

## Frequently Asked Questions

Question Asked	Answer Given
When do these changes go into effect?	All changes are currently effective as of May 12 <sup>th</sup> .
Where can we find the webinar posted?	The webinar can be viewed using this link: <a href="https://www.ncdhhs.gov/divisions/social-services/county-staff-information/policy-office-hours">https://www.ncdhhs.gov/divisions/social-services/county-staff-information/policy-office-hours</a> .
Can you link to the crosswalk? I can't find the reference to it in the DCDL.	The link to the Crosswalk <a href="https://www.ncdhhs.gov/cws212025a1/download?attachment">https://www.ncdhhs.gov/cws212025a1/download?attachment</a> .
Can you send contact information for the Regional Child Welfare Specialists?	Contact information for Regional Child Welfare Specialist can be found on NCDHHS website: <a href="https://www.ncdhhs.gov/divisions/social-services/county-staff-information/local-support-staff-schedules/regional-child-welfare-specialist">https://www.ncdhhs.gov/divisions/social-services/county-staff-information/local-support-staff-schedules/regional-child-welfare-specialist</a>
Intake	
What is the new Immediate response timeframe?	<p>The statutory response to a report that requires an Immediate response has not changed. <a href="#">NCGS § 7B-302</a> (a) states, “the director shall immediately...initiate the assessment. Federal guidance has been that North Carolina has to put a specific timeframe in place to measure whether the response has been met timely. DSS has added to policy a timeframe to measure whether children are being seen timely.</p> <p>The local county child welfare agency has no more than 8 hours to complete the initiation. Policy regarding initiation has not changed. The initiation of a report begins when the reporter contacts the agency and is not completed until all children in the household have been seen and thoroughly interviewed. When it is determined that an Immediate response is required, the interviews with the children should occur as soon as possible after the report is accepted.</p>

When a victim is over 18, the system does not require basic information such as name, address, etc. Should the Intake caseworker complete an Information/Referral or screen it out?	Child Welfare only addresses maltreatment for victims 17 years and younger. Any Intake report would be an automatic screen out unless there are youth in the home under the age of 18. Information can be collected and referred to Law Enforcement if the county decides to, but it is not required. Best practice would be to inform the reporter about contacting LE.
When a professional such as law enforcement or school personnel call Intake with the child present and they are scared or unable to report, should the Intake caseworker consider selecting "A child 12 yrs or younger self-reports to county DSS"? Is this considered the same as when a child calls in a report themselves?	<p>If the child is making the report and the Intake caseworker is talking with the child then the child is self-reporting regardless of who is sitting with them as a support.</p> <p>However, if the professional is making the report and the child is sitting with them, then the professional is the reporter. It should be documented in the narrative section that the child is sitting with the reporter.</p>
Is a live-in nanny considered a caretaker?	A nanny who lives in the home is a caretaker because they are considered an adult member of the household.
How is Near Fatality determined? Is it only physician determined, or can the Intake caseworker make the determination based on the information provided?	<p>A physician must have determined that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment to be considered a Near Fatality. It meets the criteria of a Near Fatality even if the report is made by another healthcare professional within the hospital on behalf of the diagnosing physician. The Intake caseworker should obtain the name of the physician or medical provider qualified to make the determination and add them as a collateral to the Intake report. There is a new resource doc for Near Fatalities: <a href="https://policies.ncdhhs.gov/document/child-welfare-resource-near-fatality-tip-sheet/">https://policies.ncdhhs.gov/document/child-welfare-resource-near-fatality-tip-sheet/</a>.</p>
Please clarify "Substantial Risk" as a maltreatment that requires a child welfare response versus prevention.	<p><a href="#">NCGS § 7B-101</a> defines abuse as "creates or allows to be created substantial risk..." The same language is used in the neglect definition. Additionally, it is best practice for child welfare to participate in prevention when there is a legal authority to intervene. Our mission can be found at <a href="https://policies.ncdhhs.gov/wp-content/uploads/purpose.pdf">https://policies.ncdhhs.gov/wp-content/uploads/purpose.pdf</a>.</p>

