

CPS FAMILY AND INVESTIGATIVE ASSESSMENTS POLICY, PROTOCOL, AND GUIDANCE

Purpose

The primary goal of CPS Assessments is to protect children from further maltreatment and to support and improve parental/caretaker abilities to assure a safe and nurturing home for each child. If conditions described in the intake report would, if true, (1) meet the legal definition of child abuse, neglect, and/or dependency and (2) the alleged perpetrator is a parent, guardian, custodian, or caretaker by statutory definition and (3) if the alleged victim is a child under the age of 18 years of age, the local county child welfare agency where the child resides, or is found, is required to initiate a CPS Assessment of all children residing in the home. The task of the CPS Assessment is to determine if the child(ren) is/are abused, neglected, and/or dependent, what level of intervention is necessary to assure safety, and if the family needs additional services regardless of whether those services are involuntary or not.

The purpose of the CPS Assessment is to gather sufficient information through interviews, observations and, when appropriate, analysis of reports, medical records, photographs, etc. to determine if:

- Child maltreatment occurred;
- The child is safe within the home and, if not, what interventions can be implemented that will ensure the child's protection and maintain the family unit intact if reasonably possible;
- There is a risk of future maltreatment and the level of that risk;
- Ongoing involuntary services delivered by the local county child welfare agency are needed to reduce the risk of maltreatment occurring in the future; and
- Out-of-home placement is necessary to ensure the safety of the child.

Table of Contents

Description	Page
<u>Policy & Legal Basis</u>	4
<u>Required Timeframes</u>	9
Protocol & Guidance	
<u>Checking Agency Records</u>	12
<u>Initiation</u>	14
<u>Unable to Locate</u>	18
<u>Safety Planning</u>	19
<u>New Reports or Allegations Received During an Open CPS Assessment</u>	19
<u>Safety Assessment</u>	22
<u>Use of Temporary Safety Providers</u>	25
<u>Use of a Safety Plan with Parents/Caretakers</u>	29
<u>Contacts During the Assessment</u>	30
<u>Initial Contacts with Household Members</u>	30
<u>Home Visits</u>	34
<u>Non-Resident Parent</u>	36
<u>Identifying/Building the Family's Safety Network</u>	37
<u>Follow-Up Visits & Contacts with the Family</u>	39
<u>Two-Level Decision Making / Role of Supervisor</u>	43
<u>Healthcare Consultation</u>	43
<u>Child Medical Evaluation Program (CMEP)/ Clinical Assessment of Protective Parenting (CAPP)</u>	47
<u>Interference with a CPS Assessment</u>	55

Table of Contents

Description	Page
<u>Notifications</u>	57
<u>Using the Assessment Tools</u>	57
<u>Making the Case Decision</u>	58
<u>Special Categories of Cases Requiring a CPS Assessment</u>	64
<u>CPS Assessments Involving More than One County</u>	64
<u>CPS Assessments of Out-of-Home Placements</u>	64
<u>Medical Neglect of Infants with Life-Threatening Conditions</u>	65
<u>Substance Affected Infant</u>	67
<u>Safe Surrender</u>	72
<u>Human Trafficking</u>	75
<u>Responding to Missing Children</u>	77
<u>Vulnerable Juveniles</u>	79
<u>Assessment Track: Family and Investigative Assessments</u>	82
<u>Family & Investigative Assessments: Definitions & When to Use Each Approach</u>	83
<u>Switching Approaches / Tracks</u>	84
<u>Family Assessment</u>	85
<u>Investigative Assessment</u>	89
<u>Responsible Individual List</u>	91
<u>Documentation</u>	96

Policy & Legal Basis

Policy	Legal Basis
<p>Child Protective Services (CPS) Assessments are legally mandated, involuntary services for:</p> <ul style="list-style-type: none"> Children who are alleged to be victims of abuse, neglect, and/or dependency due to the action of, or lack of protection by, the child's parent/guardian/custodian or caretaker; and The household family members of such children. <p>When a report of abuse, neglect, and/or dependency is received, the local county child welfare agency must make a prompt and thorough assessment to determine whether protective services should be provided, or a petition filed.</p> <p>Sufficient information must be gathered to assess:</p> <ul style="list-style-type: none"> The safety of the child and the potential risk of harm; What actions might be needed to assure the safety of the child; Whether the facts identified through a structured gathering of information support whether a child is abused, neglected, and/or dependent as defined by statute, and the extent of the abuse, neglect, and/or dependency; If through observation and the gathering of information it is determined that due to the level of safety and risk, the family has a continued need for CPS; and Whether the specific environment in which the child is found meets the child's need for care and protection by the local county child welfare. 	<p>The director of each county department of social services is required by law to establish protective services for children alleged to be abused, neglected, or dependent.</p> <p><u>N.C.G.S. §7B-300</u> states: "The director of the department of social services 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 to help the parents, guardians, or 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."</p> <p><u>N.C.G.S. §7B-302(a)</u> states: "When a report of abuse, neglect, or dependency is received, the director of the department of social services shall make a prompt and thorough assessment, using either a family assessment response or an investigative assessment response, in order to ascertain the facts of the case, including collecting information concerning the military affiliation of the parent, guardian, custodian, or caretaker of the juvenile alleged to have been abused or neglected, the extent of the abuse or neglect, and the risk of harm to the juvenile, in order to determine whether protective services should be provided or the complaint filed as a petition. When the report alleges abuse, the director shall immediately, but no later than 24 hours after receipt of the report, initiate the assessment. When the report alleges neglect or dependency, the director shall initiate the assessment within 72 hours following receipt of the report. When the report alleges</p>

Policy & Legal Basis

Policy	Legal Basis
<p>To assess reports of abuse, neglect, and/or dependency, each local county child welfare agency must use either:</p> <ul style="list-style-type: none"> ○ The Family Assessment Track; or ○ The Investigative Assessment Track. <p>The Screening and Response Tool found in the Partnership and Technology Hub North Carolina (PATH NC) will determine the Assessment Track based on the Maltreatment Allegations selected during the Intake process.</p> <p>When a report of abuse, neglect, and/or dependency is received regarding a non-institutional setting, all children living in the home must be considered and assessed as victim children, regardless of whether they are named in the report. If a report is received on an institutional setting, the circumstances of other children who were subjected to the alleged perpetrator's care and supervision must be assessed to determine whether they require protective services or immediate removal.</p>	<p>abandonment of a juvenile or unlawful transfer of custody under G.S. 14-321.2, the director shall immediately initiate an assessment. When the report alleges abandonment, the director shall also take appropriate steps to assume temporary custody of the juvenile, and take appropriate steps to secure an order for nonsecure custody of the juvenile."</p> <p><u>N.C.G.S. §7B-101</u> provides the legal definitions of abused, neglected, and dependent juveniles.</p> <p>Section 106 (b)(2)(B)(xviii) of the Child Abuse Prevention and Treatment Act (CAPTA) requires that the local county child welfare agency notify the individual of the complaints or allegations made against him or her at the first time of contact, regardless of how that contact is made. This is dependent upon the Assessment caseworker being certain that he or she is speaking to the person who is named in the report. If the Assessment caseworker cannot be certain to whom he or she is speaking, specific allegations shall not be discussed to protect the confidentiality of the family.</p> <p><u>N.C.G.S. §7B-302(a)</u> states: "The assessment and evaluation shall include a visit to the place where the juvenile resides, except when the report alleges abuse or neglect in a childcare facility as defined in Article 7 of Chapter 110 of the General Statutes."</p> <p><u>N.C.G.S. §7B-302 (b)</u> 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 live in the home, and, if so, initiate an assessment in order to determine whether they</p>

Policy & Legal Basis

Policy	Legal Basis
	<p>require protective services or whether immediate removal of the juveniles from the home is necessary for their protection. When a report of a juvenile's death as a result of maltreatment or a report of suspected abuse, neglect, or dependency of a juvenile in an institutional setting such as a residential child care facility or residential educational facility is received, the director of the department of social services shall immediately ascertain if other juveniles remain in the facility subject to the alleged perpetrator's care or supervision, and, if so, assess the circumstances of those juveniles in order to determine whether they require protective services or whether immediate removal of those juveniles from the facility is necessary for their protection."</p> <p><u>N.C.G.S. §7B-302 (e)</u> states:</p> <p>"In performing any duties related to the assessment of the report or the provision or arrangement for protective services, the director may consult with any public or private agencies or individuals, including the available State or local law enforcement officers who shall assist in the assessment and evaluation of the seriousness of any report of abuse, neglect, or dependency when requested by the director. The director or the director's representative may make a written demand for any information or reports, whether confidential, that may in the director's opinion be relevant to the assessment or provision of protective services. Upon the director's or the director's representative's request and unless protected by the attorney-client privilege, any public or private agency or individual shall provide access to and copies of this confidential information and these records to the extent permitted by federal law and regulations."</p>

Policy & Legal Basis

	<p><u>N.C.G.S. §7B-302(h)</u> states:</p> <p>“The director or the director's representative may not enter a private residence for assessment purposes without at least one of the following:</p> <ol style="list-style-type: none"> (1) The reasonable belief that a juvenile is in imminent danger of death or serious physical injury. (2) The permission of the parent or person responsible for the juvenile's care. (3) The accompaniment of a law enforcement officer who has legal authority to enter the residence. (4) An order from a court of competent jurisdiction.” <p><u>N.C.G.S. §7B-306</u> states:</p> <p>"The prosecutor shall review the director's determination that a petition should not be filed within 20 days after the person making the report is notified. The review shall include conferences with the person making the report, the protective services worker, the juvenile, if practical, and other persons known to have pertinent information about the juvenile or the juvenile's family. At the conclusion of the conferences, the prosecutor may affirm the decision made by the director, may request the appropriate local law enforcement agency to investigate the allegations, or may direct the director to file a petition."</p> <p><u>North Carolina Administrative Rule 10A NCAC 70A .0105</u> states:</p> <p>“Initiation of an investigation is defined as having face-to-face contact with the alleged victim child or children. If there is not such face-to-face contact within the prescribed time, the case record shall contain documentation to explain why such contact was not made and what other steps were taken to assess the risk of harm to the child or children.</p>
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Policy & Legal Basis

Policy	Legal Basis
	(e) When the director is unable to initiate the investigation within the prescribed time, as indicated in Paragraph (d) of this Rule, because the alleged victim child or children cannot be located, the director shall make diligent efforts to locate the alleged victim child or children until such efforts are successful or until the director concludes that the child or children cannot be located. Diligent efforts shall include, but not be limited to, visits to the child's or children's address at different times of the day and on different days. All efforts to locate the child or children shall be documented in the case record.”

Required Timeframes

<ul style="list-style-type: none"> Initiation timeframe begins 	<ul style="list-style-type: none"> At the time the reporter contacts any local county child welfare agency
Upon screen-in of report	
<ul style="list-style-type: none"> Within Response Time (Immediate—8 hours, 24 hours, or 72 hours) 	<ul style="list-style-type: none"> Initiation is complete when face-to-face interviews have been completed with all children that reside in the home Document the time that the Assessment caseworker begins the assessment phase of the initiation Immediate response time—begins urgently after the reporter contacts the local county child welfare and initiation completed no later than 8 hours from contact by the reporter. 24 and 72 hours—Initiation must be completed no later than the provided response time of 24 or 72 hours from initial contact by the reporter. Document the time the Assessment caseworker completes initiation Document all diligent efforts to complete initiation See Initiation protocol for exceptions to interviewing sequence (e.g., domestic violence)
<ul style="list-style-type: none"> Same Day Initiated with Children 	<ul style="list-style-type: none"> Face-to-face interviews with parents/caretakers (all household members) Completion of Safety Assessment Home visit
<ul style="list-style-type: none"> Records Check (criminal, CPS history, etc.) - Promptly and ongoing as new information is received 	
Ongoing during assessment	
<ul style="list-style-type: none"> Contacts with parent(s) and child(ren). See Contacts during the Assessment Section – frequency determined by risk level (at least 7 calendar days apart or at shorter intervals to assure child’s safety) Collateral contacts – At least two during assessment Visit at the home where child(ren) resides (with parent/caretaker or Temporary Safety Provider) 	
<ul style="list-style-type: none"> Current within 7 calendar days 	<ul style="list-style-type: none"> Documentation of any assessment activity or action
If/when case involves a Temporary Safety Provider	
<ul style="list-style-type: none"> Prior to placement of child(ren) with a Temporary Safety Provider 	<ul style="list-style-type: none"> Meet with family to develop a safety plan and hold a CFT Complete background checks for all household members 16 years or older

Required Timeframes

	<ul style="list-style-type: none"> Complete Initial Provider Assessment_TSP; approval by supervisor required
If/when county files petition for custody	
<ul style="list-style-type: none"> Prior to filing petition 	<ul style="list-style-type: none"> Hold a CFT. See “File a Petition” and “Preparing Parents and Child(ren)” in Cross Function Topics in the <u>NC Child Welfare manual</u>.
<ul style="list-style-type: none"> Prior to placing child(ren) out of the home 	<ul style="list-style-type: none"> Carry out diligent efforts to identify and notify adult relatives and other persons with legal custody of a sibling of the juvenile. When it is safe and appropriate children must be placed with relatives. Engage the Safety Network regarding placement options for the child(ren). This can be done at the CFT. Locate placement in child(ren)’s best interest, consider relatives/non-relative kin for placement (complete Initial Provider Assessment_TSP), ICWA considerations, Mexican Heritage inquiry, address educational stability (Best Interest Determination)
<ul style="list-style-type: none"> At time of child(ren) placement 	<ul style="list-style-type: none"> Provide to placement provider: Verification of Custody Order (DSS-5760), all available child information, & local county child welfare agency contact information
<p>Note: After a child is placed in the custody of the local child welfare agency, all subsequent actions are Permanency Planning functions and can be found in the <u>Permanency Planning manual</u> under Required Timeframes. Each county can determine who is responsible for the completion of each function.</p>	
Case Closure Requirements	
<ul style="list-style-type: none"> Within 45 calendar days of CPS report, prior to or at time of case closure 	<ul style="list-style-type: none"> SDM Risk Assessment Family Strengths and Needs Assessment (if going to In Home or Foster Care) Child Strengths and Needs Assessment (when “Child Characteristics” is identified on the FSNA) Case Decision Summary Documentation (to include the reason when it is not closed within 45 days)
<ul style="list-style-type: none"> Within 3 calendar days following case decision of Substantiation or Child Protective Services Needed 	<ul style="list-style-type: none"> A referral to CDSA for any child under the age of three when “Child Characteristics” is identified on the FSNA
<ul style="list-style-type: none"> In an expeditious manner after case decision 	<ul style="list-style-type: none"> Notification letters, RIL notification (if applicable) Written notification within five days to the reporter

Required Timeframes

<ul style="list-style-type: none"> • Within 7 calendar days after case decision of Substantiation, Child Protective Services Provided, No Longer Needed, Child Protective Services Needed 	<ul style="list-style-type: none"> • Contact with the family regarding case decision (Face-to-face contact is required for cases going to In Home services) • For cases transferring to In Home, review the concerns (in behaviorally specific language), harm and worry statements, and services/activities recommended • Complete all documentation, closing forms, and case file.
Guidance	
	<p>These timeframes are guidelines and indicate the MAXIMUM response time for initiating CPS Assessments. Each referral is evaluated to determine the perceived risk to the child's safety, the urgency of the situation, and the priority of the report.</p>

Checking Agency Records

Protocol – What you must do	Guidance – How you should do it
<p>As a part of completing a thorough CPS Assessment, the local county child welfare agency must:</p> <ul style="list-style-type: none"> Review all county Child Welfare services records for previous contact with the family in Partnership and Technology of North Carolina system (PATH NC) or by contacting any previous county child welfare agency; Conduct a Central Registry (CR) check for any previous reports of abuse, neglect, or dependency regarding the alleged victim child(ren), unless: <ul style="list-style-type: none"> The local county child welfare agency has conducted such a check in the 60 calendar days prior to the new report, or The agency is providing ongoing children's services to the family; Check criminal records for all case participants who are 16 years of age or older and live in the home; and Request 911 call logs on the relevant address(es) and review obtained information. Documentation to support the completion of these activities. 	<p>Documentation of activities is required to be added in Partnership and Technology of North Carolina system (PATH NC) in the contact's section.</p> <p>Review of CPS history, including the CR check, is important because it provides information that will help the Assessment caseworker determine if the reported situation represents a pattern of abuse and/or neglect.</p> <p>ASSIST can be used to complete background checks (it is particularly valuable for after-hours reports and reports with a short response time) and supports use of the following systems:</p> <ul style="list-style-type: none"> Criminal checks. ACIS provides any criminal charges or convictions in North Carolina through the database through AOC; and CPS Central Registry checks. <p>For some cases, it may be appropriate to complete a criminal record check on an individual who does not reside in the home or request 911 call logs regarding an address that is not the current location of the family home to assess child safety and risk.</p> <p>A request for 911 call logs can:</p> <ul style="list-style-type: none"> Provide additional information regarding child safety, especially when there are allegations of domestic violence; and Inform decisions regarding caseworker safety. <p>All local county child welfare agencies should have staff trained to conduct criminal record checks on foster and adoptive parents, potential county child welfare, parents, guardians, custodians, caretakers under CPS Assessment, caretakers responsible for children in the custody of the local child welfare, and on possible Temporary Safety Providers.</p>

Checking Agency Records

Protocol – What you must do	Guidance – How you should do it
<p>DOMESTIC VIOLENCE</p> <p>When a report includes allegations of domestic violence, prior to the initial contact with the family the Assessment caseworker is required to:</p> <ul style="list-style-type: none"> • Contact the Administrative Office of the Courts (or county Clerk of Superior Court) and/or complete a search of VCAP to determine if a domestic violence protective order exists; and • Contact local law enforcement agencies and/or conduct a criminal record check on the alleged perpetrator of domestic violence. • Complete any other checks necessary to for safety planning 	<p>Access to the ACIS system allows county child welfare agencies to immediately determine the legal status of all adults with or without criminal records and/or pending charges in North Carolina.</p> <p><u>Civil Case Processing System (VCAP)</u></p> <p>The VCAP system contains information on civil actions that range from case initiation to disposition. This system should be used to check the existence of custody orders, domestic violence protective orders, and/or child support orders. VCAP does not provide a narrative on the conditions of a civil order.</p> <p>These activities must be completed as soon as possible during the CPS Assessment; however, if these activities can't be completed before the initial contact with the family, documentation should reflect the rationale.</p> <p>Domestic violence for the purposes of child welfare services is defined as violent or abusive behavior or threats of violence by someone to gain and maintain power over, control, and/or harm a member of their family or someone with whom they have or have had an intimate relationship. These relationships include but are not limited to current and former spouses; common-law or dating partners; and immediate or extended family members by blood or marriage, such as grandparents or stepparents. These may be relationships between any genders, including same-sex partnerships. This does not include violence between a caretaker and a minor child.</p>

