North Carolina Child Welfare Manual for CPS Intake, CPS Assessments, In-Home, & Permanency Planning

NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Social Services

Child Welfare Services

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NC Child Welfare Manual for CPS Intake, CPS Assessments, In-Home, & Permanency Planning

North Carolina Child Welfare strives to ensure safe, permanent, nurturing families for children. The goal is that every child in North Carolina grows up in a safe, permanent, self-sufficient family where well-being needs of all are met.

Child Protective Services are legally mandated, non-voluntary services for families that encompass services for maltreated children (abused, neglected, and/or dependent) and those who are at imminent risk of harm due to the actions of, or lack of protection by, the child's parent or caregiver. Child Protective Services, provided by county child welfare agencies, are designed to protect children from further harm and to support and improve parental/caregiver abilities to assure a safe and nurturing home for each child.

This North Carolina Child Welfare Manual provides the policy, protocol, and guidance for county child welfare agencies in the provision of Child Protective Services Intake, Assessments, In-Home, and Permanency Planning.

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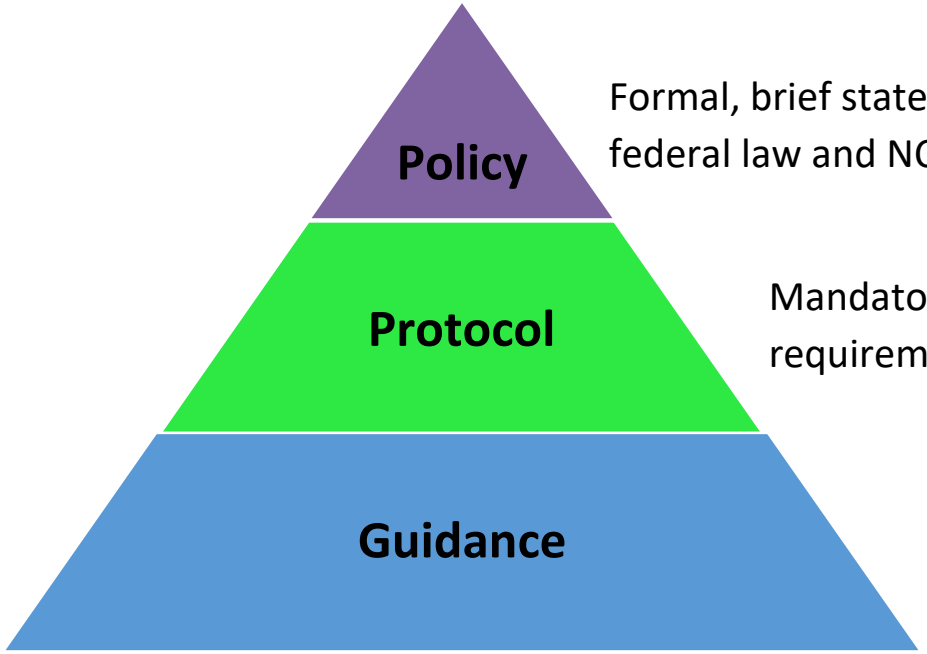
NC Child Welfare Manual Framework



Formal, brief statement of requirements that tie directly to federal law and NC statute and rules

Mandatory actions to meet policy requirements; what you must do

Practice or process guidelines, includes preferred practice and recommended practice guidance; how you should do it

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Cross Function Topics provide definitions, protocol, and guidance that is applicable to multiple functional areas. Providing this information in a separate section of the manual supports consistency across functional areas. Follow links within a functional area to the appropriate cross function topic for additional protocol and guidance.

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 NC FAST or the Structured Intake Report tool, using a strengths-based approach with the reporter.
2. Consult the Maltreatment Screening Tool(s) that correspond to the allegations.
3. Determine the county responsible for completing the CPS Assessment.
4. Consult the Response Priority Decision Tree.
5. Determine the appropriate Assessment Response Type (Investigative or Family).

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 time, the response type, and then the report is assigned for CPS Assessment.

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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. §7B-101 provides the definitions to determine a county child welfare services agency's authority to intervene and includes the following sentence in the definition of neglected juvenile: "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 or neglect 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. 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

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.	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. 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 child care; 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.

Policy/Legal Basis

Policy	Legal Basis
	(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." 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, 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.

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, potential adoptive parent when a juvenile is visiting or as a trial placement, an adult member of the juvenile's household, an adult relative entrusted with the juvenile's care, or 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. See also Caretaker Definition Decision Tool.

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 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

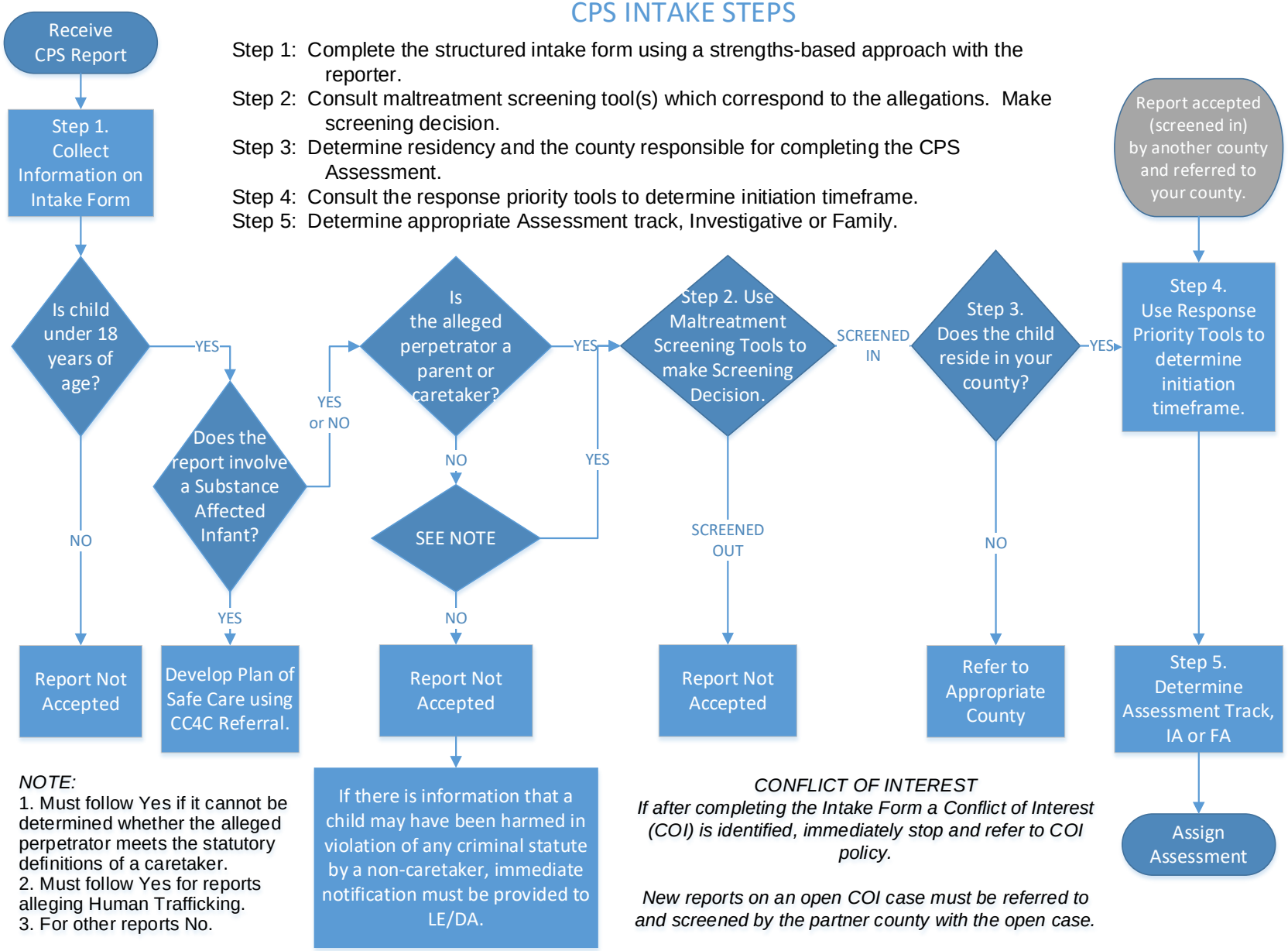
Definitions

Definitions
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 proper care, supervision, or discipline, or who has been abandoned; or who is not provided necessary medical care; or who is not provided necessary remedial care; or who lives in an environment injurious to the juvenile's welfare; or who has been placed for care or adoption in violation of the law. 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. 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 child care arrangement.

Intake Steps

CPS INTAKE STEPS

Step 1: Complete the structured intake form using a strengths-based approach with the reporter.
Step 2: Consult maltreatment screening tool(s) which correspond to the allegations. Make screening decision.
Step 3: Determine residency and the county responsible for completing the CPS Assessment.
Step 4: Consult the response priority tools to determine initiation timeframe.
Step 5: Determine appropriate Assessment track, Investigative or Family.



NOTE:
1. Must follow Yes if it cannot be determined whether the alleged perpetrator meets the statutory definitions of a caretaker.
2. Must follow Yes for reports alleging Human Trafficking.
3. For other reports No.

CONFLICT OF INTEREST
If after completing the Intake Form a Conflict of Interest (COI) is identified, immediately stop and refer to COI policy.

New reports on an open COI case must be referred to and screened by the partner county with the open case.

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. 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. However, this statute does not grant the right for the reporter to remain anonymous. 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 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 Structured Intake Report tool, even if the caller wishes to remain anonymous. In that case, the fact that the caller wants to remain anonymous should be noted as well.

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 NC FAST or use the structured intake tool, North Carolina Division of Social Services' Structured Intake Form, (DSS-1402) IDENTIFYING A CASE PARTICIPANTS, ROLES AND CASE HEAD A new CPS Intake begins with the identification participants involved in the case and their role in the case. Identification of a case head depends on the role of the participants involved in the new CPS Intake. Participant roles are: • Adult • Alleged Victim • Caretaker • Custodian • Non-Resident Parent • Parent Case heads are determined using the following guideline: • Mother • 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.	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. 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 demographic information about the child and family; information about the alleged maltreatment; and information about the child, the parents/caretakers, and the family. 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 NC FAST services history or county agency history to make a well-informed decision. 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 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 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.

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
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. The county child welfare worker must provide support and encouragement to the reporter by: ● Explaining the purpose of CPS (to protect and strengthen the family); ● Emphasizing the importance of reporting; ● Dealing with fears and concerns of the reporter; and ● Discussing confidentiality regarding the CPS report including the identity of the reporter. <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. ● 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).	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/impression regarding the allegations needs to be listened to and documented on the structured intake tool, and to make the reporter feel he or she has been heard. Each reporter must be supported in their decision to make a report and their concerns addressed. Concerns may range from fear that the family will retaliate to fear of having to testify in court. It is important to understand that it is often very difficult for the reporter to make the call. The telephone call usually comes after much thought has been given to the possible consequences to the child and family. More than likely, the reporter has considered that it would be easier to do nothing or that the CPS system may not be able to help the family. It is difficult for a reporter to think that the call will help the family rather than hurt them. While gathering information from the reporter, the distinction between events and judgement is important. The position of the reporter can be determined from a compilation of the judgements the reporter is making about the case. CPS county child welfare workers will be able to make better decisions about the case if they have a good understanding of the reporter's position. Helpful questions that can be used to establish the reporter's position include: 1. What, in your view are the worst aspects of the behavior you are talking about? 2. What convinced you to call us now? 3. What have you done (besides making the report) to address the problem? 4. What do you see as the cause of the problem? 5. Have you talked about these matters with anyone who knows the family? Would others agree with your perspective? What would they say? 6. Would the parents of the family agree with your assessment of the situation?

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
	In some instances, the reporter may know about exceptions to the current family situation, and some of the following questions may be useful: 1. It sounds like this has happened before now. What have you seen the family do to work this out on its own? 2. Are there times when the parent is attentive instead of neglectful? Talk more about those times. What did the parent and child do instead? What do you think made the parent respond differently? 3. You said the child always seems depressed. Are there times when you have seen the child happy? What is going on then? 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. Some questions that may be useful in eliciting family strengths include: 1. Can you share anything good about these parents? 2. How do family members usually solve this problem? What have you seen them do in the past? 3. What do you see as a positive regarding the relationship between parent and child? 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: 1. This situation sounds serious. What do you think should happen? How would that solve the problem? 2. Calling DSS is a big step. In your opinion, what would it take to make the child safer? 3. What do you imagine the agency doing to make the child safer? 4. What do you think this family should do? What are they capable of doing?

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
The county child welfare worker must check NC FAST services history and/or county agency records to determine if the case participants (family or child) has been reported/known to the agency previously. The county child welfare worker must NOT check the Central Registry/Responsible Individuals List or contact another community agency to make a screening decision.	5. You are saying this family has problems. Can you tell me how the agency will know when the problem is solved? Talking with the reporter about the goal for contacting child welfare can also be initiated using scaling questions. The Intake county child welfare worker can ask the reporter to rate the seriousness of the situation through a scaling question around safety. For example, "On a scale of 0 to 10, with 0 meaning you are certain the child will be abused again, and you believe the agency should act immediately, and with 10 meaning the problems are solved, where would you rate the seriousness of this situation?" Following this question, the Intake county child welfare worker can then ask follow- up questions such as, "You rated the situation a 3. What makes you a 3? What can be done to increase the situation to a 4?" The use of scaling questions gives information about immediate progress as compared to complete resolution. Questions from a safety-oriented approach may be unexpected, causing the reporter to need more time to think critically about the situation and the Intake county child welfare 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 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.

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 develop a Plan of Safe Care for each identified infant by: ● Completing a Care Coordination for Children (CC4C) referral form and ● Submitting the referral form to the local CC4C program. 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 CC4C referral be made during the screening of the report and prior to deciding to screen in or screen out the report. Once the referral has been made, the county child welfare services agency must consult the Substance Affected Infant Screening Tool to determine if a CPS Assessment is warranted. Refer to "Substance Affected Infants" in Cross Function Topics 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 CC4C if the report has already been screened out and child protective services are no longer being provided. 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.

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
The Human Trafficking section of the structured intake tool must be completed when: • A reporter indicates or suspects trafficking • The CPS Intake worker suspects trafficking based on the maltreatment allegations	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.
When the child's parent, guardian, custodian, or caretaker information about the parent(s) must include their: • Protective capacity; • Willingness to take protective action; and • Role in the trafficking.	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.
A child who is sold, traded or exchanged for sex or labor is an abused and neglected juvenile, regardless of the relationship between the victim and the perpetrator. For additional information about human trafficking, see Cross Function Topic: Human Trafficking.	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.

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.

Establishing the Authority to Intervene

Protocol – What you must do	Guidance – How you should do it
JUVENILE AND CARETAKER DETERMINATION **Determine if Juvenile Involved** County child welfare agencies must screen out any reports of maltreatment that do not involve a juvenile. 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 met 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 must be screened out, except for those alleging human trafficking. **Caretaker** County child welfare agencies must screen Child Protective Services reports to determine whether the alleged perpetrator met statutory requirements for a caretaker at the time the maltreatment occurred. See Caretaker Definition Decision Tool and definitions. 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	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 Cross Function Topics in the NC Child Welfare manual.

Establishing the Authority to Intervene

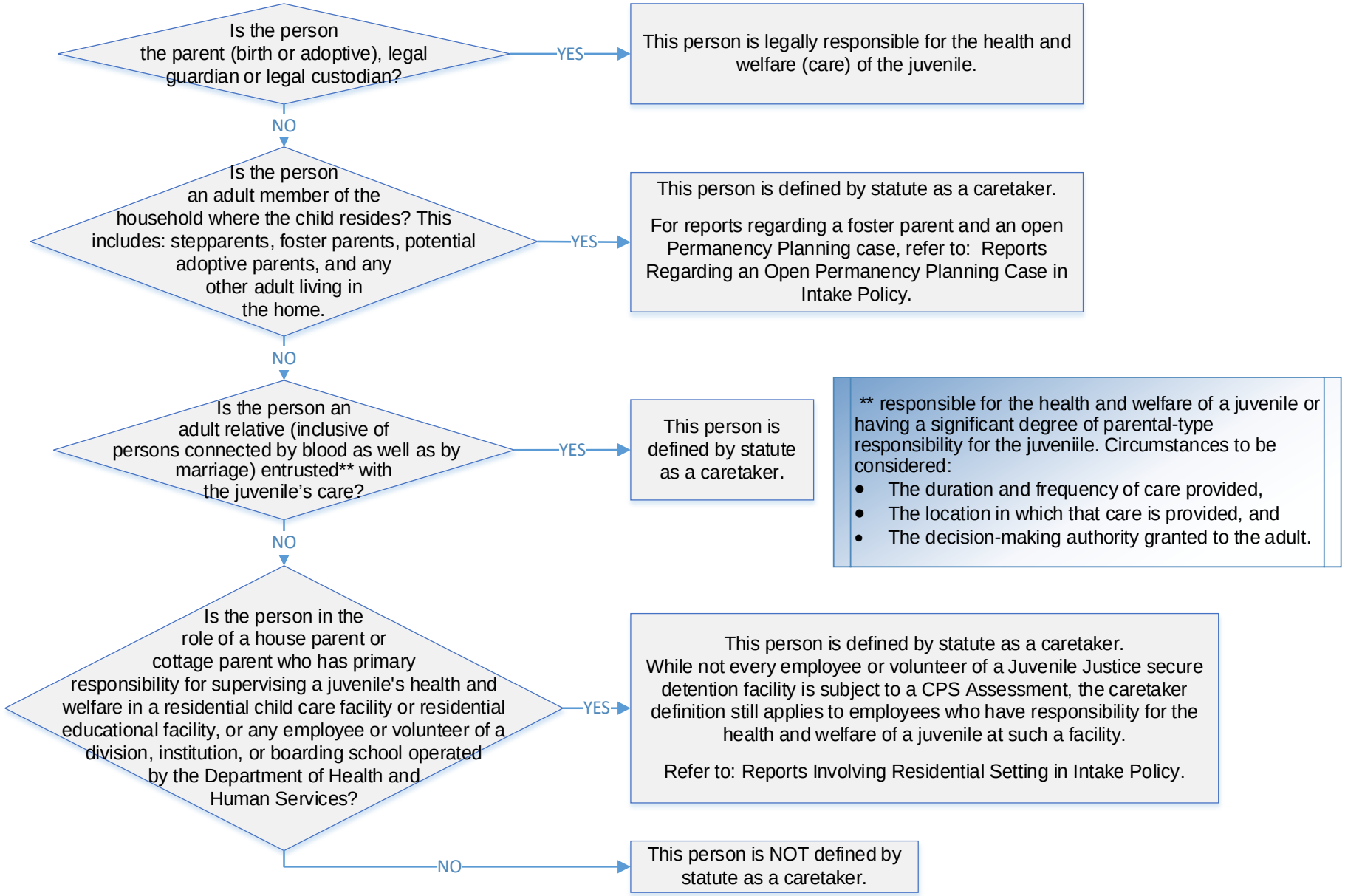
Protocol – What you must do	Guidance – How you should do it
with the relative/caretaker, regardless of whether the alleged perpetrator meets the caretaker definition.	
Determination of Caretaker Extended step-relatives such as step-grandparents, step-aunts, step-uncles, and step-cousins entrusted with responsibility for the health and welfare of the child must be considered caretakers. A relative entrusted with the health and welfare of a juvenile is a person who has a significant degree of parental-type responsibility for 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.	A temporary arrangement for supervision is not the equivalent of entrusting a person with the care of the juvenile. 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.
The report must be accepted for assessment if it cannot be determined whether the alleged perpetrator meets the statutory definitions of a caretaker.	
The statute does not include persons in a special relationship with the primary parent, guardian, custodian, or caretaker (such as a boyfriend, girlfriend, or babysitter not meeting the definition of child care provider) and who live outside of the child's residence. These relationships must be narrowly construed and exclusive to only mean those adult members of the juvenile's household.	
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.	

Establishing the Authority to Intervene

Protocol – What you must do	Guidance – How you should do it
Non-Caretaker Reports When a report of maltreatment is not accepted for CPS Assessment but includes 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.	
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 structured 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 • When the cause of death is suspected maltreatment, a report of the death must be made to NC DSS. See State Child Fatality Review Protocol.	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.

Establishing the Authority to Intervene

CARETAKER DEFINITION DECISION TOOL



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 child care facility, a CPS Intake must be completed in NC FAST or using a structured intake tool, and the report be screened out. 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 completed Intake Report tool.	

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 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, o 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 longer in North Carolina and there are no plans for them to return to the	If the state where the child resides does not provide assistance (resulting in child 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.

