

North Carolina Department of Health and Human Services, Division of Social Services  
Instructions for Completing the CPS Structured Intake Form

The quality and consistency of the information gathered during Child Protective Services (CPS) Intake impacts the interventions throughout the child welfare system. The Intake social worker must be mindful of building and maintaining a cooperative relationship with the reporter. Each reporter should be given support and encouragement for the decision to make a report. The reporter's fears and concerns should be elicited and addressed. There are questions that need to be asked; however, listening is of great importance. Give the reporter time to disclose all of the information they have been considering. It is a difficult decision to contact CPS, and simple verbal reassurances can help express the agency's gratitude that the reporter took the initiative to call.

During the Intake process, the social worker will explain to the reporter the crucial role that collateral information sources have in the agency's possible future service provision to the child and family and ask if any collateral contacts can be identified. All collateral information sources identified by the reporter will be documented on the Structured Intake Report Form. The reporter should be informed that the agency will be contacting the individuals or agencies named as collateral information sources during the CPS Assessment process.

A strengths-based approach should be used during CPS Intake; as opposed to a forensic, "just get the facts" interview format. The Intake social worker will use interviewing skills to engage the reporter which could lengthen the Intake interview, but not significantly. Taking the time with the reporter provides more details and sets a stage where safety and risk are at the forefront.

The Structured Intake Form is organized in such a way that the Who, What, When, Where, and How questions are answered along with eliciting information from the reporter regarding family strengths and safety factors. Every reporter will be asked about domestic violence, substance use, human trafficking, and possible occurrence within the family. Every reporter will be asked about the family's current health insurance coverage; whether the family has any American Indian heritage; and if the family is affiliated with a branch of the United States Armed Forces. The Structured Intake Report Form is then separated into the following categories: physical abuse, moral turpitude, sexual abuse, human trafficking, emotional abuse, domestic/family violence, substance abuse, abandonment, drug exposed infant, supervision, injurious environment, illegal placement for adoption, improper discipline, improper care/improper medical/improper remedial care, and dependency. When these categories are not relevant to the allegations reported, indicate this by noting N/A (not applicable) by each category. When the reporter is alleging maltreatment that corresponds with the specific categories, there are questions provided to guide the interview.

The following pages cover each section of the CPS Structured Intake Form and review the type of information each section should contain. These instructions are intended as a guide and should be used in combination with [Child- Welfare /Policy Manuals-CPS Intake](#). CPS Intake social workers might find that additional or alternative questions may be necessary in order to ensure that an appropriately informed screening decision can be made.

Sections II-VI must be filed out completely with the reporter. The appropriate questions in Section VII should also be completed with the reporter based on the type of maltreatment indicated. Sections I and VIII through Section X must also be completed by the Intake social worker.

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**Section I:**  
**Demographics**

The first page of the CPS Structured Intake Form serves as the face sheet for the document; as it contains information that is essential to the entire child welfare case.

Date and Time CPS Report was received.

Indicate who, as well as the county that, received the report.

Indicate the screening decision.

If the CPS Report was referred to another county due to residency issues, indicate the proper county.

If the CPS Report has been deemed to pose a Conflict of Interest for the county, indicate the county who will be responsible for the CPS Assessment. The question, "Was Safety Assessed?", should be completed when the CPS Report is a Conflict of Interest but immediate safety had to be assessed. Use this section to indicate who assessed the immediate safety or if not assessed, the reason.

Identify the type of report.

Indicate the assessment type and assigned response time.

Complete the case name and case number when acquired.

Indicate if the CPS Report involves a Conflict of Interest, Out of Home Placement, Request for Assistance, Substance Affected Infant notification by a healthcare provider.

**Section II:**  
**Reporter**  
**Information**

Name, address, telephone number and relationship, indicate if the reporter wants notification, if the reporter is willing to be contacted again for further information, if needed.