Initiation

Protocol – What you must do	Guidance – How you should do it
<p>In order for an initiation to be considered complete a CPS Assessment must include face-to-face interviews with all children living in the home.</p> <p>All reports accepted for a CPS Assessment must:</p> <ul style="list-style-type: none"> Be assessed promptly through thorough individual face-to-face interviews with all alleged victim children within the required timeframes determined by the Intake Screening and Response Tool and/or include documentation to reflect diligent efforts made to see the child within these response times. <ul style="list-style-type: none"> Interviews with children must include questions regarding the allegations, be individual and be separate from the parent/caretaker for at least part of the interview. Interviews must be attempted and conducted with all children over 12mos. Any observations regarding non-verbal children must be documented. <p><u>TIMELY INITIATIONS:</u></p> <p>Screened in reports that require an immediate response must be fully <u>initiated</u> within 8 hours. The assigned Assessment caseworker must respond immediately, i.e., as soon as possible after a report is received, and complete the initiation (interviews with all victim children) <u>no later than 8 hours</u> from the initial contact made by the reporter.</p> <p>All reports (8, 24, or 72 hours) must have two timestamps documented in the assessment process:</p> <ol style="list-style-type: none"> The <u>date/time</u> the Assessment caseworker begins their portion of the initiation process, (i.e. leaves the office or their workstation). 	<p>When interviewing each child, the Assessment caseworker should use interviewing strategies and techniques consistent with the child's developmental level. Caseworkers should use their professional judgment in deciding how to interview a child.</p> <p>When interviewing an infant some helpful tips to consider include:</p> <ul style="list-style-type: none"> Ensuing that the infant is awake Questions about whether the developmental milestones have been met Observations of the physical condition of the infant (i.e. physical marks, use of all limbs, smell of the infant, obvious disabilities, etc.) Observations of the interactions with household members and the infant (i.e. how does the infant respond to the caretakers, how do the adults respond to the infant) <p><u>TIMELY INITIATIONS:</u></p> <p>The time clock for initiation begins at the time the reporter makes first contact with the agency and is not considered complete until all victim children have been interviewed. All of the children in the household are considered victim children and are required to be thoroughly interviewed regarding the allegations to assess for safety regardless of whether an interview is scheduled for forensic purposes.</p>

Initiation

Protocol – What you must do	Guidance – How you should do it
<p>2) The <u>date/time</u> the Assessment caseworker completes the <u>initiation</u>.</p> <p>There may be times when an initiation cannot be completed within the assigned response time. In these circumstances, the Assessment caseworker <u>must</u> document their efforts and the factors that led to the report not being initiated timely. Circumstances that are thoroughly documented and outside the control of the local county child welfare agency will not be considered untimely.</p> <p>All diligent efforts must be documented in the contact purpose, “Diligent Efforts to Contact” found in PATH NC. Initiated “Timely” must be selected for all timely initiations. For untimely initiations, if the Assessment caseworker believes that the inability to complete the initiation within the specified time frame was outside of the local county child welfare agency’s control they must select the option and document the circumstances. The documentation included in the contact section must reflect any diligent efforts made to initiate.</p> <p>See <u>Family Assessment</u> and <u>Investigative Assessment</u> for more protocol and guidance for initiation, specifically regarding the sequence of contact.</p> <p>ASSESSMENTS WITH ALLEGATIONS OF DOMESTIC VIOLENCE/INTERPERSONAL VIOLENCE The assessment portion of the initiation regarding allegations of domestic violence/interpersonal violence (DV) must be initiated by first contacting the non-offending</p>	<p>All diligent efforts should be documented, but the Assessment caseworker must document the date and time that they physically leave to begin the interviews with the children. The initiation response time does not include the safety planning that takes place after interviewing all the children.</p> <p><u>A report screened in for an Immediate response means a child may be at imminent risk of harm and an expedient response from the agency is necessary.</u> It is important for the Intake caseworker to gather information thoroughly and quickly to screen reports identified as Immediate to ensure the Assessment caseworker has ample time to complete their portion of the initiation. The Intake caseworker should communicate with their supervisor or other management to begin mobilizing the Assessment team to respond urgently. The Assessment caseworker should move quickly to begin the initiation but still engage in the pre-planning conference with the supervisor to ensure that they are prepared prior to beginning the initiation. In cases where there are multiple children that require initiation or multiple places to complete initiation, more than one caseworker may need to be assigned to assist with completion of the initiation.</p> <p>When the Assessment caseworker identifies at initiation, or during the course of the assessment, that there is domestic violence/interpersonal violence, the</p>

Initiation

Protocol – What you must do	Guidance – How you should do it
<p>parent/adult victim outside of the presence of the alleged perpetrator. The children must not be interviewed in the presence of the alleged perpetrator. The exception is reports accepted with allegations of abuse of the child. In cases accepted for abuse, the initiation must be as follows:</p> <ol style="list-style-type: none"> 1. Child(ren) 2. Non-offending parent/adult victim; 3. Alleged perpetrator of DV <p>The sequence of interviews for a Family Assessment or Investigative Assessment <u>without</u> allegations of abuse but <u>with</u> allegations of DV must be as follows:</p> <ol style="list-style-type: none"> 1. Non-offending parent/adult victim; 2. Children; 3. Alleged perpetrator of DV. <p>The source of the information that is obtained during the interview with the non-offending parent/adult victim including their safety plan must not be shared during the interview with the child.</p> <p>POSTPONEMENT OF THE CHILD(REN) INTERVIEW</p> <p>The safety of children is closely linked to the safety of the non-offending parent/adult victim. The Assessment caseworker and the supervisor must determine if the interview of the child(ren) must be delayed until safety can be achieved when:</p> <ul style="list-style-type: none"> • The interview with the non-offending parent/adult victim and the completion of the Safety Assessment indicate extreme risk; or • The children have learned to survive by identifying with the alleged perpetrator of DV (i.e., cannot keep confidential information from the alleged perpetrator of DV). <p>There must not be a postponement of the child interview when there are allegations of abuse against the child.</p> <p>When this occurs, documentation must reflect:</p>	<p>Non-Offending Parent/Adult Victim Domestic Violence Assessment Tool (DSS-5235) should be completed.</p> <p>The Children’s Domestic Violence Assessment Tool (DSS-5237) contains scaled assessment questions and should also be completed with all children to support safety planning.</p> <p>In cases that are accepted as an Investigative Assessment for abuse of a child, the protocol for an Investigative Assessment needs to be followed to include interviewing the child(ren) first. The non-offending parent/adult victim should be interviewed after the children and separate from the alleged perpetrator.</p> <p>Every child reacts differently when exposed to DV. Some children develop debilitating conditions while others show no observable negative effects. As a result, it is important to interview the children regarding their involvement and/or exposure to DV, as well as their general safety and well-being. It is important to recognize that older children are more likely to minimize reports of parental fighting. Younger children may be more spontaneous and less guarded with the information they share. Use of the Safety House or Three Houses can help caseworkers with assessing the child’s perspective of the situation.</p> <p>While conducting an Investigative Assessment regarding abuse of a child that includes allegations of</p>

Initiation

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • What steps were taken to identify the risk of harm to the child; and • The reasons for the postponement. <p>Once safety is assured, all required face-to-face interviews must be conducted. Postponing the interview with the child will be the exception and not the rule.</p> <p>Justification for not complying with the above requirements of initiation must be:</p> <ul style="list-style-type: none"> • Approved by a county child welfare agency supervisor or above; and • Documented. <p>METHAMPHETAMINE/SYNTHETIC OPIOIDS</p> <p>For assessments involving allegations of children exposed to methamphetamine drug manufacturing laboratories, or synthetic opioids, such as fentanyl: See “Drug Endangered Children” in Cross Function Topics in the <u>NC Child Welfare manual</u>.</p>	<p>DV, the Assessment caseworker should consider how to assist with maintaining the safety of the non-offending parent.</p>

Unable to Locate

Protocol – What you must do	Guidance – How you should do it
<p>When the agency is unable to initiate the CPS Assessment within the prescribed time because the alleged victim child cannot be located, the Assessment caseworker must make diligent efforts to locate the child until such efforts are successful or until the local county child welfare agency concludes that the child cannot be located. The determination that the child cannot be located, and diligent efforts can be discontinued must be approved by a local county child welfare agency supervisor or above.</p>	<p>If the local county child welfare agency concludes that there is insufficient information to initiate or the child cannot be located, the report may be administratively closed.</p>

Safety Planning

Protocol – What you must do	Guidance – How you should do it
<p><u>NEW REPORTS OR ADDITIONAL ALLEGATIONS DURING AN OPEN CPS ASSESSMENT</u></p> <p>The intent of safety planning is to reach an agreed upon plan with the family that imposes the lowest level of intrusiveness possible while assuring a child’s safety.</p> <p>When any situation is alleged and accepted or determined to require an Immediate response, the local county child welfare agency must immediately see the children to assess the situation and implement safety measures to protect the child(ren). A local county child welfare caseworker must remain with the child(ren) until the circumstances are safe for the protection of the child(ren).</p> <p>All allegations, whether contained in the original report or uncovered during the CPS Assessment, must:</p> <ul style="list-style-type: none"> • Be thoroughly assessed; and • If there are any danger indicators identified, the NC Safety Assessment must address the concerns. <p>If the local county child welfare agency uncovers new allegations that were not included in the original report during initiation, the Assessment caseworker must:</p> <ul style="list-style-type: none"> • Assess the new allegations along with the reported allegations within the appropriate response time; • Address the new allegations during review of the Safety Assessment, including development of a Safety Plan for identified danger indicators; and • Add the information from the new allegations to documentation and consider it as part of the case decision. 	<p>The primary concern of Child Welfare services is ensuring the safety of children.</p> <p>For example, if during initiation the local county child welfare agency discovers that there were acts of maltreatment that were not listed as allegations in the report, the local county child welfare agency would:</p> <ul style="list-style-type: none"> • Assess the new allegations along with the reported allegations within the current initiation; and • Address these allegations when completing the Safety Assessment; and • Include them in the development of the Safety plan. <p>For more protocol and guidance related to new information or allegations please see “Multiple Reports Involving the Same Child or Family” in Intake in the <u>NC Child Welfare manual</u>.</p>

Safety Planning

Protocol – What you must do	Guidance – How you should do it
<p>If the local county child welfare agency is contacted and provided with information regarding the same allegations and incidents that were in the initial report and already being assessed:</p> <ul style="list-style-type: none"> • The information must be documented on the Screening and Response Tool as a new CPS Intake in PATH NC and screened. • Such circumstances do not require a separate initiation or a new Safety Assessment. • The new report will be merged with the initial report within PATH NC. <p>If the local county child welfare agency is contacted and provided with information that is new or different from the allegations in the initial report, the local county child welfare agency must:</p> <ul style="list-style-type: none"> • Treat the information as a new CPS Intake in PATH NC on the Screening and Response Tool; and • Respond within determined response times to assess the safety of the child. <p>If there is a new incident during the course of an open assessment, the local Assessment caseworker must:</p> <ul style="list-style-type: none"> • Treat the information as a new CPS Intake in PATH NC on the Screening and Response Tool; • Respond within determined response times to assess the safety of the child; and • Consider it as part of one case decision. <p>Throughout the CPS Assessment, the local county child welfare agency must continue to monitor for safety, current and/or future risk of maltreatment, and assess for child well-being.</p>	<p>The worker will be able to document new initiations, however; the system will only count the case as timely or untimely based on the response to the first report. A new report does not recalculate the case decision date.</p>

Safety Planning

Protocol – What you must do	Guidance – How you should do it
<p>If the local county child welfare agency discovers information related to child safety that necessitates law enforcement involvement, the local county child welfare agency must:</p> <ul style="list-style-type: none"> • Give immediate verbal notification to the District Attorney (DA) or their designee; • Send subsequent written notification to the DA within 48 hours; • Give immediate verbal notification to the appropriate local law enforcement (LE) agency; and • Send subsequent written notification to the appropriate LE agency within 48 hours. • When appropriate, notify the military authority associated with the alleged perpetrator <p>The notification to the DA/LE agency or military authority must include:</p> <ul style="list-style-type: none"> • The name and address of the child and parents/caretaker; • The perpetrator when this person is different from the parents or caretaker; • The type of abuse; • The dates that the CPS Assessment was initiated and that evidence of abuse was found; • The evidence of abuse found; and • The safety plan developed to ensure the safety of the child(ren) and the status. <p>"Evidence of abuse" means information including but not limited to:</p> <ul style="list-style-type: none"> • Credible statements from the child, parents/caretakers, and/or other persons; • Observations of the Assessment caseworker; • Records; 	<p>G.S §7B-307 directs the county to also notify the military authority associated with the alleged perpetrator.</p> <p>PATH NC allows the worker to upload any photographs of injuries to the child as well as document visually on a human body diagram where injuries are found on the body of the child.</p>

Safety Planning

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • Photographs; • X-rays; or • Medical reports. <p>All information gathered during the assessment process must be incorporated into one case decision.</p> <p><u>SAFETY ASSESSMENT</u></p> <p>A North Carolina Safety Assessment (DSS-5231) must be completed during all CPS Assessments to address any identified danger indicators and the parent/caretaker's capacity to ensure safety for the children. The Safety Assessment must be completed and documented at the following intervals:</p> <ul style="list-style-type: none"> • At the time of the initial contact, during a home visit, and prior to allowing the child to remain in the household; • Prior to the case decision; • Prior to the removal of a child from the home; • Prior to the return home of a child in cases where the caretaker temporarily arranges for the child to stay outside of the home with a Temporary Safety Provider as a part of the safety intervention; • A change in circumstances such as a new CPS report or any other point that safety issues are revealed during the Assessment phase. <p>A Safety Plan must be used when there is a specific danger indicator or risk of harm identified. The plan must:</p> <ul style="list-style-type: none"> • Be developed with the family (include parents/caretaker) • Include at least one Safety Network member • Use the least restrictive intervention to ensure safety of the child(ren) • Include the Temporary Safety Providers when the parent chooses this as a safety intervention. 	<p><u>SAFETY ASSESSMENT</u></p> <p>The NC Safety Assessment is a Structured Decision-Making Tool that has been designed to support the caseworker in answering the question of whether the child(ren) can remain safely in the home. An allegation alone does not warrant a safety intervention. If there is no information that indicates the allegation is true, it does not become a part of the safety intervention. The Assessment caseworker should not be developing a safety plan simply because of allegations.</p> <p>A danger indicator should only be selected when the information collected (i.e. interviews, criminal and agency records, collateral contacts, etc.) points to a safety issue. When a danger indicator is selected, a safety plan is required and must include someone other than the caretaker who maltreated the child. A safety plan that only includes the person(s) who is alleged to have maltreated the child(ren) is not a sufficient plan because it does not include a way to monitor safety of the child while involved.</p>

Safety Planning

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> Identify in behaviorally specific terms the harm or risk of harm as well as action steps everyone involved has agreed to do If there are no safety interventions that can ensure safety, a juvenile petition for court intervention must be filed. <p>In circumstances where children in the same household have a different safety decision, a third level review is required prior to approval of the Safety Assessment.</p> <p>The Safety Plan (Part E of the Safety Assessment) must specify what actions the parent(s)/caretaker(s), Safety Network member(s), agency, and Temporary Safety Provider (when necessary and chosen by the family) will take to ensure the safety of the child(ren).</p> <p>See <u>Use of Safety Plan with Parents & Caretakers Decision Tool</u>.</p> <p>A copy of the North Carolina Safety Assessment must be provided to the parent(s)/caretaker(s) upon completion.</p> <p>The Safety Assessment must be revised or newly developed:</p> <ul style="list-style-type: none"> When a new CPS report is received on an open CPS Assessment; Prior to the case decision; Prior to the return home in cases where the caretaker temporarily arranges for the child to stay outside of the home as a part of the safety intervention; and At any other point that safety issues are revealed. <p>Whenever a new or modified Safety Assessment (including the Safety Plan) is required:</p> <ul style="list-style-type: none"> The modified Safety Plan must be signed by the parent(s)/caretaker(s), Safety Network member, caseworker and supervisor; and 	<p>The approval of the Program Manager/Administrator or above is required when children in the same household have differing safety decisions on the NC Safety Assessment.</p> <p>The Safety Plan developed during the assessment phase will continue during In-Home Services while services and tasks are being implemented to develop more lasting changes that ensure safety for children in the household.</p>

Safety Planning

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • A copy must be provided to the parent(s)/caretaker(s). <p>ASSESSMENTS WITH ALLEGATIONS OF DOMESTIC VIOLENCE/INTERPERSONAL VIOLENCE</p> <p>After the initial interview with the non-offending parent/adult victim, if DV is identified as a danger indicator, a Safety Assessment must be completed. A Safety Plan must be created with the non-offending parent/adult victim. Then, the Assessment caseworker in consultation with their supervisor must make a decision about whether that agreement is shared with the alleged perpetrator of the DV.</p> <p>Subsequently, a separate Safety Assessment must be completed with the alleged perpetrator during their interview. The Safety Plan with the alleged perpetrator must include the specific actions that they will take to stop the cycle of power and control, physical and emotional violence, and ensure that the children are safe.</p> <p>Case-specific circumstances may necessitate the completion/revision of the Safety Plan after the interview with the child(ren) alleged to be victims of abuse, neglect, and/or dependency.</p>	<p>ASSESSMENTS WITH ALLEGATIONS OF DOMESTIC VIOLENCE/INTERPERSONAL VIOLENCE</p> <p>Prior to the decision to share the Safety Plan of the non-offending parent/adult victim with the alleged perpetrator, the Assessment caseworker and supervisor should consider:</p> <ul style="list-style-type: none"> • Impact on the safety of the child(ren) • Impact on the safety of the non-offending parent/adult victim • Whether it is necessary to develop a safety plan with the alleged perpetrator <p>Prior to a local county child welfare agency filing a petition, the following should be considered:</p> <ul style="list-style-type: none"> • Automatic custody removal is not always necessary to ensure safety. • Whether a Safety Plan can be developed with the non-offending parent/adult victim that can ensure the child(ren)'s safety • The alleged perpetrators acknowledgement of the impact of their behaviors on the child(ren) and agreement to participate in a Safety Plan to ensure the safety of the child(ren) and non-offending parent/adult victim • The availability of a Safety Network member who is willing to participate in ensuring the safety of the child(ren)