Out-of-Home Care Provider CPS Reports

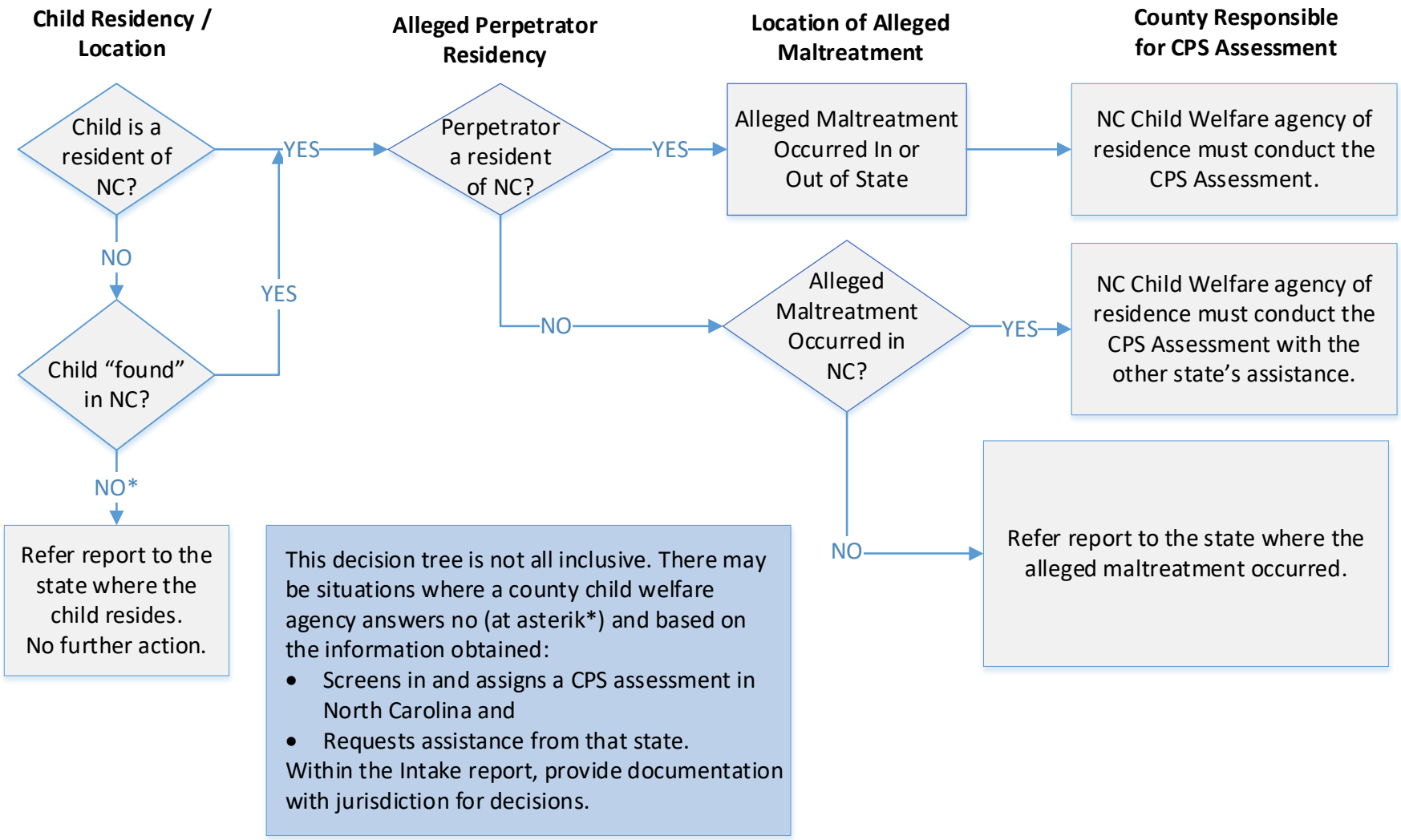
Protocol – What you must do	Guidance – How you should do it
state, the child welfare agency should refer that report to the state where the child and parents or caretakers reside. o When the report indicates that the residence of both the child and the parents or caretakers is out-of-state and the location 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 NC FAST, or structured intake tool North Carolina Division of Social Services' Structured Intake Form, (DSS-1402) 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 in in NC in violation of the Interstate Compact for the Placement of Children (ICPC) o If court action took place prior to the child(ren) being in NC, a referral to the ICPC office must be made.	

Out-of-Home Care Provider CPS Reports

Protocol – What you must do	Guidance – How you should do it
	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.

Out-of-Home Care Provider CPS Reports

Out of State Decision Making Tree



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. Additional requirements are contained in in "Conflict of Interest" in Cross Function Topics in the NC Child Welfare manual. **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	

Out-of-Home Care Provider CPS Reports

Protocol – What you must do	Guidance – How you should do it
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.

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 incidents currently being assessed through an open CPS Assessment: ● The information must be documented and managed as a new CPS Intake on the structured intake tool, and screened-in. ● The report may not require a new initiation; therefore, a determination of the response timeframe is unnecessary.	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.
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 during the course of an open CPS Assessment (i.e., not uncovered by the county child welfare worker as a part of the CPS Assessment). The new information is not assigned as a separate assessment but must be responded to within appropriate 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.	"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 does not constitute a new report or obligate the county child welfare to send reporter notification letters to that individual.

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.	

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 county child welfare services agency conducting the CPS Assessment assigns a response time and assessment response to the report See in "Conflict of Interest" in Cross Function Topics 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.	

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it

CONSULTATION WITH MALTREATMENT SCREENING TOOLS
Use of the Maltreatment Screening tools:
● Must occur for every CPS report:
  o Regarding a child under the age of 18, and
  o Alleging abuse, neglect, and/or dependency by a parent or caretaker,
● Provide for consistent screening across the state; and
● Determine whether the allegations meet the legal definitions of abuse, neglect and dependency.
 	
Intake county child welfare workers must have a current knowledge of statutory guidelines to identify and categorize child abuse, neglect and dependency allegations.
 	
A CPS Assessment must occur if the information reported meets the legal definitions. The appropriate maltreatment must be selected based on the maltreatment screening tools.
 	
There are 16 maltreatment screening tools. The Intake worker must consult each tool that corresponds to the allegations in the report. The abuse screening tools include physical injury, cruel/grossly inappropriate behavior modification, sexual abuse, emotional abuse, moral turpitude, and human trafficking. The neglect screening tools include improper care, improper supervision, improper discipline, abandonment, improper medical/remedial care, injurious environment, and illegal placement/adoption. Reports alleging dependency must consult the dependency screening tool. When a reporter alleges maltreatment pertaining to substance abuse and/or domestic violence, the substance abuse and/or domestic violence screening tool must be consulted.
 	
See Maltreatment Screening Tools to:
● Determine the Maltreatment Type for each allegation that meets the definition of abuse, neglect, and/or dependency for assessment; and
● For the associated directions and guidance required when consulting the screening tools.	

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, 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 whether the facts alleged in the report are sufficient to warrant intervention based on suspected abuse, neglect, or dependency; ● Determine which county child welfare services agency is responsible for conducting the CPS Assessment; and ● Send the reporter notification letter. 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 determines the CPS Assessment response time and track assignment. Additional requirements are contained in in "Conflict of Interest" in Cross Function Topics in the NC Child Welfare manual.	The worker should take the information from the reporter and then screen the report for acceptance prior to the report being assigned to the county where the child lives 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.

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
DETERMINATION OF RESPONSE PRIORITY Response Priority Tools are one component of Intake Decision-Making. The use of the Response Priority Tools result in consistent decisions regarding the response time for assessments. The Response Priority Tool determines the time frame for the response for all reports accepted for a CPS Assessment (immediate, within 24 hours, or within 72 hours). All reports that are screened "in" must be assigned for response according to the criteria in the Response Priority Tool. See Response Priority Decision Trees to establish appropriate initiation timeframe.	An agency may always respond more quickly than the indicated time if there are circumstances or lack of information that may indicate the child is possibly at greater risk than indicated by the Response Priority Tools.

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
DETERMINATION OF ASSESSMENT APPROACH With a valid CPS report, the county child welfare services agency must determine whether to approach the family using either the Family Assessment response or Investigative Assessment response. 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. These are reports that include allegations a juvenile: ● Does not receive proper care from a parent, guardian, custodian, or caretaker; ● Does not receive proper supervision from a parent, guardian, custodian, or caretaker; ● Does not receive proper discipline from a parent, guardian, custodian, or caretaker; ● Is not provided necessary medical care; ● Is not provided necessary remedial care; ● Lives in an environment injurious to his/her welfare; ● Has been placed for care or adoption in violation of law; ● Lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home;	Except for certain reports that must be taken as an Investigative Assessment, each county child welfare services agency can choose which response will be used to assess reports of abuse, neglect, and/or dependency. Use of the Family Assessment is the preferred approach because it allows county child welfare agencies to work with families with a strength-based, family-centered, and prevention-oriented approach. Nothing replaces the professional judgment of the county child welfare worker and child welfare supervisor. A report that is statutorily considered neglect may be assigned to the Investigative Assessment response if it is deemed to be the more appropriate response.

Protocol – What you must do	Guidance – How you should do it
• Needs assistance or placement because he or she 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 and supervision and lacks an appropriate alternative child care arrangement; or, • Has been safely surrendered per N.C.G.S. §14-322.3. The Family Assessment response is also appropriate for reports meeting the statutory definition of dependency (N.C.G.S. §7B-101). 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 for reports that include allegations that a juvenile may be a victim of human trafficking or whose parent, guardian, custodian, or caretaker: • Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means; • Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means; • Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior; • 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-	

Protocol – What you must do	Guidance – How you should do it
27.7; unlawful sale, surrender, or purchase of a minor, as provided in N.C.G.S. §14-43.14; crime against nature, as provided in N.C.G.S. §14-177; incest between certain near relatives, as provided in N.C.G.S. §14-178; incest between uncle and niece and nephew and aunt, as provided in N.C.G.S. §14.179; preparation of obscene photographs, slides, or motion pictures, as provided in N.C.G.S. §14-190.5; employing or permitting minor to assist in offense under Article (26), as provided in N.C.G.S. §14-190.6; dissemination of obscene material to minors under the age of 16 years, as provided in N.C.G.S. §14-190.7; dissemination of obscene material to minors under the age of 13 years, as provided in N.C.G.S. §14-190.8; displaying material harmful to minors, as provided in N.C.G.S. §14-190.14; disseminating harmful material to minors; exhibiting harmful performances to minors, as provided in N.C.G.S. §14-190.15; first-degree sexual exploitation of a minor, as provided in N.C.G.S. §14-190.16; second-degree sexual exploitation of a minor, as provided in N.C.G.S. §14-190.17; promoting prostitution of a minor, as provided in N.C.G.S. §14-190.18; and taking indecent liberties with children, as provided in N.C.G.S. §14-202.1; ● Creates or allows to be created serious emotional damage to the juvenile; or ● Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile. The special type of neglect reports that must be assigned for an Investigative Assessment response include cases in which the allegations include the existence of the following: ● A child fatality when there are surviving children in the family; ● A child in the custody of a county child welfare services agency, family foster homes, or residential facilities; ● A child taken into protective custody by a physician or law enforcement, pursuant to N.C.G.S. §7B-308 (http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_7B/GS_7B-308.html) and §7B-500 (http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_7B/GS_7B-500.html);	

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
• The medical neglect of disabled infants with life threatening condition, pursuant to Public Law 98-457 (Baby Doe); • A child hospitalized (admitted to hospital) due to suspected abuse/neglect; • Abandonment; • The suspected or confirmed presence of a methamphetamine lab where children are exposed; • A child less than a year who has been shaken or subjected to spanking, hitting, or other form of corporal punishment; or • Reports of dependency where the child or youth is believed to be the victim of human trafficking.	
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 screening process is complete.	

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
TWO-LEVEL DECISION MAKING 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 the tools consulted, the response priority and assessment response and a justification for those decisions. All persons participating in the screening decision must sign or approve the Structured Intake Report 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.

Notifications

Protocol – What you must do	Guidance – How you should do it
DISTRICT ATTORNEY / LAW ENFORCEMENT NOTIFICATION When a report alleges that a non-caretaker has harmed, or there is evidence that a child has been harmed in violation of any criminal statute, 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.	Examples of situations in which non-caretaker reports are to be made to the District Attorney include reports alleging assault on a child by educational personnel; reports alleging sexual molestation of a child by a stranger; reports alleging maltreatment of a child by staff of an acute physical care hospital; and reports alleging human trafficking of a child by a person who is not a caretaker. 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.
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 calendar 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 ~~or not~~ for CPS Assessment based on statutory definitions and citing the relevant statutes, and identify the type of CPS Assessment that includes a brief description 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;	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

Notifications

Protocol – What you must do	Guidance – How you should do it
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.	discharge, or a police officer who is waiting for a county child welfare worker to arrive on the scene. 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.

Maltreatment Type Screening Tools

Attachment A

The purpose of the maltreatment screening decision trees is to provide structure for the determination of the type of maltreatment and the associated assessment response for every report. This applies to all reports, whether a case is open to CPS Assessments, CPS In-Home Services, or Child Placement Services.

Use of Maltreatment Screening Decision Trees

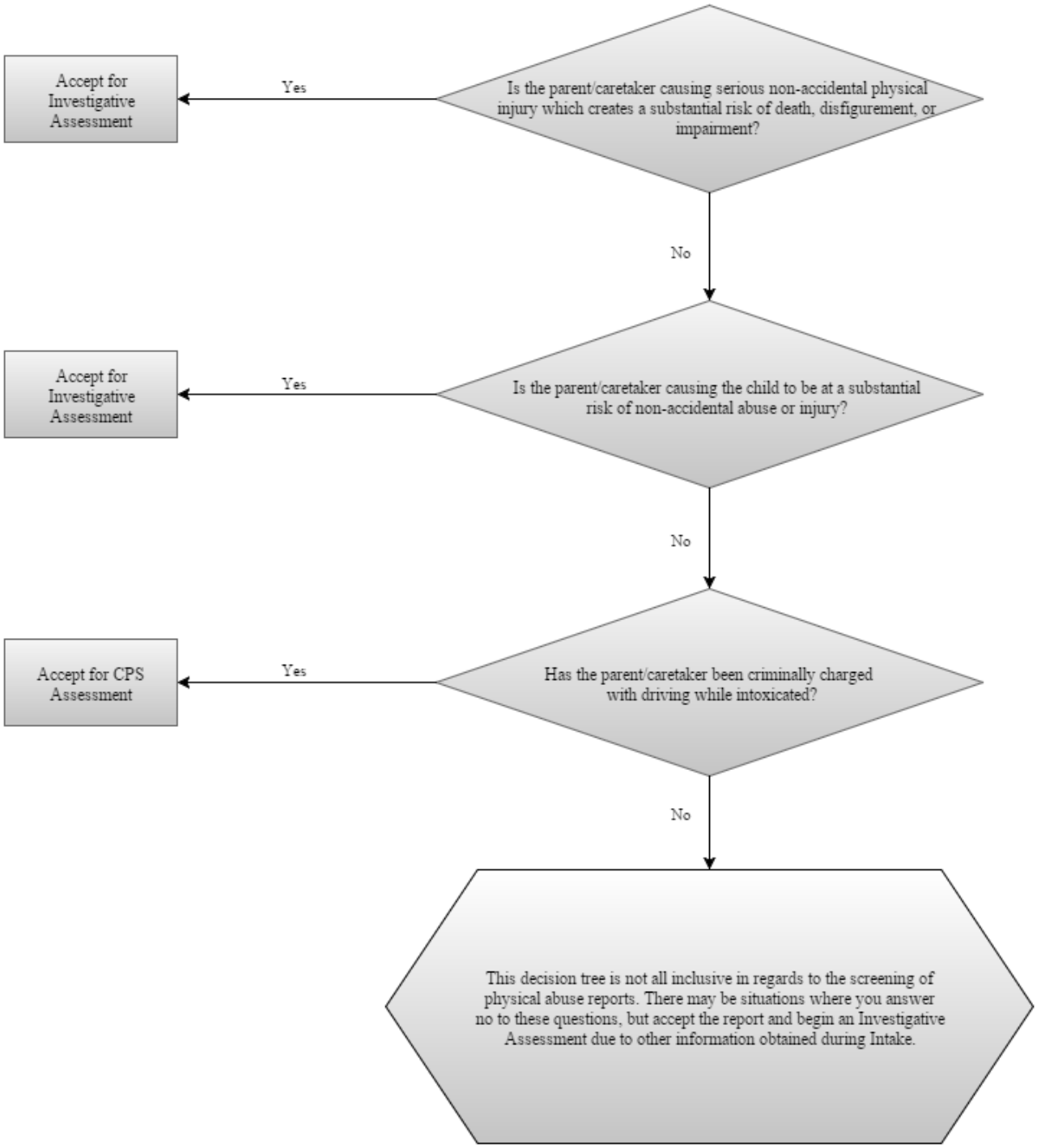
1. Begin with the Maltreatment Decision Tree that corresponds to the maltreatment allegation that is the most egregious. Consult the appropriate Maltreatment Decision Tree for each allegation in the report. The Maltreatment Trees include:
    - Physical Injury. To be used with allegations of physical abuse and allegations of a parent criminally charged with driving while intoxicated;
    - Cruel/grossly inappropriate behavior modification;
    - Moral turpitude;
    - Sexual Abuse;
    - Emotional Abuse;
    - Human Trafficking;
    - Neglect Priority Decision Trees that include:
        - Improper care;
        - Improper supervision;
        - Improper discipline;
        - Abandonment;
        - Improper medical/remedial care;
        - Injurious environment, plus specific tools for:
            - Substance Abuse,
                - Substance Affected Infants
            - Domestic Violence, and
        - Illegal placement/adoption.
    - Dependency Decision Tree.
2. Start with the first question box of each Decision Tree. Proceed by answering the questions yes or no. When the answer to any question is yes, this is the termination point. Guidance regarding each of the questions is provided after the Decision Tree.
3. The termination point indicates the assessment approach/ track to be selected for each allegation.
4. If the termination point for any allegation designates an Investigative Assessment, then that track/approach must be selected for the assessment. Otherwise, the Family Assessment track is appropriate.

If the county child welfare services agency selects a track other than what the corresponding Decision Tree indicates, the rationale for changing the track must be documented and approved by a supervisor or higher management level. The decision trees are designed to guide decisions, not to replace county child welfare worker judgement. A case may have unique circumstances not captured by the decision tree, or there may be critical information that is unknown. If there is any doubt about the most appropriate response time frame, the agency decision must be to select the Investigative track.

Maltreatment Type Screening Tools

Attachment A

Physical Injury Screening Tool



Maltreatment Type Screening Tools

Attachment A

A. Physical Injury Screening Tool Directions

Is the parent/caretaker causing serious non-accidental physical injury, which creates a substantial risk of death, disfigurement, or impairment?

Fractures, subdural hematoma, dislocations, sprains, internal injuries, burns, and inflicted injuries such as extensive welts, bruises, lacerations and abrasions would be indicative of abuse. The specific injuries listed are not intended to be an all-inclusive list but are an indication of information that does warrant an Investigative Assessment. There may be instances where a child has bruises that do not rise to the level of abuse but are considered improper discipline (refer to Improper Discipline Maltreatment Screening Tool), as well as situations where there may be bruising and there is no abuse or neglect.

Is the parent/caretaker causing the child to be at a substantial risk of serious non-accidental abuse or injury?

This refers to a situation when the parent/caretaker knows that the environment has a substantial risk for serious non-accidental abuse or injury and allows the child to remain in this environment. In situations where the child has unexplained injuries, and there is no clear perpetrator, these reports would be accepted, as the statute refers to “creates or allows to be created”.

Has the parent been criminally charged with driving while intoxicated?

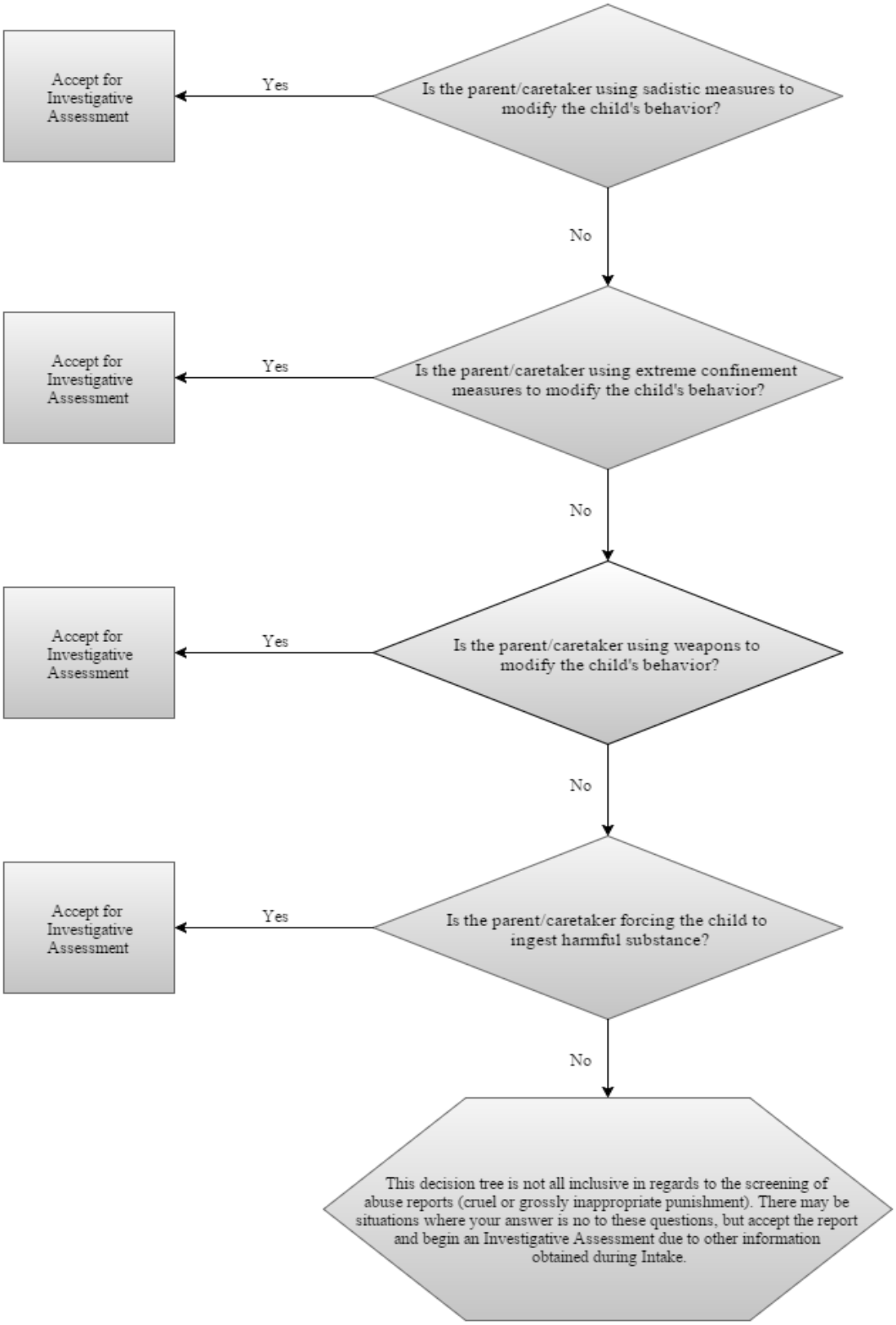
If a parent or caretaker is criminally charged with a DWI offense while a child is in the car, the report **must** be accepted for assessment. The county child welfare services agency maintains discretion in the classification of this allegation, meaning that depending on the circumstances this type of report may be accepted as an abuse report or as a neglect report.