*G.S. §7B-301 requires that the person making the report give their name, address, and telephone number. However, refusal of the person making the report to identify themselves does not relieve the agency's responsibility for conducting a CPS Assessment. This statute does not grant the right for the reporter to remain anonymous. County child welfare agencies often need to contact a reporter to clarify or follow up on other issues. Anonymous callers should be encouraged to provide their identity by letting him/her know of the requirement that agencies keep his/her identity confidential. If needed, refer to G.S. 7B-302 Assessment by director; access to confidential information; notification of person making the report for information about the exceptions to reporter confidentiality. Anonymous callers should be informed that their phone number (if shown in Call ID) is being captured and will be documented on the report.*

**Section III:**  
**Maltreatment**  
**Information**

This section contains basic demographic information, as well as the highlights of the reported abuse, neglect, and/or dependency concerns.

**Who:**

Children's Information: Name (include nicknames), Sex, Race, Ethnicity, Age/Date of Birth, School/Child Care, and Relationship to Alleged Perpetrator(s). Include information regarding the hours the child attends school, grade level and teacher's names if the reporter has that information.

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Parent/Caretaker's Information: Name (include aliases/nicknames), Sex, Race, Ethnicity, Age/Date of Birth, Employment/School Information. Include information regarding the hours the parent/caretaker works or attends school.

Alleged Perpetrator's Information: Name (include aliases/nicknames), Sex, Race, Ethnicity, Age/Date of Birth, Employment/School Information. Include information regarding the hours the alleged perpetrator works or attends school.

Other Household Members: Name (include aliases/nicknames), Sex, Race, Ethnicity, Age/Date of Birth, Employment/School information. Include information on all other household members with any specifics the reporter has regarding those household members.

**\*When documenting the child/children's, parents/caretakers, alleged perpetrators and other household members' race and ethnicity on page 2, use the following guide:**

Race	Ethnicity
American Indian or Alaskan Native	Hispanic or Latino
Asian	Not Hispanic or Latino
Black or African American	
Native Hawaiian or Other Pacific Islander	
White	

If the alleged perpetrator is a relative who lives outside of the home, there are questions to ask of the reporter related to the relationship to the child; caretaking responsibility; frequency and duration of that responsibility; location in which the care is provided; and the overall decision-making authority granted to that adult for that child. Complete these questions with as much information as the reporter has so a decision can be made as to whether or not this alleged perpetrator meets the statute definition of a caretaker.

Address and phone number of all household members, including the length of time at current address, include former addresses when family is new to the area *or has moved within the last two years.*

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Driving directions to the family's residence.

List any information about the family's American Indian heritage. Efforts should begin during CPS Intake to gather information regarding any knowledge of a child's American Indian tribe membership and whether it is to a state or federally recognized tribe.

List any information about the parent(s) or caretaker(s) service or affiliation with the United States Armed Forces, including branch, station, deployment status, etc.

Family's primary language. Indicate if the reporter believes there will be a need for interpreter services.

Collateral Contacts: Others who may have knowledge of the situation (include name, address and phone number). Include information regarding the time of day when these collateral contacts will be accessible, and whether they will be accessible by telephone.

Do you have any information about the children's other relatives? (Include name, address, telephone number) Include information on maternal and paternal relatives whether they are subjects of the allegations or not. Efforts should begin during CPS Intake to collect information regarding any family members or kin who have a significant relationship with the child(ren).

Has the family ever been involved with this agency or any other community agency? Do you know of other reports made about the family?

**What:**

What happened to the child(ren), in simple terms?

Did you see physical evidence of abuse or neglect?

Is there anything that makes you believe the child(ren) is in immediate danger?

Has there been any occurrence of domestic violence in the home? *(Inform reporter this is a routine question asked of every reporter)*

Are you concerned about a family member's drug/alcohol use? *(Inform reporter this is a routine question asked of every reporter)*

Human trafficking occurs when individuals buy, sell, trade, or exchange people for the purposes of sex or labor. To your knowledge, has the child been a victim of trafficking? Yes/No *(Inform reporter this is a routine question asked of every reporter)*

If yes, describe

Does the child have any distinguishing characteristics (physical or other)? Yes/No *(Inform the reporter this is a routine question asked of every reporter)*

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*Examples may include the child or youth is very tall, has purple hair, a distinctive birth mark.*

If yes, describe

*Collect as much specific information as possible from the reporter; this is the reporter's opportunity to tell the story, so listening to the reporter is important.*

**When:** Approximately when did the incident occur?

When is the last time you saw the child(ren)?