Safety Planning

Protocol – What you must do	Guidance – How you should do it
<p><u>USE OF TEMPORARY SAFETY PROVIDERS</u></p> <p>A Temporary Safety Provider (TSP) is the person(s) used as a safety intervention when a parent makes a plan to protect their child(ren) with someone else on a short-term basis, with approval from the local child welfare agency regardless of whether the TSP is moving into the family's home or providing care to the child in the TSP home. A TSP must only be used when less intrusive safety interventions are not sufficient. The role of a TSP is to assist the family with addressing the immediate safety needs of a child.</p> <p>When using a TSP, the Assessment caseworker must thoroughly document:</p> <ul style="list-style-type: none"> • The safety concerns still present that keep the child(ren) from returning to the parents' care • Progress, or lack thereof, made by the parents and Safety Network to address the safety concerns • Efforts made by the local county child welfare agency to support the family in addressing the immediate safety concerns; and • Plan to mitigate the safety concerns <p>If a child cannot be maintained safely in the home at the time of case decision or cannot be safely returned home, a petition should be considered.</p> <p>While a child is in the care of a TSP, the Assessment caseworker must work diligently to reduce or alleviate the immediate safety concerns that required the safety plan to be made with a TSP. Work with the family must include reasonable efforts to prevent foster care. If at any point during the Assessment it is determined that the immediate safety issue has been addressed and the use of the TSP is no longer required, the child(ren) must return to their parents' care. At case decision, the local child welfare agency must determine whether ongoing services are needed.</p> <p>When a parent makes a plan to use a TSP, the risk level should be considered high, and the contacts are required as follows:</p>	<p><u>TEMPORARY SAFETY PROVIDERS</u></p> <p>Diligent efforts to keep children with their families when possible is a requirement of Child Protective Services. The use of a Temporary Safety Provider (TSP) is one of many intervention options available for families to use during the Assessment to address immediate safety concerns that can be resolved within a short time frame. It allows families to partner with their Safety Network and Assessment caseworker who can support families in addressing safety concerns without removal of the children from their parents' custody.</p> <p>A parent's decision to place the child(ren) in the care of a TSP is best used when there are concerns about immediate safety based on the allegations and information received. There may be questions about safety within the household and steps that can be completed within a brief time frame that create safety and allow children to return to parents' care. The use of a TSP is not suited to "buy time" on cases with long term chronic issues that require more intensive interventions. In those cases, a petition requesting non-secure custody should be filed.</p> <p>The TSP has to be someone that will safely care for the child according to the criteria on the Initial Provider Assessment_TSP (DSS-6193). When the non-resident parent is unable to be located, diligent efforts are required to locate them for placement and/or agreement with the safety plan.</p> <p>While the parent is the one who makes the plan, the local county child welfare has to approve the TSP. The parents should be able to resolve the immediate safety concerns quickly. In cases when the child is not safe to return home by the end of a CPS Assessment, the local county child welfare agency should consider filing a juvenile petition. The necessity</p>

Safety Planning

Protocol – What you must do	Guidance – How you should do it
<p>Face-to-face contact with victim children:</p> <ul style="list-style-type: none"> Must occur at least once a week to assess their safety while in the care of the TSP <p>Face-to-face contact with parent(s)/caretaker(s):</p> <ul style="list-style-type: none"> Must occur at least once a week. <p>Face-to-face contact with the TSP:</p> <ul style="list-style-type: none"> Must occur at least once a week to assess safety concerns Includes documentation of any observations that the TSP has regarding the relationship and interactions between the parent/caretaker <p>Face-to-face contact with all household members:</p> <ul style="list-style-type: none"> As needed to ensure the safety of the children <p>If, at any time during the CPS Assessment process, it is decided that a child must stay outside of the home to ensure safety, the local county child welfare services agency must assess the Temporary Safety Provider for care of the child(ren).</p> <p>In cases where a custody order exists, the Assessment caseworker must obtain a copy of the order and review it with the county attorney prior to use of a TSP.</p> <p><u>INITIATING USE OF A TEMPORARY SAFETY PROVIDER</u></p> <p>When the parent identifies a TSP, the following must occur prior to the child(ren) being left in the care of the TSP:</p> <ul style="list-style-type: none"> Background checks, including: 	<p>of a non-secure order should be determined on a case-by-case basis.</p> <p>During the identification of the TSP the local county child welfare agency should continue to gather the names of as many relatives as possible and continue to build the Safety Network with the family. Additionally, relative identification may be helpful during the course of the case, because it is a requirement when a petition is filed. See, N.C.G.S. 7B-505(b).</p> <p>The use of a TSP should be a <u>last resort</u> and should not be done without first exploring if an intervention can be identified that will keep the child safe without the use of separation or restriction of a parent's access.</p> <p>The Assessment caseworker should speak with the TSP after the parent has gained this person's agreement to care for the child. The TSP must be informed that an Assessment caseworker will need to make a home visit to conduct the Initial Provider Assessment_TSP when the care will be provided in the TSP home. This can be completed within PATH NC.</p> <p>As part of the completion of the Initial Provider Assessment_TSP, which is a requirement of using a Temporary Safety Provider, the caseworker must complete a review of county child welfare services, and/or services history through the agency records including PATH NC, and RIL records in determining placement. The local county child welfare agency's approval of the TSP the family chooses needs to include a clear explanation to ensure that the TSP fully understands the situation and is able and agreeable to fulfill the necessary care</p>

Safety Planning

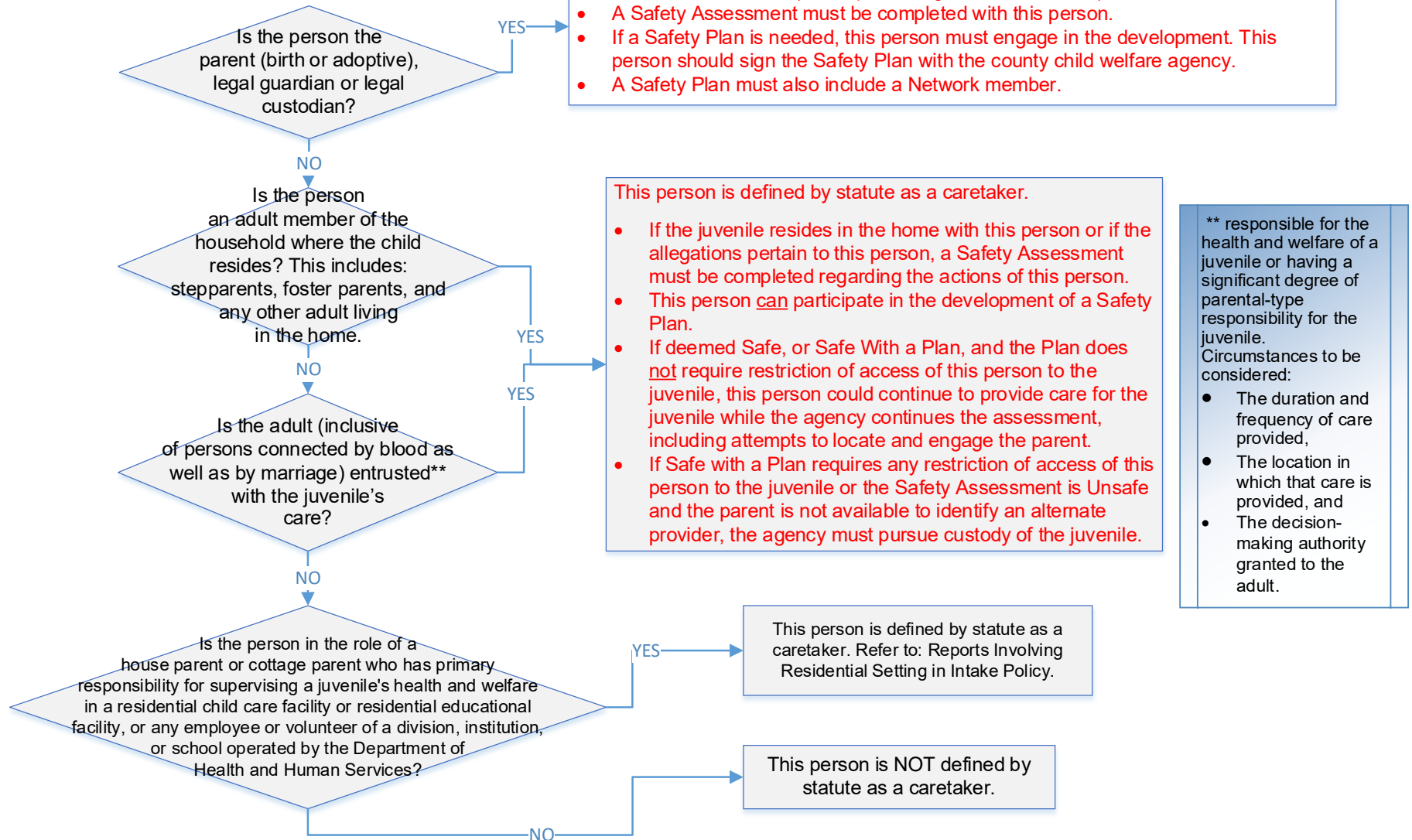
Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> ○ Criminal checks ○ Check of Civil Case Processing System (VCAP) for civil actions such as domestic violence protective orders; and ○ Review of local county child welfare services, and/or services history through PATH NC, agency records and RIL records. ● Initial Provider Assessment_TSP (DSS-6193), which includes a home visit, as evidenced by the Assessment caseworker and TSP signatures. ● Approval of the Initial Provider Assessment_TSP by the local county child welfare services agency supervisor. Approval at the time of the assessment may be verbal. The Initial Provider Assessment_TSP must be signed by the supervisor within three days. ● Documentation of all the above. <p>A review of 911 call logs for the address of all persons identified as a TSP must also occur. As this cannot always be completed within the timeframe necessary to assess and approve use of a TSP, it must be completed within seven calendar days.</p> <p>If there are any safety concerns identified from the background checks regarding the TSP, they must be addressed as soon as the caseworker becomes aware. The parent must identify another TSP in cases where the issues identified will impact the safety of the child.</p> <p>Please note: When a child is in the hospital setting, and the family has decided to use a TSP, a camera, or sitter who is employed by the hospital is NOT considered a TSP. Hospital employed sitters and cameras are working on behalf of the hospital to attend to concerns identified by the medical team and to provide notification to that medical team when an intervention is necessary to protect a patients' health.</p>	<p>required for the child until the immediate safety concerns have been resolved.</p> <p>The primary role of the TSP is different from a hospital sitter or camera. It is to provide care for the child and protection from the parents to assist the local county child welfare agency in ensuring safety. The decision to use a TSP is an intervention of safety and not connected to a particular location.</p> <p>If the <u>Initial Provider Assessment</u> is positive, the Assessment caseworker conducting the CPS Assessment should ask the Temporary Safety Provider to come for the child. If the Assessment caseworker transports the child to the home of the Temporary Safety Provider, the parent should accompany the Assessment caseworker to the home of the Temporary Safety Provider whenever possible.</p>

Safety Planning

Protocol – What you must do	Guidance – How you should do it
<p>Whenever a plan is made for the child(ren) to leave the home, a Child and Family Team (CFT) meeting must be held. If it is not possible to hold the CFT meeting prior, then the Child and Family Team meeting must be held as soon as possible.</p> <p>The Assessment caseworker conducting the CPS Assessment must remain with the child until the Initial Provider Assessment_TSP is completed and approved.</p> <p>If the local county child welfare services agency determines that the TSP identified is not suitable and will not approve use, another TSP must be identified by the parent. If the parent cannot identify another TSP, temporary custody of the child must be taken and a juvenile petition requesting non-secure custody must be filed by the local county child welfare services agency conducting the CPS Assessment.</p> <p>DOCUMENTATION</p> <p>Written permission from the parent must be obtained, if:</p> <ul style="list-style-type: none"> • The parent is unable to travel with the Assessment caseworker and child, • The TSP is unable to transport the child; and • The local county child welfare services agency chooses to transport the child alone. 	

Safety Planning

Use of Safety Plan with Parents/ Caretakers



Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
<p>Interviews during the CPS Assessment must be conducted in the sequence least likely to cause further risk to the child(ren).</p> <p><u>INITIAL CONTACTS WITH HOUSEHOLD MEMBERS</u></p> <p>Face-to-face interviews with the parents and/or any caretakers with whom the child resides must:</p> <ul style="list-style-type: none"> • Be conducted the same day the child is seen; or • There must be documentation to reflect diligent efforts made or rationale for delaying the interview that does not compromise the safety of the child. <p>During the initial face-to-face contact with the parent(s)/caretaker(s), the Assessment caseworker must:</p> <ul style="list-style-type: none"> • Discuss the allegations • Explain the CPS Assessment duration of 45 calendar days from the date of the report; • Provide a written explanation (e.g., a brochure) of the CPS Assessment Track (Family Assessment or Investigative Assessment). The Assessment caseworker must also verbally explain MRS and potential case decisions; • Assess the safety and ongoing risk of all child(ren); • Assess child well-being and family well-being; and • Discuss family strengths and needs to include any complicating factors <p>When this includes the children of an additional family unit living in the same home, a separate report and assessment must occur.</p>	<p>Safety Organized Practice and involving parents and their Safety Network, including both formal and informal supports, is necessary to ensure safety. Every interaction with the family and their Network is an opportunity to create connections. Family members and their Network need to be included throughout the life of the case in the decision making and safety planning process to build a safety net for children.</p> <p>Interviewing caretakers living in the home is important because these individuals may have knowledge of the allegations through observation, or they may have a significant relationship with the child. Except in very unusual circumstances, everyone living in the household should be interviewed or there should be documentation to reflect efforts made. One example where this might not be appropriate would be in a transient shelter.</p> <p>Every adult in the home is considered a caretaker regardless of their role in the care of the child, unless it is a roommate with a separate access point to the home that restricts their access to the child(ren). All adult members of the household are considered caretakers and should be interviewed the same day as the children to create the most effective safety plan.</p>

Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
<p>CONTACTS IN ASSESSMENTS WITH ALLEGATIONS OF DOMESTIC VIOLENCE/INTERPERSONAL VIOLENCE</p> <p>Separate interviews must be conducted with the non-offending parent/adult victim and alleged perpetrator of Domestic Violence/Interpersonal violence (DV). The non-offending parent/adult victim must never be placed in danger by having to be interviewed, develop safety plans, or meet with the alleged perpetrator of violence against them.</p> <p>Information obtained from the non-offending parent/adult victim or children that may jeopardize the safety of the child or the non-offending parent/adult victim must not be shared with the alleged perpetrator of DV/IPV. Information shared such as information about the non-offending/adult victim's whereabouts and/or schedule if they have left the home/relationship can place the child and non-offending parent/adult victim in grave danger.</p> <p>POSTPONEMENT OF THE ALLEGED PERPETRATOR INTERVIEW</p> <p>When the interview with the non-offending parent/adult victim and the completion of the Safety Assessment identifies danger indicators and there is a substantial risk of harm that is likely to be created by interviewing the alleged perpetrator within the required timeframe, the Assessment caseworker and supervisor may consider whether to delay interviewing the alleged perpetrator. In cases where a delay is decided, documentation must reflect:</p> <ul style="list-style-type: none"> • What steps were taken to identify the risk of harm to the child • The safety concerns and/or substantial risk of harm identified; and • The plan developed to interview the alleged perpetrator and ensure safety. 	<p>ASSESSMENT INTERVIEWS WITH NON-OFFENDING PARENT/CARETAKER</p> <p>Per the U.S. Department of Justice <u>Domestic Violence</u> can be physical, sexual, emotional, economic, psychological, or technological actions or threats of actions or other patterns of coercive behavior that influence another person within a relationship. This includes any behaviors that intimidate, manipulate, humiliate, isolate, frighten, terrorize, coerce, threaten, blame, hurt, injure, or wound someone.</p> <p>The Non-Offending Parent/Adult Victim Domestic Violence Assessment Tool (DSS-5235) contains scaled assessment questions and should be used to support the determination of safety and risk factors and is required in cases that need ongoing services such as In Home or Foster Care. The inability to speak with the non-offending parent/adult victim alone may be an indication of the level of control the alleged perpetrator of DV exerts over the family and an indication of a higher risk of safety concerns.</p> <p>When interviewing the non-offending parent/adult victim of DV:</p> <ul style="list-style-type: none"> • Explain the CPS Assessment process; • It is ok to let them know that the goal of a CPS Assessment is to keep the child(ren) safe (and assist them as well). • Explain confidentiality includes consideration for family safety when sharing information and safety plans with the alleged perpetrator. • Explain that part of safety planning for the child may include resources that will also be geared towards their safety in the context of DV/IPV; and • Use questions to gain information regarding the history of DV, such as: <ul style="list-style-type: none"> ○ Their history of seeking help ○ Their plan for the children and themselves ○ The frequency/intensity of the behaviors

Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
<p>Once safety is assured, the required face-to-face interview must be conducted.</p>	<ul style="list-style-type: none"> ○ If their partner has ever used physical force on them ○ If he or she has ever been afraid for the safety of their children <p>ASSESSMENT INTERVIEW OF ALLEGED PERPETRATOR</p> <p>The Domestic Violence Perpetrator Assessment Tool (DSS-5234) contains scaled assessment questions and should be used to support the determination of the safety and risk factors.</p> <p>This will:</p> <ul style="list-style-type: none"> ● Help to protect the Assessment caseworker; and ● Assist with developing a safety plan to lessen the risk of harm for children and the non-offending parent/adult victim. <p>It is important to note that the alleged perpetrator may attempt to:</p> <ul style="list-style-type: none"> ● Present as the “victim”; ● To charm the Assessment caseworker; ● Gain control of the interview; and/or ● Deny any DV, insisting that the relationship is “perfect.” <p>During interviews with the alleged perpetrator, the Assessment caseworker should:</p> <ul style="list-style-type: none"> ● Focus on information from third party reports such as law enforcement, medical providers, or the Administrative Office of the Courts; ● Follow up on legal accountability and/or treatment and other service referrals for the alleged perpetrator; ● Convey to the alleged perpetrator that based on what happened (citing as much information as possible without compromising confidentiality or safety of the children, non-offending parent/adult victim, and/or the reporter) they will be

Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
	<p>required to take steps to stop the violence and ensure that the children are safe;</p> <ul style="list-style-type: none">• Avoid debates and arguments. Focus on the safety of the child and avoid trying to get the alleged perpetrator to admit violent behavior; and• When necessary, set limits within the interview and future interactions. Document the behaviors that make limit setting necessary and their response to setting limits.

Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
<p>HOME VISITS</p> <p>A home visit where the alleged victim child resides must:</p> <ul style="list-style-type: none"> • Occur the same day the victim child is seen (even if the contact and interview of the child occurs in another location); • Occur at least once a month with the child in the home during the CPS Assessment; and • Include observation and contact with every child living in the home. <p>If the allegations are made against the non-resident parent, a home visit must also be made to that home prior to the child visiting that home.</p> <p>Documentation must reflect the above or diligent efforts to accomplish these requirements.</p> <p>The Assessment caseworker must not enter a home without at least one of the following:</p> <ul style="list-style-type: none"> • The permission of the alleged victim child’s parent or person responsible (adult) for the juvenile’s care; • The reasonable belief that a juvenile is in imminent danger of death or serious physical injury; • The accompaniment of a law enforcement officer who has legal authority to enter the residence; or • An order from a court of competent jurisdiction. <p>To assess the family’s living environment and how it impacts child safety, the Assessment caseworker needs to tour the home and premises where the child sleeps, eats, and plays. The home assessment must specifically address:</p> <ul style="list-style-type: none"> • Fire safety and documentation that reflects fire safety has been discussed with the family at least once during the assessment; 	<p>A home visit provides the Assessment caseworker the opportunity to assess the safety of the child’s living environment and facilitates the observations of family interactions.</p> <p>The provision of Child Protective Services, including visiting and interviewing the child in their home with the parent’s permission, must not infringe upon any individual’s Fourth Amendment rights. Efforts to secure voluntary consent should never be coercive. The CPS Assessment caseworker should explain their role and requirement to interview the child as well as tour the home and property to assess safety, risk, and the strengths and needs of the family.</p> <p>When touring the place where the child resides it is important when there is a lack of resources, including housing that meets minimal standards, to consider the role of poverty. The Administration of Children and Families has issued policy encouraging States to explicitly exclude poverty from its statutory definition of maltreatment. Poverty alone does not equal neglect. An Issue Brief was published by the Child Welfare Information Gateway (2023) that outlines things to consider when determining poverty versus neglect to include, “...assessing adequate level of care (for example, supervision and basic needs, acknowledging that childrearing practices and standards of care differ from culture to culture), whether the children are experiencing actual harm, and whether the neglect (if present) reflects</p>

Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> Firearm safety and documentation that firearm safety has been discussed with the family at least once during the assessment (see GS 14-315.1.); and Safe sleep for infants. If an infant (under one years old) resides in the home, the Assessment caseworker must observe the sleeping arrangements and discuss safe sleeping. This must be documented in PATH-NC in the initiation documentation, on the Plan of Safe Care for substance affected infants and covered in the Safety Plan when appropriate. <p>If after requesting to tour the home the Assessment caseworker is denied access:</p> <ul style="list-style-type: none"> The case must be staffed to determine if the tour is necessary to assess safety for the child(ren). If the decision is that a tour is necessary, the local county child welfare agency must consult with their county attorney about filing a petition for obstruction. Documentation must reflect the concerns and rational for decisions made. <p>In circumstances where a tour is not completed due to concerns for the Assessment caseworker’s safety, documentation must reflect the concerns and the plan to complete the tour and ensure safety for the child(ren).</p>	<p>a parent's choices or a lack of available resources despite the family's best efforts....”</p> <p>A home visit can help a caseworker determine opportunities to assist families with keeping children safe while remaining in the home. It also supports the identification of resources within the neighborhood or community and assist the family with gaining access to these resources.</p> <p>Unsafe sleep is more than any concerns associated with co-sleeping with infants. It is important to note infants have the highest rates of mortality with regards to co-sleep. Caseworkers should refer to Safe Sleep in the Cross Function Manual for additional information on addressing safe sleeping arrangements with infants under the age of one.</p> <p>The American Academy of Pediatrics and the Centers for Disease Control and Prevention provide guidance that an infant is defined as 0-12 months of age.</p>

Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
<p><u>NON-RESIDENT PARENT</u></p> <p>The local county child welfare agency must contact any non-resident parent who does not live in the home where the child neglect, abuse, and/or dependency allegations are being assessed to get their input on the allegations and the overall safety and risk level in the home.</p> <p>The Assessment caseworker must make diligent efforts to make contact with the non-resident parent. If the non-resident parent cannot be located, documentation must reflect diligent efforts to locate.</p> <p>If contact with the non-resident parent involves a safety threat and/or risk of harm to the child or to the resident parent/caretaker, the local county child welfare agency must:</p> <ul style="list-style-type: none"> Specify and verify the safety threat and/or risk of harm; Document the reason(s) why contact is not in the best interest of the child and/or resident parent's/caretaker's safety; Be reviewed and approved by a supervisor/manager; <p><u>NON-RESIDENT CHILD AND NON-RESIDENT CHILD'S PARENT/CARETAKER</u></p> <p>There may be circumstances in which a parent has a child who does not live in the home where the child abuse, neglect, and/or dependency is alleged. If the non-resident child was present during alleged incidents of child abuse, neglect, and/or dependency, the child must be considered a victim child and the child, and their parent/caretaker must be interviewed within the statutory time requirements.</p> <p>If it is known that the child visits the home but was not present during the alleged incidents of abuse, neglect, and/or dependency, the child and their parent/caretaker must be interviewed within 7 calendar days of initiation, or prior to a visit, and their safety assessed in the home where the allegations occurred as a part of the CPS Assessment.</p>	<p>Discuss the non-resident parent's level of involvement with the child and if there are relatives that may be a resource for the child. If the non-resident parent and their family is not involved in the child's life, the Assessment caseworker should ask what it would take for them to become involved. This information can be developed into action steps to engage them in the family's Safety Network.</p> <p>The resident parent may report that the non-resident parent has not been involved with the child to limit the non-resident parent's interactions in the CPS Assessment. The Assessment caseworker should discuss the relationship between the parents including their last contact, last known contact information, and location for the non-resident parent. Questions regarding the non-resident parent's last contact with the child and the quality of those contacts should also be gathered. During contact with the child, the Assessment caseworker should also discuss their relationship and contact with the non-resident parent.</p> <p>A non-resident child and non-resident child's parent/caretaker may have important information related to the safety of the resident children. A decision for the non-resident child to have limited or no visitation with a parent may be due to safety risks or threats in the home. It is the responsibility of the non-</p>

Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
<p>If the local county child welfare agency determines that a petition is needed for the protection of the children living in the home where the child abuse, neglect, and/or dependency occurred, the legal stability of the non-resident child’s living arrangement must be assessed.</p> <p><u>IDENTIFYING/BUILDING THE FAMILY’S SAFETY NETWORK (Precursor to Relative Notification)</u></p> <p>NCGS § 7B-505 (b) states, “The department of social services shall use due diligence to identify and notify adult relatives and other persons with legal custody of a sibling of the juvenile within 30 days after the initial order removing custody. The department shall file with the court information regarding attempts made to identify and notify adult relatives of the juvenile and persons with legal custody of a sibling of the juvenile.”</p> <p>Assessment caseworkers must begin diligent efforts to locate adult relatives and any person who has legal custody of the victim children’s siblings as early in the assessment as possible. This includes adoptive parents of siblings. They are not considered relatives of the victim child; however, they must be considered in the identification and notification of individuals who have legal custody of a sibling.</p> <p>A Safety Network is a group of individuals who can provide ongoing support and services to the family to keep children safe. Circles of Safety and Support are a visual tool to help identify people for the family’s safety and support network and to help professionals and family members talk about the networks’ role and who can be a part of it. They must be used during the assessment phase to build the family’s Safety Network. The inclusion of the Circles of Safety and Support tool serves a dual purpose:</p> <ol style="list-style-type: none"> 1. To identify individuals who can support and assist caretakers in providing a safe environment for their child(ren) 2. To ensure that children are placed with relatives when it is safe and appropriate. 	<p>resident child’s parent/caretaker to protect the child and ensure his/her safety.</p> <p><u>IDENTIFYING/BUILDING THE FAMILY’S SAFETY NETWORK</u></p> <p>Assessment caseworkers should gather as much information as possible about a family’s supports. It may be easiest to collect this information while talking about demographic information with the family. Asking questions about relatives and those with which the family has regular contact is critical to ensuring the safety of children. When a family’s natural supports have been engaged, they can be an invaluable resource for the family in providing safety to children long after the child welfare agency is no longer involved. When there are immediate safety concerns, including the use of a Temporary Safety Provider, having the conversation about relatives should happen sooner rather than later. PATH NC allows the caseworker to create a Genogram in the system to support building Safety Networks.</p> <p>Caretakers can be asked questions to elicit who has information about the family and the current situation. Additionally, questions should be asked to assist caretakers with identifying other supports who should be informed and can join the family’s Safety Network and ensure the child(ren)’s safety. Questions include</p>

Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
<p>The Assessment caseworker must ask about relatives with which the family has contact. Finding relatives helps the Assessment caseworker to identify the family's Safety Network. This includes the three questions to build the Circles of Safety and Support:</p> <ol style="list-style-type: none"> 1. Who knows everything about what we are worried about here? 2. Who knows some things about these worries? 3. Who knows nothing about these worries, but should? <p>The Assessment caseworker must document as much information as provided by the family including which ones will be contacted as collaterals.</p> <p>Please refer to the Using Circles of Safety and Support to Create Safety Networks with Families resource in the Child Welfare Resources section of the manual for additional direction on creating Circles of Safety.</p> <p>COLLATERAL CONTACTS</p> <p>At least <u>two</u> collateral contacts (people significant to the case) must occur during the CPS Assessment. As a part of a thorough CPS Assessment, the local county child welfare agency must:</p> <ul style="list-style-type: none"> • Contact all the collateral sources identified by the family prior to making a case decision; • Contact any collaterals identified on the SDM Screening and Response Tool. These contacts must be made prior to making the case decision. An interview with all persons named at the time of the report as having information relevant to the CPS Assessment must occur; and • Contact other persons or agencies known to be currently involved with the family or known to have knowledge of the situation. <p>If any of the above required contacts did not occur, there must be documentation regarding why the contacts did not occur.</p>	<p>who helps them supervise their child(ren) and who would be called to help in the event of an emergency.</p> <p>Additional questions can be found in the Using Circles of Safety and Support to Create Safety Networks with Families resource located in the Child Welfare Resource section.</p> <p>The children should also be asked questions about who visits the home and whose home they visit. In interviews with the children, the Assessment caseworker should also be listening for any friends, relatives, supports, etc. that the child(ren) identify.</p> <p>Collateral contacts should be completed early during the assessment as the information gained could be useful in safety planning. Collateral contacts should be people that have significant knowledge of and contact with the family and child(ren), so they are able to answer questions related to the parent's ability to provide a safe home for the children.</p>

Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
<p>CONTACTS IN ASSESSMENTS WITH ALLEGATIONS OF DOMESTIC VIOLENCE/INTERPERSONAL VIOLENCE</p> <p>Contact with collateral:</p> <ul style="list-style-type: none"> Information obtained from the non-offending parent/adult victim or children that may jeopardize the safety must not be shared. Interviews with collaterals (neighbors, teachers, and extended family members) are required and must be conducted with the understanding that their personal safety may affect their willingness to discuss the abuse/violence occurring within the family; Written demands for information as provided for in <u>N.C.G.S. §7B-302(e)</u> must be utilized if needed by the local county child welfare agency to acquire confidential information from DV/IPV programs and other collateral information sources. 	<p>CONTACTS IN ASSESSMENTS WITH ALLEGATIONS OF DOMESTIC VIOLENCE/INTERPERSONAL VIOLENCE</p> <p>Collateral contacts being unaware of power and control dynamics, or the occurrence of violence does not mean that it is not happening (DV usually occurs in private and collaterals will not always be aware).</p>
<p><u>FOLLOW-UP VISITS & CONTACTS WITH THE FAMILY</u></p> <p>When the child(ren) are not interviewed during initiation, the Assessment caseworker must continue to make efforts to interview the child(ren). All diligent efforts must be documented. This interview must be conducted as soon as possible and before the case decision is made.</p> <p>If face-to-face interviews with the parent(s) or primary caretaker(s) with whom the child resides are not conducted the same day the child is seen, the Assessment caseworker must continue to make efforts to interview the parent(s) or primary caretaker(s). All diligent efforts must be documented. These interviews must be conducted as soon as possible and before the case decision is made.</p> <p>If face-to-face interviews with non-primary caretakers known to be living in the child's home are not conducted within 7 calendar days of initiating the CPS Assessment, the Assessment caseworker must continue to make efforts to interview these non-primary caretakers. All diligent efforts must be documented. These interviews must be conducted as soon as possible and before the case decision is made.</p>	

Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
<p>ONGOING CONTACTS</p> <p>The frequency of ongoing face-to-face contact with the child(ren) and parent(s)/caretaker(s) must be based on the safety and risk to the child(ren). Face-to-face contact with the victim child(ren) and parent(s)/caretaker(s) must occur at a minimum of twice a month and at least 7 calendar days apart with additional visits as needed to ensure the child's safety. The interview with the child(ren) must address safety and be separate from the parent/caretaker for at least part of the contact.</p> <p>Documentation must support the frequency of face-to-face contact.</p> <p>The local county child welfare agency must meet with the parents and the child(ren) throughout the CPS Assessment to:</p> <ul style="list-style-type: none"> • Ensure the safety of the child; • Assess ongoing risk; • Monitor the effectiveness of the safety intervention; • Assess progress toward addressing the safety threat or risk; • Monitor child well-being and family well-being; and • Ascertain family strengths. <p>Every contact with a family member must:</p> <ul style="list-style-type: none"> • Include visual observations of each person, their behavior, and the environment, especially related to safety or risk; and • Describe specific interactions with and between each family member. <p>In cases where a safety plan has been developed to ensure the safety of the child, the Assessment caseworker must maintain regular contact with the Safety Network members involved in the safety planning at least twice a month.</p> <p>The Assessment caseworker must communicate promptly to the parent(s)/caretaker(s) verbally or in writing:</p>	<p>Ongoing contact with the family and significant others that is focused on safety is critical in monitoring the child's safety and in knowing which services are most relevant.</p> <p>If information has not already been obtained and documented in the case file, the agency should continue to inquire, at least once a month, about:</p> <ul style="list-style-type: none"> • Any non-resident parent; and • Extended family members and extended social networks.

Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> Whenever a decision is made to extend the time to complete a CPS Assessment beyond 45 calendar days; and The reason for the extension. <p><u>American Indian Child / ICWA</u></p> <p>The local county child welfare agency must inquire if the child(ren) is a member of an American Indian tribe or indigenous group, or is eligible for membership. All assessments Substantiated or found to be Child Protective Services Needed and transferred for In-Home Services must document there was an inquiry about a parent/caretaker's American Indian ancestry. If any American Indian ancestry is indicated, the ICWA checklist (<u>DSS-5291</u>) must be completed.</p> <p><u>Mexican Heritage</u></p> <p>The local county child welfare agency must inquire if the child(ren) has Mexican heritage. All assessments Substantiated or found to be Child Protective Services Needed and transferred for In-Home Services must document there was an inquiry about a child's Mexican heritage.</p> <p>The local county child welfare agency must notify the Mexican Consulate in writing of the following information:</p> <ul style="list-style-type: none"> When the County identifies a Mexican minor in its custody, or When a parent or custodian of a Mexican minor has requested that the Consulate be notified. <p>This written notification is to be made within 10 working days of the decision to take protective custody of the Mexican minor. If the local county child welfare agency learns later that the juvenile has Mexican parentage, notification must be sent without delay to the appropriate parties.</p>	<p>The Assessment caseworker is able to access the checklist for completion within PATH NC.</p> <p>The Consular Request Form to notify the Mexican Consulate can be found in PATH NC.</p>

Contacts During the Assessment

Protocol – What you must do	Guidance – How you should do it
<p>The local county child welfare agency must notify the Consulate and provide additional information:</p> <ul style="list-style-type: none"> • When a parent or custodian of a Mexican American minor has requested that the Consulate be notified, or • When the Division or a County learns that a non-custodial parent(s) resides in Mexico. <p>For more information on notification to the Mexican Consulate, please see the <i>Special Legal Considerations (MEPA, ICWA, Mexican Heritage)</i> section of the Cross Function Manual.</p>	

Two-Level Decision Making/Role of the Supervisor

Protocol – What you must do	Guidance – How you should do it
<p><u>CASE STAFFING/SUPERVISION</u></p> <p>The supervisor and Assessment caseworker must staff each assessment case:</p> <ul style="list-style-type: none"> ● Frequently enough to ensure the safety of all victim children, but at a minimum of once every other week; and ● Whenever there is a change in circumstances that impacts safety and/or risk to the child(ren). <p>Staffing must cover but not be limited to:</p> <ul style="list-style-type: none"> ● Current safety of the children and Safety Plan, if in place; ● Risk of ongoing and future maltreatment; ● Family home environment, including observed interactions; ● Family's strengths and needs; ● Child, parent, and family well-being; ● Progress/lack of progress towards addressing any safety threat or risk; and ● Review of the ongoing family and collateral contacts; and ● Safety Networks <p>Two-level decisions/reviews must occur on every CPS Assessment at the following times:</p> <ul style="list-style-type: none"> ● When the Risk Assessment and Strengths and Needs Assessment are completed; ● Prior to initiating or terminating the use of a Temporary Safety Provider; ● At completion of the Safety Assessment and prior to implementation of a Safety Plan; ● Before modification of a Safety Plan; ● Regarding diligent efforts to locate a child/family and when these efforts can end; ● At case decision; ● Prior to filing a petition; and ● Whenever there is a change in circumstance that impacts the safety and/or risk to the child(ren). <p>At minimum, two-level decisions/reviews must occur within the context of staffing between the Assessment caseworker and supervisor.</p>	<p><u>CASE STAFFING/SUPERVISION</u></p> <p>Case staffing can occur in various forms. The focus of case staffing is to ensure that the Assessment caseworker follows North Carolina child welfare policy, addresses family needs, and monitors safety, risk, and family progress. Supervision provides coaching and support to the Assessment caseworker. This may be accomplished through an office meeting but could also occur when a supervisor attends a home visit or other family meeting with an Assessment caseworker.</p> <p>To ensure that every case includes all required documentation and two-level decision making, each local county child welfare agency should document supervisory review within the PATH NC case file to ensure compliance with policy and protocol.</p>

Two-Level Decision Making/Role of the Supervisor

Protocol – What you must do	Guidance – How you should do it
<p>A second level review must be completed within PATH NC on all aspects of the case to include:</p> <ul style="list-style-type: none"> • Disposition of the maltreatment allegations/case decision • Contributory Factors • Structured Decision-Making Tools (Safety Assessment, Safety Plan, Risk Assessment, Family/Child Strengths and Needs) • RIL Information • Documentation (including summary of case closure activities) • Continuing Needs and Safety Requirements <p>The case supervisor must review every CPS Assessment case file for compliance with policy and protocol.</p>	

Healthcare Consultation

Protocol- What you must do	Guidance-How you should do it
<p>When the local child welfare agency receives a report from anyone other than a healthcare provider regarding injuries to a child who is under three years of age and/or non-verbal and upon assessment find an injury, the Assessment caseworker must engage the parent in receiving a consultation from a healthcare provider on whether a child needs to be seen or any treatment is required prior to completing the NC Safety Assessment with the family. An Assessment caseworker must also obtain consultation for a child who is under three years of age and/or non-verbal where an injury is found regardless of the reason the report was accepted.</p> <p>Injuries that must receive consultation from a healthcare provider include, but are not limited to:</p> <ul style="list-style-type: none"> • Burns, bruising, lacerations, welts, bites or swelling that are located on the head, face, eyes, throat, chest, belly/abdomen, genitalia, or other sensitive and vulnerable areas of the of the body • Substantial burns, bruising, welts, or swelling and/or lacerations on legs, arms, back or buttock that are large in size or quantity • Fractured/broken bones • Reported punching, kicking or choking (blocking of a child's airway) • Report of direct harm to an infant less than 6 months old with or without a visible injury (such as shaking, choking, suffocating or striking) • A sentinel injury on a pre-cruising child • Reported ingestion of non-food items including substances, illegal drug paraphernalia, and dangerous amounts of food or water • Reported use of restraints not intended for a child (ropes, duct tape, swaddling too tightly) • Reported extensive physical activity • Reported withholding or restricting food or water from a child • Victims of Human Trafficking <p>Consultation for the child must be sought from a healthcare provider. This includes a variety of professional sources and can include but is not limited to a medical provider or nurse who is qualified to assess the injury, emergency</p>	<p>The role of the Assessment caseworker is to assess and respond to safety issues. Assessment caseworkers are only expected to have limited knowledge regarding medical treatment and diagnosis. The responsibility for assessing a child's medical and treatment needs lies with healthcare professionals who have expertise in providing medical care. Assessment caseworkers should always seek consultation from those who are equipped to assess and treat when possible, regardless of whether the concerns stem from reported abuse or neglect. Child welfare can better ensure safety for children when all critical information has been gathered.</p> <p>The purpose of seeking a consultation is so a medical provider can assist with understanding the need for an in-person assessment and if so, the timing and location of that assessment. The consultation from the healthcare provider at initiation is not focused on abuse or neglect, but to ensure understanding of any treatment needs for a reported and/or observed injury. This additional information will allow the Assessment caseworker to engage the parent/caretaker in developing a Safety Plan that addresses all aspects of safety.</p> <p>In cases where there is no visible injury, but the child is complaining of pain, a healthcare consultation should be strongly considered. In circumstances where there are identified injuries that are not the result of maltreatment, but medical treatment is needed and has not been sought, it may be necessary to consider marking medical neglect on the Safety Assessment.</p> <p>Completing a Child Medical Evaluation (CME) may not be the same thing as addressing immediate medical safety for a child. A CME is used for the purpose of determining whether child maltreatment has occurred and may not be needed in response to an injury that is not related to maltreatment. However, additional medical treatment may be needed when it is not a direct result of abuse or neglect.</p>