Return to Maltreatment Screening Tools page.

Maltreatment Type Screening Tools

Attachment A

Cruel/Grossly Inappropriate Behavior Modification Screening Tool



B. Cruel/Grossly Inappropriate Behavior Modification Screening Tool Directions

Is the parent/caretaker using sadistic measures to modify the child's behavior?

Sadistic measures include the parent/caretaker purposely injuring the child and inflicting pain to modify behavior, such as cigarette burns and scalding water burns. Also included is any discipline that is designed to cause physical pain such as excessive physical exercise including forcing a child to run laps, complete push-ups, carry heavy rocks, etc. The child's age and cognitive abilities should be factored into the screening decision.

Is the parent/caretaker using extreme confinement measures to modify the child's behavior?

Extreme confinement measures would include any type of activity the parent/caretaker uses to severely restrict the child, such as tying the child up with rope, duct tape, or using a chain to keep the child in one place. This also includes locking the child up in any manner which threatens the child's safety. This is not referring to placing a child in time out or sending the child to their room for a short period of time. The child's age and cognitive abilities should be factored into the screening decision.

Is the parent/caretaker using weapons to modify the child's behavior?

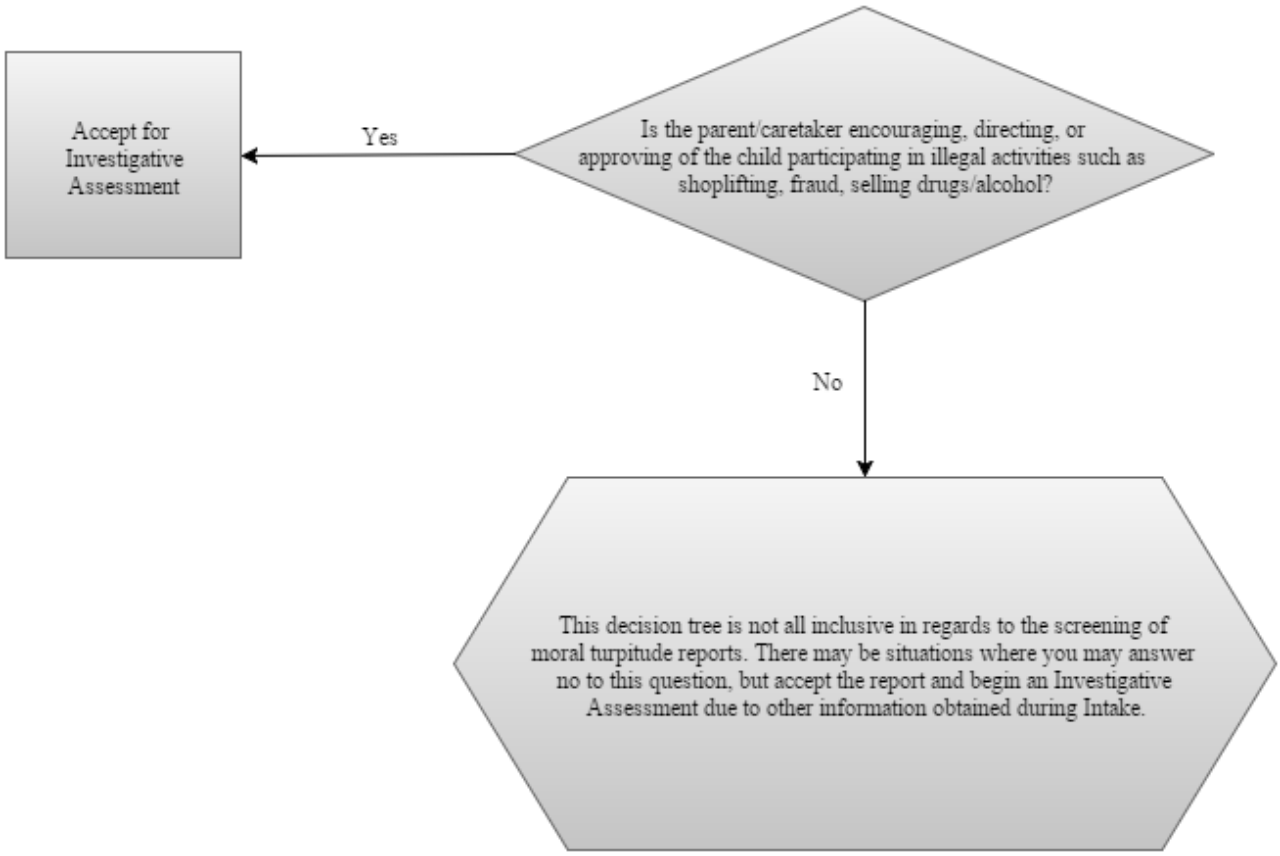
Threatening and/or using a gun, knife or any item that may be used as a weapon to correct the child's behavior is cruel and grossly improper and is abusive. A paddle is not considered a weapon when used in the reasonable application of corporal punishment.

Is the parent/caretaker forcing the child to ingest harmful substance?

Forcing a child to ingest nonfood items is not appropriate. This includes having the child ingest any substance that would be harmful such as poisonous household/cleaning chemicals, an extreme amount of water, an extreme amount of hot sauce, or hot peppers. The child's age and cognitive abilities should be considered as to whether the allegations fit most appropriately under the physical abuse guidelines or with the improper discipline guidelines.

Return to Maltreatment Screening Tools page.

Moral Turpitude Screening Tool



C. Moral Turpitude Screening Tool Directions

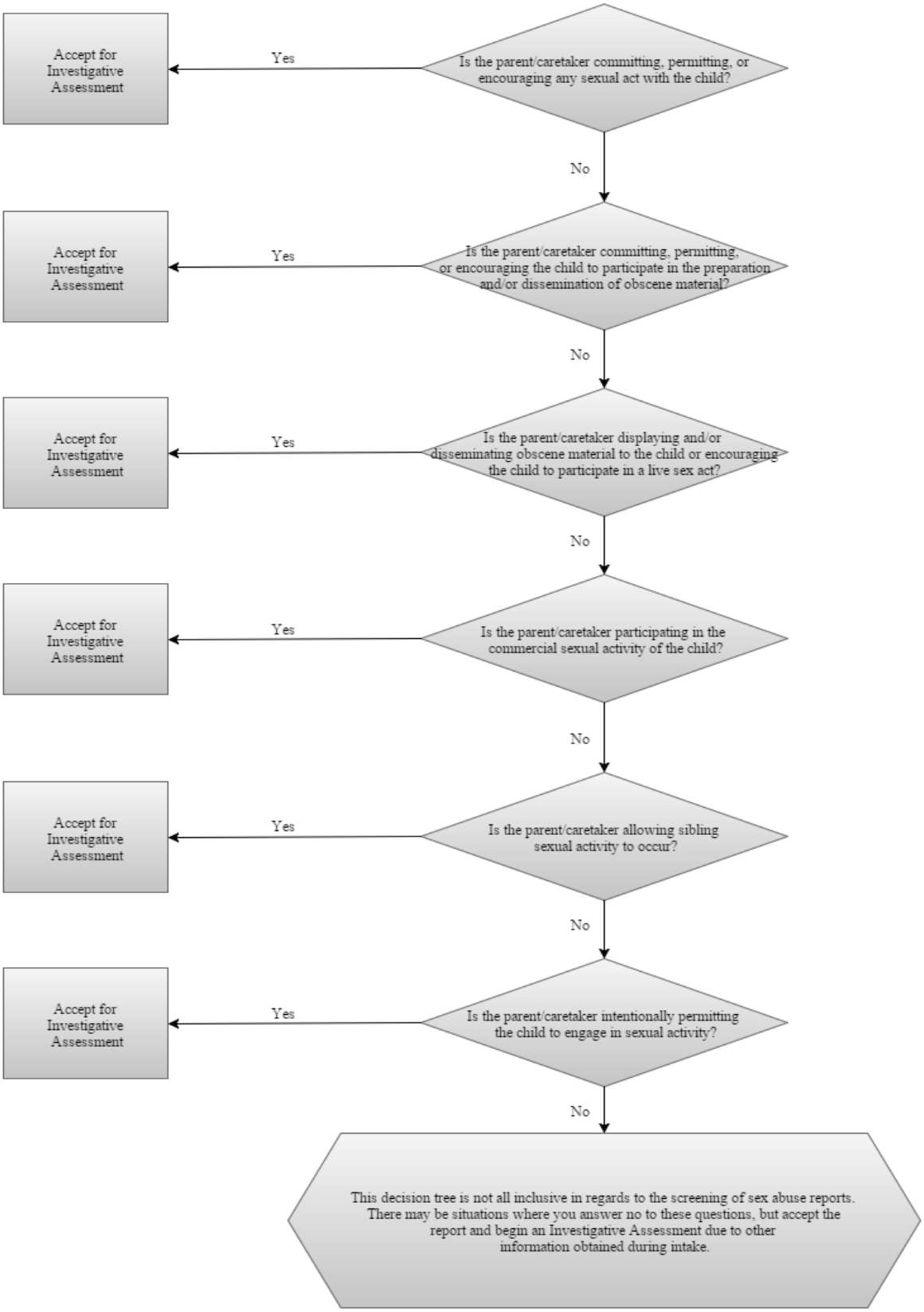
Is the parent/caretaker encouraging, directing or approving of the child participating in illegal activities such as shoplifting, fraud or selling drugs/alcohol?

Situations where the parent/caretaker encourages or directs the child to participate in shoplifting activities while under their supervision are applicable, as well as, situations where the parent has knowledge that the child is shoplifting and instead of intervening to terminate those activities, the parent/caretaker encourages the activity. Situations in which a parent/caretaker uses the child as a part of a drug/alcohol operation, for example, as a drug runner would require an Investigative Assessment. The parent/caretaker providing alcohol/drugs to the child or consuming alcohol/drugs with the child are situations that meet the definition of neglect; therefore, completion of the Improper Care Maltreatment Screening Tool must occur.

Maltreatment Type Screening Tools

Attachment A

Sexual Abuse Screening Tool



D. Sexual Abuse Screening Tool Directions

Is the parent/caretaker committing, permitting, or encouraging any sexual act with the child?

Sexual abuse is any incident of sexual contact involving a child that is inflicted, or allowed to be inflicted, by the parent/caretaker. Sexual abuse includes, but is not limited to the following: rape, intercourse, sodomy, fondling, oral sex, incest, or sexual penetration-digital, penile or foreign objects.

Is the parent/caretaker committing, permitting, or encouraging the child to participate in the preparation and/or dissemination of obscene material?

The use of children in the production of obscene films, photographs, and/or slides is sexual abuse. The parent/caretaker encouraging the child to watch obscene material is also sexual abuse.

Is the parent/caretaker displaying and/or disseminating obscene material to the child or encouraging the child to participate in a live sex act?

Any material that a reasonable person would consider obscene should not be shared with the child. The parent/caretaker is responsible for ensuring the child is not sexually exploited.

Is the parent/caretaker participating in the commercial sexual activity of the child?

This includes any action of the parent/caretaker to entice, force, encourage, supervise, support, advise, or protect the commercial sexual activities of the child.

Pursuant to 22 USC § 7102; 8 CFR § 214.11(a) and N.C.G.S. § 14-204(c), anyone under the age of 18 years that is involved in a commercial sex act is a victim of human trafficking. Under federal law (22 U.S. CODE § 7102), a commercial sex act is "any sex act on account of which anything of value is given to or received by any person." For the purpose of criminal proceedings, force, fraud or coercion do not have to be present to prove that someone under the age of 18 years was a victim of sex trafficking.

A parent's involvement in the prostitution of their child is abuse. This type of sexual abuse is human trafficking. Children whose parents commit this type of offense against them meet the definition of abused juvenile under N.C.G.S. §7B-101(1)(d) or N.C.G.S. §7B-101(1)(g).

Is the parent/caretaker allowing sibling sexual activity to occur?

When the parent/caretaker has knowledge that siblings are engaging in sexual activity and permits/encourages the continuation of this activity a CPS Assessment must occur. Reports alleging sexual activity between children under age 16 may provide cause to examine the supervision provided by their parents/ caretakers. If it is clear at Intake that the parent/ caretaker responded in a protective manner, keeping the health and well-being needs of the child at the forefront, a CPS Assessment is not required.

Reports Involving Sex Offenders

If a substantiated perpetrator or an individual convicted of a sexual offense against a child has established residence where another juvenile resides, the screening decision must be based upon the risk of the child

being exposed to an injurious environment. For reports alleging an injurious environment, please consult the **Injurious Environment Maltreatment Screening Tool.**

Is the parent/caretaker intentionally permitting the child to engage in sexual activity?

The parent/caretaker has knowledge the child is engaging in sexual activity and permits/encourages the continuation of this activity. Relevant to screening these types of reports is whether the parent is condoning the behavior of a child under age 16 while the child is under their care and supervision. Reports alleging sexual activity between children under age 16 may provide cause to examine the supervision provided by their parent/caretakers. If it is clear at Intake that the parent/caretaker responded in a protective manner, keeping the health and well-being needs of the child at the forefront, a CPS Assessment is not required. 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 impact whether a CPS Assessment is required. If the only allegation in the report is that a child age 16 or above is having sex without the parents' knowledge or the child is pregnant, then these reports should not be accepted. The legal age of consent in North Carolina is 16; therefore, consensual sexual activity of juveniles 16 and above is not, in and of itself, considered sexual abuse.

When a report involving parental knowledge and permission of sexual activity of an incompetent juvenile, a CPS Assessment must occur, regardless of the age of the juvenile, as an incompetent juvenile is not able to consent. A parent providing condoms and/or birth control to their children is not, in and of itself, considered permitting or encouraging their child to engage in sexual activity. The provision of birth control is considered a preventive measure in order to maintain the juvenile's health, which is consistent with N.C.G.S. § 90-21.5 (http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_90/GS_90-21.5.html), Minor's consent sufficient for certain medical health services.

A CPS Assessment based on improper supervision must occur for the following situations:

- A 15-year-old engaging in risky sexual behavior (multiple partners, no protection) with parental knowledge and the absence of a protective response by the parent; or
- A child displaying sexualized behaviors that are inconsistent with normal child development and the parent has not responded in a protective manner.

Normal Child Sexual Development
Infancy (birth through one year) • Pair bonding • Genital play • Identification of gender
Toddler/Early Childhood (2 to 5 years) • Toilet training • Genital play • Interpersonal games: family, marriage, doctor, etc.
Latency (6 to 9 years) • Concrete interest in anatomic differences, pregnancy, birth • Private, occasional masturbation • Modesty about bodies • Increased secretive behavior among peers • Interest in socialization
Pre-adolescence (10 to 12 years) • Adaptation to initial signs of puberty • Development of secondary sexual characteristics • Strong friendships and budding romances • Playful hitting or tickling among peers

E. Sex Abuse Crimes

If a parent, guardian, custodian, or caretaker commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile, then that adult has sexually abused the child. The information contained within this statute delineates specific sex abuse crimes. The Intake county child welfare worker must refer to this information when screening sexual abuse reports.

N.C.G.S. § 14-27.2. First-degree rape

(a) A person is guilty of rape in the first degree if the person engages in vaginal intercourse:

(1) With a victim who is a child under the age of 13 years and the defendant is at least 12 years old and is at least four years older than the victim; or
(2) With another person by force and against the will of the other person, and:

a. Employs or displays a dangerous or deadly weapon or an article which the other person reasonably believes to be a dangerous or deadly weapon; or
b. Inflicts serious personal injury upon the victim or another person; or
c. The person commits the offense aided and abetted by one or more other persons.

N.C.G.S. § 14-27.2A. Rape of a child by an adult offender

(a) A person is guilty of rape of a child if the person is at least 18 years of age and engages in vaginal intercourse with a victim who is a child under the age of 13 years.

N.C.G.S. § 14-27.3. Second-degree rape

(a) A person is guilty of rape in the second degree if the person engages in vaginal intercourse with another person:

(1) By force and against the will of the other person; or
(2) Who is mentally defective, mentally incapacitated, or physically helpless, and the person performing the act knows or should reasonably know the other person is mentally defective, mentally incapacitated, or physically helpless.

N.C.G.S. § 14-27.4. First-degree sexual offense

(a) A person is guilty of a sexual offense in the first degree if the person engages in a sexual act:

(1) With a victim who is a child under the age of 13 years and the defendant is at least 12 years old and is at least four years older than the victim; or
(2) With another person by force and against the will of the other person, and:

a. Employs or displays a dangerous or deadly weapon or an article which the other person reasonably believes to be a dangerous or deadly weapon; or
b. Inflicts serious personal injury upon the victim or another person; or
c. The person commits the offense aided and abetted by one or more other persons.

N.C.G.S. § 14-27.4A. Sexual offense with a child by an adult offender

(a) A person is guilty of sexual offense with a child if the person is at least 18 years of age and engages in a sexual act with a victim who is a child under the age of 13 years.

N.C.G.S. § 14-27.5. Second-degree sexual offense

(a) A person is guilty of a sexual offense in the second degree if the person engages in a sexual act with another person:

(1) By force and against the will of the other person; or
(2) Who is mentally defective, mentally incapacitated, or physically helpless, and the person performing the act knows or should reasonably know that the other person is mentally defective, mentally incapacitated, or physically helpless.

N.C.G.S. § 14-27.31 and §14-2732. Intercourse and sexual offenses with certain victims; consent no defense

(a) If a defendant who has assumed the position of a parent in the home of a minor victim engages in vaginal intercourse or a sexual act with a victim who is a minor residing in the home; or if a person having custody of a victim of any age or a person who is an agent or employee of any person, or institution, whether such institution is private, charitable, or governmental, having custody of a victim of any age engages in vaginal intercourse or a sexual act with such victim, the defendant is guilty of a Class E felony. Consent is not a defense to a charge under this section.

N.C.G.S. § 14-43.14. Unlawful sale, surrender, or purchase of a minor

(b) A person commits the offense of unlawful sale, surrender, or purchase of a minor when that person, acting with willful or reckless disregard for the life or safety of a minor, participates in any of the following: the acceptance, solicitation, offer, payment, or transfer of any compensation, in money, property, or other thing of value, at any time, by any person in connection with the unlawful acquisition or transfer of the physical custody of a minor, except as ordered by the court. This section does not apply to actions that are ordered by a court, authorized by statute, or otherwise lawful.

N.C.G.S. § 14-177. Crime against nature

If any person shall commit the crime against nature, with mankind or beast, he shall be punished as a Class I felon.

N.C.G.S. § 14-178. Incest between certain near relatives

The parties shall be guilty of a felony in all cases of carnal intercourse between (i) grandparent and grandchild, (ii) parent and child or stepchild or legally adopted child, or (iii) brother and sister of the half or whole blood. Every such offense is punishable as a Class F felony.

N.C.G.S. § 14-179. Incest between uncle and niece, and nephew and aunt

In all cases of carnal intercourse between uncle and niece, and nephew and aunt, the parties shall be guilty of a Class 1 misdemeanor.

N.C.G.S. § 14-190.5. Preparation of obscene photographs, slides and motion pictures

Every person who knowingly:

(1) Photographs himself or any other person, for purposes of preparing an obscene film, photograph, negative, slide or motion picture for the purpose of dissemination; or
(2) Models, poses, acts, or otherwise assists in the preparation of any obscene film, photograph, negative, slide or motion picture for the purpose of dissemination, shall be guilty of a Class 1 misdemeanor.

N.C.G.S. § 14-190.6. Employing or permitting minor to assist in offense under Article (26)

Every person 18 years of age or older who intentionally, in any manner, hires, employs, uses or permits any minor under the age of 16 years to do or assist in doing any act or thing constituting an offense under this Article and involving any material, act or thing he knows or reasonably should know to be obscene within the meaning of N.C.G.S. §14-190.1, shall be guilty of a Class I felony.

N.C.G.S. § 14-190.7. Dissemination to minors under the age of 16 years

Every person 18 years of age or older who knowingly disseminates to any minor under the age of 16 years any material which he knows or reasonably should know to be obscene within the meaning of N.C.G.S. §14-190.1 shall be guilty of a Class I felony.

N.C.G.S. § 14-190.8. Dissemination to minors under the age of 13 years

Every person 18 years of age or older who knowingly disseminates to any minor under the age of 13 years any material which he knows or reasonably should know to be obscene within the meaning of N.C.G.S. §14-190.1 shall be punished as a Class I felon.

N.C.G.S. § 14-190.14. Displaying material harmful to minors

(a) A person commits the offense of displaying material that is harmful to minors if, having custody, control, or supervision of a commercial establishment and knowing the character or content of the material, he displays material that is harmful to minors at that establishment so that it is open to view by minors as part of the invited general public. Material is not considered displayed under this section if the material is placed behind "blinder racks" that cover the lower two thirds of the material, is wrapped, is placed behind the counter, or is otherwise covered.

N.C.G.S. § 14-190.15. Disseminating harmful material to minors; exhibiting harmful performances to minors

(a) Disseminating Harmful Material. - A person commits the offense of disseminating harmful material to minors if, with or without consideration and knowing the character or content of the material, he:
(1) Sells, furnishes, presents, or distributes to a minor material that is harmful to minors; or
(2) Allows a minor to review or peruse material that is harmful to minors.

(b) Exhibiting Harmful Performance. - A person commits the offense of exhibiting a harmful performance to a minor if, with or without consideration and knowing the character or content of the performance, he allows a minor to view a live performance that is harmful to minors.

(c) Defenses. - Except as provided in subdivision (3), a mistake of age is not a defense to a prosecution under this section. It is an affirmative defense to a prosecution under this section that:

(1) The defendant was a parent or legal guardian of the minor.
(2) The defendant was a school, church, museum, public library, governmental agency, medical clinic, or hospital carrying out its legitimate function; or an employee or agent of such an organization acting in that capacity and carrying out a legitimate duty of his employment.
(3) Before disseminating or exhibiting the harmful material or performance, the defendant requested and received a driver's license, student identification card, or other official governmental or educational identification card or paper indicating that the minor to whom the material or performance was disseminated or exhibited was at least 18 years old, and the defendant reasonably believed the minor was at least 18 years old.
(4) The dissemination was made with the prior consent of a parent or guardian of the recipient.