*Talk with the reporter about the most recent events, as well as establishing a timeline of events which have occurred within the family.*

**Where:** Current location of child(ren), parent/caretaker, alleged perpetrator.

**How:** How do you know what happened with the family?

How long has this been going on?

*The responses to these questions provides information regarding the reporter's level of involvement with the family and whether he/she witnessed the maltreatment.*

**Section IV:**  
**Family**  
**Strengths**

What are the strengths of this family?

Tell me anything good about this family.

How do family members usually solve this problem?

What have you seen them do in the past?

What is it about this family's culture that is important to know?

Can you tell me what is happening when the situation is okay?

What is different about those times?

Are there times when the parent is attentive instead of neglectful? Tell me more about those times?

What did the parent and child do instead?

What do you think contributed to the parent responding differently?

*If the reporter has difficulty identifying strengths within the family, it may be helpful to ask some exception and strength questions to explore the family situation. Exception and strengths questions may cause the reporter to think more carefully about the situation. This also communicates to the reporter*

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*that the agency is seeking a balanced approach; that ensuring safety through a family-centered approach is the goal.*

**Section V:**  
**Safety Factors**

Are you aware of any safety problems with a social worker going to the home? If so, what?

*Talk with the reporter regarding the presence of guns, knives, or other weapons in the home and whether anyone in the home is known to behave in a violent, threatening manner. Talking with the reporter about the presence of other possible safety issues in the family's home or neighborhood is important for the safety of the family and the worker; for example, are there stray or untethered dogs, is there any suspicion of a methamphetamine laboratory, etc.*

Calling DSS is a big step, what do you think can be done with the family to make the child safer?

Is there anything you can do to help the family?

Has anything happened recently that prompted you to call today?

*Many of the above questions may be questions that the reporter would not expect. Using strengths and exceptions questions, as well as engaging the reporter in a safety approach during CPS Intake may require the social worker to acknowledge to the reporter that these questions may take more time and may be unfamiliar. The social worker may have to further explain the questions. Some reporters may not be willing to talk regarding what should be done with the family because they feel they have done their part by calling; other reporters will be interested in talking about safety.*

**Section VI:**  
**Health**  
**Insurance**  
**Information**

Does the child(ren) have health insurance?

Where does the child(ren) receive regular health care?

*Complete this section with as much information as the reporter has regarding the child(ren)'s health care.*

**Section VII:**  
**Abuse,**  
**Neglect, and**  
**Dependency**

The interview with the reporter thus far should indicate what type of maltreatment the reporter is concerned about with this family. This section of the CPS Structured Intake Form specifies the types of maltreatment and provides questions which may be helpful in obtaining clarifying information. The questions in this section are intended as a guide and are not meant to replace the narrative already completed in this report. If questions in this section have already been answered, then those questions should not be repeated during the interview with the reporter. If a type of maltreatment and the associated question are not relevant to the allegations reported, indicate this by checking the N/A (not applicable) box above the first question in each category, skip those questions, and go to the next type of maltreatment. However, it is expected that the Intake social worker will enter information in

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Section VII for all maltreatment types that have been alleged prior to completing the Maltreatment Screening Tools in Section VIII.

**Physical Abuse**

Where was the child(ren) when the abuse occurred?

Describe the injury, for example: (Thursday, May 23, 2016, a.m. or p.m., red and blue mark, 1" by 4" shaped like a belt mark, fresh or fading)

What part of the body was injured?

Is there a need for medical treatment?

What is parent/caretaker's explanation?

What is the child's explanation?

What led to the child's disclosure or brought the child(ren) to your attention?

Did anyone witness the abuse?

Are any family members taking protective action?