Healthcare Consultation

<p>medical technician, primary care provider, after hours triage line, and/or CME provider. Consultation may be obtained virtually, by phone or in-person.</p> <p>The Assessment caseworker must receive the recommendations for treatment from the medical provider prior to the completion of the Safety Assessment.</p> <p>Please note: This is not required when the screened in report comes from a healthcare provider or agency.</p>	<p>If the family wants to seek medical guidance from a family member or family friend who is a medical professional; the county should assess the individual to determine if they are willing able to provide consultation and/or treatment under their professional qualifications, and provide the necessary information to the Assessment caseworker that assists with assessment of safety. If not, the county should seek additional medical guidance from another source.</p> <p>This consultation is not required when the report comes from a healthcare professional who has assessed the injury and provided treatment recommendations prior to the report. Each local county child welfare agency should develop an internal protocol to address medical issues when it comes from someone other than a healthcare professional to assist Assessment caseworkers with understanding the best response and resources in their area. Counties may decide to enlist community resources individually or within their region to ensure the caseworkers have access to consultation when needed.</p> <p>Please see Child Medical Evaluation Program/Clinical Assessment of Protective Parenting section for additional information on a sentinel injury.</p> <p>Please reference Child Welfare Resources for Screening and Assessing Unsafe Discipline Versus Physical Abuse for additional assistance.</p>
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Child Medical Evaluation Program (CMEP)/ Clinical Assessment of Protective Parenting (CAPP)

Protocol – What you must do	Guidance – How you should do it
<p>The Child Medical Evaluation Program Medical has four main components:</p> <ol style="list-style-type: none"> 1. Administrative office staffed by social workers and medical providers who are a resource for accessing available consultations during CPS Assessments. 2. Oversight of Child Medical Evaluation consultations completed by rostered providers. 3. Oversight of Regional Abuse Medical Specialists (RAMS) who are a resource for accessing available consultations. 4. Oversight of Clinical Assessment of Protective Parenting (CAPP) completed by rostered providers. <p>The Child Medical Evaluation Program (CMEP) can be utilized, when appropriate, as a component of a thorough CPS Assessment for alleged victims of neglect, abuse or dependency for children age birth to 18 years old. Local county child welfare agencies can consult with the CMEP and request a CME for any case open in CPS Assessments (regardless of track), that in their determination would assist them with the case decision.</p> <p>Requesting a CME or CAPP does not negate the county child welfare agency's responsibility to follow interviewing protocols required by CPS Assessment policy. See <u>Initiation and Follow-Up Visits & Contacts with the Family</u>.</p> <p>A trauma-informed, developmentally appropriate medical interview is a standard component of CMEs for children older than three years of age.</p>	<p>Refer to “Enhanced Practice for Working with Special Populations” in Cross Function Topics in the NC Child Welfare manual for additional guidance about accessing a Child Medical Evaluation (CME) or Clinical Assessment of Protective Parenting (CAPP) for children and families who are at a greater risk of maltreatment.</p> <p>CMEP is funded by NC DSS to maintain a roster of medical providers that are qualified to perform medical evaluations of child maltreatment. The CMEP administrative office (919-843-9365) is available to provide consultation to county child welfare agencies on a case-by-case basis.</p> <p>A CME is provided free of cost to the family and county child welfare agency, provided there is appropriate documentation, and there is a signed Consent/Authorization for Child Medical Evaluation (DSS-5143) is completed. A CAPP is provided free of cost to the family and county child welfare agency, provided there is appropriate documentation, and there is a signed Consent/Authorization for Clinical Assessment for Protective Parenting (DSS-5401) is completed. Both a CME and CAPP require the county to have an open assessment (210) at the time of the service provision for the child(ren) and their family listed on the consent form. A protocol for obtaining the consent is provided at the end of this section.</p> <p>The CMEP Administrative office has staff that can help to:</p> <ul style="list-style-type: none"> • Answer questions regarding medical issues or a need for CME. • Provide a 2nd opinion radiology review for the purposes of better informing a CMEP medical provider's findings. • Review medical records due to conflicting medical opinions. • Provide an opinion on a potential medical child abuse case. <p>A Child Medical Evaluation (CME) is:</p> <ul style="list-style-type: none"> • An outpatient medical evaluation of suspected child maltreatment.

Child Medical Evaluation Program (CMEP)/ Clinical Assessment of Protective Parenting (CAPP)

Protocol – What you must do	Guidance – How you should do it
<p>CHILD MEDICAL EVALUATION PROGRAM</p> <p>Below is a list of circumstances where the local child welfare agency must refer children for a Child Medical Evaluation. Policy indicates when overrides are allowed.</p> <p><u>Children 0 - 3 years old</u></p> <p>The local child welfare agency must refer children with the following four circumstances for a CME.</p> <ol style="list-style-type: none"> Children under the age 1 or are pre-cruising with a Sentinel Injury <p>These children must receive a CME including but not limited to when:</p> <ul style="list-style-type: none"> The child has been hospitalized or already seen by a non-CMEP rostered medical provider for the injuries. The reporter is a medical provider. <p>Note: For these children, there is no override of this requirement.</p> <ol style="list-style-type: none"> Children that are: 3 years-old and under; that are non-verbal; or that appear developmentally delayed; who, upon assessment or as reported by a medical provider, have or have concerns for: <ul style="list-style-type: none"> Abusive head trauma (previously referred to as “Shaken Baby Syndrome”) Bruises: <ul style="list-style-type: none"> patterned bruises bruising in atypical areas such as ears, torso, backs of arms/legs, genitalia, buttocks and/or neck multiple bruises from a single injury petechial bruising (ruptured blood vessels, looks like tiny pinpoint of bleeding) any bruising in a child who is pre-cruising 	<ul style="list-style-type: none"> Performed at the request of CPS during an open CPS Assessment. Provided by a qualified provider rostered with the North Carolina Child Medical Evaluation Program (CMEP) (https://www.med.unc.edu/cmep/). <p>CME is further defined and described by Medicaid and Health Choice Clinical Coverage Policy No: 1A-5: Child Medical Evaluation and Medical Team Conference for Child Maltreatment.</p> <p>Depending on how the local county child welfare agency’s community coordinates its response to alleged child maltreatment, the medical interview may be conducted by a rostered CMEP provider or a professional interviewer that works in conjunction with that medical provider. Regardless of who conducts the interview, details from it help the medical provider understand the level of concern for maltreatment and the treatment plan to ensure the child’s well-being needs are met. The purpose of the medical interview is to assist with reaching the appropriate medical diagnosis and treatment plan for the child – not to validate or dispute the allegations.</p> <p>To prepare for the CME the Assessment caseworker should:</p> <ul style="list-style-type: none"> Complete the referral information required by a CMEP rostered provider (this includes the DSS-5143, Consent/Authorization for Child Medical Evaluation). Prepare the family by explaining the reason for the referral, purpose of the CME and describing what the child and family can expect from the appointment. Gather any records needed by the provider for the evaluation. Attend and /or participate virtually in the appointment for the CME and provides the following (if applicable) to inform the medical evaluation: <ul style="list-style-type: none"> a timeline of events (to include history of supervision) leading up to the alleged maltreatment external medical records

Child Medical Evaluation Program (CMEP)/ Clinical Assessment of Protective Parenting (CAPP)

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> ○ Injuries to the head, including bruises ○ Intentional, poorly explained or unexplained burns ○ Fractures that are inflicted, poorly explained and/or unexplained ○ Maltreatment because their sibling of any age has suffered a “near fatality” as a result of alleged abuse or neglect ○ Been hospitalized for concerns of maltreatment ○ Malnutrition or Failure to Thrive ○ Factitious Disorder Imposed Upon Another (medical child abuse) ○ Chronic medical problems with repeated concerns for medical neglect ○ sexual abuse; this includes (but is not limited to): fondling, penetration of any kind, exposure to pornography, grooming behavior, and human trafficking. <p>Note: Written documentation from a rostered CMEP provider stating that a CME is not necessary can override this requirement for section 2. Documentation must indicate that the child has already obtained a complete medical evaluation for the concerns and/or no additional medical evaluation is needed.</p> <p>3. Children that are: 3 years-old and under; that are non-verbal; or that appear developmentally delayed; who live with a child that has, during the current CPS assessment:</p> <ul style="list-style-type: none"> ○ obtained a serious injury (including sentinel injuries) ○ died as a result of suspected abuse or neglect ○ been placed outside of the home due to physical or sexual abuse ○ tested positive for a sexually transmitted infection (STI) 	<ul style="list-style-type: none"> ○ digital images of injuries ○ description of the scene and potential mechanisms of injury <p>If the family history includes a previous CME completed by another local county child welfare agency and it is not a part of the history in the case file to provide to the CME provider, the current Assessment caseworker has to request that information from the previous local county child welfare agency. It is the responsibility of the previous local county child welfare agency to maintain the record or acquire the CME report and provide it to the current Assessment caseworker to provide as part of the medical records.</p> <p>Definition of Sentinel Injury: Visible, poorly explained small injuries such as a bruise on any part of the body or intraoral (mouth) injury in pre-cruising child often from abuse and can precede more serious abuse</p> <p>“Cruising” means the child can pull to a stand and take a few steps holding onto something. Children typically learn to do this between 8 and 11 months of age.</p> <p>A child with a small bruise from abuse may have severe internal injuries, so additional medical screening is necessary. Medical screening is performed to detect additional injuries and to rule out conditions that can cause easy bruising such as a bleeding disorder.</p> <p>Examples of Sentinel Injuries:</p> <ul style="list-style-type: none"> • bruises, regardless of size or color of bruise, anywhere on the body • injuries inside and outside of the mouth (e.g., bruising to tongue, cuts in mouth) • broken blood vessels or red spots in the eyes (e.g., subconjunctival hemorrhages)

Child Medical Evaluation Program (CMEP)/ Clinical Assessment of Protective Parenting (CAPP)

Protocol – What you must do	Guidance – How you should do it
<p>Note: Written documentation from a rostered CMEP provider stating that a CME is not necessary can override this requirement for section 3. Documentation must indicate that the child has already obtained a complete medical evaluation for the concerns and/or no additional medical evaluation is needed.</p> <p>4. Any child that has suffered a “near fatality” as a result of alleged abuse or neglect.</p> <p>Note: For these children, there is no override of this requirement.</p> <p><u>Children 4 years old and Older</u></p> <p>If a CME is not obtained for cases involving the following, child welfare documentation must support, why that decision was made.</p> <p>Children who are 4 years old and older who during the assessment or as reported by a medical provider, where the following allegations are noted:</p> <ul style="list-style-type: none"> • abusive head trauma (previously referred to as “Shaken Baby Syndrome”) • bruises: <ul style="list-style-type: none"> • patterned bruises • bruising in atypical areas such as ears, torso, backs of arms/legs, genitalia, buttocks and/or neck • multiple bruises from a single injury • petechial bruising (ruptured blood vessels, looks like tiny pinpoint of bleeding) • Injuries to the head including bruises • intentional, poorly explained or unexplained burns • fractures that are inflicted, poorly explained and/or unexplained • been hospitalized for concerns of maltreatment • malnutrition or Failure to Thrive 	<p>Bite marks and atypical bruises can be signs of child maltreatment, especially if the injuries are unexplained, poorly explained or have an explanation that does not appear plausible.</p> <p>This includes injuries requiring medical attention that:</p> <ul style="list-style-type: none"> • Appear non-accidental • Are not witnessed • Care was delayed • Are unexplained, poorly explained or have an explanation that does not appear plausible; for example: <ul style="list-style-type: none"> ○ The history of the injury is inconsistent with the child’s developmental skills or inconsistent with the severity of the injury. ○ The injury is blamed on the actions of the child, a sibling/other child or a pet. ○ Parent/caretaker’s account of the injury continues to change, none of which is consistent with the injury. <p>Definition of Factitious Disorder Imposed Upon Another (formerly known as Munchausen Syndrome by Proxy) is the DSM-5 psychiatric disorder associated with caretakers who commit medical child abuse.</p> <p>The Child Abuse and Treatment Act (CAPTA) defines a “near fatality” as an “act that, as certified by a physician, places the child in serious or critical condition.”</p> <p>A CME may continue to be needed after the acute needs are evaluated and addressed by a medical provider.</p> <p>A disability which necessitates increased physical contact, limits the child's ability to defend them self, limits a child's social contact outside the living situation, or increases the child's dependency on the caretaker</p>

Child Medical Evaluation Program (CMEP)/ Clinical Assessment of Protective Parenting (CAPP)

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • Medical child abuse (formerly known as Munchausen Syndrome by Proxy) or when a caretaker falsifies or induces a child's illness leading to unnecessary and potentially harmful investigations or treatment • chronic medical problems with repeated allegations for neglect - improper medical care. • sexual abuse; this includes (but is not limited to): fondling, penetration of any kind, exposure to pornography, grooming behavior, and human trafficking. <p>There are other instances in which a CME must be considered as part of the CPS Assessment. This list is not intended to be all-inclusive. A CME can also be used to:</p> <ul style="list-style-type: none"> • Determine the plausibility of the parent/caretaker's explanation for an injury • Evaluating and interpreting developmental delays in children • Assisting with the interpretation of behavioral concerns and recommending appropriate referrals • Evaluating untreated or inadequately treated medical conditions which have had a negative impact on the child's overall health or physical development • Diagnosing and interpreting sexually transmitted diseases in prepubertal and post-pubertal children <p><u>Regional Abuse Medical Specialists (RAMS)</u></p> <p>Counties must contact RAMS for a consultation for any case screened in for assessment that meets any of the following criteria, regardless of whether the screening decision is abuse or neglect:</p> <ul style="list-style-type: none"> • A child is 3 and under AND there are concerns for unexplained/poorly explained injuries 	<p>for survival that increases the child's risk for maltreatment. The child welfare agency should consider a CME for children with a physical or developmental disability. See "Enhanced Practice for Working with Special Populations" in Cross Function.</p> <p>If uncertain, the Assessment caseworker should consult with the CMEP administrative office and/or a local provider rostered with CMEP to determine if a CME is needed. . The CMEP can be visited at: https://www.med.unc.edu/pediatrics/cmep/</p> <p>Training Resource: to learn more about medical conditions and child maltreatment visit https://www.ncswlearn.org/default.aspx</p> <p><u>Regional Abuse Medical Specialists (RAMS)</u></p> <p>For additional information, the RAMS policy can be found in the Child Welfare Manual at https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals/rams-manual_june-2023.pdf</p>

Child Medical Evaluation Program (CMEP)/ Clinical Assessment of Protective Parenting (CAPP)

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • A child is 3 and under AND there is concern for a sexually transmitted infection • A child is 3 and under AND another child who lives in the home has died as a result of suspected abuse or neglect • Any case with a concern for medical child abuse (Munchausen by Proxy) • Any case accepted for medical neglect with a medically complex child who: <ul style="list-style-type: none"> ○ Requires subspecialty care by 2 or more specialists OR ○ Receives a second report for medical neglect within 6 months regardless of the case outcome OR ○ Requires devices to sustain their function such as a tracheostomy or g-tube <p><u>Clinical Assessment of Protective Parenting</u></p> <p>The Clinical Assessment of Protective Parenting (CAPP) is an empirically supported program that assesses the current risk and potential of future harm that a caretaker may pose to a child and assists in identifying services that will enhance a parent’s capacity to provide for their child’s needs.</p> <p>The interviewee for a CAPP is the parent or caretaker to a child(ren) who are subject to an open CPS Assessment and circumstances meet any of the criteria below:</p> <ul style="list-style-type: none"> • There have been two or more reports of maltreatment by the interviewee with similar allegations and no evidence of progress. • The agency needs assistance with identifying parent/caretaker needs and/or the appropriate services to protect children from entry into foster care. • “Primary Needs” identified on the DSS-5229 indicates that the parent would benefit from further clinical assessment. 	<p>The supervisor has the ability to select within PATH NC, if applicable, when approving an intake and a notification will be sent via email to the RAMS team.</p> <p><u>Clinical Assessment of Protective Parenting</u></p> <p>In alignment with a trauma-informed child welfare system and the Family First Prevention Services Act the Clinical Assessment of Protective Parenting (CAPP) will allow the local child welfare agency to obtain the needed information to support families, safety plan, and minimize the number of providers interviewing children suspected of being maltreated.</p> <p>Additional resources for the CAPP can be found at: https://www.med.unc.edu/pediatrics/cmep/services/new-capp-information/</p>

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Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> At least one of the children is part of a population identified as at greatest risk of maltreatment AND the Family Risk Level on the DSS-5230 is HIGH. Populations identified at the greatest risk of maltreatment are: <ul style="list-style-type: none"> A child under age 3 A teenager with mental health and/or behavioral issues A child born to young parents with little to no parenting education A child born to parents with a significant history of abuse/neglect A child living in significant poverty LGBTQ youth <p>When a local child welfare agency determines that a case needs a CAPP, the Assessment caseworker should:</p> <ol style="list-style-type: none"> Identify and contact a CAPP provider using the CMEP portal: https://cmepweb.dhhs.nc.gov/Account/LogOn?ReturnUrl=%2F Contact a CAPP provider to ensure they can conduct the evaluation Complete the CAPP Authorization Request and Consent/Authorization Form for a Clinical Assessment of Protective Parenting (DSS-5401). CMEP will review the request provide authorization if the case meets appropriate criteria. The Assessment caseworker and CAPP provider will coordinate scheduling. 	<p>The Assessment caseworker can expect to receive the completed CMEP CAPP Report from the CAPP provider within 2 weeks of the date of service.</p>
<p>Consent for a CME/CAPP</p> <p>The child welfare agency must obtain consent from the parent/legal guardian for a CME/CAPP. If the child is in the custody of the county child welfare agency, the county child welfare agency must obtain</p>	<p>Consent</p> <p>The Assessment caseworker should explain to the family what the consent for the CME (<u>DSS 5143</u>) or (<u>DSS-5401</u>) authorizes.</p>

Child Medical Evaluation Program (CMEP)/ Clinical Assessment of Protective Parenting (CAPP)

Protocol – What you must do	Guidance – How you should do it
<p>authorization for consent from the parent for a CME/CAPP, if not authorized by the court, per <u>§ 7B-505.1</u>. This is documented by completion of the <u>Consent/Authorization for Child Medical Evaluation (DSS-5143)</u> or the <u>Consent/Authorization for Clinical Assessment of Protective Parenting (DSS-5401)</u>.</p>	<p>Consent for the CME/CAPP is only needed from one parent; even if the other parent objects.</p> <p>Both consents are available within PATH NC as documents with e-sign.</p>