N.C.G.S. § 14-190.16. First degree sexual exploitation of a minor

(a) Offense. - A person commits the offense of first degree sexual exploitation of a minor if, knowing the character or content of the material or performance, he:

(1) Uses, employs, induces, coerces, encourages, or facilitates a minor to engage in or assist others to engage in sexual activity for a live performance or for the purpose of producing material that contains a visual representation depicting this activity; or

(2) Permits a minor under his custody or control to engage in sexual activity for a live performance or for the purpose of producing material that contains a visual representation depicting this activity; or
(3) Transports or finances the transportation of a minor through or across this state with the intent that the minor engages in sexual activity for a live performance or for the purpose of producing material that contains a visual representation depicting this activity; or
(4) Records, photographs, films, develops, or duplicates for sale or pecuniary gain material that contains a visual representation depicting a minor engaged in sexual activity.

(c) Inference. - In a prosecution under this section, the trier of fact may infer that a participant in sexual activity whom material through its title, text, visual representations, or otherwise represents or depicts as a minor is a minor.

(d) Mistake of Age. - Mistake of age is not a defense to a prosecution under this section.

N.C.G.S. § 14-190.17. Second degree sexual exploitation of a minor

(a) Offense. - A person commits the offense of second-degree sexual exploitation of a minor if, knowing the character or content of the material, he:

(1) Records, photographs, films, develops, or duplicates material that contains a visual representation of a minor engaged in sexual activity; or
(2) Distributes, transports, exhibits, receives, sells, purchases, exchanges, or solicits material that contains a visual representation of a minor engaged in sexual activity.

(b) Inference. - In a prosecution under this section, the trier of fact may infer that a participant in sexual activity whom material through its title, text, and visual representations or otherwise represents or depicts as a minor is a minor.

(c) Mistake of Age. - Mistake of age is not a defense to a prosecution under this section.

N.C.G.S. § 14-205.3(b) Promoting prostitution of a minor

(b) Any person who willfully performs any of the following acts commits the offense of promoting prostitution of a minor or mentally disabled person:

(1) Advances prostitution as defined in N.C.G.S. §14-203, where a minor or profoundly mentally disabled person engaged in prostitution, or any person in prostitution in the place of prostitution is a minor or severely or profoundly mentally disabled at the time of the offense.
(2) Profits from prostitution by any means where the prostitute is a minor or is severely or profoundly mentally disabled at the time of the offense.
(3) Confines a minor or a severely or profoundly mentally disabled person against the person's will by the infliction or threat of imminent infliction of great bodily harm, permanent disability, or disfigurement or by administering to the minor or severely or profoundly mentally disabled person, without the person's consent or by threat or deception and for other than medical purposes, any alcoholic intoxicant or a drug as defined in Article 5 of Chapter 90 of the General Statutes (North Carolina Controlled Substances Act) and does any of the following:

a. Compels the minor or severely or profoundly mentally disabled person to engage in prostitution.
b. Arranges a situation in which the minor or severely or profoundly mentally disabled person may practice prostitution.
c. Profits from prostitution by the minor or severely or profoundly mentally disabled person.

N.C.G.S. § 14-202.1. Taking indecent liberties with children

(a) A person is guilty of taking indecent liberties with children if, being 16 years of age or more and at least five years older than the child in question, he either:

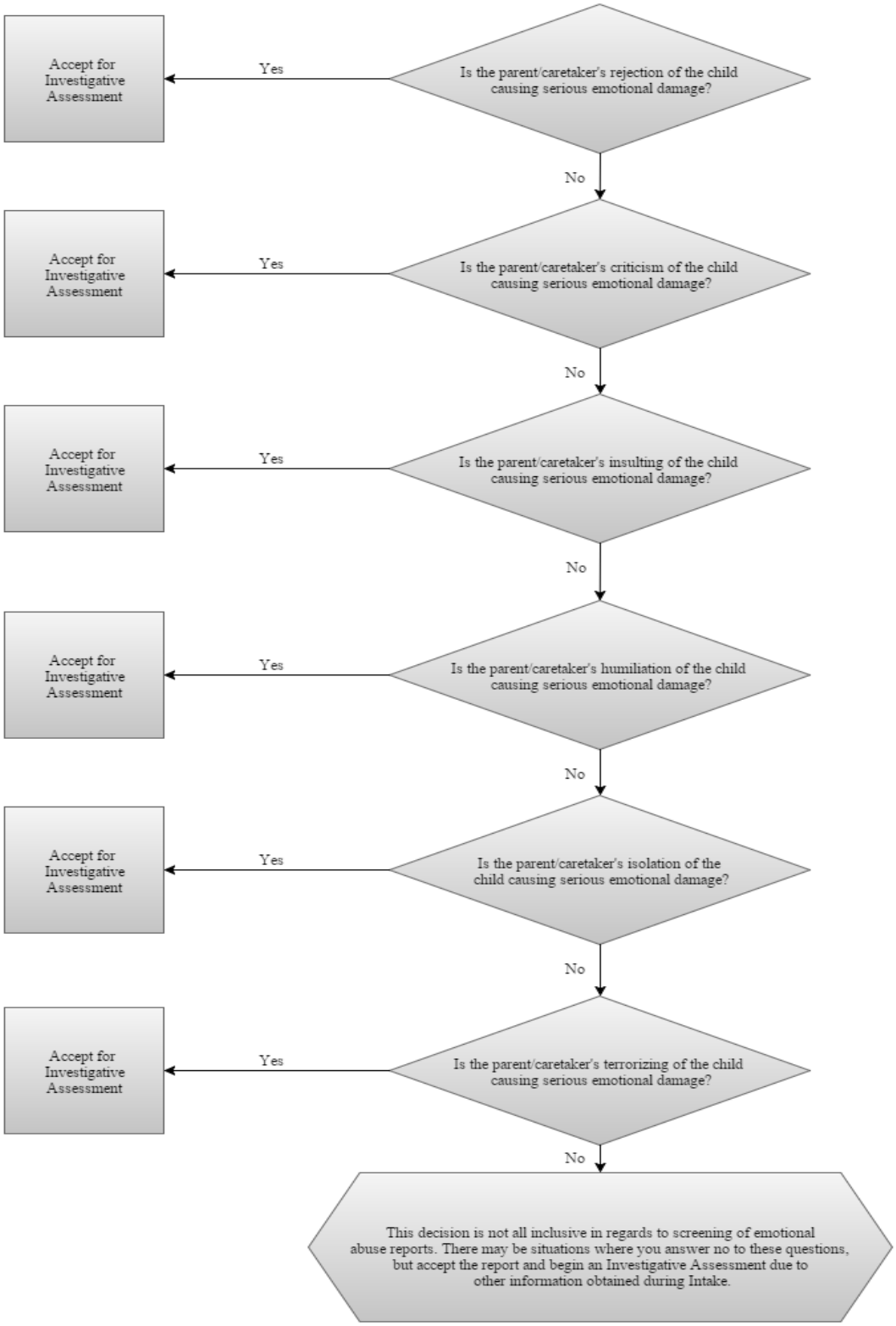
(1) Willfully takes or attempts to take any immoral, improper, or indecent liberties with any child of either sex under the age of 16 years for the purpose of arousing or gratifying sexual desire; or
(2) Willfully commits or attempts to commit any lewd or lascivious act upon or with the body or any part or member of the body of any child of either sex under the age of 16 years.

Return to Maltreatment Screening Tools page.

Maltreatment Type Screening Tools

Attachment A

Emotional Abuse Screening Tool



F. Emotional Abuse Screening Tool Directions

When making screening decisions about emotional abuse, it is important to question the reporter about the child's mental and physical status. The parent's behavior must be causing serious emotional damage to the child or pose risk of causing serious emotional damage. Serious emotional damage is evidenced by a child's severe anxiety, depression, withdrawal, or aggressive behavior. The following can be indicators of a child suffering from emotional abuse:

- Eating disorders such as obesity and anorexia;
- Speech disorders such as stuttering or stammering;
- Developmental delays in the acquisition of speech and motor skills;
- Weight or height levels substantially below norm;
- Flat or bald spots on an infant's head; and
- Nervous disorders such as rashes, hives, or facial tics.

It is important to note that emotional abuse is characterized by continuous, ongoing harmful interactions--not isolated incidents. This list is not all-inclusive, nor is it absolute; rather factors to consider when making a decision to accept a report for a CPS Assessment.

Is the parent/caretaker's rejection of the child causing serious emotional damage?

Potential serious emotional damage may be caused if the parent/caretaker continually uses rejecting statements such as, "I wish you were never born." It is also concerning for possible emotional abuse if the parent/caretaker sees the child as responsible for their problems.

Is the parent/caretaker's criticism of the child causing serious emotional damage?

Potential serious emotional damage may be caused if the parent/caretaker continually uses critical statements such as, "Why can't you ever do anything right?" This could be a situation where one child has been identified as the scapegoat of the family, meaning the child bears the blame for anything that goes wrong within the family system.

Is the parent/caretaker's insulting of the child causing serious emotional damage?

Potential serious emotional damage may be caused if the parent/caretaker continually uses insulting statements such as, "I can't believe you would be so stupid." This includes describing the child as ugly, evil, or in any demeaning or degrading manner. This also includes using sexualized language such as whore or slut to describe the child.

Is the parent/caretaker's humiliation of the child causing serious emotional damage?

Potential serious emotional damage may be caused if the parent/caretaker continually uses humiliation tactics such as embarrassing the child in front of other people, cursing at the child, and belittling the child.

Is the parent/caretaker's isolation of the child causing serious emotional damage?

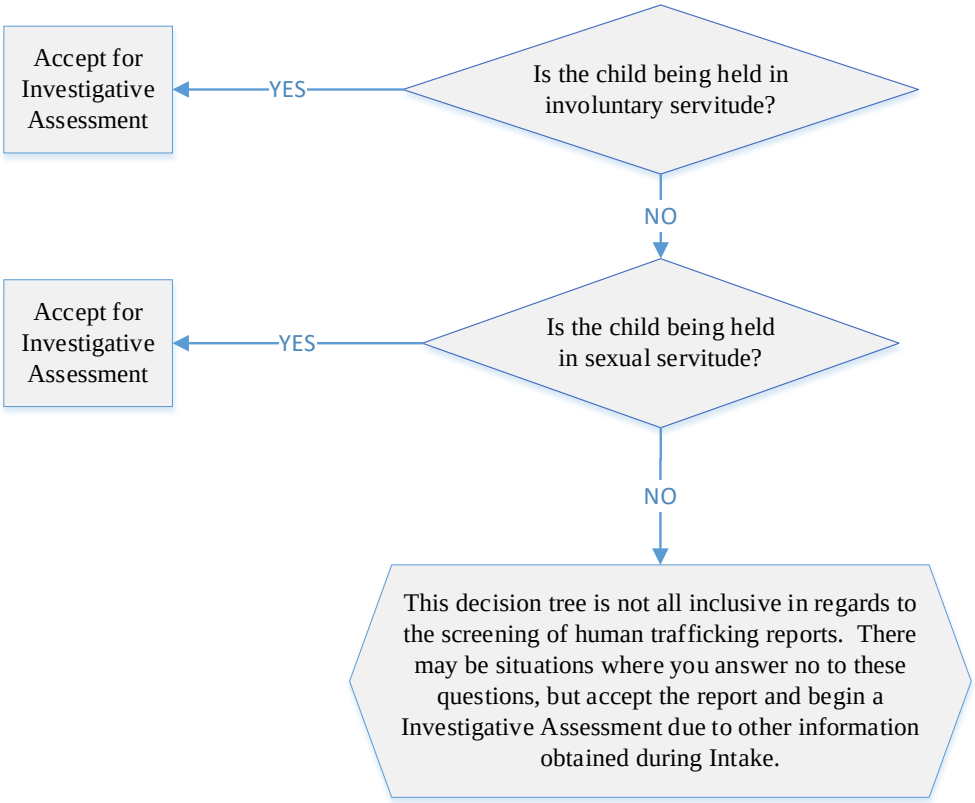
Potential serious emotional damage may be caused if the parent/caretaker continually uses isolation tactics such as prohibiting the child from playing with friends and neighbors who are appropriate for the child's age and development. Isolation tactics would further include actions that the parent/caretaker takes to prevent the child from forming friendships with others and/or teach the child they are alone in the world.

Is the parent/caretaker's terrorizing of the child causing serious emotional damage?

Potential serious emotional damage may be caused if the parent/caretaker continually uses terrorizing tactics such as, "The police or social services will come and take you away." When the parent/caretaker destroys the child's possessions or attacks beloved people or pets, the parent/caretaker is teaching the lesson that the world is a hostile place.

Return to Maltreatment Screening Tools page.

Human Trafficking Screening Tool



G. Human Trafficking Screening Tool Instructions

Is the child being held in involuntary servitude?

Involuntary servitude is a type of human trafficking called labor trafficking. It is defined as:

- The performance of labor, whether for compensation, or the satisfaction of a debt; and
- By deception, coercion, or intimidation using violence or the threat of violence or by any other means of coercion or intimidation.

Labor trafficking sometimes occurs when individuals exchange children for acts of labor. This exchange may involve:

- An individual being directly or indirectly given, promised, or receiving anything of value in exchange for the child; or
- An individual using a child or child's acts of labor to satisfy a debt.

Labor trafficking may involve:

- Allowing, forcing, or coercing the child to perform labor in various settings, such as agricultural work, hospitality work in hotels or restaurants, or domestic work; or
- A child working long hours for little or no pay; particularly in dangerous jobs or jobs which are illegal for children to perform.

Is the child being held in sexual servitude?

Sexual servitude is a type of human trafficking called sex trafficking. It is defined as:

- Any sexual activity as defined in G.S. 14-190.13 for which anything of value is directly or indirectly given, promised to, or received by any person, which conduct is induced or obtained by coercion or deception or which conduct is induced or obtained from a person under the age of 18 years; or
- Any sexual activity as defined in G.S. 14-190.13 that is performed or provided by any person, which conduct is induced or obtained by coercion or deception or which conduct is induced or obtained from a person under the age of 18 years.

Sex trafficking sometimes occurs when individuals exchange children for acts of sex. This exchange may involve:

- An individual being directly or indirectly given, promised, or receiving anything of value in exchange for the child; or
- An individual using a child or child's acts of sex to satisfy a debt.

Sex trafficking may involve:

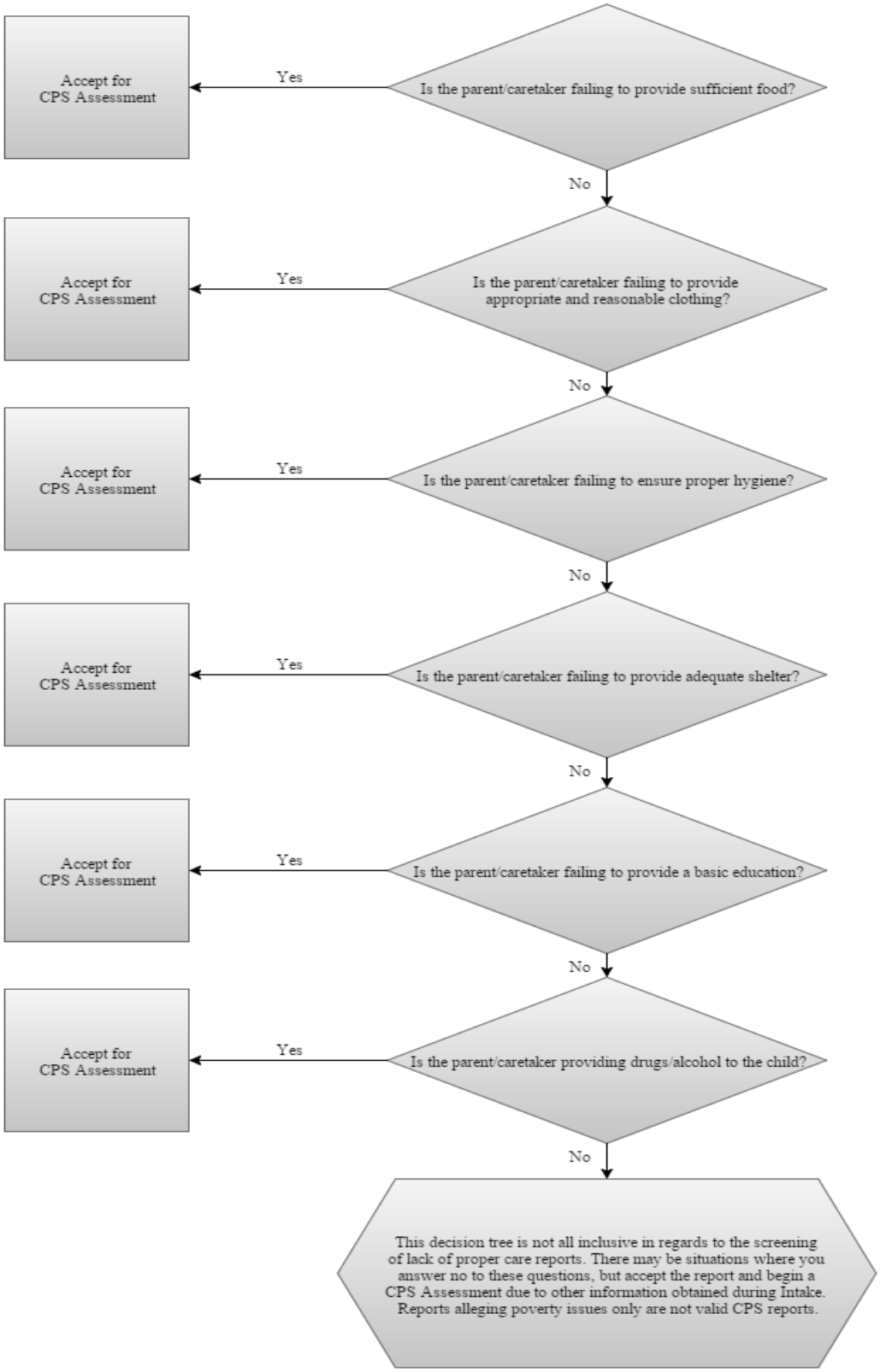
- Allowing, forcing, or coercing the child to engage in prostitution; or
- Allowing, forcing, or coercing the child to engage in the production of child pornography.

If the allegations meet the statutory criteria for juvenile human trafficking, the referral must be accepted regardless of the relationship between the perpetrator and the juvenile. Such reports must be accepted as abuse and neglect. Dependency may be present but if the report is screened in due to the human trafficking allegations, it must be screened in as abuse and neglect.

Maltreatment Type Screening Tools

Attachment A

Improper Care Screening Tool



H. Improper Care Screening Tool Directions

Is the parent/caretaker failing to provide sufficient food?

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 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. If the county child welfare services agency receives a report and the only information is there is no food in the home, this report would be accepted, and a CPS Assessment would be conducted. A CPS Assessment must occur if the parent/caretaker fails to meet specific dietary needs of the child.

Is the parent/caretaker failing to provide appropriate and reasonable clothing?

A CPS Assessment to determine whether clothing neglect exists must occur when the child suffers illness, exposure or frostbite due to inadequate clothing or the clothing is insufficient to protect the child from the elements. This may include severe sunburn. Consideration is given to whether the clothing is sufficient to protect the child from the elements and health hazards.

Is the parent/caretaker failing to ensure proper hygiene?

Depending on the age and needs of the child, it is a concern when a serious health hazard is present, and the parent/caretaker is not taking appropriate action to eliminate the problem.

Is the parent/caretaker failing to provide adequate shelter?

The parent/caretaker needs to provide housing or emergency shelter or make alternate arrangements in the event the family is homeless. The parent/caretaker needs to ensure the child is safe and protected from the elements.

Is the parent/caretaker failing to provide a basic education?

Educational neglect pertains to the failure of the parent/caretaker to meet the child's educational needs. Educational neglect may take the form of permitted chronic truancy, failure to enroll or provide alternative education, or inattention to special education needs.

The allegation of permitted chronic truancy would apply after the inability of the school to engage the parent/caretaker in efforts to improve the child's attendance. N.C.G.S. §115C-378 describes a school principal's responsibilities in relation to children who are repeatedly absent and sets out circumstances in which a principal must notify DSS regarding unlawful absences. After 10 accumulated unexcused absences in a school year, the principal, or the principal’s designee, is required to confer with the student and the parent, guardian, or custodian to determine if a good faith effort has been made to comply with the compulsory school attendance law. If there is a determination that a good faith effort has not been made, the principal is required to notify the district attorney and DSS in the county where the child resides. Upon receiving notification by the principal or the principal’s designee, DSS must determine whether to undertake an investigation under N.C.G.S. §7B-302. Intervention by DSS must occur only after the school's efforts have proven to be unable to ensure the child's attendance. However, the reporting of educational neglect by

schools may also result in the reporting of other forms of abuse or neglect. School truancy, whether excessive, unexcused or not, may be an indicator of other forms of underlying abuse or neglect in the home. The allegation of permitted chronic truancy does not pertain to children who willfully refuse to attend school.

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. Educational neglect may take the form of failure to home school, to register, or to enroll a child of mandatory school age. North Carolina courts have consistently found that it is "fundamental that a child who receives proper care and supervision in modern times is provided a basic education" and that willful failure and refusal to send children to school or to provide children with an alternative education, constitutes neglect for improper care and injurious environment. *In re McMillan*, 30 N.C. App. 235 (1976)

Lastly, educational neglect may take the form of refusing to allow or failing to obtain recommended special education or remedial education services. 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. The *Devone* Court, quoting *In re Huber*, 57 N.C. App. 453 (1982), stated, "[t]o deprive a child of the opportunity for normal growth and development is perhaps the greatest neglect a parent can impose upon a child."