<p>What screening decision should be considered when there are reports of corporal punishment on children three and under and there are marks?</p>	<p>Excessive or cruel punishment should be considered for “any child who is three years old or younger, non-verbal, or limited by developmental, behavioral, or physical disabilities with any marks or injuries as a result of physical discipline/corporal punishment.” A report must be screened in for physical abuse of a child three or under when the disciplinary response has resulted in injury to the child OR could have resulted in injury had they carried through as intended (i.e. they swung at the child’s head and missed).</p> <p>Any corporal punishment that results in injury to a child three and under must be screened as physical abuse. It cannot be screened as unsafe discipline.</p>
<p>What screening decision should be considered when one child is displaying problematic sexualized behaviors towards another child?</p>	<p>If the reported concerns are that the child has been sexually harmed by a caretaker (or unknown perpetrator) and it has resulted in the problematic sexualized behaviors then the report must be accepted for “physical or behavioral indicators of sex abuse.” If the reported concerns are that the parent or caretaker is aware of the behaviors and fails to respond then it must be accepted for unsafe supervision.</p> <p>The Intake caseworker should ask as many questions as possible to determine what the reporter believes is the cause of the behavior. The screening decision must be based on the information presented by that reporter and if concerns for sexual abuse exist and you do not know whether a caretaker was the perpetrator then the report must be screened in to assess the safety of the child.</p>
<p>How does “grooming” meet the threshold for sexual abuse when nothing else has happened?</p>	<p>The statute includes “...allows to be created...” which means the abuse does not have to have occurred for them to accept the report, only that it would have been the outcome. In the case of documented grooming, sexual abuse would be imminent and there exists the substantial risk that they would screen it in for. The child does not have to be sexually abused before CPS can legally respond.</p>

<p>Please provide clarity around the bullet that says about “excessive absences despite “formal intervention” under educational neglect.</p>	<p>At Intake, the caseworker needs to gather information about the school’s efforts to engage the parent, what they know about the situation including the worries about the caretaker and what they are or are not doing that is causing the absences. If there is no other information but the school’s adequate diligent efforts to engage a parent with no avail, the local county child welfare agency should consider accepting the report to assess for safety.</p>
<p>Why is a DA/LE notification required when I select the allegation characteristic “Medical neglect of a disabled infant with a life-threatening condition?”</p>	<p>A maltreatment has been selected for screen in and the response time is being determined by the allegation characteristics. If there is life threatening conditions for an infant as a result of the action or inaction of the caretaker, it is a potential criminal offense and must be reported to law enforcement to investigate.</p> <p>Legislation passed requiring notification to LE/DA when there are allegations that rise to the level of a criminal offense (NCGS § 14-318.6). Included was the provision that anyone with knowledge of these allegations that did not report could be charged with a misdemeanor.</p> <p>If the Assessment worker upon initiation finds factors that could help LE in determining their response, the Assessor can follow up and share the information to mitigate the response, however; how LE responds is not in our control.</p>
<p style="text-align: center;"><b>Assessment</b></p>	
<p>What needs to be included on the Safety Assessment?</p>	<p>The Safety Assessment (Parts A-D) must be completed on every open Assessment and entered into PATH NC. If a danger indicator is selected, then Part E must be completed and include a Safety Network member.</p>