Have you had previous concerns about this family?

Is the child(ren) currently afraid of the alleged perpetrator? How do you know this?

Is the child(ren) afraid to go home? How do you know this?

**Moral Turpitude**

Does the parent/caretaker encourage, direct, or approve of the child participating in illegal activities such as shoplifting, fraud, selling drugs/alcohol? If so, what activity or activities is the child participating in that the parent is allowing?

**Sexual Abuse**

Where was the child(ren) when the abuse occurred?

To whom did the child(ren) disclose the abuse?

Did the child disclose directly to the reporter?

What is the age of the alleged perpetrator and his/her relationship to the child(ren)?

What is the alleged perpetrator's access to the victim and other children?

What steps are being taken to prevent further contact between the alleged perpetrator and the child(ren)?

Has the child(ren) had a medical exam?

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*When allegations are received about sibling sexual activity or other risky sexual activity the Intake social worker must obtain information about the parent/caretaker's knowledge that the child engaged in sexual activity and/or permitted/encouraged this activity. Reports alleging sexual activity between children under age 16 may be a lack of appropriate supervision (see Supervision later in the Intake Form) by their parents/ caretakers. If the parent/ caretaker responded in a protective manner a CPS Assessment may not be required.*

*Intake social workers should capture any information that a parent had knowledge of and gave permission for sexual activity of an incompetent juvenile regardless of the age of the juvenile, as an incompetent juvenile is not able to consent.*

**Human  
Trafficking**

**General**

Does the child have any distinguishing marks or tattoos? Yes/No/Unknown

If yes, describe.

**Sex Trafficking and Labor Trafficking**

Is the child a victim of sex trafficking or labor trafficking? Yes/No/Unknown

If so, who are the people involved?

How often have you observed the activities or behaviors that make you suspect trafficking of the child?

Do you know where this is happening? Yes/No/Unknown

Is anyone else involved in the trafficking? Yes/No/Unknown If so, who? Who is benefiting from the trafficking?

Is the parent or caretaker involved? Yes/No/Unknown

If yes, how?

*If the child or youth's parent, guardian, custodian, or caretaker has not been identified as the perpetrator, the intake worker must engage the reporter in obtaining information about the specific circumstances of the child or youth, whether the parent/caretaker is involved in the trafficking and how, and the parent's protective capacity including, but not limited to:*

- *Whether the parent has knowledge of the child or youth engaging in risky behavior;*
- *Whether the parent has knowledge of the trafficking or of a relationship the child or youth may have with another individual that poses a threat or risk of trafficking; and,*

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- *What, if any, protective action the parent has taken to prevent or stop trafficking from occurring.*

Is the child being exchanged for something of value or to pay a debt? Yes/No/Unknown Tell me what you know about how the child is being trafficked.

If the reporter believes the child is being trafficked for the purposes of sex or labor, regardless of whether the parent or caretaker has given or received anything of value, intake workers must gather as much information about the circumstances as possible, including but not limited to:

- When and where the trafficking is happening;
- How often the child is being trafficked;
- Who is involved in the trafficking (including name and other identifying information and a physical description);
- If the child is being trafficked to satisfy a debt, what are the circumstances of the debt; and,
- If the parent has trafficked the child for the purposes of sex or labor to satisfy a debt, what is the nature of the debt.

### **Labor Trafficking**

Is the child working long hours for little or no pay? Yes/No/Unknown

If yes, describe

Intake workers must ask the reporter to describe the child's work, and the surrounding circumstances. Such as:

- What type of work is the child performing
- How often and for how long
- Whether the child is being compensated
- If the parent or caretaker has used force, fraud, coercion, or deception to induce the child to perform labor, or
- If the parent or caretaker has allowed or has knowledge that force, fraud, coercion, or deception against the child to perform labor

### **Residency and Movement**

Has the child been promised things, such as a job, money, or improved circumstances, in exchange for moving from one location to another, whether residence, community, city, state, or country? Yes/No/Unknown

If yes, what was promised?