Is the parent/caretaker providing drugs/alcohol to the child?

The parent/caretaker providing alcohol/drugs to the child or consuming alcohol/drugs with the child are situations that meet the definition of neglect and a CPS Assessment must occur.

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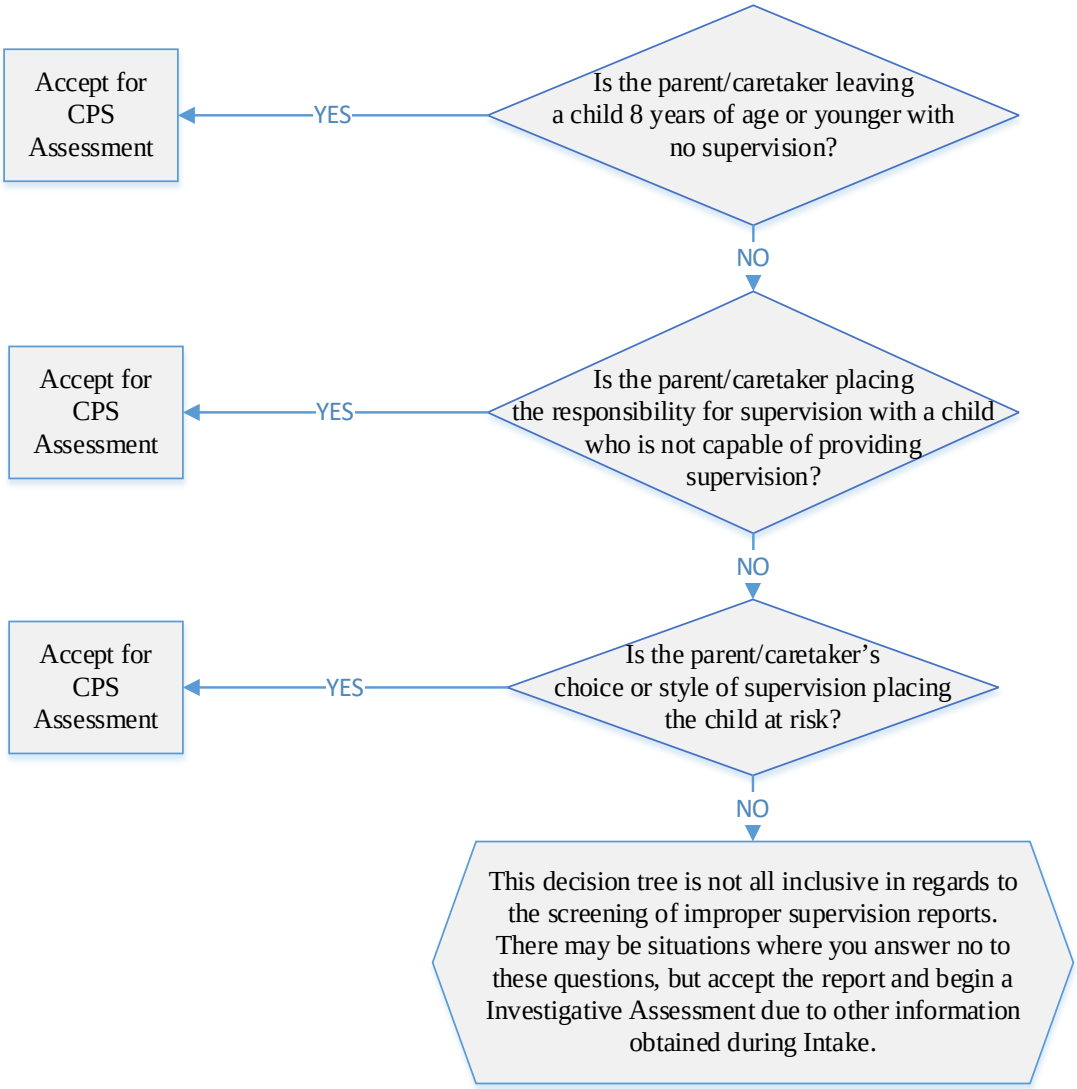
Improper Supervision Screening Tool



I. Improper Supervision Screening Tool Directions

Is the parent/caretaker leaving a child age 8 or younger alone with no supervision?

No legal age for when a child can stay at home alone has been established; however, NC fire code specifies that children under age eight should not be locked or confined. A report alleging a child under age six left alone must have an immediate response. The length of time the child is left alone, along with the child's age, and cognitive abilities factor into whether the child can be safely left alone. Some important questions to ask are: Is the child afraid to stay at home alone? Is the child providing care for siblings? Does the child know how to contact emergency personnel? How long is the child being left alone? Is the child in an isolated area?

Is the parent/caretaker placing the responsibility for supervision of siblings with a child who is not capable of providing proper supervision?

The child's age and cognitive abilities factor into the decision as to whether a child can provide adequate supervision for siblings, as well as the age and needs of the children being provided supervision. A child who is not able to contact emergency personnel and who is afraid to stay at home alone is not able to supervise siblings. A child who is safe at home alone for short periods of time may not be able to handle the responsibility of providing care and supervision for younger siblings.

Is the parent/caretaker's choice or style of supervision placing the child at risk?

When the parent/caretaker makes alternative arrangements for the child's supervision, the person responsible for the child's care must be able to consistently provide the minimum of child-caring tasks. It can be problematic when the parent/caretaker frequently makes alternative arrangements with caretakers whom they have been unable to assess about child care due to the inadequate length of time they have been acquainted. The parent/caretaker can be present, but not attending to the child to such an extent that the need for care goes unnoticed or unmet. The parent/caregiver can be present while the child wanders outdoors alone; plays with dangerous objects; plays on unprotected window ledge; or is exposed to other serious hazards.

In reports involving children playing in the street, it is important to note the traffic patterns on that street and the age of the child. Some streets in NC do not pose a safety risk for children. In a situation where the reporter alleges a young child is playing in a busy street, a CPS Assessment must occur.

Reports involving sexual activity between children under age 16 may provide cause to examine the supervision provided by their parent/caretakers. Refer to the sexual abuse screening tool for specifics in these situations. When children are participating in a juvenile delinquent activity such as vandalism or selling drugs on the corner with the parent's encouragement, direction, or approval it is moral turpitude. In instances where the juvenile is participating in delinquent activity without the encouragement, direction or approval of the caregiver improper supervision may be a concern.

If it is clear at Intake that the parent/caretaker responded in a protective manner, this report would not be accepted for assessment. In situations where the parent has no knowledge of the child's delinquent activity, the screening decision should be based on whether the supervision plan the parent/caretaker had in place was a reasonable plan based on the child's current and past behaviors. If the parent had no reason to expect that the child needed a more stringent supervision plan and was unaware of the child's delinquent activities, this report would not be accepted for assessment. If the child's past behaviors indicated that a more stringent supervision plan was needed, and the parent failed to implement a more stringent plan, this report would be accepted for assessment.

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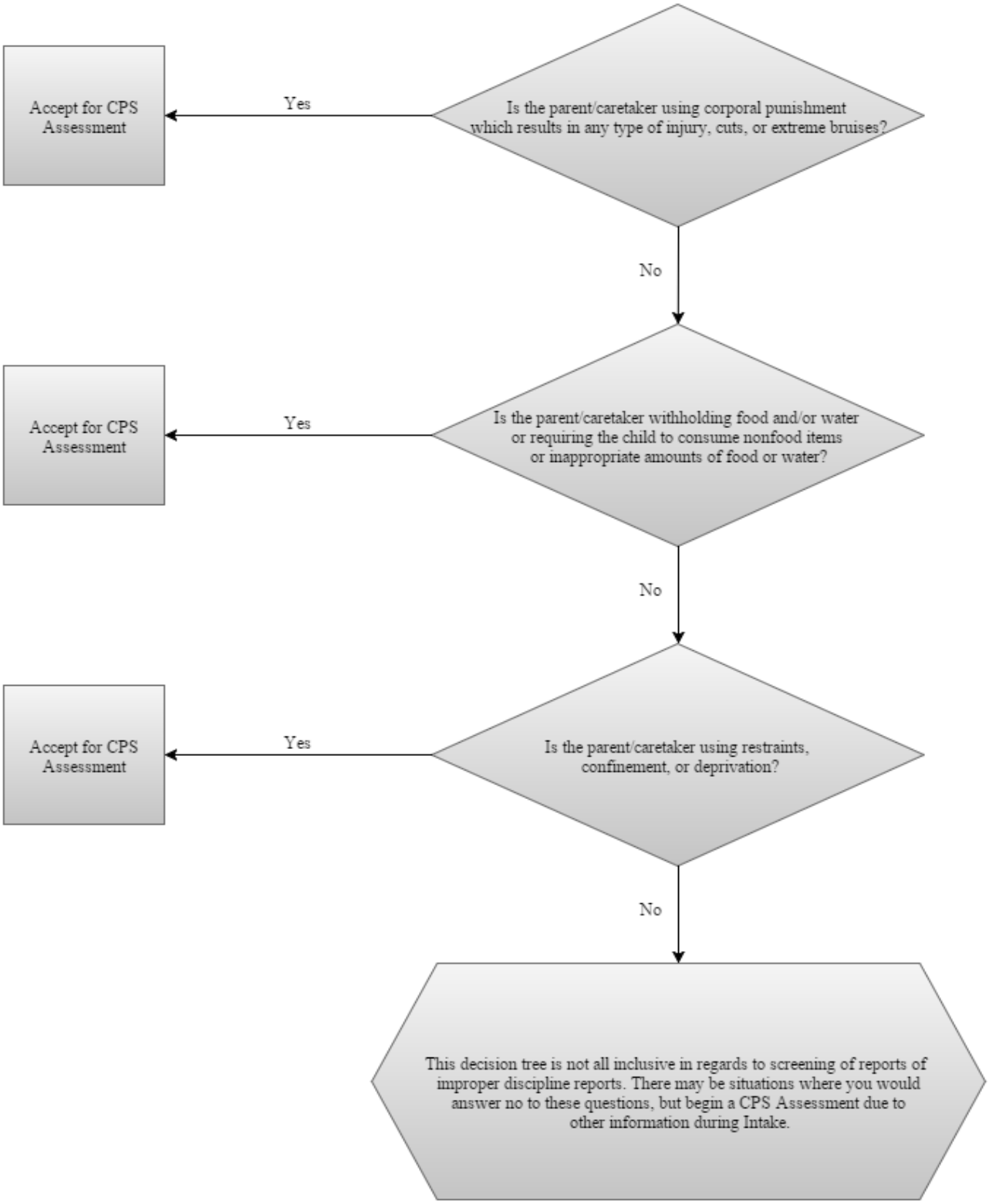
Maltreatment Type Screening Tools

Attachment A

Improper Discipline Screening Tool



J. Improper Discipline Screening Tool Directions

Is the parent/caretaker using corporal punishment that results in any type of injury, cuts, or extreme bruises?

The law does not prohibit the use of reasonable methods of parental discipline or recommend methods. Parents have the right to physically discipline their child if the punishment is reasonable and appropriate for the child's age and stage of development. **Improper Discipline** occurs when a parent/caretaker uses corporal punishment that creates minor physical marks such as bruises and/or welts greater than minor temporary redness of skin lasting more than 24 hours, or any other disciplinary act(s) unreasonable and/or inappropriate for the child's age, size, condition and abilities that does not rise to the level of abuse.

Examples of unreasonable and inappropriate acts of discipline include, but are not limited to:

- Child standing in one place for an extended amount of time;
- Requiring the child to consume nonfood items or inappropriate amounts of food or water; or
- Parent uses restraints, confinement, or deprivation.

When determining reasonable discipline consider the following factors:

- Child's age, physical size, abilities, and condition;
- Location of the physical marks and frequency or recurrence of injuries; and
- Type and extent of discipline.

Is the parent/caretaker withholding food and/or water or requiring the child to consume nonfood items or inappropriate amounts of food or water?

A CPS Assessment must occur if there is a pattern of withholding water or food. Forcing a child to consume excessive amounts of food or water can be dangerous. Forcing a child to consume an extreme amount of hot sauce, salt, pepper or nonfood item is not an appropriate form of discipline and depending upon the age and size of the child could be life threatening. Reports of this nature could meet the criteria for an abuse report based on cruel/grossly inappropriate behavior modification, depending on the circumstances.

Is the parent/caretaker using restraints, confinement, or deprivation?

Appropriate discipline does not involve the use of restraints, confinement, or deprivations. This includes being deprived of heat, ventilation, or any basic necessity.

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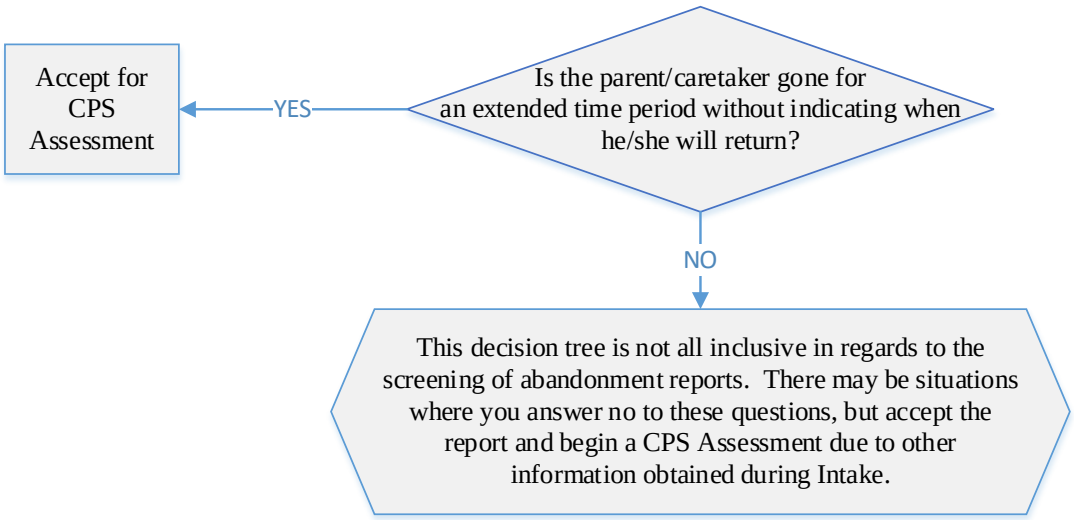
Abandonment Screening Tool



K. Abandonment Screening Tool Directions

Is the parent/caretaker gone for an extended time period without indicating when he/she will return?

Abandonment is a willful act, a conscious decision made by the parent/caretaker to abandon the child. There is a clear demonstration that the parent/caretaker does not intend to resume parental responsibilities for the child. The legal definition of abandonment is "any willful or intentional conduct on the part of the parent which evidences a settled purpose to forego all parental duties and relinquish all parental claims to the child." It is important to determine if the parent/caretaker made arrangements with an alternate caregiver. A situation where a parent/caretaker left a child with a grandparent, and the grandparent is willing to continue to provide care for the child, should not be accepted for CPS Assessment under the abandonment category. The grandparent should be referred to community resources to assist with obtaining legal custody. If the only issue is that the grandparents are having difficulties enrolling the child in school, refer to N.C.G.S. § 115C-366, Assignment of student to a particular school. A situation where a parent/caretaker left a child with a grandparent who agreed to provide care and the parent did not return to assume caretaking responsibilities, and the grandparent is now saying they are no longer willing to provide care meets the criteria for a CPS Assessment.

Another consideration is the appropriateness of the alternate caretaker and their desire to continue to provide care for the child, as well as, determining the last time the parent/caregiver has been in contact with the child and alternate caretaker. The Infant Homicide Prevention Act requires CPS reports of abandonment to be initiated immediately. The county child welfare agencies must contact law enforcement to request assistance to inquire through the NC Center for Missing Persons and other resources to determine if the child has been reported as a missing child.

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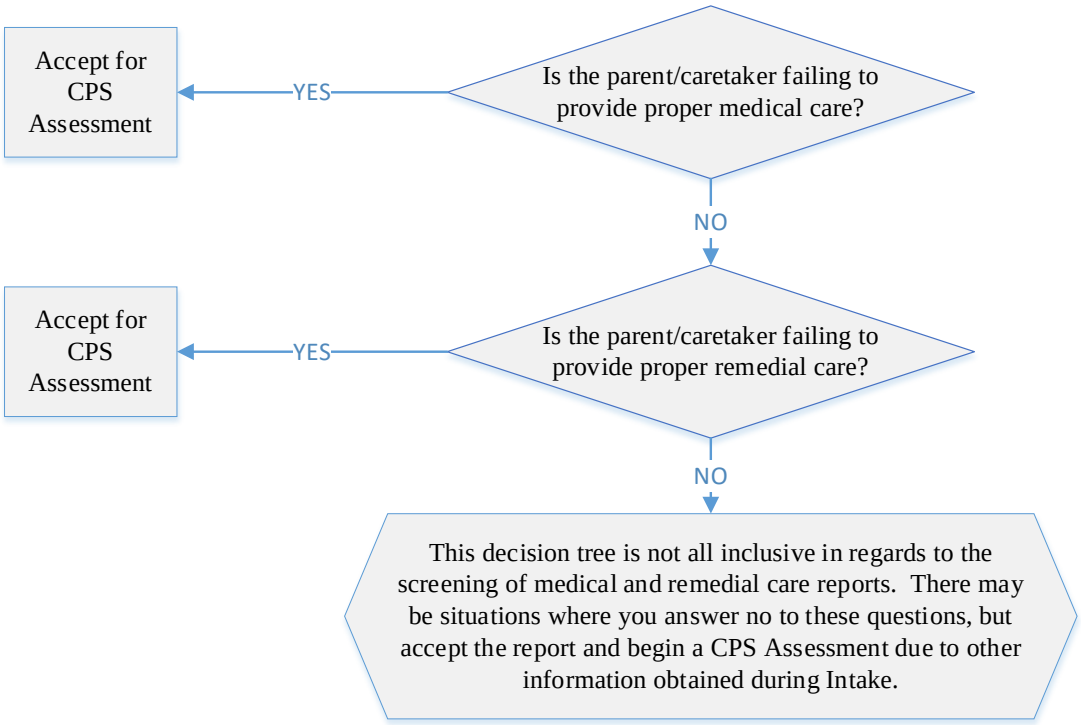
Improper Medical/Remedial Care Screening Tool



L. Improper Medical and Remedial Care Screening Tool Directions

Is the parent/caretaker failing to provide proper medical care?

This includes the parent/caretaker's refusal or failure to seek, obtain, and/or maintain those services for necessary medical, dental, or mental health care. This category includes the parent/caretaker not seeking treatment for the child's immediate, chronic, and/or dangerous medical condition or does not follow prescribed treatment. 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. If the child is suicidal and the parent/caretaker will not/cannot take protective action, a CPS Assessment is warranted.

Is the parent/caretaker failing to provide proper remedial care?

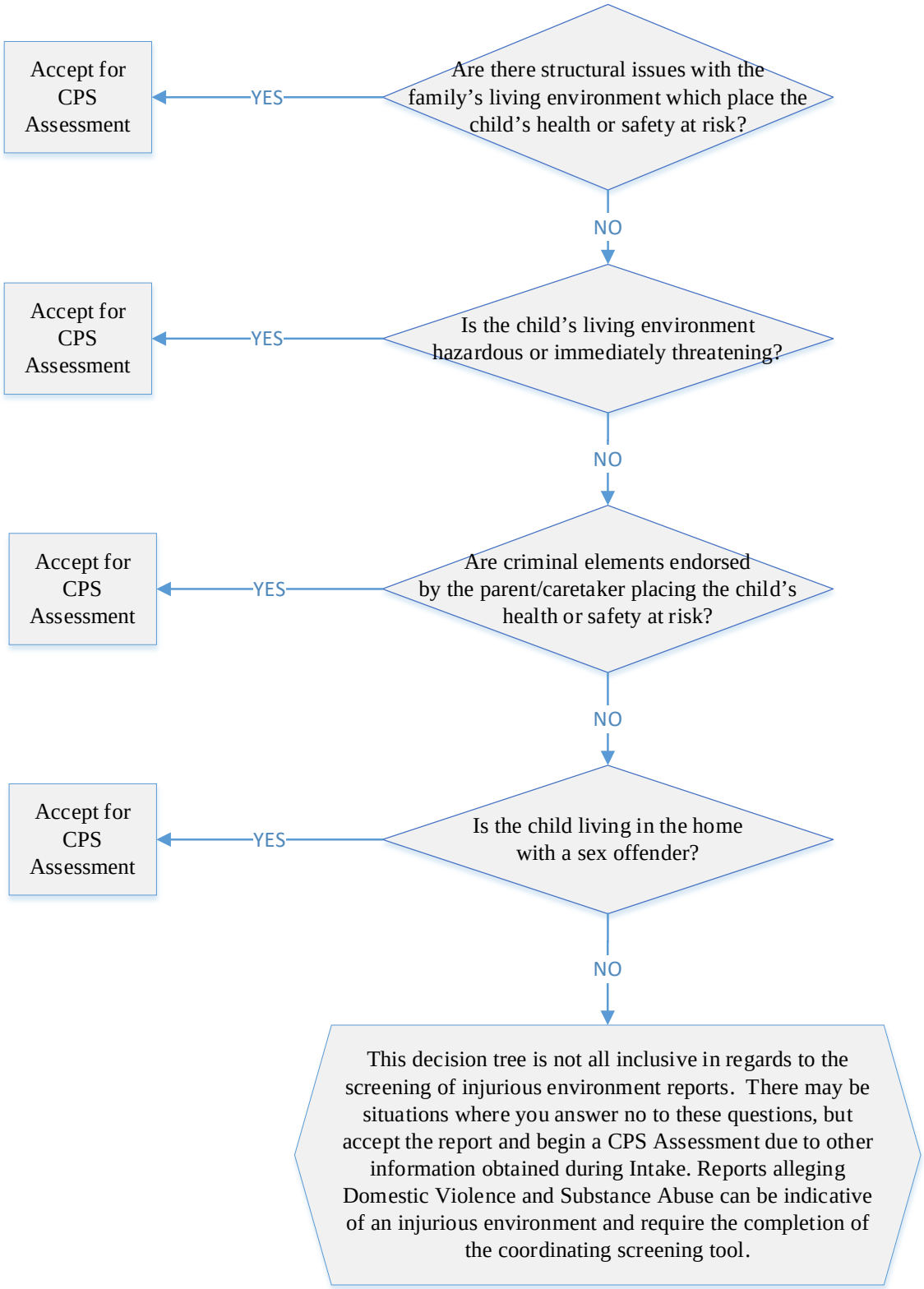
This category further includes necessary rehabilitative care such as speech therapy and physical therapy, as well as, remedial care such as the proper treatment for a hearing defect.

