATALITY, HUMAN TRAFFICKING, ABUSE, AND ABANDONMENT ALLEGATIONS When the report includes an allegation of child fatality, near fatality, human trafficking, abuse, or abandonment (physical, sexual, emotional, moral), the worker will be directed to this decision matrix. This should be checked when the report includes one of the criteria below: • A child fatality with concerns that abuse or neglect contributed, and other children are in the home • Near fatality of a child • Abandonment of a child • The situation is currently unsafe/harmful or will deteriorate to unsafe/harmful within the next 24 hours. Consider child's age and developmental status, allegation severity, access of alleged perpetrator, and presence or absence of other responsible adults. • Child is afraid to go home and/or has a credible fear of experiencing abuse in the care of the alleged perpetrator within the next 24 hours. • A child needs urgent or emergent medical or mental health care for illness or injury due to alleged abuse. • A family may leave their current location and CPS may not be able to find them. • Forensic considerations would be compromised with a slower response. • A child under the age of 8 who is currently alone. • A child 12 years or younger who self-reports to the county DSS agency	**Immediate** Initiation must occur at once, immediately after completion of the intake report. The system will allow the worker and/or supervisor to check "other" but there must be a reason included for a faster response time.
Any abuse allegations that do not meet immediate response criteria above.	**Within 24 hours**

Allegation Characteristics	Response Time
This should be checked when the report includes one of the criteria below: • A Safe Surrender infant • The situation is currently unsafe/harmful or will deteriorate to unsafe/harmful within the next 24 hours. Consider child's age and developmental status, allegation severity, and presence or absence of other responsible adults. • A child needs urgent or emergent medical or mental health care for illness or injury due to alleged neglect.	**Immediate** Initiation must occur at once, immediately after completion of the intake report.

DRAFT

Response Time and Type

Attachment B

• A child is afraid to go home and/or has a credible fear of experiencing abuse in the care of the alleged perpetrator within the next 24 hours. • A family may leave their current location and CPS may not be able to find them. • A child under the age of 8 who is currently alone. • Forensic considerations would be compromised with a slower response. • A child 12 years or younger self-reports to the county DSS agency.	
• A child has visible injuries due to neglect that do not require urgent or emergent medical care. • The situation will likely deteriorate to an unsafe/harmful situation within the next 72 hours. Consider the child's age and developmental status, allegation severity, access of alleged perpetrator, and presence or absence of other responsible adults. • Investigative assessments not already identified as immediate or within 24 hours	**Within 24 hours**
Allegations that do not meet the criteria for an immediate response or a response within 24 hours.	**Within 72 hours**

END OF CPS INTAKE POLICY, PROTOCOL, & GUIDANCE SECTION

DRAFT