<p>Is a Safety Network Member required when building a safety plan?</p>	<p>Selecting a danger indicator means that there is a safety issue identified. A safety plan is what the family is going to do to mitigate the risk and allow the children to remain in the home. The safety plan needs to include what is going to happen and who is going to do it to ensure that children will be safe in the home. The focus of the plan needs to be on what behavior will be changed and who will make sure that change is going to happen OR report it to CPS when it is not happening.</p> <p>A Safety Network member is required anytime a danger indicator is selected and a safety plan is being developed to allow the children to remain in the home. The network member helps to build a safe plan where caretakers can be held accountable to address immediate safety within their own support network. This is designed to replace promissory notes where caretakers have harmed their child, and it is assumed that they can fix a behavior that they have not been given the tools or services to change. The Network member does not have to live in the home but can if they are not the offender and can maintain safety for the child. The Safety Network member must be someone from the family's support circle because CPS is not a long-term solution and this allows the family to actively work towards their own safety without CPS.</p> <p>If the family is struggling to identify a Safety Network member, use of the <a href="#">Circle of Safety and Support</a> resource can help workers support families in identifying people who can be engaged and brought into the Network. This may need to be a creative process in cases where the family has limited supports but can be framed as a way to mitigate the need for further CPS intervention.</p>
<p>What is the turnaround time for Safety Assessments to be uploaded after initiation?</p>	<p>Policy regarding the completion of Safety Assessments has not changed. The supervisor must sign the Safety Assessment within 24 hours of the date completed with the family. The Assessment caseworker should have made the supervisor aware of the results of the safety assessment verbally prior to leaving the home to ensure there is a two-level review. The Safety Assessment must be submitted within 24 hours to allow the supervisor to sign off electronically.</p>

What if a judge orders as a part of the RIL judicial process that the alleged perpetrator not be placed on the RIL list AND orders DSS to change the case decision?	The case decision for child welfare lies with the County and their director per statute. The local county child welfare agency should consult with their county attorney if this matter arises.
What changes have been made to the RIL policy?	Guidance has been added to the manual to clarify the RIL policy so that it is clear that the Assessment case decision is separate from the judicial process of placement on the RIL.
Will the state have resources for after-hours to reach a medical professional by phone? Especially in the rural parts of the state?	The expectation is that counties will leverage their community resources for the purposes of a healthcare consultation.
Can our local health department assist with completing the healthcare consultation?	Yes, counties are encouraged to use any established resources that allows for the completion of the triaging of medical concerns for children. Counties are encouraged to engage their community resources where possible to triage medical concerns.
If the agency has a medical team of Registered Nurses, can caseworkers consult with them to meet the needs of the healthcare consultation requirement?	The county is encouraged to use all the resources available to support them in ensuring the safety of children. That includes agency staff that are trained and equipped to triage medical concerns for children.
Would a RAMS consultation suffice for a healthcare consultation?	No, they are not medical professionals qualified to triage whether a medical issue requires urgent care.
Does the non-resident parent have to be seen if the maltreatment allegations do not involve them?	If the child visits the home, the caseworker must see the home as part of their assessment of safety for the child prior to the child returning to the home.

<p>Is the local county child welfare agency able to refrain from making a case decision on a case involving a child fatality with surviving children to obtain the autopsy report?</p> <p>And, can the local county child welfare agency request information on the deceased child such as medical records from the hospital, etc. to assess the safety of the other children in the home?</p>	<p>The local county child welfare agency should work to gather as much information as possible within the assessment timeframe. There may be some extenuating circumstances where a delay is warranted to obtain preliminary results or additional information from the Medical Examiner that would support safety planning for the surviving children. However, it is considered excessive to maintain an open Assessment for multiple months after the 45 days to obtain a full report when enough information exists to make a case decision. If there are ongoing safety concerns, the case must be sent to In Home services or Permanency Planning.</p> <p>Yes, as this is part of the information needed to assess safety of surviving children if the concern was the child died from possible maltreatment.</p>
<p>What is the threshold for Unsafe Living Conditions with regards to gun safety? If the gun is unloaded, and ammunition is locked up, or the ammunition is out but gun is locked up, are these considered gun safety measures?</p>	<p>The parent is required to ensure that the child cannot gain access to a firearm and discharge it. A resource document was created and can be found on the NCDHHS website to assist with navigating this subject: <a href="https://policies.ncdhhs.gov/wp-content/uploads/firearm-safety-guidance-document.pdf">https://policies.ncdhhs.gov/wp-content/uploads/firearm-safety-guidance-document.pdf</a>.</p>
<p>If there is a report of a child fatality and there are no other children in the home, can the local county child welfare agency request records?</p>	<p>No, cases where there is a child fatality and there are no other children in the home must be referred to Law Enforcement to investigate.</p>
<p>How is contact with children and families determined?</p>	<p>Assessment policy regarding contacts has not changed. Contacts must be made as often as necessary to ensure safety and at least every 14 days. The Risk Assessment determines the initial contact requirements for In Home. Permanency Planning must see children and parents monthly when children are placed out of home and must use Family Reunification Assessment and Family Risk Reassessment as outlined in policy manual for contacts with children and parents when children are placed in the home.</p>
<p>What tool will be used to measure how often ongoing visits/staffing should take place if the new SDM Risk assessment is not used for that purpose?</p>	<p>No changes have been made to contact/visit frequency in policy. Any future changes to contacts will include training and support.</p>