Note: Failure to provide child with immunizations or routine well child care 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 the head lice, as well as, whether public health has intervened is important. In situations where a teenager is refusing to keep appointments with a therapist and the parent/caretaker is making every effort to encourage the child to keep the appointment, including arranging transportation for the child, is not sufficient information to proceed with a CPS Assessment.

Maltreatment Type Screening Tools

Attachment A

Injurious Environment Screening Tool



M. Injurious Environment Screening Tool Directions

Are there structural issues with the family's living environment which place the child's health or safety at risk?

Structural issues to consider include exposed electrical wiring, holes in the floor of the home, flaking lead-based paint, plumbing/septic tank issues, leaking gas from stove or heating unit, lack of water or utilities (heat, plumbing and electricity) with no alternate provisions made or the alternate provisions are inappropriate (stove, unsafe space heaters used), or open, broken or missing windows. The age and developmental status of the child impact the potential for harm to the child's health and safety.

Is the child's living environment hazardous or immediately threatening?

Housekeeping/cleanliness issues addressed through CPS are those that impact the child's health or safety. Simply having a dirty house does not indicate an injurious environment. The living conditions must be such that they are not safe for a child. Cleanliness issues to consider include a substantial amount of scattered garbage/trash accessible to a young child, a substantial amount of contained garbage/trash which sits to the point that vermin are present, animal or human waste that is not disposed of properly, and any situation in which the failure to maintain cleanliness results in a health or safety risk to the child. The main concern regarding fecal matter has to do with fecal/oral contamination so the child's age and developmental status impacts the level of risk. It is important to note whether dangerous substances or objects are stored in areas that are easily accessible to young children, such as lower shelves or cabinets, under the sink or in an open area. The accessibility of firearms and other weapons is a factor to consider. In accordance with N.C.G.S. §14-351, a report which indicates that the firearm is stored or left in a condition that the firearm can be discharged and that the parent has knowledge that the child has access to the firearm warrants a CPS Assessment.

Are there criminal elements endorsed by the parent/caretaker that place the child's health or safety at risk?

The potential exists for a child to be negatively impacted when the parent/caretaker engages in activities such as manufacturing and/or distributing drugs/alcohol, operating a gaming house, or organizing a shoplifting ring, which lead to constant disruption of the home environment as evidenced by heavy traffic in the home. A consideration would be whether drugs and alcohol were easily accessible to the child, the potential for violence/weapons associated with illegal activities, and whether the parent/caretaker's caretaking and supervision skills were negatively impacted in this environment.

Is the child living in the home with a sex offender?

If a substantiated perpetrator or an individual convicted of a sexual offense against a child has established residence where juveniles reside, those persons having suspicion of risk in the new environment are obligated to report. The screening decision must be based on current risk. If it is believed the children are at risk, the report must be accepted for CPS Assessment.

Reports Involving Domestic Violence and Substance Abuse

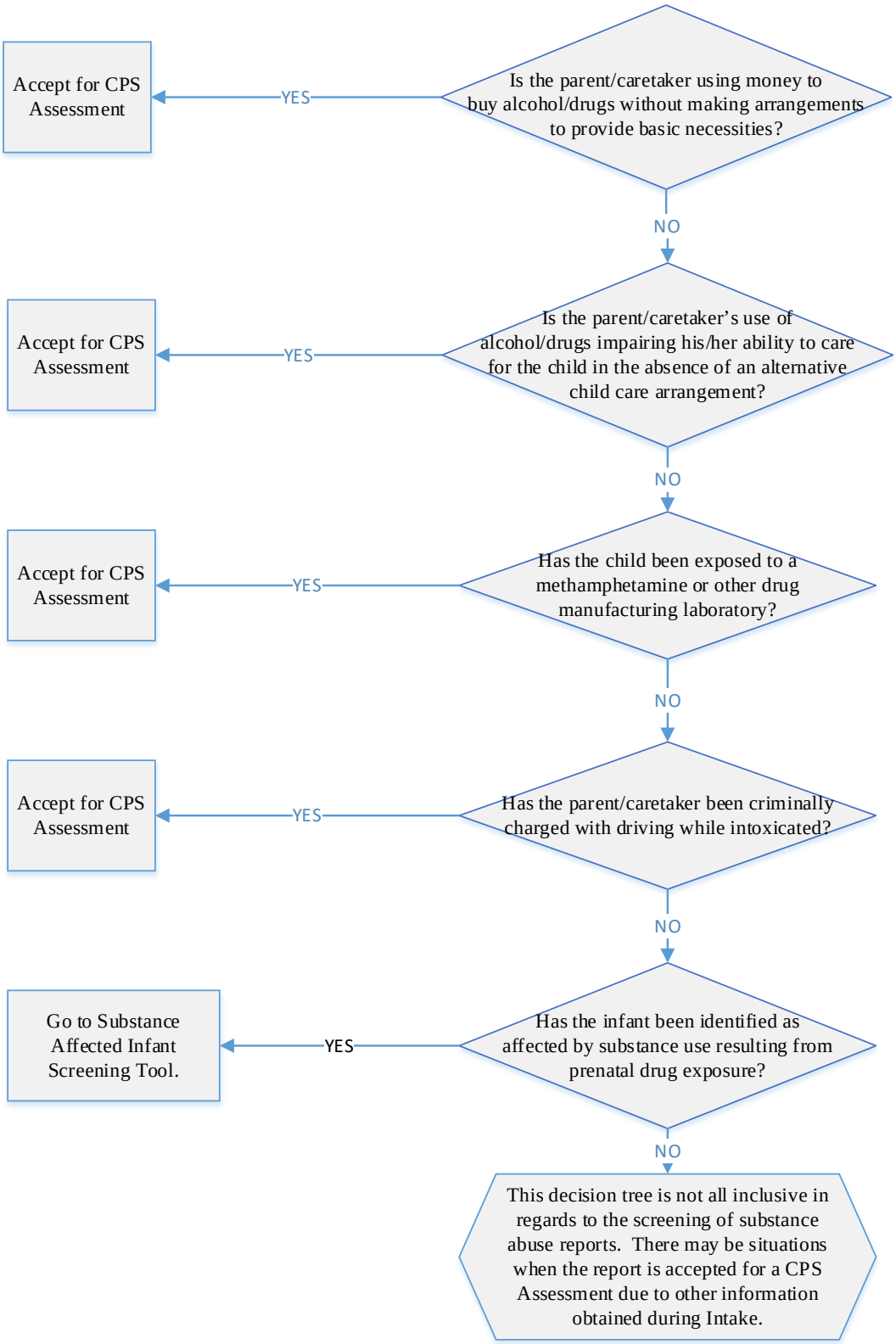
Domestic violence and substance abuse are not intrinsically considered child maltreatment. However, the impact of parent/caretaker domestic violence and/or substance abuse can result in the neglect of a child due to the injurious environment created. For reports alleging domestic violence and substance abuse, please consult the **Domestic Violence and Substance Abuse Maltreatment Screening Tools.**

Return to Maltreatment Screening Tools page.

Maltreatment Type Screening Tools

Attachment A

Substance Abuse Screening Tool



Substance Affected Infant Screening Tool

N. Substance Abuse Screening Tool Directions

Is the parent/caretaker using money to buy alcohol/drugs without making arrangements to provide basic necessities?

When the substance abusers use rises to the level that he or she is willing to place their needs to satisfy the addiction above providing proper care to the child, it is problematic and must be accepted for CPS Assessment in the absence of an alternative arrangement for ensuring those basic needs are provided to the child. In situations when other family/friends/other support networks are ensuring that the child is provided with food, clothing, and shelter, the dynamic of that relationship should be explored. This could be considered enabling and could lead to the substance abuser's expectation that others will provide care for their child. Illegal and legal drugs have the potential to become problematic when they are abused.

Is the parent/caretaker's use of alcohol/drugs impairing their ability to care for the child in the absence of an alternative child care arrangement?

Parenting skills are affected by substance use, depending upon the parent/caretaker's level of dependency on the substance. The capacity to provide proper care will vary. Many times, the parent/caretaker decides for care to be provided to the child by a responsible caretaker known to the child, and this can be appropriate depending upon the relationship among the child, parent, and caretaker, and the frequency of such an arrangement. The parent's use/behavior and the impact on the child are relevant. Simply using drugs or having a drink in the child's presence does not meet the definition of neglect. If the parent's use impacts the caretaking ability in such a manner that his or she is not providing proper supervision and care, then those reports must be accepted for CPS Assessment.

Has the parent/caretaker been criminally charged with driving while intoxicated?

If a parent or caretaker is criminally charged with a DWI offense while a child is in the car, the report must be accepted for assessment. The county child welfare services agency maintains discretion in the classification of this allegation, meaning that depending on the circumstances this type of report may be accepted as a neglect report or as an abuse report.

Has the child been exposed to a methamphetamine or other drug-manufacturing laboratory?

The children who live in and around methamphetamine or other drug-manufacturing laboratories have a high risk of harm due to their developmental nature. Under these circumstances, the children are at increased risk due to their inability to protect themselves. The children in these homes are also exposed to serious toxins and dangers that could have long term effects on their health and development. A child living in or being exposed to a methamphetamine or other drug-manufactoring laboratory must be accepted for an Investigative Assessment.

Has an infant been identified as affected by substance use resulting from prenatal drug exposure?

The Child Abuse and Prevention Treatment Act (CAPTA) requires that health care providers involved in the delivery and care of an infant affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder must notify the child protective services system. However, the notification requirement does not establish a definition under federal law of what constitutes child abuse or neglect. In North Carolina, the notification must occur upon identification of the infant as a "substance affected infant," as defined by the North Carolina Department of Health and Human Services.

Thus, a report that an infant has been identified as affected by substance use resulting from prenatal drug exposure does not always mean that child welfare services are appropriate. Consult the Substance Affected Infant Screening Tool that follows to determine if a CPS Assessment is warranted.

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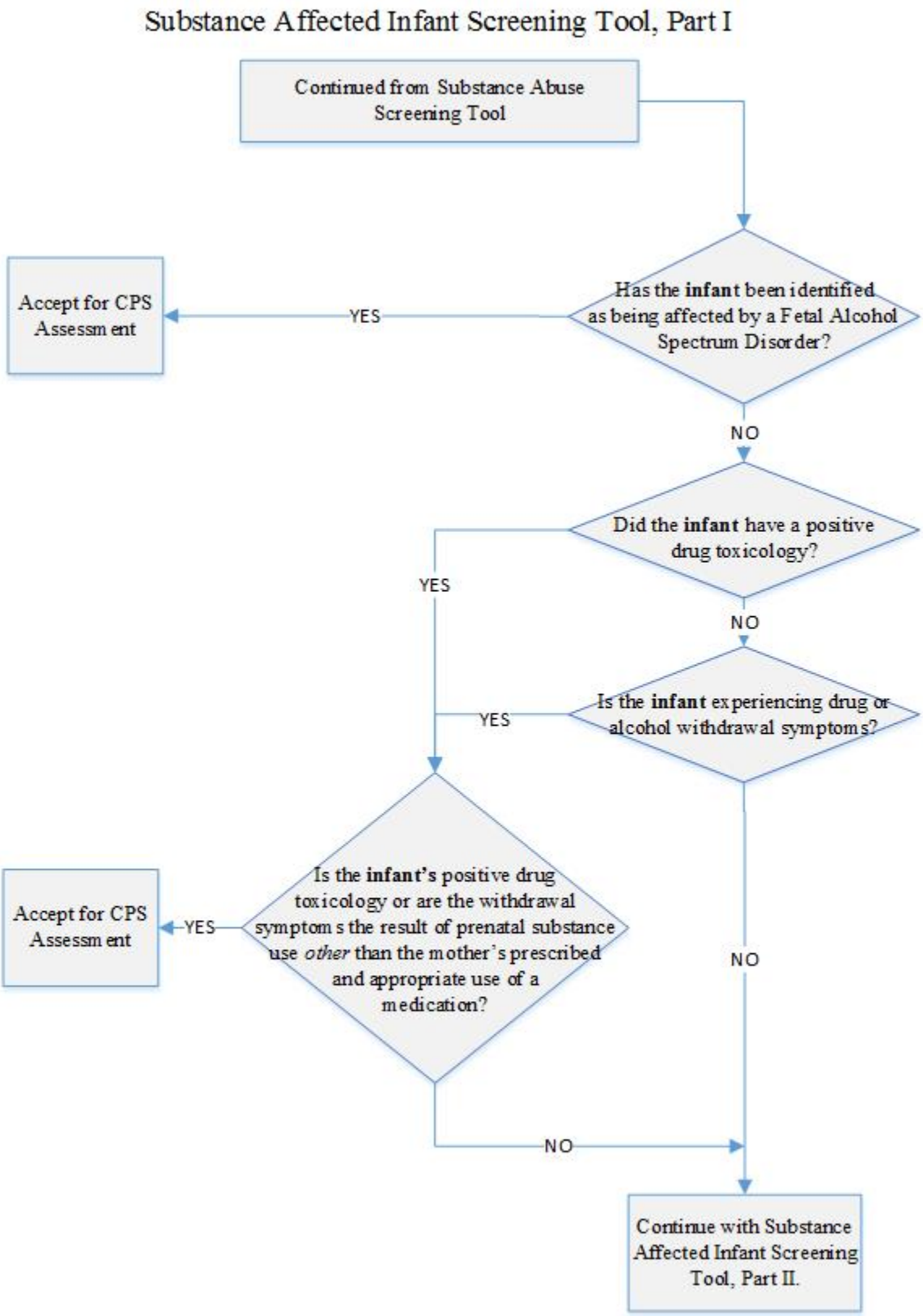
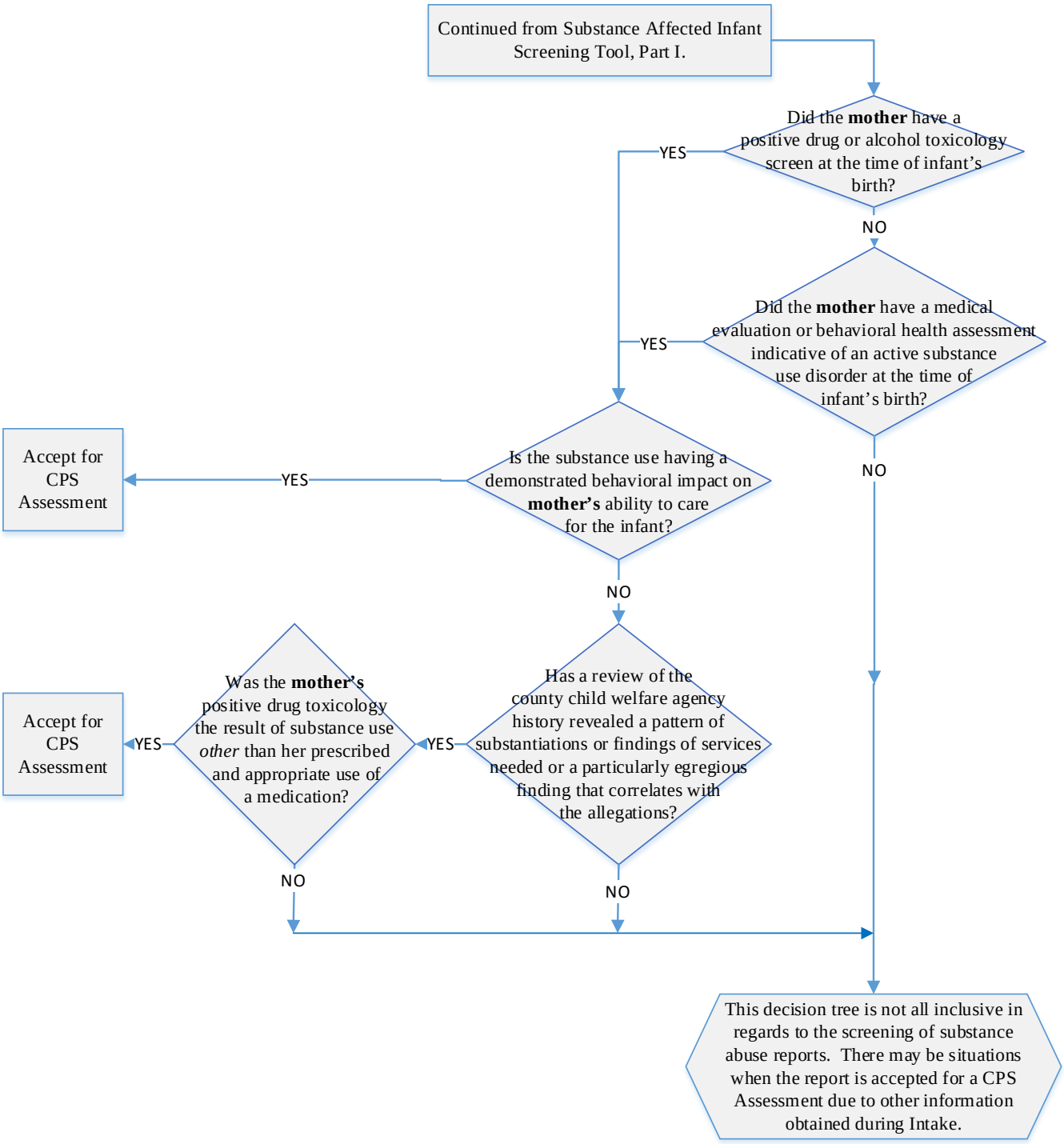
Substance Affected Infant Screening Tool



Substance Affected Infant Screening Tool, Part II



O. Substance Affected Infant Screening Tool Directions

Has the infant been identified as being affected by a Fetal Alcohol Spectrum Disorder?

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term that encompasses all disabilities caused by prenatal alcohol exposure.

If the infant has received one of the following diagnoses then the report must be accepted for CPS Assessment: Fetal Alcohol Syndrome (FAS), Partial FAS (PFAS), Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE), Alcohol-Related Birth Defects (ARBD) or Alcohol-Related Neurodevelopmental Disorder (ARND).

Did the infant have a positive drug toxicology? Is the infant experiencing drug/alcohol withdrawal symptoms?

A report alleging that an infant had a positive drug toxicology or is experiencing withdrawal symptoms would be appropriate for CPS Assessment. However, if it is known that the drug is a medication prescribed to the mother and is being used appropriately – per the prescribing provider – then the report should not be accepted on that basis alone. This includes medications prescribed for the treatment of opioid use disorders.

Did the mother have a positive drug or alcohol toxicology screen at the time of the infant's birth?

A report that only alleges the mother's substance use would not be appropriate for CPS Assessment. However, a CPS Assessment must occur if she is also demonstrating behaviors that impact her ability to provide care to the infant.

Additionally, a CPS Assessment must occur if a review of NC FAST services or county child welfare services agency history revealed a pattern of substantiations or findings of services needed or a particularly egregious finding that correlates with the allegations. However, a mother's prescribed and appropriate use of medications should not be coupled with county child welfare services agency history to justify the acceptance of a report.

Did the mother have a medical evaluation or behavioral health assessment that was indicative of an active substance use disorder at the time of the infant's birth?

A report that only alleges the mother's substance use disorder would not be appropriate for CPS Assessment. However, a CPS Assessment must occur if she is also demonstrating behaviors that impact her ability to provide care to the infant.

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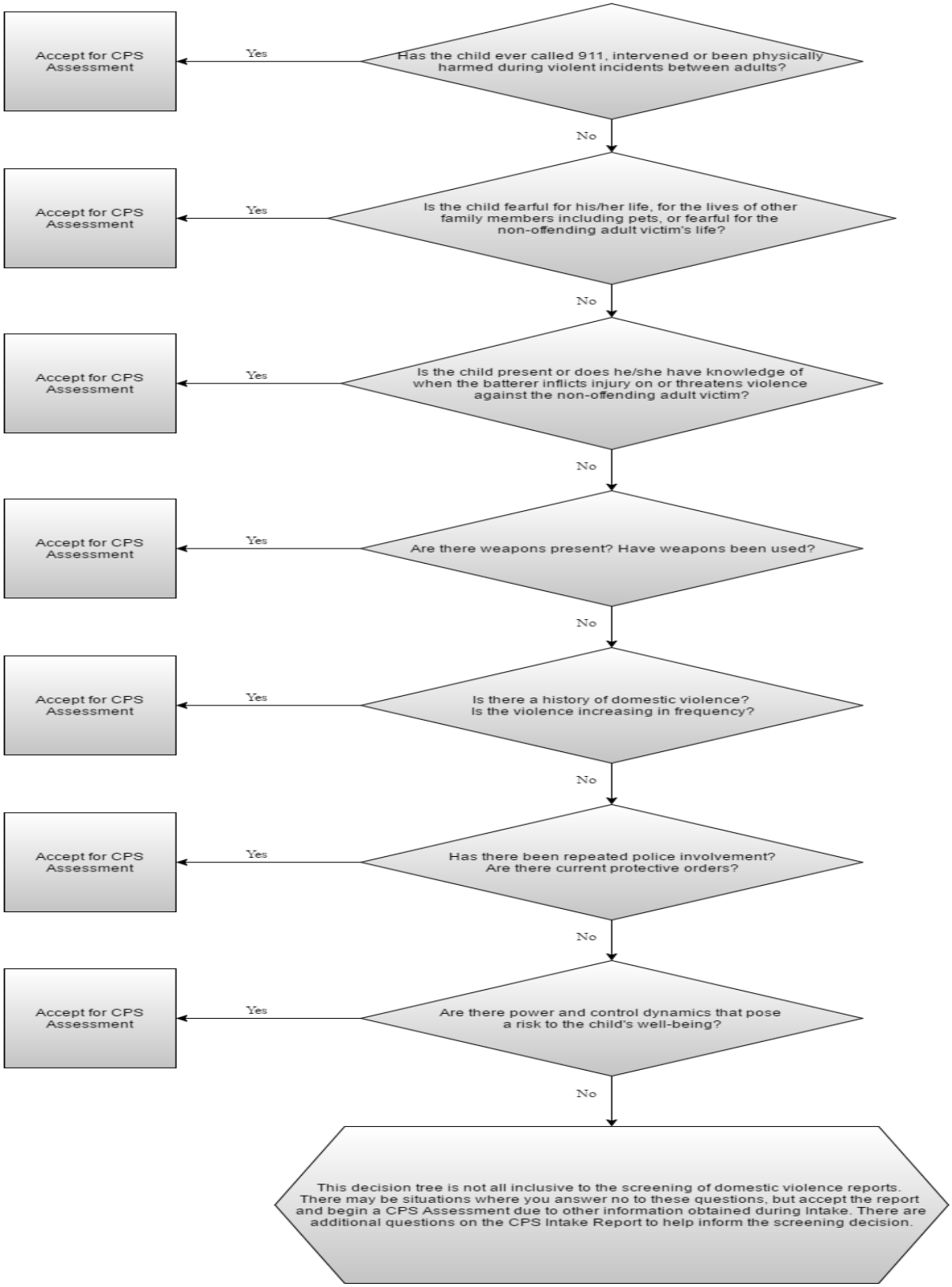
Maltreatment Type Screening Tools

Attachment A

Domestic Violence Screening Tool



P. Domestic Violence Screening Tool Directions

Domestic violence is a serious issue with potentially fatal implications for children and non-offending adult victims. In recognition of this potential lethality, every reporter must be asked, "Has there been an occurrence of domestic violence in the home?"