Is the child from North Carolina? Yes/No/Unknown

If no, where is the child from and how did they get to North Carolina?

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Is the child traveling with an adult to whom they are not related or with whom the relationship is unclear?

Intake workers must gather information from the reporter including:

- where the child is traveling from
- where the child is traveling to,
- who the child is traveling with and their relationship to this person; and,
- any other information that leads the reporter or the intake worker to believe this child has been trafficked or is at risk of being trafficked.

The following chart provides other possible indicators of human trafficking. Except for the indicator in the “Other” category which states, “anyone under the age of 18 years old involved in a commercial sex act,” the observation of one or more of these indicators does not conclusively determine whether a child or youth is being trafficked. A child/youth who exhibits one or more of these indicators may be a victim of trafficking or at risk of being trafficked. However, it is also recognized that it is possible the child/youth may be experiencing some other form of maltreatment or life circumstances that are unrelated to trafficking. These indicators are meant solely to provide child welfare workers information about situations that, if described during a Child Protective Services Intake, warrant deeper, more focused questions to determine whether trafficking or another form of maltreatment is present.

**Possible Indicators of Human Trafficking**

**Behavioral:**

- Child/youth has significantly older, controlling, or abusive boyfriend/girlfriend/significant other;
- Child/youth is fearful, anxious, depressed, submissive, tense or nervous;
- Child/youth avoids eye contact, has numerous inconsistencies in their story;
- Child/youth exhibits a sudden or dramatic change in behavior;
- Multiple delinquent charges, school attendance issues;
- Chronic runaway episodes;
- Substance abuse issues

**Physical:**

- Signs of trauma (physical or other);
- Special indelible marks or tattoos;

**Environmental – Working/Living Conditions:**

- Multiple people living in one house;
- Child/youth is isolated, not allowed to participate in community activities, or interact with others;
- Homelessness;
- Child/youth’s communication is restricted;
- Child/youth does not/cannot speak for themselves;
- Child/youth works excessively long hours, is unpaid, paid very little, or only paid through tips;
- At work, the child/youth is not allowed to take breaks or suffers under unusual restrictions

**Other:**

- Anyone under the age of 18 years old involved in a commercial sex act;

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- Child/youth lacks healthcare, appears malnourished, or shows signs of torture, physical restraint, confinement, or deprivation;
- Untreated sexually transmitted infections or other untreated medical concerns
- Child/youth travels with an adult person who is not a parent, guardian, custodian, or caretaker;
- Child/youth owes a debt and is unable to pay it off;
- History of trauma, or history of involvement with the child welfare system;
- Reporter indicates the child/youth has a “boyfriend”, “girlfriend”, or “significant other” that they make money for, or makes any reference to a “pimp”;
- Reporter uses words like “slave” or “slave like” or “the child is treated like a slave” or talks about the child being “sold”

**Emotional Abuse**

How does the child(ren) function in school?

What symptoms does the child(ren) have that would indicate psychological, emotional, or social impairment?

Are there any psychological or psychiatric evaluations of the child(ren)?

Is the child(ren) failing to thrive or developmentally delayed?

Is there a bond between the parent/caretaker and the child(ren)? How does the child respond to/act in the presence of the parent?

What has the parent/caretaker done that is harmful? Describe how the parent’s behavior is affecting the child.

How long has the situation been going on, and what changes have been observed?

**Domestic Violence**

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

Has anyone in the family been hurt or assaulted? If so, please describe the assault or harm (what and when). If so, who has been hurt? Who is hurting the child and other family members? Please describe the injuries specifically.

Describe how the violence is affecting the child.

Is the child fearful for his/her life, for the lives of other family members including pets, or fearful for the non-offending adult victim’s life?

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

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Have the police ever been called to the house to stop assaults against either the adults or child? Was anyone arrested? Were charges filed?  
Are there weapons present or have weapons been used?

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 well-being needs?

Where is the child(ren) when the violent incidents occur?

Has any family member stalked another family member? Has a family member taken another family member hostage?

Do you know who is caring for and protecting the child(ren) right now?