Is there a new form coming to help caseworkers determine case contacts during assessment?	Policy regarding contacts during an Assessment has not changed.
Is the policy changing regarding the use of the Risk Assessment to determine case contacts during In Home?	<p>In Home policy has not changed at this time. The initial contact frequency with the family is determined by the Risk Assessment when a case transfers from the Assessment phase to In Home services.</p> <p>In preparation for counties to enter PATH NC for In Home services training will be provided on the new and revised tools required to be completed. For future reference, the Risk Reassessment will no longer be available. A supervision tool is being built into PATH NC to support supervisors and caseworkers in determining case contacts based on a number of different criteria.</p>
When completing the case decision tools for an Assessment, when should we complete the Family Strength and Needs?	The Family Strength and Needs only needs to be completed when a case is being transferred to In Home or Foster Care.
Which documents are required for all case decisions?	<p>An updated Safety Assessment and Risk Assessment, at minimum. If a case is going to In Home or Permanency Planning Services, then a Family Strengths and Needs Assessment is required.</p> <p>Once in the PATH NC system, a Child Strengths and Needs Assessment (CSNA) will be required to be completed for all children receiving In Home services with Child Characteristics identified as a Need. A CSNA will be required for all children receiving Permanency Planning Services and all children in a Temporary Safety Provider going to In Home. Additionally, the Trauma Screening Tool will be required for all children going to In Home or Permanency Planning Services.</p>
<b>Safe Surrender</b>	
In Legal Safe Surrender cases, we cannot contact parents. If the hospital has information on the child/family can we reach out to relatives as placement options?	No, statute requires that all information about the surrendering parent's identity that is received or obtained by the local county child welfare agency be kept confidential except the notice to local law enforcement, the non-surrendering parent, or ordered by the court.



Is it the same if a minor surrenders their infant?	If the conditions of the surrender meet requirements under the Safe Surrender law, the age of the parent is irrelevant.
Does the non-surrendering parent (father) has an opportunity to gain custody of the child? Does the assessment worker need to make efforts to engage the father?	Yes, if the father is known, that should be part of diligent efforts and the notice that is required to be published.
In safe surrender cases, if the parent wishes to change their mind and it generates a new report, are those considered conflict of interest reports?	Not unless the surrendering parent has a relationship that meets the criteria for a Conflict of Interest. These reports should be screened in and assessed per policy.
In safe surrender cases, if the local county child welfare agency files a non-secure petition, who is that being served to? If the agency has immediate custody but the surrendering parent wishes to change their mind, then who is custody being assumed from in a non-secure petition?	The statute gives the local county child welfare agency custody when circumstances meet the legal definition of a safe surrender. The agency has the ability to file an ex-parte order after the notification has been published. This does not require a non-secure or service. If the parent requests to dismiss a safe surrender, the caseworker should reference the Cross-Function Manual under "Safe Surrender/Dismissal of Safe Surrender" and follow policy.
What are the requirements for confidentiality of the surrendering parent?	NCGS § 7B-524. (c) All information about the surrendering parent's identity that is received or obtained by the department of social services shall not be disclosed except for (i) notice to local law enforcement pursuant to G.S. 7B-525(b)(3)[ <i>notify law enforcement of the safely surrendered infant and provide law enforcement with information necessary to investigate through the North Carolina Center for Missing Persons and other national and State resources whether the infant is a missing child.</i> ], (ii) contact with the non-surrendering parent, or (iii) as otherwise ordered by a court of this State.
<b>Temporary Safety Provider</b>	
Can you clarify a little more on what "a reasonable amount of time" looks like when considering placing children in a TSP?	Ninety days is considered a reasonable amount of time for a child to be in the care of a Temporary Safety Provider.