Interference With A CPS Assessment

Protocol – What you must do	Guidance – How you should do it
<p>There will be instances when a local county child welfare agency must file an obstruction/interference petition to proceed with the CPS Assessment. The petition must contain:</p> <ul style="list-style-type: none"> • The child’s name and date of birth; • A concise statement to explain what the allegations in the report and why it was accepted; and • The behaviors that being used to obstruct the Assessment caseworker from completing the Assessment. <p>Although the scope of a hearing on an interference petition does not extend to whether a child is in fact abused, neglected, and/or dependent, the allegations of the report must meet the statutory criteria for abuse, neglect, and/or dependency.</p> <p>Obstruction of or interference with the CPS Assessment includes:</p> <ul style="list-style-type: none"> • Refusing to disclose the whereabouts of the juvenile; • Refusing to allow the agency to have access to the juvenile; • Refusing to allow the agency to observe or interview the juvenile in private; • Refusing to allow the agency access to confidential information and records upon request; • Refusing to allow the agency to arrange for an evaluation of the juvenile by a physician or other expert, when warranted; or • Other conduct that makes it impossible for the agency to carry out the duties necessary to complete a thorough assessment of the safety and risk to the children. 	<p>When a person or entity interferes with the CPS assessment process, it is the caseworker’s obligation to adequately explain the need to thoroughly complete the assessment to ascertain the safety and well-being of the child. Often, using the tools from “Crucial Conversations” to have a rational, non-threatening but frank discussion with the family or organization impeding the CPS assessment can result in cooperation. This discussion can center on a detailed explanation of the child welfare process, emphasizing service provision to the family and explaining that not every child that comes to the attention of a county child welfare agency is removed from their families. This discussion is not a bargaining session, as the law is very clear that an order related to obstructing or interfering with a CPS Assessment is enforceable by either civil or criminal contempt. Rather, the discussion is meant to model the partnership process by listening to and acknowledging fears, understanding feelings, and explaining the need to proceed with the assessment within the provisions of the law.</p> <p>The provision of Child Protective Services, including visiting and interviewing the child in their home with the parent’s permission, does not infringe upon Fourth Amendment rights. Securing parental consent to interview the child is vital; efforts to secure voluntary consent must never be coercive. The Assessment caseworker should explain their role and express a desire to interview the child to assess safety, risk, and the strengths and needs of the family. It is important to remember that the Assessment caseworker’s ability to interview children at school or at childcare centers has not been compromised – schools and childcare centers are not private residences.</p>

Interference With A CPS Assessment

Protocol – What you must do	Guidance – How you should do it
<p><u>Filing the Petition: Obstruction of or Interference with Juvenile Investigation</u></p> <p>A local county child welfare agency can file a petition at any point during the CPS Assessment process if any person obstructs or interferes with the CPS Assessment. The county must name the person as a respondent and request from the court an order directing that person to cease such obstruction or interference using forms:</p> <ul style="list-style-type: none"> • Obstruction of or Interference with Juvenile Investigation (form AOC-J-120); and • Juvenile Summons and Notice of Hearing for Obstruction of or Interference with Juvenile Investigation (form AOC-J-121). <p>The person obstructing the CPS Assessment is not limited only to a parent or family member. An order must be filed (form AOC-J-122) and a hearing will be scheduled within five days after the service of the petition. If the court finds that obstruction or interference occurred, an order will be issued.</p> <p>In circumstances where the local county child welfare agency has reason to believe the child(ren) require a more urgent response to ensure safety, an ex-parte must be sought. If the court finds that there was obstruction or interference, the court will issue an Ex Parte Order to Cease Obstruction of or Interference with Juvenile Investigation. The Assessment caseworker must proceed with the Assessment of safety. A hearing will be held within 10 days to determine whether to continue the order.</p> <p>The reporter’s identity remains confidential. However, the judge may order disclosure of the reporter during the hearing.</p>	<p>See “File a Petition, Obstruction of or Interference with Juvenile Investigation” in Cross Function Topics the NC Child Welfare manual.</p> <p>The debate regarding parental rights versus the provision of Child Protective Services is an issue that has existed for some time. The Fourth Amendment to the U.S. Constitution reads as follows, “The right of the people to be secure in their persons, houses, papers, and effects, against unreasonable searches and seizures, shall not be violated, and no warrants shall issue, but upon probable cause, supported by oath or affirmation, and particularly describing the place to be searched, and the persons or things to be seized.”</p> <p>Despite best efforts to engage in family-centered practice, there will be instances where a local county child welfare agency must file an obstruction or interference petition to proceed with the CPS Assessment. If the family or person interfering with or obstructing the assessment is still unwilling to cooperate, they should be informed (again, in a rational and non-threatening manner) of the law and the potential outcomes of the filing of a petition in court.</p> <p>The Assessment caseworker can create legal records within PATH NC and there is a link to the Administrative Office of the Courts (AOC) forms website.</p>

Notifications

Protocol – What you must do	Guidance – How you should do it
<p><u>USING THE ASSESSMENT TOOLS</u></p> <p>Prior to or at the time of the case decision, the CPS Assessment tool must be documented in PATH NC and the following must be completed:</p> <ul style="list-style-type: none"> • The North Carolina SDM Risk Assessment (DSS-5230); • In cases being transferred to In Home or Foster Care services, the North Carolina SDM Strength and Needs Assessment (DSS-5229) as well as the Child Strength and Needs (if applicable) (DSS-5239); • In cases being transferred to In Home or Foster Care services, the Trauma Screening Tool (DSS-6195A: 0-5years or DSS-6195B: 6-21 years) <p>The North Carolina SDM Safety Assessment (DSS-5231) must be reviewed, at minimum, at the time of case decision and must be updated if changes have not been included.</p> <p>The North Carolina SDM Risk Assessment (DSS-5230) must be completed on the home of the alleged perpetrator. In cases where both parents are alleged perpetrators and they live in separate homes, the Risk Assessment must be completed for each home.</p> <p>The North Carolina SDM Risk Assessment (DSS-5230) must be completed based on all information obtained during the assessment (including information associated with a new report), including:</p> <ul style="list-style-type: none"> • Face-to-face interviews with and observation of parents, caretakers, others living in the child(ren)'s home, and children; and • Pertinent collateral contacts and Safety Network members. • Documented records (i.e. criminal, medical records, etc.) <p>The North Carolina SDM Family Strengths and Needs Assessment (DSS-5229) must be completed for all cases going to In Home or Foster Care Services. The North Carolina SDM Child Strengths and Needs Assessment (DSS-5229) must be</p>	<p>Assessment caseworkers must still use their professional judgment and their social work skills when completing assessments and making decisions about the case. These tools do not take the place of complete documentation in the case record.</p> <p>Determining whether a child is abused, neglected, and/or dependent requires careful assessment of all the information obtained during the CPS Assessment process. In making a case decision, it is important to assess not only whether maltreatment has occurred, but also current safety issues, future risk of harm including future system involvement, and the need for protection.</p> <p>USE OF THE NC STRUCTURED DECISION MAKING RISK ASSESSMENT</p> <p>The SDM Risk Assessment is used to answer the question of how likely the family is to have future involvement with the child welfare system and whether the family will likely benefit from ongoing services. When a family comes to the attention of the local county child welfare agency with multiple reports within two years, the agency should consider whether there is pattern or other factors that need additional services prior to a case decision.</p> <p>The Family Strengths and Needs Assessment should be used to outline what services are necessary to keep children out of foster care.</p> <p>The North Carolina Trauma Screening Tools have been developed to assist caseworkers in identifying childhood trauma that can impact safety and wellbeing for children. The tool should be used in determining whether additional mental health services are needed.</p>

Notifications

Protocol – What you must do	Guidance – How you should do it
<p>completed for every child identified on the Family Strengths and Needs under the Child Characteristics item. The Child Strengths and Needs Assessment must be completed on all children going to Foster Care regardless of whether they are identified in the Child Characteristics section on the Family Strengths and Needs.</p> <p>Both the Family Strengths and Needs and Child Strengths and Needs (when applicable must be completed based on all information obtained during the assessment, to include all information obtained during subsequent reports:</p> <p>The <u>Trauma Screening Tool</u> (DSS-6195A & 6195B) must be used to screen all children who will be receiving In Home or Foster Care services. There are two versions of the screening tool, and the caseworker conducting the screening must use the screening tool that aligns with the child’s age, 0-5 or 6-21.</p> <p><u>MAKING THE CASE DECISION</u></p> <p>Prior to or at the time of the case decision, the CPS Assessment case decision must be documented in the Case Decision section of PATH NC, and it must:</p> <ul style="list-style-type: none"> • Be a shared decision, including at a minimum, the Assessment caseworker and the county child welfare supervisor or supervisor’s designee, or staffing team; • Be correct based on the legal definitions (explain the context of the abuse, neglect, and/or dependency and how it relates to the child maltreatment); • Document specific caretaker behavior that resulted in harm to the child(ren) or identify that no harm exists; • Identify the effects of neglect, abuse and/or dependency on the child(ren); • Identify the steps taken by the agency and/or parent to protect the child(ren); 	<p>The Assessment caseworker needs to document the case decision in behaviorally specific language that explains any safety concerns that exist as well as the family, Safety Network, and agency’s response. When safety threats are present at the time of the case decision and the case decision is to send the family for In Home services, Assessment caseworkers must consider whether the child is at serious and/or imminent risk of foster care. A child is considered at serious and/or imminent risk of foster care when absent effective, preventive services, foster care is the planned arrangement for the child.</p> <p>In North Carolina, referrals to CPS In-Home Services are based on a family’s need to “to improve the quality of child care, to be more adequate parents, guardians, or caretakers, and to preserve and stabilize family life” as found in N.C.G.S. § 7B-300. Every child will not meet the serious and/or imminent risk criteria outlined by the Administration of Children and Families. The Assessment caseworker should include in their documentation whether:</p> <ul style="list-style-type: none"> • The CPS-Assessment case decision was “substantiated” or “services needed” • The most recent Safety Assessment has a determination of “safe with a plan,” and the agency is still actively monitoring the safety interventions in that plan; AND • The agency would pursue custody if safety threats cannot be controlled by interventions. <p>In cases where the perpetrator remains unknown, but the caretakers are the only people responsible for the care of the child, a case decision of Unsubstantiated or Protective Services</p>

Notifications

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> Document when there is a need for continued involuntary services to address the identified safety issues and future risk of harm to the child(ren); Identify the family strengths and needs; and Be made within 45 calendar days or documentation that reflects the need for an extension beyond the required timeframes. <p>The following questions must be answered in determining the case decision:</p> <ol style="list-style-type: none"> Has the maltreatment occurred with frequency and/or is the maltreatment severe? Are there current safety issues? Would the child be unsafe in the home where the abuse, neglect, or dependency occurred? (Note: If the child(ren) is separated from their parent or access is restricted and that separation/restriction continues to be necessary due to safety issues, then this question must be answered “yes.”) Is the child at risk of future harm? Is the child in need of protection? <p>To make a case decision to Substantiate or find Child Protective Services Needed, the answer to one or more of the above questions must be “yes.” See Family Assessment for additional protocol and guidance regarding case decisions. See Investigative Assessment for additional protocol and guidance regarding the Responsible Individual List.</p> <p>Only in unusual circumstances should a supervisor and staffing team change the indicated structured case decision. In those cases, the supervisor must complete the “Rationale for Case Decision/Disposition” to justify the change.</p> <p>When the assessment involves a member of a state or federally recognized American Indian tribe, the DSS-5335 and DSS-5336 must be completed. See</p>	<p>Not Needed would not be appropriate. Indicator 1 on the Safety Assessment Tool (DSS-5231) can help guide decision making in cases where there is an unknown perpetrator, and a child(ren) may still be at risk of future harm and in need of protection. Further guidance can be found under the Decision Making in Cases with Unexplained/Poorly Explained Injuries with Unknown Perpetrators section.</p> <p>Refer to Investigative Assessments or Family Assessments for more guidance regarding case decisions.</p>

Notifications

Protocol – What you must do	Guidance – How you should do it
<p>Cross Function Topics, Special Legal Considerations and the Indian Child Welfare Act (ICWA), in the <u>NC Child Welfare manual</u>.</p> <p>DECISION MAKING IN DOMESTIC VIOLENCE/INTERPERSONAL VIOLENCE ASSESSMENTS</p> <p>When completing the four questions that are a part of the case decision, the answers to the following questions must be included:</p> <ul style="list-style-type: none"> • Have the children intervened in the DV? (whether the child was injured or not, their direct involvement presents extreme risk) • Is there an established pattern of DV that is chronic or severe? • Have the children exhibited extreme emotional or behavioral problems, or been diagnosed with mental health conditions such as PTSD, depression, anxiety, or fear? • Has there been a coexistence of DV and substance abuse that impedes the non-offending parent/adult victim's ability to assess the level of danger in the home? (substance abuse may exacerbate the violence, increasing risk to the children and non-offending parent/adult victim); • Has the non-offending parent/adult victim been threatened or injured in the presence of the children? • Has the non-offending parent/adult victim been hospitalized for injuries resulting from DV? • Is the child aligned with the perpetrator? • Has the non-offending parent/adult victim been isolated from family/friends? • Is the non-offending parent/adult victim been restricted in accessing financial and community resources? <p>In cases where DV is listed as a maltreatment in the accepted Intake report, the Assessment caseworker will be prompted to complete these questions in PATH NC.</p>	<p>DECISION MAKING IN DOMESTIC VIOLENCE/INTERPERSONAL VIOLENCE ASSESSMENTS</p> <p>For CPS assessments with allegations of DV/IPV, every effort should be made to hold the perpetrator of DV accountable for the violence and to only hold the non-offending parent/adult victim accountable for the actions they did or did not take to protect the children.</p> <p>When DV/IPV is the only factor in a family situation, it is not acceptable to substantiate abuse or neglect on the non-offending parent/adult victim solely for the actions of the perpetrator of DV/IPV who caused the situation. If, however, the non-offending parent/adult victim has abused and/or neglected the child, such a case decision is appropriate. Only when a non-offending parent/adult victim is given the necessary offers of help and the support system to protect themselves and children, then acts contrary to that help and support, can he or she be substantiated on for failing to protect the children. Documentation should reflect the non-offending parent/adult victim's response to offers of help and actions/lack of actions to protect the child(ren).</p> <p>When making the decision of whether to hold the non-offending parent/adult victim responsible for the abuse, neglect, or dependency of their child(ren), the following factors should be considered:</p> <ul style="list-style-type: none"> • The non-offending parent/adult victim's history of: <ul style="list-style-type: none"> ○ Using DV shelters or programs;

Notifications

Protocol – What you must do	Guidance – How you should do it
<p>In circumstances where DV is not listed in the accepted Intake report and the Assessment caseworker finds DV during the course of the assessment, the caseworker must add it as a maltreatment in PATH NC at case decision. The Assessment caseworker will be prompted to answer the case decision questions associated with DV.</p> <p>DECISION MAKING IN CASES WITH UNEXPLAINED/POORLY EXPLAINED INJURIES AND AN UNKNOWN PERPETRATOR</p> <p>For cases involving infants and non-verbal children who are not yet mobile, the Assessment caseworker must answer the following questions along with the four case decision questions:</p> <ul style="list-style-type: none"> • Have any circumstances of the family changed that provide safety for the child(ren) in the absence of child welfare services? • What are the conclusions and/or recommendations of any medical evaluations, such as a CME? • If law enforcement is involved, what is the status of their case? Will there be charges? • Has the child(ren) sustained any additional injuries of any kind during the assessment? • What steps have parents/caretakers taken during the assessment to address the concerns? <p>The Assessment caseworker will be prompted to answer the additional questions above when the case decision is being made on a case where it is indicated that there is an infant and/or non-verbal child who is not yet mobile, and the perpetrator is identified as unknown.</p>	<ul style="list-style-type: none"> ○ Calling law enforcement; ○ Utilizing court services for DV protection orders; ○ Making/attempting to make arrangements to protect the child, such as taking them to a relative's or friend's house; ○ Cooperation with child welfare services, present and in the past, and possible motives for lack of engagement, including but not limited to a lack of trust in the child welfare system's ability to keep them or the child(ren) safe; and ○ Past efforts to protect the child(ren). ● Risk level and current safety factors for the child.