What is the non-offending parent/adult victim's ability to protect him/herself and the child(ren)?

What steps were taken to prevent the perpetrator's access to the home (shelter, police, restraining order)?

Can you provide information on how to contact the battered parent/caretaker alone?

*Domestic violence is a serious issue with potentially fatal implications for children and the non-offending parent/adult victims. However, a CPS report in which the only allegation is domestic violence does not in itself meet the statutory criteria for child abuse, neglect, and dependency unless there is a safety risk to the child(ren).*

*In situations where a domestic violence report does not meet the criteria for child abuse, neglect or dependency, referral information to community outreach services that could include a domestic violence program should be given to the reporter.*

*Situations of "relationship discord" like arguing or instability do not meet the criteria of domestic violence related child abuse or neglect so should not be accepted for CPS assessment if there is no other reported concern.*

**Substance Abuse**

What specific drugs are being used by the parent/caretaker?

What is the frequency of use?

Do the children have knowledge of the drug use?

How does their substance use affect their ability to care for the child(ren)?

Are there drugs, legal or illegal, in the home? If so, where are they located?

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Do the children have access to the drugs?

Has the parent ever experienced black outs?

Is there adequate food in the home?

Have the children been exposed to a methamphetamine or other drug-manufacturing laboratory? Are chemicals accessible to the children? Have the children been present during a cook? What have you seen that makes you think there is a methamphetamine or other drug manufacturing laboratory in the home?

*Has the parent/caretaker been criminally charged with driving while intoxicated with the child(ren) in the car? If a parent or caretaker is criminally charged with a DWI offense while a child is in the car, the report **shall** be accepted for assessment. The county child welfare agency maintains discretion in the classification of this allegation; this type of report may be accepted as an abuse report or as a neglect report. Any information that indicates criminal charges regarding a caretaker's use/abuse of a substance in the presence of a child that puts a child at risk of harm should be documented.*

**Substance  
Affected Infant**

Has the infant been identified as substance affected by the health care provider involved in his/her delivery or care?

Did the infant have a positive drug toxicology? If yes, for what substances?

Is the infant experiencing drug or alcohol withdrawal symptoms? What is the present physical condition of the infant?

Is the infant's exposure to substances related to the mother's prescribed and appropriate use of medications? If yes, what is the medication and for what condition is it treating? Have you verified with the prescribing provider?

Has the infant been diagnosed with Fetal Alcohol Syndrome (FAS), Partial FAS, Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (NDPAE) or an alcohol related birth defect?

Did the mother have a positive drug or alcohol toxicology screen during the pregnancy or at the time of the birth? Was there a medical evaluation or behavioral health assessment that indicated she had an active substance use disorder during the pregnancy or at the time of birth?

Is the substance use having an impact on the mother's ability to care for the infant? If so, what behaviors have you seen that demonstrate this?

What is the attitude of the mother or other caretakers toward the infant?

Are you aware of the family having any history that indicates there is an unresolved substance use disorder related to a prior case of child abuse and

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neglect?

If the infant is in the hospital, when is he/she scheduled to be released?

Based on what you know about the infant and family, would they benefit from any of the following services: Evidence-Based Parenting Programs, LME/MCO or mental health provider, Home visiting programs, Housing resources, Food resources (WIC, SNAP, food pantries), Assistance with transportation, Identification of appropriate childcare resources, Other?

*The child welfare agency must develop a Plan of Safe Care using only the information learned at intake and refer the infant to the county Care Coordination for Children (CC4C) program **prior** to making a screening decision. The county child welfare agency must not share any information protected by federal regulations. See Chapter X: The Juvenile Court and Child Welfare section OBTAINING SUBSTANCE ABUSE RECORDS BY COURT ORDER for information on 42 C.F.R Part 2 regulations.*

*A CPS report in which the only allegation is prenatal substance use does not in itself meet the statutory criteria for child abuse, neglect, and/or dependency. It is the effect that the substance use has had on the infant and the infant's safety that guides decision making rather than purely the prenatal use of the substance. Agency intervention without such justification is inappropriate.*

**Abandonment** How long has the parent/caretaker been gone?

Did the parent/caretaker say when he/she would return?