Can the State explain the difference between a kinship provider and TSP provider.	A Temporary Safety Provider is a person chosen by the parent to provide caretaking responsibilities while they address safety without court involvement. It is used as an intervention in diligent efforts to prevent removal. A kinship provider is a person a child is placed with after they have been removed from their parent's custody. A kinship provider can be a relative or someone that has a substantial relationship with the child/children. The placement must be sanctioned by the court if the kinship provider is unlicensed.
I do not see in the new policy where RIL checks need to be completed for Temporary Safety Providers or to sign the DSS-5268. Are those items required?	The policy for background checks on Temporary Safety Providers has not changed.
When will the TSP and Kinship Initial Provider Assessments be posted and go into effect?	The revalidated Safety Assessment that was built into PATH NC no longer includes the TSP information. The <a href="#">Initial Provider Assessment TSP (DSS-6193)</a> is currently found on the DHHS website with the other forms. As you transition into the PATH NC system, you will receive training and be required to use the new SDM tools, including the Initial Provider Assessment.
Do we still need to complete a comprehensive kinship assessment for any TSP that reaches or goes beyond 30 days?	Policy has not changed for the completion of the Comprehensive Kinship Assessment.
When using a TSP placement are there any protective factors the social worker can implement with the family to bump risk from "high" to "moderate?"	In cases where the only safety intervention that can be employed to keep children safe requires the restriction of a parents' constitutional access to their child, even voluntarily, must be treated as a high risk of removal.
If a child is in a TSP, that child and TSP must be seen weekly now. Do the parents have to be seen weekly as well?	Yes, that is correct. The caseworker should be diligently working with the parents to address the safety concern and return the child back to the parents' care.

If use of a TSP increases the risk, frequency of contacts, and presents additional steps (understandably) in order to create a less restrictive safety plan if possible, how will this impact use of TSP's in In-Home since this is only addressed in the Assessment manual?	Children who are in the care of another adult and have had their parents' access to them restricted are considered at the highest risk of removal. As long as the children cannot remain safe in their home (regardless of the parents' voluntary agreement or court involvement) they are at high risk. Caseworkers should continue to address the immediate safety concerns to return or keep children with their parents regardless of where they are in the spectrum of Child Welfare services. In Home policy has not changed at this time.
Does the weekly requirement to visit TSPs continue into In Home Services?	Children who in a TSP are at highest risk of removal as it has been determined that their parents are unsafe to parent them and have voluntarily chosen to require another caretaker to step in as a diligent effort to prevent removal while they address a safety concern within a brief amount of time. If those conditions have not changed, then the child is still at the highest risk of removal and the contacts must remain in place.
When a case transfers to In-Home and the children are in a TSP, that case remains high risk?	Children who are in the care of another adult and have had their parents' access to them restricted are considered at the highest risk of removal. When the immediate safety concern has been addressed the children should be returned to their parents' care while services are implemented to create a more lasting change.
Do changes to TSPs apply to In Home Services as well?	Policy for In Home services has not changed at this time.
<b>PATH NC</b>	
If I am having trouble entering information into the system or identify a system error, who should be contacted for assistance?	For any technical issues regarding PATH NC, a helpdesk ticket should be submitted or for urgent matters call 919-754-6000 or 800-722-3946.
Until we go into Path NC which forms should be used for the Safety Assessment and TSP?	For counties awaiting entry into the PATH NC system, the <a href="#">DSS-5231</a> version of the Safety Assessment should be used. The Initial Provider Assessment ( <a href="#">DSS-5203</a> ) can still be used to assess all Temporary Safety Providers.