Domestic violence is the establishment of control and fear in an intimate relationship using violence and other forms of abuse including but not limited to physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the non-offending adult victim.

Has the child ever called 911, intervened, or been physically harmed during violent incidents between adults?

There is a real possibility that the child could be physically injured when intervening in domestic violence situations.

Is the child fearful for their life, for the lives of other family members including pets, or fearful for the non-offending adult victim's life?

An assessment of the impact of exposure to the violence is needed. The child fearing for their life or for the lives of any family members is evidence that the violence is having a serious impact on their mental/emotional health. There is a correlation between pet abuse and domestic violence, as it is a predictor of a batterer's lethality.

Is the child present or does he or she have knowledge of when the batterer inflicts injury on or threatens violence against the non-offending adult victim?

The child's presence when violence is occurring warrants a CPS Assessment. A child's presence is defined as within sight or sound regardless of their age. This includes not only a situation where a child is present to witness violence, but also must include a situation when a child may have knowledge that violence is occurring in their home. For example, a child reporting that he or she hears one parent/caretaker threatening the life of the parent/caretaker; he or she reports seeing injuries on a parent/caretaker after an altercation; or a parent/caretaker is reporting to the child he or she was assaulted by the other parent/caretaker. An assessment of the impact of exposure is needed, as some children are more resilient than others.

Has there been repeated police involvement? Are there civil protective orders?

Police involvement is one indication there is a history of domestic violence and that the non-offending adult victim has taken some steps towards protection. Repeated violence from the batterer after law enforcement/court involvement is an indication that the batterer has no regard for these legal measures, and that law enforcement is not a deterrent.

Is there a history of domestic violence? Is the violence increasing in frequency?

A pattern of domestic violence indicates a situation more serious than an isolated incident. If the batterer has become increasingly violent, it is reasonable to expect this progression to continue which can compromise the child's safety.

Are there weapons present or have weapons been used?

The presence of a weapon or weapons creates a risk for potential use. The use of weapons increases the potential for deadly violence.

Are there power and control dynamics that pose risk to a child's well-being? Does the batterer interfere with the non-offending adult victim's ability to meet the child's needs?

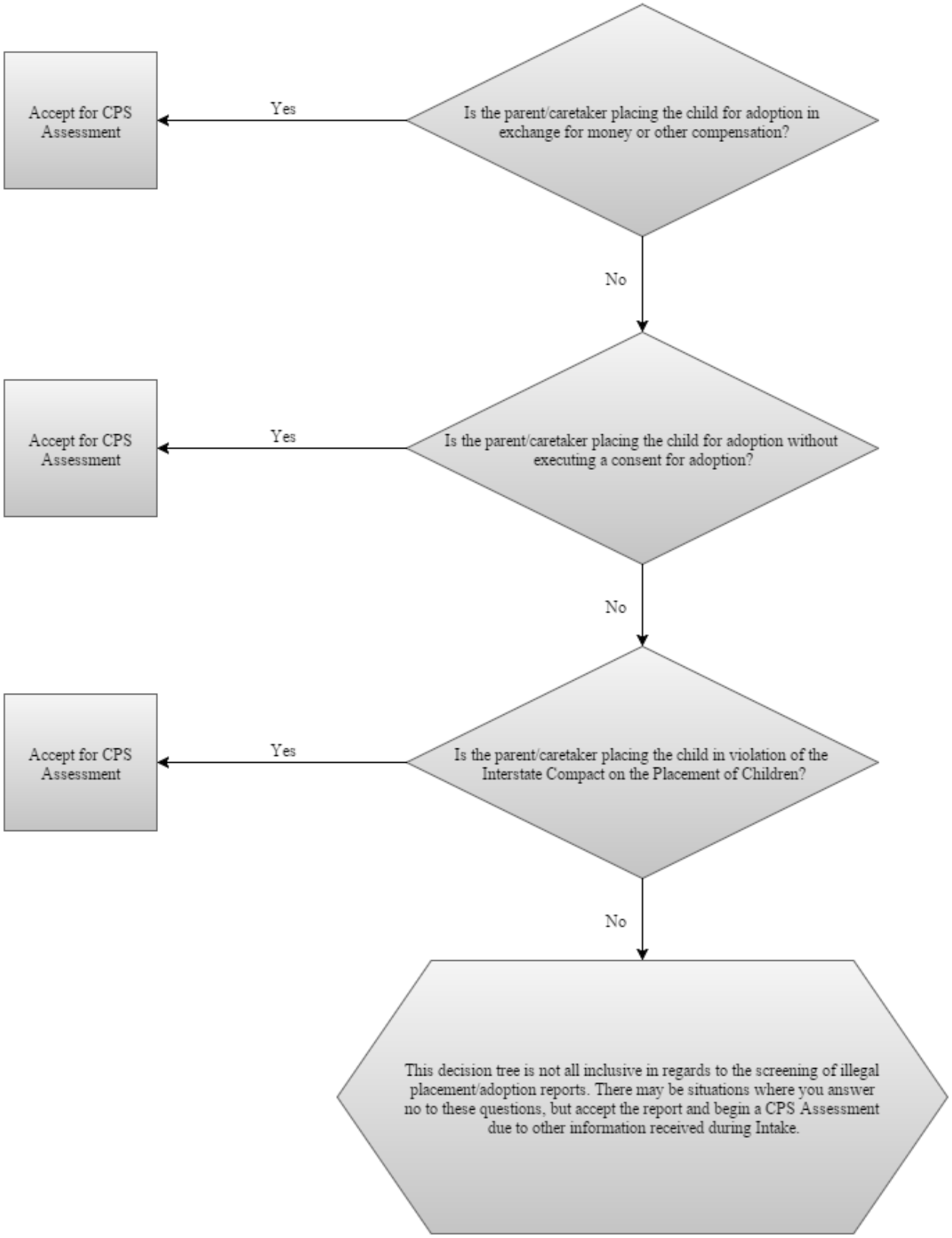
Batterers will often control access to basic necessities to maintain power in the family. Examples include control over access to food, shelter, clothing, education, mental health, and medical care.

Return to Maltreatment Screening Tools page.

Maltreatment Type Screening Tools

Attachment A

Illegal Placement/Adoption Screening Tool



Q. Illegal Placement/Adoption Screening Tool Directions

Is the parent/caretaker placing the child for adoption in exchange for money or other compensation?

A parent/caretaker may not pay or give, offer to pay or give, or request, receive or accept any money or anything of value, directly or indirectly for the placement or adoption of a child. An adoptive parent, or another person acting on behalf of an adoptive parent, may pay medical expenses, counseling services expenses, and/ or reasonable or actual expenses for ordinary living expenses, etc. for the mother. It is neglectful to accept payment in kind for a child, such as trading a child for a car.

Is the parent/caretaker placing the child for adoption without executing a Consent for Adoption?

A parent/caretaker cannot place a child with an alternate caregiver without executing their consent for adoption. The parent/caretaker must have the authority to place the child and consent to the child's adoption.

Is the parent/caretaker placing the child in violation of the Interstate Compact on the Placement of Children?

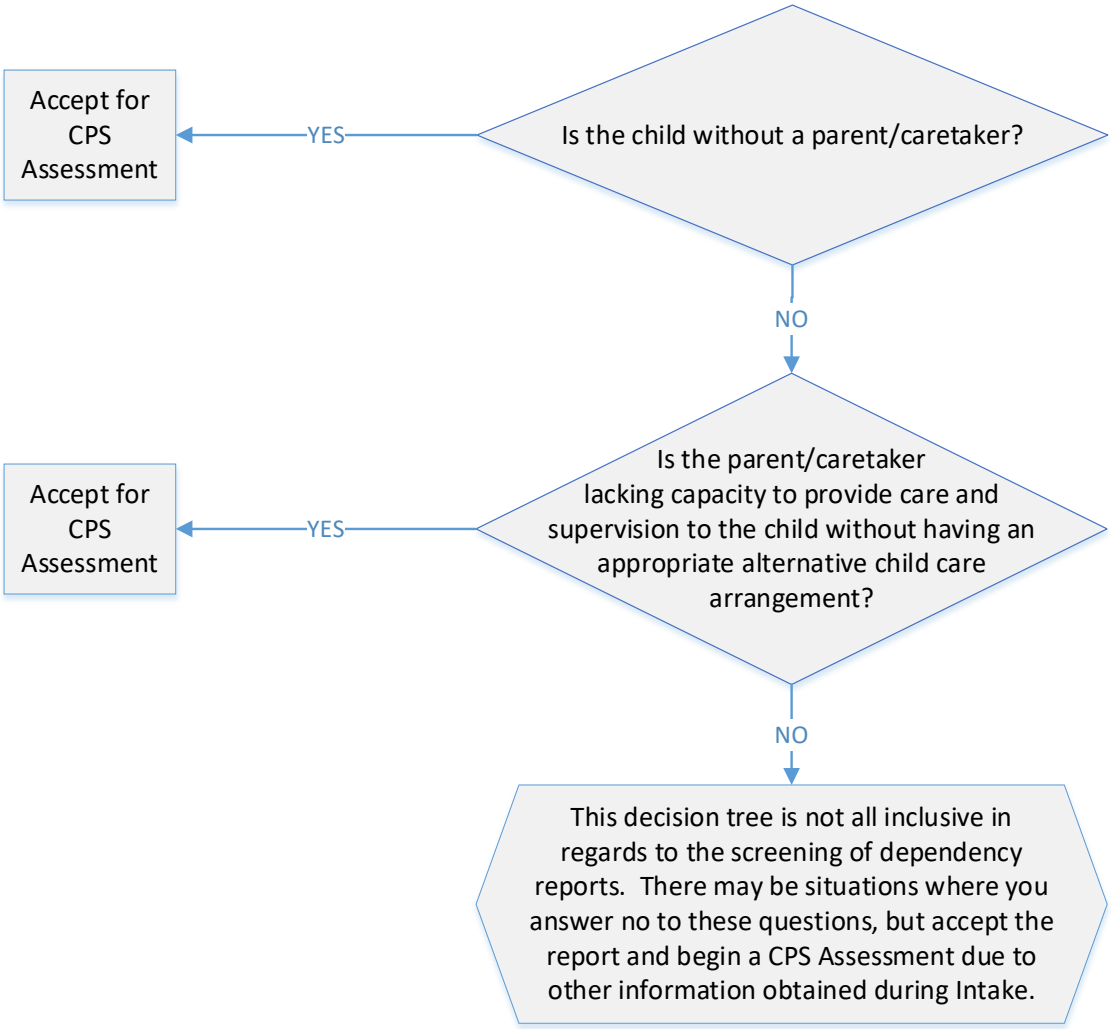
ICPC is a legally and administratively sound means of placing children across state lines with the same safeguards and services that are available when they are placed within their own state. ICPC provides the means for securing an evaluation of a prospective placement before the child is sent outside the state and provides assurance that the state sending the child retains jurisdiction over the child sufficient to ensure that the child receives adequate care and protection. 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.

Return to Maltreatment Screening Tools page.

Maltreatment Type Screening Tools

Attachment A

Dependency Screening Tool



R. Dependency Screening Tool Directions

Is the child without a parent/caretaker?

A child can be dependent due to the absence of a parent/caretaker. The parent/caretaker's absence may be due to hospitalization, incarceration, or any situation in which the parent/caretaker is unavailable and there are no alternative arrangements to provide appropriate care. Dependency also refers to the lack of ability of the parent/caretaker. A parent who is hospitalized or incarcerated is not necessarily unwilling to provide care but is unable to provide care due to the present circumstances. An infant who has been safely surrendered is dependent.

Children or youth who appear to be unaccompanied, whose parent/caretaker is absent, or who have run away from home may be vulnerable to exploitation or may have already been exploited through sex trafficking or labor trafficking. Intake workers should consider if the child is a victim of human trafficking and consult the Human Trafficking Screening Tool. Intake workers may need to ask questions to further explore the child's circumstances regarding access to basic needs (food, clothing, shelter), who is providing those needs, and whether the child is exchanging sexual acts to meet these needs or for anything else of value.

Is the parent/caretaker lacking capacity to provide care and supervision to the child without having an appropriate alternative child care arrangement?

Dependency can also occur in situations where the parent/caretaker is incapacitated due to mental or physical illness, substance abuse, or any situation which impacts the ability of the parent to provide appropriate care. If the parent/caretaker fails to ensure an appropriate alternative child care arrangement, the child is dependent, and a CPS Assessment must occur.

Return to Maltreatment Screening Tools page.

Response Priority / Time Frame Decision Trees

Attachment B

The purpose of the response priority decision trees is to provide structure for the determination of how quickly the CPS Assessment must be initiated. The response priority decision trees are to be consulted for every new CPS report that is accepted for CPS Assessment. This applies to all reports, reports on new families and families already known to the agency, if a case is open to CPS Assessments, CPS In-Home Services, or Child Placement Services.

Use of Response Priority Decision Trees:

1. Begin with the Response Priority Decision Tree that corresponds to the maltreatment allegation that is the most egregious. Consult the Priority Response Decision Tree for each type of maltreatment alleged in the report. The Response Priority Trees include:
   - Physical Abuse Response Priority Decision Tree. To be used with allegations of physical abuse and cruel/grossly inappropriate behavior modification.
   - Moral Turpitude Response Priority Decision Tree
   - Sexual Abuse Response Priority Decision Tree
   - Emotional Abuse Response Priority Decision Tree
   - Human Trafficking Response Priority Decision Tree
   - Neglect Response Priority Decision Tree. To be used with maltreatment allegations of improper care, improper supervision, improper discipline, abandonment, improper medical/remedial care, injurious environment, and illegal placement/adoption.
   - Dependency Response Priority Decision Tree
2. Start with the first question box of each Decision Tree. Proceed by answering the questions yes or no. When the answer to any question is yes, this is the termination point. Guidance regarding each of the questions is provided after the Decision Tree.
3. The termination point indicates the appropriate response time, immediate, within 24-hours, or within 72-hours. If an immediate response has been indicated on one tree, it is not necessary to complete additional maltreatment trees. Otherwise, continue with the Decision Tree for each maltreatment alleged.

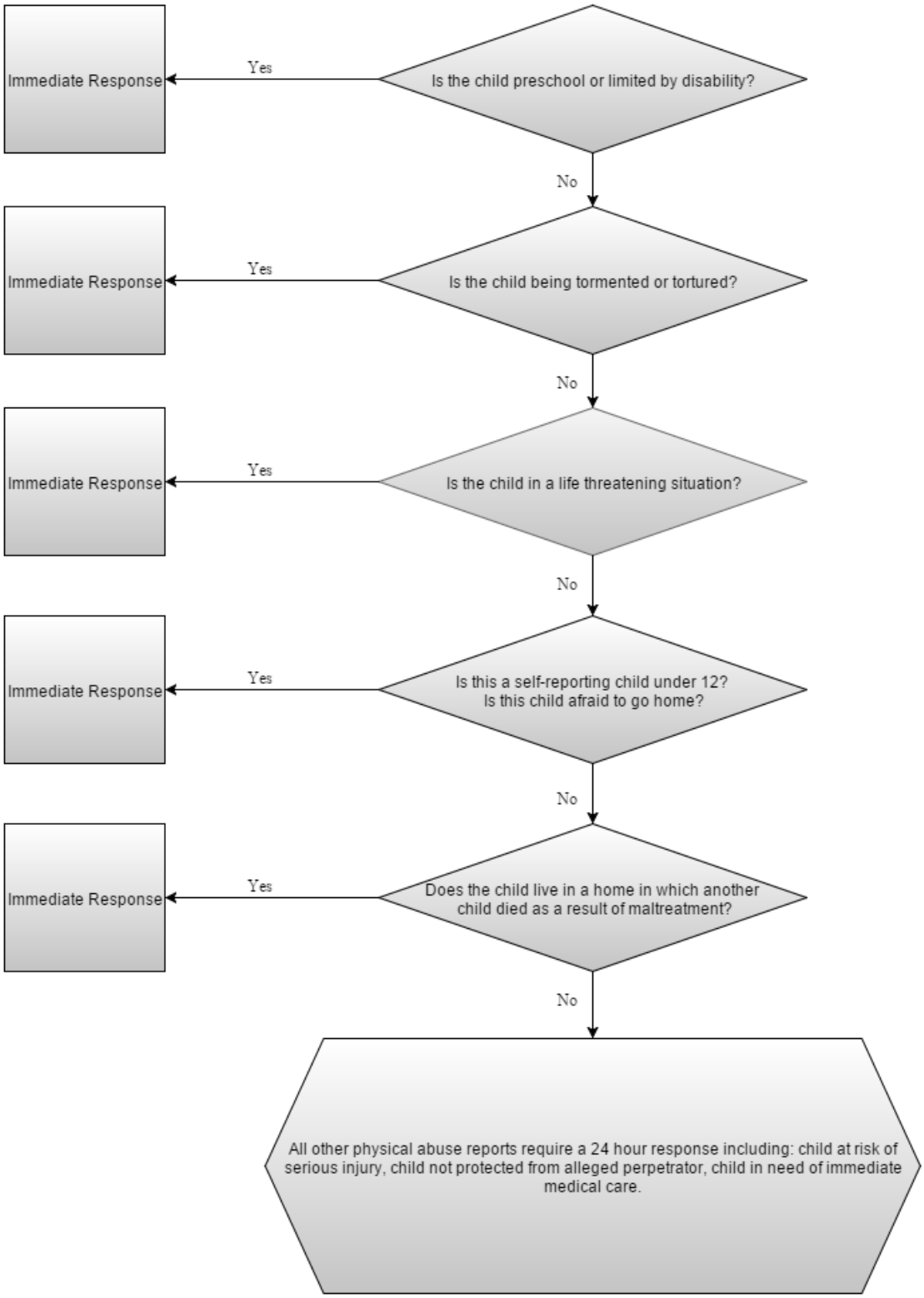
For an immediate response, initiation must occur at once, immediately after completion of the Intake report. The response should never exceed 24 hours for a report alleging physical or sexual abuse. The response should never exceed 72 hours for a report alleging neglect or dependency.

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 Time Decision Tree indicates, the rational for changing the response, especially for any decision to delay the response time, must be documented and approved by a supervisor or higher management level. The decision trees are designed to guide decisions--not to replace county child welfare worker and child welfare supervisor judgement. A case may have unique circumstances not captured by the decision tree, or there may be critical information that is unknown. If there is any doubt about the most appropriate response time frame, the agency decision must be to respond in a response time that ensures the children are, first and foremost, protected from harm.

Response Priority / Time Frame Decision Trees

Attachment B

Physical Abuse Response Priority Decision Tree



Response Priority / Time Frame Decision Trees

Attachment B

PHYSICAL ABUSE RESPONSE PRIORITY DECISION TREE DEFINITIONS

Is the child preschool-aged or limited by a disability?

Physical abuse of a young child or a child with a disability is high risk and an immediate response must be assigned.

Is the child being tormented or tortured?

Tormenting and torture are aggravated circumstances and an immediate response must be assigned.

Is the child in a life-threatening situation?

Physical abuse can present as a life-threatening situation depending upon severity, age, and developmental stage of the child. Examples of possible life-threatening situations include a child with internal injuries, burns requiring medical treatment, or a child less than a year old who has been shaken or subjected to spanking, hitting, or other form of corporal punishment.

Is this a self-reporting child under 12? Is this child afraid to go home?

A child under the age of 12 who contacts the county child welfare services agency directly as a possible abuse victim is particularly concerning and an immediate response must be assigned. Based on credible threats made by a parent/caretaker, a child's behavioral indicators of fear, as well as a history of abusive behavior like the current allegation, may suggest a higher chance of reoccurrence.

Does the child live in a home in which another child died as a result of maltreatment?

Based on the potential risk, this situation an immediate response must be assigned.