Did the parent/caretaker make arrangements with someone to care for child(ren)?

Are the alternative caretakers adequate? Do they wish to continue to provide care for the child?

Have they been in recent contact with the parent/caretaker?

Is your concern that children were abandoned or that the caretaker is not an adequate provider?

*A situation where a parent/caretaker left a child with a relative who is willing to continue to provide care for the child should not be accepted for CPS Assessment under the abandonment category. The relative should be referred to community resources to assist with obtaining legal custody.*

**Supervision** Is the child left alone?

If yes, how long is the child(ren) unsupervised or improperly supervised?

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What is the age and developmental status of the child(ren)?

What is the child(ren)'s ability to contact emergency personnel?

Is the child(ren) caring for siblings or other children?

Is the child(ren) afraid to be alone?

What time of day is the child(ren) left alone?

How is the parent/caretaker's ability to provide supervision compromised? Include information regarding the use of substances and mental health issues.

What are your supervision concerns?

*Reports involving sexual activity by a child or a child's participation in a juvenile delinquent activity may lead to concern regarding a parent's supervision. The Intake social worker should ask additional questions to determine the parent/caretaker's knowledge of the behavior and/or response to learning about the behavior and if the child's past behaviors indicated that a more stringent supervision plan was needed. Lastly, questions about the parent's supervision plan should be asked to determine if age appropriate safe guards were in place.*

**Injurious Environment**

What is it about the child(ren)'s living environment that makes it unsafe?

*When allegations are reported regarding a child living in the home with a sex offender, the Intake social worker should ask questions to determine the level of risk of harm to the child(ren). Anyone who has a suspicion of risk when a substantiated perpetrator or an individual convicted of a sexual offense against a child has established residence where juveniles reside is obligated to report. The Intake social worker can access the sex offender registry (a public document) prior to screening the report. The intake screening decision is based on current risk.*

**Illegal Placement for Adoption**

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

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

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

*"Re-homing" is used to describe the behavior of parents who relinquish care of their adopted child(ren) (frequently internationally adopted children) outside the courts and child welfare agencies. These parents were unable to meet the emotional and behavioral needs that emerged post-adoption so they placed their children without background checks or a home study. Often*

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*the authority to make education and health decisions on behalf of the child(ren) was given through power of attorney documents and there may not have been an exchange of money.*

**Improper Discipline**

If the child(ren) is injured from the discipline, please describe the injuries in specific detail.

Describe any instrument used to discipline. Does the parent/caretaker have a pattern of disciplining inappropriately?

Is the child(ren) fearful of the parent/caretaker?

Do you know what prompted the parent/caretaker to discipline the child(ren)?

**Improper Care/Improper Medical/Improper Remedial Care**

Does the parent/caretaker provide adequate food, clothing and shelter? If you feel the parent/caretaker is failing to provide the child(ren) with proper care, describe in detail what the child(ren) is lacking.

Is the parent/caretaker ensuring the child(ren) receives necessary medical/remedial care?

Is the parent/caretaker ensuring that the child(ren) receives a basic education?

Is the parent/caretaker providing drugs/alcohol to the child(ren)?

*This would include the parent/caretaker's refusal or failure to seek, obtain, and/or maintain services for necessary medical, dental, or mental health care, including prescribed medications, rehabilitative care such as speech therapy and physical therapy, and remedial care such as treatment for a hearing defect or developmental delay.*

*If there are allegations regarding ongoing, parent-allowed chronic truancy, the Intake social worker should inquire about attempts by school officials to engage the parent/caretaker in efforts to improve the child's attendance. The Intake social worker should also attempt to determine if the child(ren) are refusing to attend school. Educational neglect may also be occurring if a parent is refusing to allow or failing to obtain recommended special education or remedial education services. The Intake social worker may need to ask about any developmental or special needs that a child may have and if those needs are being met.*

**Dependency**

Is the child without a parent/caretaker?