How are counties who are in the Path NC roll out supposed to apply the new SDM tools used in 210 for 215 services when we don't have an updated policy for 215.	<p>At this time, In Home policy has not changed. The caseworker will continue to use the tools that they have been using until we begin training for Ongoing in PATH NC. In Home workers will continue to use the initial Risk Assessment to determine case contacts. In Home and Foster Care workers will use the revised Family Strengths and Needs Assessment (FSNA) to build the case plan and use the FSNA that they are currently using until they enter PATH NC. I have included the FSNA crosswalk to help with the subsequent FSNA. If the In Home or Foster Care worker have been to SDM training, they can use the newly revised FSNA.</p> <p>Each county has been given the opportunity to send anyone who needs the information to training. There will be additional training and support provided as implementation continues. Additionally, the new tools will be incorporated into track trainings.</p>
Which version of the Family Strength and Needs Assessment should be used during ongoing services (In Home and Permanency Planning)?	The version to complete of the Family Strength and Needs Assessment (FSNA) should correspond with whether they have been trained and entered the PATH NC system.
Will the trainings be offered in different locations or only in Durham?	Both PATH NC and Structured Decision Making trainings are being offered in a variety of locations and coordinated within each region through the readiness process.
When does Group 4 go live in PATH NC?	Group 4 is tentatively scheduled for September 8, 2025.
Where do we attend in-person training for the new SDM Tools?	This will be coordinated with your agency and region as the county prepares to enter PATH NC.
Is there a way to see the new SDM tools for counties not yet in Path NC in order to prepare in advance? When will the paper copies of these tools be available?	The revised SDM tools can currently be found on the manuals website under PATH SDM Tool Manuals.
How do workers identify when their county will enter PATH NC?	There have been many Dear County Director Letters (2024: <a href="#">DCDL-71</a> ; 2025: <a href="#">DCDL-05</a> , <a href="#">DCDL-16</a> ), Blueprint articles and meetings regarding the PATH NC timeline and roll out.
What date will counties be responsible for checking PATH NC?	Group 1 counties go live in PATH NC on June 2, 2025. While case decisions will not immediately be in the system, awareness of open cases

	in other counties or reports made will be and searches should begin on Monday or as soon as your agency has access to the system after June 2, 2025.
What training will be provided on how to check PATH NC for history?	Instructions for PATH NC searches can be located with a <a href="#">DCDL-29</a> that was sent out on May 16, 2025.
Are the counties awaiting entry into PATH NC able to practice prior to go-live and understand the system and how to work within the system?	Counties awaiting entry will receive information through their assigned Readiness Liaison to prepare for entry into PATH NC including training and when they can begin practicing in the sandbox.
Does the sandbox created for the new system have access to practice searches?	Preparation for entry into PATH NC includes sandbox access for training and learning the system. The assigned Readiness Liaison will provide information to County leadership to assist with practice prior to entry in the system.
Do we immediately begin using these new tools and following the updated policy or do we wait until we get PATH NC?	Each county will receive training on use of the new SDM tools prior to entry in PATH NC and will be required to use them upon entry into PATH NC. Caseworkers will continue to use the SDM tools that they have been trained on prior to entry into PATH NC until that time. All policies have been revised to ensure continuity of practice across settings regardless of which system you are using.
Once all 100 counties are live in PATH NC will the county look at all agency history in the system or just the county screening the report?	Once all counties are operating in the PATH NC system, the statewide database will allow every local county child welfare agency to view case history regardless of the county.
For those not going live to PATH NC yet, are we using the "Old manual?"	There are two different versions of the Intake and Assessment manuals. While awaiting entry into PATH NC, the worker will continue to use the current manual that has been revised with updated policy. You may have to clear your cache to view the newer version.
How do workers complete Safety Assessments in the field without internet access to PATH NC?	A paper version of the <a href="#">Safety Assessment</a> is posted to the NCDHHS manuals site that can be used in the field. If using a paper version, the Assessment caseworker will need to input Parts A-D in PATH NC. The paper version of Part E: Safety Plan can be uploaded in the Documents section.

What happens to the 5010 and 5010a when you go into PATH NC?

The information will still be required to be inputted into the system, but the forms will no longer be needed.