Notifications

Protocol – What you must do	Guidance – How you should do it
<p>DECISION MAKING IN CASES WITH NO CHILD IN THE HOME</p> <p>When there is an open assessment regardless of the track and the child dies or has an 18th birthday and is no longer a minor AND there are no other children in the home a case decision must still be made.</p> <p>If the child death is a result of abuse or neglect the assessment must still be completed. Family Assessment cases must be changed to the Investigative track at the time of the fatality. The local county child welfare must make a case decision and place an individual on the RIL, if appropriate.</p> <p>In situations where the minor has reached their 18th birthday the assessment must be completed, if possible, and a case decision must be made.</p> <p>The CPS Assessment case decision must be reported in writing to:</p> <ul style="list-style-type: none"> • The caretakers or parents alleged to have abused, neglected, and/or rendered the child dependent; • The primary caretakers or parents with whom the child resided at the time the agency initiated the CPS Assessment; • Other parents as appropriate; • Any agency in which the court has vested legal custody; • The licensing authority (as appropriate); • The <u>RIL</u> (if appropriate), • The Central Registry (which is accomplished through completion of the Assessment in PATH NC); and • All reporters, including those who reported the same allegations and incidents after the initial report was accepted. <p>Within <u>five</u> working days of the completion of the CPS Assessment, the reporter must be given written notice of the local county child welfare agency's findings, actions being taken, and the process for requesting a review by the District</p>	<p>DECISION MAKING IN CASES WITH NO CHILD IN THE HOME</p> <p>Completion of the assessment and a case decision allows the child welfare agency to maintain information on abuse or neglect to ensure the safety of children. It is important to continue to assess open cases of abuse and neglect of children particularly in situations where a fatality is likely the result of abuse and/or neglect.</p> <p>Any information that the local county child welfare agency collected during the course of the assessment regarding the demographic information of the family that was not provided by the reporter cannot be shared in the case decision letter to the reporter.</p>

Notifications

Protocol – What you must do	Guidance – How you should do it
<p>Attorney of the local county child welfare agency's decision not to file a juvenile petition. If the reporter waives the right to notice or is anonymous, this does not apply.</p> <p>REVIEW BY PROSECUTOR AT REQUEST OF REPORTER</p> <p>Upon receipt of the local county child welfare agency's decision not to petition the court, the person who made the report has five working days to notify the prosecutor to request a review of this decision. If a review is requested by the person who made the report, the local county child welfare agency must send a copy of the report and a summary of the assessment to the prosecutor within three working days.</p>	

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How you should do it
<p><u>CPS ASSESSMENTS INVOLVING MORE THAN ONE COUNTY</u></p> <p>Refer to “Jurisdiction” in Cross Function Topics in the NC Child Welfare manual for information on CPS Assessments involving more than one county. An open CPS Assessment must not be transferred to another county.</p> <p>Refer to “Conflict of Interest” in Cross Function Topics in the NC Child Welfare manual for information on providing Child Welfare Services when there is a conflict of interest or a perceived conflict of interest.</p> <p><u>CPS ASSESSMENTS OF OUT-OF-HOME PLACEMENTS</u></p> <p>Refer to “Jurisdiction” in Cross Function Topics in the NC Child Welfare manual for information on CPS Assessments involving reports of abuse and/or neglect in out-of-home placements.</p>	

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<p><u>MEDICAL NEGLECT OF INFANTS WITH LIFE-THREATENING CONDITIONS</u></p> <p>Evaluating reports of suspected medical neglect of disabled infants with life-threatening conditions, also known as "Baby Doe cases", requires special procedures by County Social Service Agencies (hereafter, DSS). These procedures are an outgrowth of Federal rulings and U.S. Supreme Court cases in the 1980s. These rulings require that county DSS respond to reports of medical neglect of such infants, that the responsibility to report situations of possible medical neglect is clearly communicated to hospital staff, and that procedures for rapid response to such reports are in place and regularly updated.</p> <p>Legal Basis</p> <p>A "neglected child" is defined in N.C.G.S §7B-101 and includes a disabled infant with a life-threatening condition as a result of appropriate nutrition, hydration or medication being withheld; or a disabled infant under one year of age with a life-threatening condition that with medically indicated treatment, which in the treating physician's reasonable medical judgement, would most likely be effective in improving or correcting such life-threatening conditions, is being withheld. Exceptions include instances when in the treating physician's reasonable medical judgement:</p> <ul style="list-style-type: none"> • The infant is chronically ill and irreversibly comatose • The provision of medical treatment would merely prolong dying, would not improve or correct all of the life-threatening conditions, or would otherwise be futile in terms of the survival of the infant • The provision of medical treatment would be virtually futile in terms of the survival of the infant and under the circumstances the treatment would be inhumane. 	<p>The Baby Doe law requires States receiving federal money for child abuse programs develop procedures to report medical neglect, which the law defines as the withholding of treatment unless a baby is irreversibly comatose or the treatment for the newborn's survival is "virtually futile." The medical assessment to determine a child's quality of life is not a valid reason for withholding medical care. If parents refuse treatment for their infants with congenital defects, Infant Care Review Committees are required to advise the hospital to notify the local county child welfare agency. In June 1985, the Baby Doe law was amended in the Child Abuse Prevention and Treatment Act of 1974 to include the withholding of fluids, food, and medically indicated treatment from disabled newborns.</p> <p>PATH NC will automatically select an Investigative Assessment when this maltreatment allegation is selected in the Screening and Response Tool.</p>

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<p>These definitions neither limit nor add to the duty of the director of the DSS to receive and assess all reports of medical neglect (N.C.G.S. § 7B-300, N.C.G.S. § 7B-301, and N.C.G.S. § 7B-302).</p> <p>SPECIAL PROCEDURES</p> <p><u>Case Assignment</u></p> <p>The medical neglect of disabled infants with life threatening condition, pursuant to Public Law 98-457 (“Baby Doe”) is considered a special type of neglect report and shall be assigned as an Investigative Assessment Track.</p> <p><u>Contact with Local Hospitals and Health Care Facilities</u></p> <p>To be prepared before an emergency exists, advanced planning must take place between the county DSS and the hospitals or health care facilities. Procedures for coordination and cooperation should be developed and implemented through a collaborative effort involving both systems. The procedures should maximize timely responses on the part of the county DSS and minimize disruption of activities in the hospital or health care facility.</p> <p>Each county director of social services must, at a minimum contact each hospital or health care facility located in the county that provides treatment services to infants to:</p> <ul style="list-style-type: none"> • Provide the hospital or health care facility with information about the mandatory reporting law that applies to all persons • Provide the hospital or health care facility with procedures for making a report of suspected or known medical neglect to the local county DSS including the name and telephone number of contact persons for receiving reports during and after working hours • Obtain the name and telephone number of the person in the hospital or health care facility who will act as liaison with the local county DSS • Maintain a current list of hospital and health care facility liaison persons and update the information at least annually. 	

Special Categories of Cases Requiring a CPS Assessment

Conducting a Thorough Investigative Assessment

Because of the complex nature of the medical conditions that an infant might have, medical consultation will be needed in conducting the Investigative Assessment. The hospital or health care facility staff in which the infant is receiving care will, in most cases, be the primary resource for that consultation. In some situations, there will be a need to review medical records and/or obtain an independent examination. Ordinarily, a request would be made of the child's parents to sign a release allowing review of relevant information and/or to allow an independent exam. In the event the parent refuses and/or the hospital or health care facility will not allow access the county director of social services would initiate court action following existing provisions under the Juvenile Code ([N.C.G.S. §7B-303](#), [N.C.G.S. §7B-403](#), and [N.C.G.S. §7B-404](#)) for filing a petition.

Collaboration Among Counties

In some instances, a child will be hospitalized in a medical facility in one county and the county of residence is another. A report of suspected medical neglect may be received by either county. In the interest of acting immediately when a child's life may be threatened, the **local county child welfare agency** where the medical facility is located must assume lead responsibility for the Investigative Assessment. Close coordination and cooperation between the two counties are essential. Once the crisis situation is resolved the two counties may decide when it is appropriate to transfer the case to the county of residence for planning and arranging whatever ongoing services may be needed for the child and his family. For more information on jurisdictional issues during the provision of child protective services please refer to Cross Function Topics in the [NC Child Welfare manual](#).

SUBSTANCE AFFECTED INFANT

"Substance Affected Infant" Defined by North Carolina Department of Health and Human Services (DHHS)

CAPTA requires states to have policies and procedures requiring health care providers to notify the child protective services system if they are involved in the delivery of an infant born and identified as being affected by substance abuse or

[Child Abuse Prevention and Treatment Act \(CAPTA\) and Comprehensive Addiction and Recovery Act of 2016 \(CARA\)](#)
As amended in 2010, CAPTA set forth requirements for states to address the needs of substance affected infants. In 2016, the President signed CARA into law which further amended CAPTA

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<p>withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder.</p> <p>NC DHHS, along with its health care and substance use disorder treatment partners, have developed definitions for such infants under the guidance provided by the federal Administration for Children and Families (ACF) and the Substance Abuse and Mental Health Services Administration (SAMHSA).</p> <p>In North Carolina, health care providers involved in the delivery and care of such infants must provide notification to the local county child welfare agency upon identification of the infant as “substance affected.” A “substance affected infant” is an infant that meets one of the following NC DHHS definitions:</p> <ul style="list-style-type: none"> • An infant has a positive urine, meconium or cord segment drug screen with confirmatory testing in the context of other clinical concerns as identified by current evaluation and management standard. • The infant’s mother has had a medical evaluation, including history and physical, or behavioral health assessment indicative of an active substance use disorder, during the pregnancy or at time of birth. • An infant that manifests clinically relevant drug or alcohol withdrawal. • An infant affected by FASD with a diagnosis of 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) • An infant has known prenatal alcohol exposure when there are clinical concerns for the infant per current evaluation and management standards. <p>As specified in CAPTA, the notification is to ensure that services are provided to the infant and caretaker, but it does not establish a definition under Federal law of what constitutes child abuse or neglect. Furthermore, the requirement for notification should not be construed to mean that prenatal substance use is intrinsically considered child maltreatment. Therefore, while the notification is</p>	<p>requirements. These two laws require States to have policies and procedures in place to:</p> <ul style="list-style-type: none"> • Require health care providers involved in the delivery and care of infants born with and identified as being affected by substance abuse (not just abuse of illegal substances as was the requirement prior to this change), withdrawal symptoms resulting from prenatal substance exposure or a Fetal Alcohol Spectrum Disorder (FASD), to notify child protective services (CPS) of the occurrence. • Ensure the safety and well-being of such infants following their release from the care of health care providers by developing a Plan of Safe Care that addresses the health and substance use disorder treatment needs of both the infant and affected family or caretaker. • Report in the National Child Abuse and Neglect Data System (NCANDS): <ul style="list-style-type: none"> • The number of infants identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder; • The number of such infants for whom a plan of safe care was developed; and • The number of such infants for whom a referral was made for appropriate services, including services for the affected family or caretaker. • Develop and implement monitoring systems regarding the implementation of Plans of Safe Care to determine whether and in what manner local entities are providing referrals to and delivery of

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<p>required, not every report about a substance affected infant will result in a CPS assessment. Each notification must be assessed for child maltreatment at Intake and screened in only if it meets the threshold for abuse, neglect and/or dependency. Please refer to the Intake manual for additional information on screening.</p> <p><u>Plan of Safe Care and Referral to Care Management for At Risk Children (CMARC) or its Equivalent</u></p> <p>CAPTA requires a plan for every infant “born with and identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure or FASD” that ensures their safety following the release from the care of healthcare providers.</p> <p>A Plan of Safe Care (POSC) is required for all substance affected infants regardless of whether the circumstances constitute child maltreatment.</p> <p>Therefore, the local county child welfare agency must develop a Plan of Safe Care for each infant that is accepted for assessment as a “substance affected infant” report. To develop the Plan of Safe Care, the Assessment caseworker must refer to and follow the <u>Child Welfare Resources for Substance Affected Infants and Plan of Safe Care</u> and complete the POSC form (DSS-6191).</p> <p>The components of the POSC must reflect and address:</p> <ul style="list-style-type: none"> • Discharge date • Household members and affected family or caretakers of the infant • Other identified participants • Family strengths and goals • Infant safety plan • Parent safety plan • Services • Parental agreement 	<p>appropriate services for the infant and affected family.</p> <p><u>Intake and Screening of the Report</u></p> <p>Reports of child maltreatment of substance affected infants are accepted for a CPS Assessment when the information gathered is consistent with any of the following:</p> <ul style="list-style-type: none"> • Infant's positive toxicology screen for drugs or alcohol, other than prescribed AND <ul style="list-style-type: none"> • a medical impact to the child (i.e. hospitalization as a direct result of withdrawal or medical condition that requires ongoing medical care that is directly attributed to the drugs or alcohol in the child's system); OR • demonstrating behavioral impact on the parent's ability to care for the infant; OR • there are other maltreatment concerns, including the parent's ability to care for the infant OR a pattern of substantiations or findings. • A mother's positive toxicology screen at delivery for drugs or alcohol, other than as prescribed AND there is the demonstration of a behavioral impact on mother's ability to care for the infant; • A mother's positive toxicology screen at delivery for drugs or alcohol, other than as prescribed AND a pattern of substantiations, findings, or services for substance use; • An infant has one of the following diagnoses: fetal alcohol syndrome (FAS), partial FAS, neurobehavioral disorder associated with prenatal alcohol exposure,

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<p>The services include screening for referral to the North Carolina Infant Toddler Program (NC ITP) for early intervention services through the local Children’s Developmental Services Agency (CDSA). CMARC can work with all families on a voluntary basis to implement the POSC, particularly those that are screened out.</p> <p><u>Annual Data Report Requirements and Monitoring Systems</u></p> <p>The amended provisions of CAPTA also require that states report additional information through NCANDS and that states develop monitoring systems to ensure that appropriate referrals and services are being provided through the implementation of Plans of Safe Care.</p> <p>To report the annual data requirements and to inform a monitoring system, the local county child welfare agencies must collect the following data:</p> <ul style="list-style-type: none"> • The number of substance affected infant notifications received from a healthcare provider; • The number of infants and families for whom the agency developed a Plan of Safe Care; • The number of infants the agency referred to the CMARC for appropriate services; • The number of those infants who were accepted for CPS assessment; and • The number of those infants who were not accepted for CPS assessment. <p>The North Carolina Division of Social Services will collect this data monthly.</p> <p>SUBSTANCE AFFECTED INFANTS AND THE CHILD WELFARE INTERVENTION</p> <p><u>Medication Assisted Treatment (MAT)</u></p> <p>The local county child welfare agency must not discourage the use of MAT by a parent or caretaker through its assessment and case planning activities unless otherwise recommended by an Addictions Specialist professional.</p>	<p>alcohol-related birth defects, or alcohol-related neurodevelopmental disorder.</p> <p>If a report alleges that an infant had a positive drug toxicology screen or is experiencing withdrawal symptoms AND it is known that the drug is a medication prescribed to the mother that is being used appropriately (as prescribed by the provider), then the report should not be accepted on this basis alone. This includes medication-assisted treatment of opioid use disorders.</p> <p><u>Medication Assisted Treatment (MAT)</u></p> <p>The use of MAT to treat opioid use disorders is considered the recommended best practice and must be treated as such. MAT is defined in <u>NCGS § 7B-904</u> as the use of pharmacological</p>

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<p>When a baby is born substance affected and caretakers are engaging in MAT services, they should be considered compliant with substance use disorder treatment. Caseworkers must still assess safety, risk of harm, and a caretaker's capacity to keep the infant and any other children safe in the home.</p> <p><u>Filing of a Juvenile Petition</u></p> <p>A CPS Assessment involving a substance affected infant does not automatically warrant filing a juvenile petition with a request for nonsecure custody to ensure safety. The local county child welfare must first assess safety and risk to the infant and prior to any removal decision. Removal must only take place when safety in the home cannot be safeguarded. The local county child welfare agency must continue to make reasonable efforts to protect the infant in his or her own home and prevent placement as required by law and policy.</p> <p><u>Using the Plan of Safe Care During the Child Welfare Intervention</u></p> <p>While the safety plan and Plan of Safe Care (POSC) are not intended to be duplicative interventions, they will likely address many of the same processes and issues. When child welfare is involved a POSC must be developed with the family using the POSC form (DSS-6191). Please see <u>Child Welfare Resources for Substance Affected Infants and Plan of Safe Care</u> for details on the requirements for that plan.</p> <p>CMARC or its local counterpart will be responsible for the implementation of the POSC with the family on a voluntary basis when child welfare is not involved. CMARC must be contacted as a collateral during the assessment. The Assessment caseworker must continue to follow the requirements of an assessment (Investigative or Family) and safety planning.</p> <p>All components of the POSC may not have been met at the time of case decision; however, the Assessment caseworker should have assisted the family in addressing the safety concerns and a plan to address any other identified needs. Should the</p>	<p>medications administered, dispensed, and prescribed in a Substance Abuse and Mental Health Services accredited and certified opioid treatment program or by a certified practitioner licensed in this State to practice medicine, in combination with counseling and behavioral therapies, to provide a whole patient approach to the treatment of substance use disorders. Abrupt discontinuation of opioid use during pregnancy can result in premature labor, fetal distress and miscarriage. Additionally, pregnant women who stop using opioids and subsequently relapse are at a greater risk of overdose and death. There is also an increased risk of harm to the fetus. Because Neonatal Abstinence Syndrome (NAS) – the common term used to represent the symptoms associated with opioid withdrawal in newborns – is treatable, MAT is typically recommended by treatment providers over abstinence or withdrawal.</p> <p>The major difference, however, is that the POSC should go beyond immediate safety factors to address the affected caretaker's need for substance use and/or mental health treatment and the health and developmental needs of the affected infant. Additionally, while the Safety Assessment addresses activities and tasks related to immediate safety, the POSC should identify the services and supports the caretaker needs to strengthen his or her capacity to nurture and care for the infant. The information gathered to complete the POSC will allow the caseworker to begin the case planning process with the family to ensure the infant's safety when a caretaker may be struggling with a substance use disorder.</p>

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<p>case require CPS In Home Services or Child Placement Services, the family case plans must include the POSC as part of the case planning process.</p> <p>ADDITIONAL REQUIREMENTS FOR CASES INVOLVING SUBSTANCE AFFECTED INFANTS</p> <p><u>Safe Sleeping Arrangements</u></p> <p>Most infants in North Carolina who die due to sleep related causes do so when sleeping with another person. Due to the increased risk associated with sleep related infant death for substance affected infants, the Assessment caseworker must create a safe sleep plan with the family that ensures that the infant is returned to a separate sleep space at every sleep cycle. This must be documented in the case record.</p> <p>For information regarding Safe Sleep policy, please refer to the Cross Function Manual.</p> <p><u>Referral to Early Intervention Services</u></p> <p>In North Carolina, children who are identified as substance affected infants must be screened for referral to the North Carolina Infant Toddler Program (ITP) through the local Children’s Developmental Services Agency (CDSA) for early intervention services. The Assessment caseworker must refer all children to the CDSA prior to case closure, if the family is not already engaged.</p> <p><u>SAFE SURRENDER</u></p> <p>A report of a safely surrendered infant must be assessed to determine if it meets the legal criteria of a safe surrender. If the infant is determined to be safely surrendered there are some differences to the remainder of the CPS Assessment outlined below.</p> <p><u>Initiation on Safe Surrender Cases</u></p>	<p>Part C of the Individuals with Disabilities Education Act (IDEA) requires that a child under the age of 3 who is identified as “being affected by illegal substance use, or withdrawal symptoms resulting from prenatal drug exposure” be referred for early intervention services.</p> <p><u>SAFE SURRENDER</u></p> <p>In determining whether an infant meets the criteria for a safe surrender the infant must be surrendered by a parent who does not have an intent to return, be less than 30 days old, and show no signs of abuse or neglect. The infant must be safely surrendered to one of the specified persons listed below:</p> <ul style="list-style-type: none"> • a health care provider who is on duty at a hospital or nonprofit community health center

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<p>The assigned county child welfare services agency must:</p> <ul style="list-style-type: none"> Immediately arrange an appointment with a healthcare provider who can assess the infant to: <ul style="list-style-type: none"> Evaluate the infant for any medical concerns as well as an estimate birth date and complete the DSS-5156; Determine whether the infant is over 30 days old; and/or Determine whether the infant shows any signs of abuse or neglect. Initiate contact with law enforcement and request a search of the North Carolina Center for Missing Persons and other national and state resources to determine whether the infant is a missing child. The local county child welfare agency must ensure the Notice of Publication occurs within 14 days of the legal Safe Surrender. After the initiation of the publication process, the local county child welfare should file an ex-parte order to document custody. Make contact with the non-surrendering parent, when known, and assess their plan for the child. <p>The infant must be placed with the non-surrendering parent after confirmation that they are the non-surrendering parent and there is no concern for abuse and/or neglect due to any circumstances that have been created by or would be created if the infant were in the care of the non-surrendering parent.</p> <p>In situations where the identity of the surrendering parent(s) are known by any individual involved, the identity must be kept confidential except as allowed in <u>NCGS § 7B-524</u>. The surrendering parent does not have to provide information as to their identity. An individual who safely surrenders an infant is free from criminal and civil liability.</p> <p>In cases that do not meet all the criteria for a safe surrender, the Assessment caseworker must:</p>	<ul style="list-style-type: none"> a first responder who is on duty: a law enforcement officer, a certified emergency medical services worker, or fire fighter. a social services worker on duty at the local DSS <p>The non-surrendering parent can be confirmed through:</p> <ul style="list-style-type: none"> marriage OR genetic marker testing that indicates a probability of parentage at 97% or higher <p>All information regarding the <u>identity of the surrendering parent</u> has to be kept confidential except when necessary for:</p> <ul style="list-style-type: none"> notification of local law enforcement pursuant to G.S. 7B-525(b)(3) contacting the non-surrendering parent, and/or a court order <p>All information received by the local county child welfare agency related to the <u>circumstances of the infant's safe surrender and the infant's condition</u> has to be kept confidential as necessary and relevant to:</p> <ul style="list-style-type: none"> a health care provider that provided medical treatment to the safely surrendered infant before, at the time of, or after the safe surrender, a placement provider, including a foster care placement or pre-adoptive placement, for the infant,