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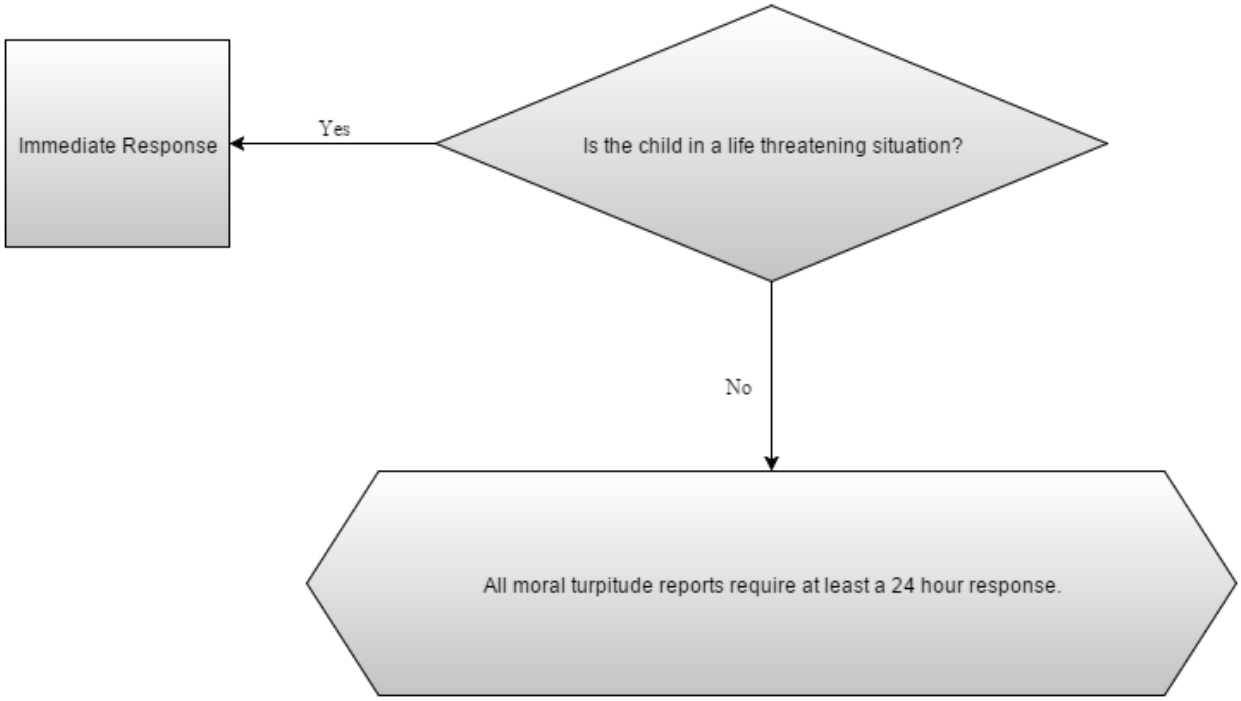
Response Priority / Time Frame Decision Trees

Attachment B

Moral Turpitude Response Priority Decision Tree



Moral Turpitude Response Priority Decision Tree Definitions

Is the child in a life-threatening situation?

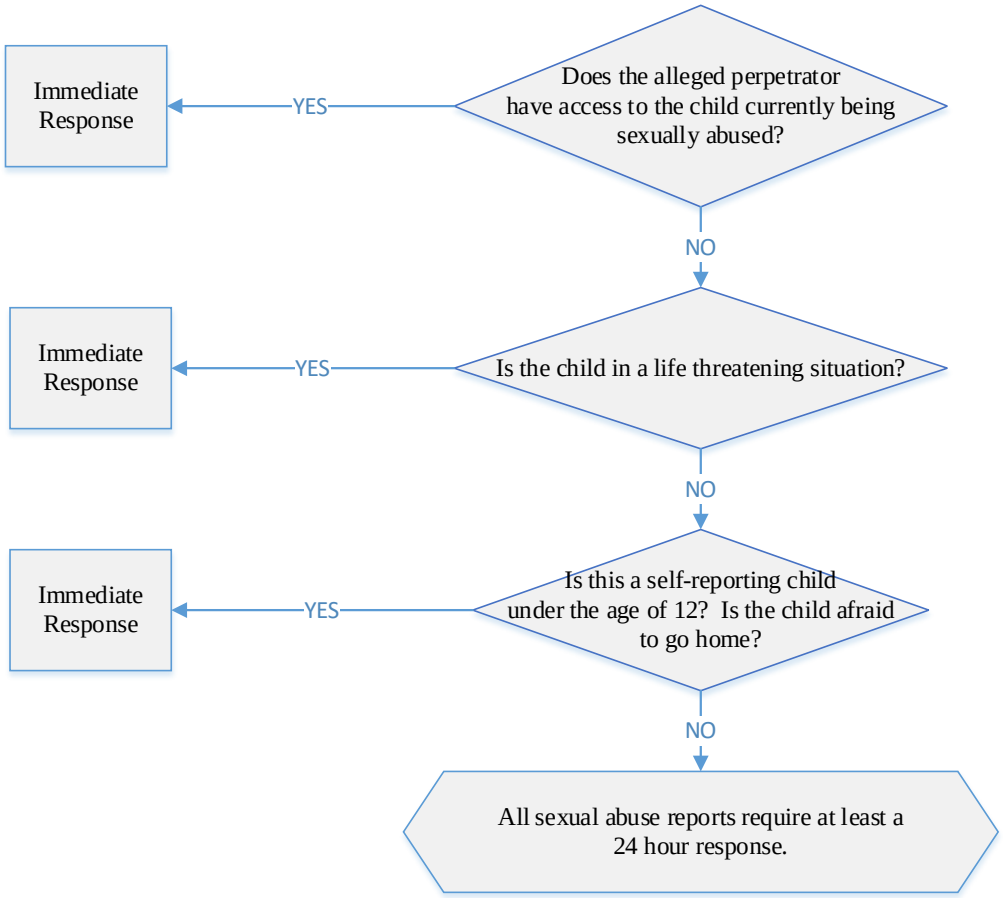
Based on the child's age and developmental status, if the moral turpitude presents a threat to the child's life, an immediate response must be assigned.

Return to Response Priority page.

Response Priority / Time Frame Decision Trees

Attachment B

Sexual Abuse Priority Decision Tool



SEXUAL ABUSE RESPONSE PRIORITY DECISION TREE DEFINITIONS

Does the alleged perpetrator have access to the child currently being sexually abused?
If the alleged perpetrator resides in the home with or has access to the suspected victim child, an immediate response must be assigned. In situations where the reported abuse occurred in the past and the alleged perpetrator does not have access to the child, a response within 24 hours is acceptable.

Is the child in a life-threatening situation?
If the alleged sexual abuse presents a threat to the child's life, an immediate response must be assigned.

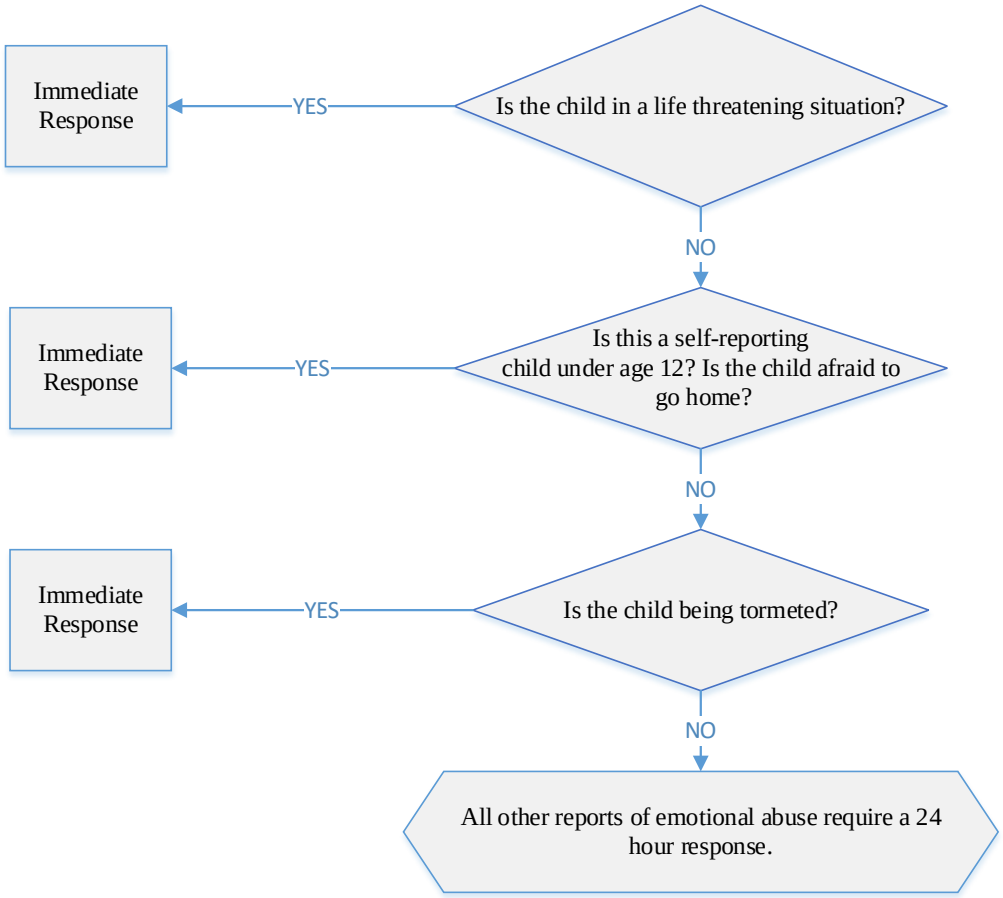
Is this a self-reporting child under 12? Is this child afraid to go home?
A child under the age of 12 who contacts the county child welfare services agency directly as a possible sexual abuse victim is particularly concerning and an immediate response must be assigned. Based on credible threats made by a parent/caretaker, a child's behavioral indicators of fear also suggest a potentially dangerous situation and an immediate response must be assigned.

Return to Response Priority page.

Response Priority / Time Frame Decision Trees

Attachment B

Emotional Abuse Response Priority Decision Tool



EMOTIONAL ABUSE RESPONSE PRIORITY DECISION TREE DEFINITIONS

Is the child in a life-threatening situation?
If the emotional abuse presents a threat to the child's life, an immediate response must be assigned. An example of a life-threatening allegation includes the emotional abuse has prompted the child to exhibit suicidal behavior.

Is this a self-reporting child under 12? Is this child afraid to go home?
A child under the age of 12 who contacts the county child welfare services agency directly as a possible abuse victim is particularly concerning and an immediate response must be assigned. Based on credible threats made by a parent/caretaker, a child's behavioral indicators of fear, as well as a history of abusive behavior like the current allegation, may suggest a higher chance of reoccurrence.

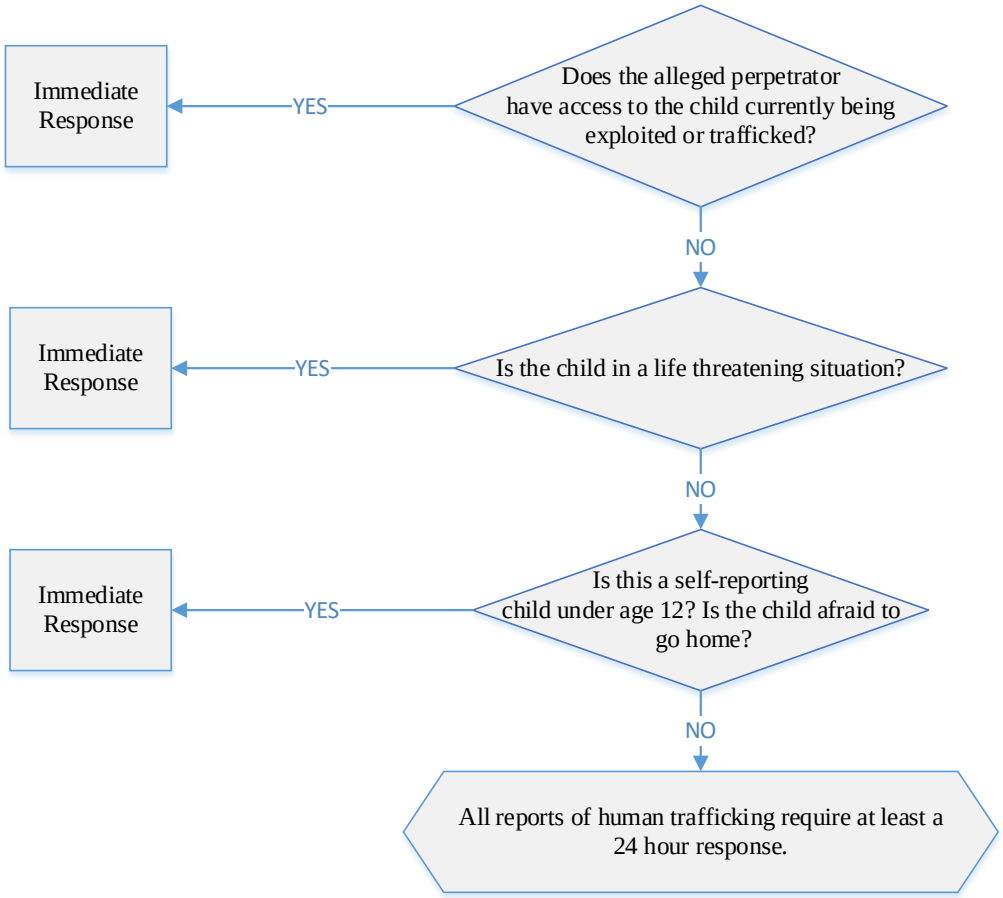
Is the child being tormented?
If the child is currently being exposed to extreme terrorizing tactics and evidences behavioral indicators of fear, an immediate response must be assigned.

Return to Response Priority page.

Response Priority / Time Frame Decision Trees

Attachment B

Human Trafficking Response Priority Decision Tool



HUMAN TRAFFICKING RESPONSE PRIORITY DECISION TREE DEFINITIONS

Does the alleged perpetrator have access to the child currently being exploited or trafficked?

If the alleged perpetrator resides in the home with or has access to the suspected victim child, an immediate response must be assigned. In situations where the reported abuse occurred in the past and the alleged perpetrator does not have access to the child, a response within 24 hours is acceptable.

Is the child in a life-threatening situation?
If the alleged trafficking presents a threat to the child's life, an immediate response must be assigned.

Is this a self-reporting child under age 12? Is the child afraid to go home?
A child under the age of 12 who contacts the county child welfare services agency directly as a possible human trafficking or sexual abuse victim is particularly concerning and an immediate response must be assigned. Based on credible threats made by a parent/caretaker, a child's behavioral indicators of fear also suggest a potentially dangerous situation and an immediate response must be assigned.

Return to Response Priority page.

Response Priority / Time Frame Decision Trees

Attachment B

Neglect Response Priority Decision Tree

NEGLECT RESPONSE PRIORITY DECISION TREE DEFINITIONS

Is the child immediately at risk of harm resulting from neglect?

Based on the child(ren)'s age and developmental status, if they are at immediate risk of harm, then a timelier response is more appropriate. Things that constitute an immediate risk of harm include leaking gas from a stove or a heating unit, lack of food in the home and information that the child has not been fed, substances or objects accessible to the child(ren) that may endanger their health and safety, excessive garbage, human, and/or animal waste which threatens the child(ren)'s health, or serious illness or significant injury has occurred due to living in such conditions and these conditions still exist (lead poisoning, rat bites), and firearms that are easily accessible to children.

Is the child under the age of 6 or limited by a disability unsupervised?

If the child is under the age of 6 or limited by a disability not supervised by the parent/caretaker, and there is no known appropriate alternative plan for supervision, then an immediate response is warranted.

Is the child in a life-threatening situation? Has the child been abandoned?

Based on the child's age and developmental status, if the alleged neglect presents a threat to the child's life, then an immediate response is warranted. Child abandonment is considered an aggravated circumstance and an immediate response must be assigned.

Is this a self-reporting child under 12? Is the child afraid to go home?

A child under the age of 12 who contacts the county child welfare services agency directly as a possible neglect victim is particularly concerning and an immediate response must be assigned. Based on credible threats made by a parent/caretaker, a child's behavioral indicators of fear also suggest a potentially dangerous situation and an immediate response must be assigned.

Is the child in a home where another child has been abused or where a child has died as a result of abuse or neglect?

Based on the potential for risk, for CPS reports with allegations that a child resides in the home where another child has been abused or has died because of abuse or neglect an immediate response must be assigned, regardless of whether the abuse or neglect was known and substantiated.

Is the child in immediate need of medical care?

CPS reports with allegations that the child needs immediate, not necessarily lifesaving medical care an immediate response must be assigned. Examples include allegations that the child is underweight, the child is not being fed, the parent/caretaker refuses to meet the child's medical and/or mental health needs, or the parent/caretaker refuses to treat a serious injury/condition.

Is the child at risk of serious injury?

Based on the parent's ability to provide appropriate supervision and care, CPS reports with allegations that a child is at risk of serious injury may require a timelier response.

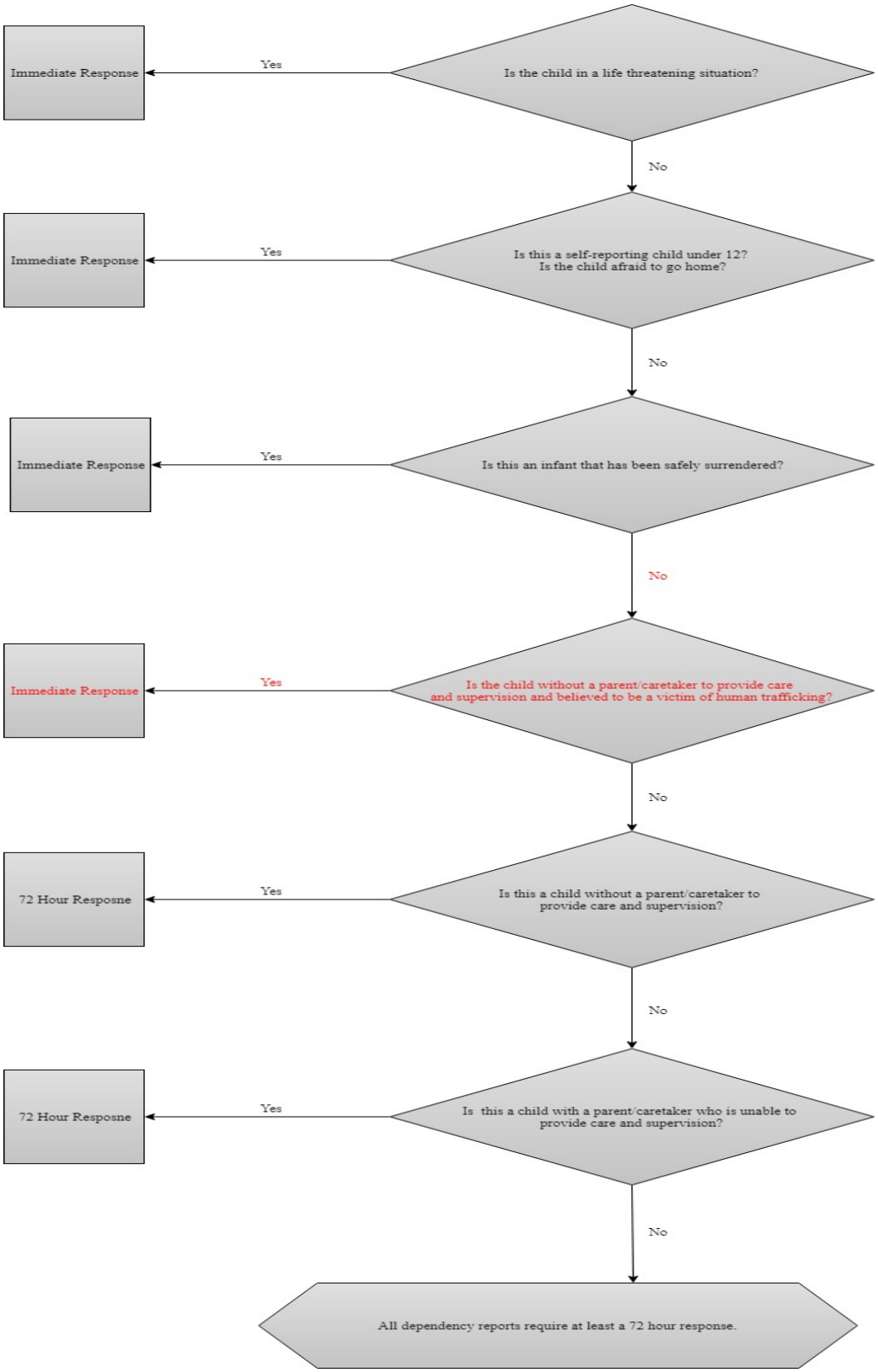
Has the child received discipline resulting in injury?

For CPS reports that allege improper discipline resulting in injury to the child, a response of 24 hours must be assigned; all other improper discipline reports a response within 72 hours must occur. If the bruises reported are not currently visible, a response within 72 hours must be assigned.

Return to Response Priority page.

Response Priority / Time Frame Decision Trees

Attachment B



Response Priority / Time Frame Decision Trees

Attachment B

DEPENDENCY RESPONSE PRIORITY DECISION TREE DEFINITIONS

Is the child in a life-threatening situation?

Based on the child's age and developmental status, if the dependency presents a threat to the child's life, an immediate response must be assigned.

Is this a self-reporting child under 12? Is this child afraid to go home?

A child under the age of 12 who contacts the county child welfare services agency directly as a possible dependency victim is particularly concerning and an immediate response must be assigned.

Is the child without a parent/caretaker to provide care and supervision and believed to be a victim of human trafficking?

The response time to CPS reports containing allegations that the child is without a parent/caretaker and is believed to be a victim of human trafficking requires an immediate response.

Is this an infant who has been safely surrendered?

An immediate response time must be assigned to reports alleging that an infant has been safely surrendered.

Is this a child without a parent/caretaker to provide care and supervision?

The response time to CPS reports containing allegations that the child is without a parent/caretaker must be based upon the absence of the parent/caretaker to provide care and supervision.

Is this a child with a parent/caretaker who is unable to provide care and supervision?

The response time to CPS reports containing allegations that the child is with a parent/caretaker who is unable to provide care and supervision must be based upon the parent/caretaker's capacity (or lack thereof) to meet the child's needs.

END OF CPS INTAKE POLICY, PROTOCOL, & GUIDANCE SECTION