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

What other circumstances make the child dependent?

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*CPS Intake workers should ask reporters to provide details about what makes the child dependent. A child can be dependent for a variety of reasons, including caretaker absence due to hospitalization, incarceration, or any situation in which the parent/caretaker is absent or the parent's ability to provide proper care is impacted and there are no alternative arrangements to provide proper care. Dependency refers to a lack of capacity of the parent/caretaker, not necessarily an unwillingness to provide care. CPS Intake social workers should probe for information concerning the parent's capacity to provide proper care, as well as whether appropriate alternative arrangements for the child's care are available.*

*Children and 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 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.*

**Parent Request to Dismiss Safe Surrender**

Was the child safely surrendered and the parent has returned to dismiss the request?

This can only be selected in circumstances in which the agency determined that the infant's surrender met criteria for Safe Surrender infant, and the person requesting custody can demonstrate, or there is reason to believe, they are a parent that safely surrendered the infant.

**Section VIII: Maltreatment Screening Tools**

The Intake social worker will check agency records to determine if the family or child has been reported/known to the agency previously. If the allegations are exactly the same, regarding the same incident, as a previous report, the report should not be accepted for assessment and the Intake social worker should indicate why the report was screened out. The Central Registry can only be checked once a report has been accepted for CPS Assessment. The next section of the form documents the use of screening tools and decisions made based on the information obtained about the family and use of the screening tools.

If the Intake social worker determines that the allegations are regarding a person who does not meet the definition of a parent, guardian, custodian, or caretaker ([G.S. 7B-101 Definitions](#)), the report should not be accepted for assessment. The Intake social worker should indicate why the report was screened out and refer to Section IV to determine if referrals should be made to another agency.

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The information captured in this section indicates which Maltreatment Screening Tool(s) was consulted, as well as under which category the CPS Report is being accepted for assessment, or reasons for the screening out of the report. **The appropriate questions in Section VI must be completed by the Intake social worker for any maltreatment type that is screened in Section VIII.** The appropriate response time, as per the Response Priority Decision Tree, is indicated.

The CPS Intake social worker will have collected as much information from the reporter as possible. The CPS Intake social worker will consult all maltreatment screening tools ([Child -Welfare /Policy Manuals-CPS Intake](#)) which correspond with the allegations made by the reporter and will indicate on the report which of the maltreatment screening tools were used by checking the corresponding boxes. Often times, more than one screening tool is completed. The use of maltreatment screening tools increases consistency throughout the decision-making process. It is a requirement that the screening tools utilized are identified.

When either Substance Abuse or Domestic Violence are selected, at least one of the maltreatment types must also be selected. The existence of Substance Abuse or Domestic Violence without a type of maltreatment does not meet statutory requirements for accepting a report for CPS Assessment.

**Response Priority Decision Tree** After consulting the appropriate Maltreatment Screening Tool(s) and making the decision to accept the report for CPS Assessment; consult the appropriate Response Priority Decision Tree. Indicate by checking which of the trees were consulted.

**This report is accepted for:** Indicate under which category the CPS Report is being accepted for CPS Assessment.

**Response Time** Indicate the appropriate response time for the CPS Report.

**Report Not Accepted** Indicate the specific reason(s) the report was not accepted for CPS Assessment. A statement that the report did not meet the definition of abuse, neglect or dependency is insufficient.

Include information regarding any referrals that were offered [including human trafficking resources](#).

Indicate whether report information was transferred to another county due to residency issues.

**Section IX:**  
**Mandated**  
**Reports** This part of the form is used to document any additional agencies that need to be contacted as a result of this CPS Intake.

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Indicate whether report information was referred to Division of Child Development and Early Education, Division of Health Service Regulation, Division of Social Services, or law enforcement.

When a report (accepted or not for CPS Assessment) includes information that a child may have been physically harmed in violation of any criminal statute by a non-caretaker, the agency shall:

- (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.

**Section X:  
Signatures**

All reports require a two-level review; indicate who reviewed the report.