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<ul style="list-style-type: none"> • Document the maltreatment type and respond accordingly. • Consult with their supervisor to begin a petition based on Abandonment and any other maltreatment concerns for the infant. <p>The Assessment caseworker must assess the case per policy for Abandonment and any other maltreatment concerns that exist. The confidentiality of the surrendering parent no longer applies, and the CPS Assessment must align with any other report accepted for abuse, neglect, and/or dependency.</p> <p>There must be documentation in the file indicating that the identity of the parent(s) is unknown as this was a safe surrender.</p> <p><u>Case Decision for Safe Surrender Cases</u></p> <p>For legal safe surrender cases all required activities, <u>except</u> contact with the surrendering parent and Structured Decision-Making tools, must be completed prior to making a case decision. Absent additional allegations, the case decision must reflect a finding of dependency with an unknown perpetrator.</p> <p>For cases where it was not a legal safe surrender, the Assessment caseworker must follow Case Decision policy on pg. 50 of this manual.</p> <p>When a surrendering parent returns for the infant and a report is accepted for “Parent Requests to Dismiss Safe Surrender” please review the <u>Cross Function Manual</u> for instructions for an assessment in these cases.</p> <p><u>THERE MUST BE DOCUMENTATION IN THE FILE INDICATING THAT THE IDENTITY OF THE PARENT(S) IS UNKNOWN AS THIS WAS A SAFE SURRENDER.</u></p>	<ul style="list-style-type: none"> • a court exercising jurisdiction over an adoption proceeding for the infant, and/or • any agency that a court in an adoption proceeding requires to conduct a preplacement assessment, report to the court, or equivalent. • Guardian ad litem appointed in a TPR proceeding • A district or superior court judge <p>N.C.G.S. § 7B-505.1. outlines consent for medical care for a juvenile placed in nonsecure custody of a local county child welfare agency and includes safely surrendered infants. If a child needs something beyond routine medical care, and an ex-parte order has not been sought, the county Director should write a specific letter to medical providers, if requested, indicating the county child welfare agency has custody of the child through operation of law pursuant to 7B-525 and can consent to the procedure.</p>

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<p><u>HUMAN TRAFFICKING</u></p> <p>The requirements of a CPS Assessment are not altered when it involves allegations of human trafficking. Assessment caseworkers must assess the safety and risk of human trafficking victims within the context of North Carolina child welfare policy and practice.</p> <p>However, there are additional requirements for all child welfare cases involving confirmed or suspected human trafficking of a child. See “Human Trafficking” in Cross Function Topics in the NC Child Welfare manual for additional protocol and guidance.</p> <p>The North Carolina Safety Assessment (DSS-5231) and all other SDM assessment tools are only completed with parents, guardians, custodians, or caretakers. These tools must not be completed with perpetrators who are not a parent, guardian, custodian, or caretaker. In cases where the alleged perpetrator is not a caretaker, the Assessment caseworker must assess the parent, guardian, custodian, or caretaker’s ability and/or willingness to keep the child safe.</p> <p>Assessment caseworkers must collaborate with human trafficking victim organizations and advocates to address the unique safety issues for children who are victims of human trafficking. See list of Service Providers and Other Referrals in Human Trafficking.</p> <p>When making a case decision on an assessment of suspected human trafficking, the Assessment caseworker must determine what role the parent played, if any. There must be a substantiation of both abuse and neglect for a child who is found to be a human trafficking victim. A case decision may include findings for both the parent, guardian, or legal custodian as well as any non-caretaker who engaged in Human Trafficking of the child. If the child is found to be a victim of sexual servitude under G.S. 14-43.13, sexual abuse must be one of the maltreatment types</p>	<p>When conducting a CPS Assessment involving allegations of human trafficking, Assessment caseworkers should assess the circumstances with consideration to the known risk factors and indicators of human trafficking:</p> <p>Risk factors:</p> <ul style="list-style-type: none"> • History of running away or getting kicked out of home; • History of homelessness or housing instability; • History of sexual abuse; • History of physical abuse; • History of sexual offense; • History of delinquent or reckless behavior (involvement with law enforcement or juvenile justice); • History of neglect or basic needs not having been met; • History of alcohol or substance use disorder; • Current or past involvement in the child welfare system; • History of depression/mood disorder; • Exposure to DV; • Family instability; • Excessive absences from school; • Identifies as lesbian, gay, bisexual, or transgender (LGBT); • Has disabilities, especially intellectual disability; • Immigration status; • Poverty; • Unemployment; and • Lack of transportation. <p>Indicators:</p> <ul style="list-style-type: none"> • Visible signs of abuse such as unexplained bruises, cuts, marks; • Fear of person accompanying them;

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<p>found. No perpetrator name is entered on the DSS-5104 in cases where the perpetrator is not the parent, guardian, custodian, or caretaker. See the “Central Registry” section of Cross Function Topics in the NC Child Welfare manual.</p>	<ul style="list-style-type: none"> • Wearing new clothes of any style or getting hair or nails done with no financial means to do this independently; • Exhibit hyper-vigilance or paranoid behavior; • A young person with a tattoo which he or she is reluctant to explain; • Frequent or multiple sexually transmitted diseases, STIs, or pregnancies; • Truancy or tardiness from school; • Unaccounted for times, vagueness concerning whereabouts, and/or defensiveness in response to questions or concerns. <p>The following risk factors, indicators and vulnerabilities should be considered for foreign nationals:</p> <ul style="list-style-type: none"> • History of trauma, including civil unrest or prolonged community violence; • Social isolation; • Lack of legal status (documentation). <p>These lists may not be inclusive of all risk factors, indicators and vulnerabilities.</p> <p>The child’s home of origin should also be assessed, and the Assessment caseworker should consider and/or ask questions about:</p> <ul style="list-style-type: none"> • The child or youth’s decision to leave home, if applicable; • Whether the parent/caretaker allowed alleged perpetrator to have access; • If there was active or passive participation in the trafficking by the parent/caretaker; • The ability of the parent/caretaker to care for the child; • The ability of the parent/caretaker to prevent the child or youth from running away; and

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<p><u>RESPONDING TO MISSING CHILDREN</u></p> <p>REPORTING REQUIREMENTS</p> <p>North Carolina law requires a report to be made to law enforcement when a child is believed to be missing, abducted, or runaway. <u>NCGS § 14-318.5 (c)</u> states, “any person who reasonably suspects the disappearance of a child and who reasonably suspects that the child may be in danger shall report those suspicions to law enforcement within a reasonable time...”</p> <p>REQUIREMENTS FOR ASSESSMENT CASEWORKERS</p> <p>When a child that the local county child welfare agency is actively involved with is missing, abducted, or runaway, the Assessment caseworker must:</p> <ul style="list-style-type: none"> Engage the parent/legal caretaker in making a report to law enforcement as soon as it is known that the child/youth is 	<ul style="list-style-type: none"> The legal connection of any individual claiming to be a parent, relative, caretaker, or legal custodian to the child. In many cases traffickers will present themselves as a parent, relative, or legal custodian. <p>Additionally, the Assessment caseworker should consider the possible connection collateral contacts have with the trafficking perpetrator.</p> <p>Immediate safety issues may include but are not limited to:</p> <ul style="list-style-type: none"> Access of the trafficker to the child; Child or youth’s lack of safe housing or a safe place to stay; Safety issues in the home of the parent, guardian, custodian, or caretaker; and Risk of child or youth running away. <p><u>RESPONDING TO MISSING CHILDREN</u></p> <p>The Assessment caseworker should work to obtain as much information about the child as they can about the circumstances around the child’s disappearance. <u>Children who are missing, abducted, or have runaway should be considered at a higher risk for Human Trafficking.</u> For older youth who have been reported as runaways, it will be critical that the Assessment caseworker assess the reasons the child fled as a part of the safety concerns that are evaluated in the home.</p> <p>(Additional resources in the Human Trafficking section of the Child Welfare Cross Function Manual).</p> <p><u>Abduction of Children</u> – Per <u>N.C.G.S. § 14-41</u> “any person who, without legal justification or defense, abducts or induces any minor child who is at least four years younger than the person, to leave any person, agency, or institution lawfully entitled to the child’s custody, placement, or care...”</p>

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
<p>missing, abducted, or runaway; OR</p> <ul style="list-style-type: none"> • Make a report to the local law enforcement, if the parent/legal caretaker refuses. <p>NOTE: A copy of the law enforcement report or the report number must be obtained for the case file.</p> <p>If a parent/legal caretaker refuses to report their child/youth missing, the Assessment caseworker <u>must</u> engage, assess and document the safety and risk factors related to the missing, abducted, or runaway child/youth and continue to address those concerns throughout the life of the case in addition to any other maltreatment, safety or risk concerns.</p> <ul style="list-style-type: none"> • Document contacts and the continuing efforts to collaborate with law enforcement, parent/legal caretaker, family members, collaterals, and other appropriate persons to locate the child/youth. • The Assessment caseworker must continue to assist in locating the missing child/youth and make every effort to return the child to an authorized placement throughout the life of the case. <p>If a missing child/youth has not been located at the time of case decision the case must be staffed for a third level of review with a program manager/administrator or higher, and the Regional Child Welfare Specialist must be notified. This must be documented in the case record. At case decision, law enforcement must be notified of the decision of the local child welfare agency.</p>	<p><u>Kidnapping</u> – Per <u>N.C.G.S. § 14-39</u> “any person who shall unlawfully confine, restrain, or remove from one place to another, any other person 16 years of age or over without the consent of such person, or any other person under the age of 16 years without the consent of a parent or legal custodian of such person...”</p> <p><u>Missing Child</u> – Per <u>N.C.G.S. § 143B-1011</u>, “a juvenile as defined in <u>N.C.G.S. § 7B-101</u> whose location has not been determined, who has been reported as missing to a law enforcement agency, and whose parent’s, spouse’s, guardian’s, or legal custodian’s temporary or permanent residence is in North Carolina or is believed to be in North Carolina.”</p> <p>When a parent is refusing to report the missing, abducted, or runaway child or youth to law enforcement, the Assessment caseworker should consider whether this constitutes the neglect of the child. <u>NCGS § 14-318.5 (b)</u> states, “A parent or any other person providing care to or supervision of a child who knowingly or wantonly fails to report the disappearance of a child to law enforcement is in violation... is punishable as a Class I felony.” It is important to inform law enforcement about any circumstances that could severely compromise the safety of a child or youth who is missing to include a parent’s refusal to report their child missing.</p> <p>When the local county child welfare agency has the responsibility for care and placement of a child, there is the requirement to make notification to the National Center for Missing and Exploited Children (NCMEC) in addition to law enforcement. For foster care cases with an open Assessment, the assigned Permanency caseworker is best suited to provide this notification because they will have the most information about the child’s appearance, last known location, and whereabouts. Please see <u>Permanency Planning</u> for requirements to report.</p> <p><u>Contacts with Missing Children and Youth</u></p>

Special Categories of Cases Requiring a CPS Assessment

Protocol – What you must do	Guidance – How to do it
	<p>If an Assessment caseworker is able to make contact with the missing child/youth, helpful information to attempt to gather from the child or youth would be:</p> <ul style="list-style-type: none"> • The child's location at the time of contact; • Any information about where they are staying currently or for any period; • Any information about the individuals they may be with; • Information about the health and safety of the child/youth (if parenting, also inquire about the health and safety of the infant or child); • Whether they are attending school and where; • Whether they are employed and where; and • Any contact they have made with family members, friends, probation and parole agents, etc. <p>If possible, consider referencing the Child Welfare Human Trafficking Screening Tool (DSS-5402) or NC Trauma Screening Tool (DSS-6195A/B) for additional considerations and questions.</p>
<p><u>VULNERABLE JUVENILES</u></p> <p>The requirements of a CPS Assessment are not altered when it involves allegations of a Juvenile Justice (JJ) involved juvenile. Assessment caseworkers must assess the safety and risk of vulnerable and delinquent juveniles within the context of North Carolina child welfare policy and practice.</p> <p><u>N.C.G.S. 7B-101</u> adds “whose parent, guardian, or custodian has refused to follow the recommendations of the Juvenile and Family Team made pursuant to Article 27A” to the neglect definition. This addition is</p>	<p>Caseworkers who are conducting assessments involving any youth involved in the Juvenile Justice system, including vulnerable juveniles, should focus their attention on the parent's behaviors and whether that behavior or refusal to engage in a recommended behavior is putting the child at risk of abuse, neglect, and/or dependency. The participation of child welfare in any Juvenile Justice recommendations should remain focused on the action or inaction of the parent and its risk of harm to the child.</p>

Special Categories of Cases Requiring a CPS Assessment

<p>referencing vulnerable juveniles defined in N.C.G.S. 7B-1501(27b) as “any juvenile who, while less than 10 years of age but at least 6 years of age, commits a crime or infraction under State law or under an ordinance of local government, including violation of the motor vehicle laws, and is not a delinquent juvenile” or “any juvenile who, while less than 10 years of age but at least 6 years of age, commits an act within the boundaries of a military installation that is a crime or infraction under State law and is not a delinquent juvenile.” If the parent, guardian, or custodian is refusing to follow the recommendations of the Juvenile and Family Team, <u>AND this refusal leads to or creates substantial risk of abuse, neglect, and/or dependency</u> of the juvenile, a report should be accepted.</p> <p>The Juvenile and Family Team is an intended program to keep vulnerable juveniles from court interaction. If there are concerns of maltreatment the juvenile court counselor is required to make a report to the local child welfare agency who will screen for abuse, neglect and/or dependency. The juvenile court counselor will offer services to the caretakers of vulnerable juveniles. Child welfare must assess and provide any related services to caretakers that are necessary to ensure the child(ren)’s safety regardless of the families’ decision to cooperate with Juvenile Justice.</p> <p>Vulnerable juveniles and their caretakers are served through case management services provided by Juvenile Justice for six months with an extension for up to three months per N.C.G.S. 7B-1706.1. Vulnerable juveniles are defined as “any juvenile who, while less than 10 years of age but at least 6 years of age, commits a crime or infraction under State law or under an ordinance of local government, including violation of the motor vehicle laws, and is not a delinquent juvenile.”</p> <p>The Juvenile and Family Team is a collaborative group made up of the parent, guardian, or custodian, DSS, LME/MCO, local education authority, and any other community stakeholders involved with the family who meet to develop recommendations for services for vulnerable juveniles</p>	<p>The Assessment caseworker needs to work with the juvenile court counselor to ensure that the safety concerns for the juvenile have been addressed. It is the responsibility of the juvenile court counselor to arrange any Juvenile Justice recommended services.</p> <p>The participation of caseworkers in the Juvenile and Family Team should only occur when there is child welfare involvement with the family.</p>
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Special Categories of Cases Requiring a CPS Assessment

<p>and their families.</p> <p>Article 27A includes a list of services that can be recommended to include:</p> <ul style="list-style-type: none">• Attend all scheduled meetings with the juvenile court counselor• Attend all parental responsibility classes.• Obtain medical, surgical, psychiatric, or psychological evaluation or treatment for the vulnerable juvenile or parent/guardian/custodian• Compliance with recommendations of the juvenile court counselor	
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Assessment Track: Family and Investigative Assessments

MRS Requirements

The strategies of the Multiple Response System (MRS) impacts CPS Assessments through:

- The ability to assign CPS Assessments to one of two tracks:
 - The Family Assessment; or
 - The Investigative Assessment.
- The requirement for collaboration between CPS and:
 - Work First; and
 - Law Enforcement (LE).

The purpose of the two Assessment Tracks is to:

- Protect the safety of children in the most severe cases by not treating all reports in the same way, and missing some clear need for immediate action;
- Engage families in services that could enable them to better parent their children;
- Not overlook vital information about the strengths of the family, the supports they have, and their motivation to change; and
- Better serve many of the families reported to CPS in ways that focus more on helping rather than “punishing” them.

Family-centered practice and the concept of involving parents in decision making throughout service provision is applicable to both Family Investigative Assessments. The **Assessment** caseworker must take the time to engage the family, to recognize the family’s strengths, to pay attention to the words used when interacting with families, and to act as a change agent by giving the family choices that guide the family in planning and transitions.

Collaboration with Law Enforcement on Investigative Assessments supports:

- Achieving joint efforts in interviewing and ensuring the safety of children and families;
- An effective working relationship;
- Holding perpetrators accountable for harming children;
- Reducing the number of interviews children experience, thereby preventing and reducing re-traumatization; and
- Enhancing collection of evidence for criminal prosecution.

Collaboration with Work First on all CPS Assessments will impact families by:

- Reducing the number of times family members need to repeat the same information;

Assessment Track: Family and Investigative Assessments

MRS Requirements
<ul style="list-style-type: none"> • Involving Work First as a preventative effort; • Reducing the number of children needing CPS and Permanency Planning services; and • Preventing recidivism of abuse, neglect, and dependency by providing ongoing services through Work First.
<p><u>FAMILY AND INVESTIGATIVE ASSESSMENTS: DEFINITIONS AND WHEN TO USE EACH APPROACH</u></p> <p><u>Family Assessment</u></p> <p>The Family Assessment track is a response to selected reports of child neglect and dependency using a family-centered approach that is service oriented based on the family's identified needs and building on the family's strengths. The Family Assessment track is based on family support principles and focuses on engagement of needed services and building their Safety Network to address safety. Focus is on a partnership with the family and the goal of this track is to ensure the safety of the child through partnership.</p> <p><u>Investigative Assessment</u></p> <p>The Investigative Assessment track is a response to reports of child abuse and selected reports of child neglect and dependency using a formal information gathering process to determine whether a juvenile is abused, neglected, or dependent.</p>

Protocol – What you must do	Guidance – How to do it
<p><u>WHEN TO USE EACH APPROACH</u></p> <p>See Intake in the <u>NC Child Welfare manual</u> for more information.</p>	<p>The Screening and Response Tool in PATH NC is designed to identify the correct Assessment track based on the information gathered. Based on allegation characteristics selected, the Response Time is determined. The intuitive design supports consistency and accuracy in screening decisions. The local county child welfare agency may assign any valid CPS report (abuse, neglect, and/or dependency) to the Investigative Assessment track and a quicker response time, if deemed necessary to ensure the safety of the child.</p>

Assessment Track: Family and Investigative Assessments

Protocol – What you must do	Guidance – How to do it
<p><u>SWITCHING APPROACHES/TRACKS</u></p> <p>All decisions to change assessment tracks must be done with supervisory approval. Documentation in the record must clearly show why such a decision was made to switch approaches and how it helped ensure the safety of the child.</p> <p>When the child's safety cannot be assured through a Family Assessment track it must be staffed with the supervisor to determine whether the local county child welfare needs to switch to an Investigative approach.</p>	<p>A CPS Investigative Assessment may be switched to a Family Assessment if after the Assessment caseworker assesses the allegations in the report it is determined, in consultation with a supervisor, that it could have been assigned as such if the true situation was known at Intake.</p> <p>Any report initiated using a Family Assessment track may be switched to an Investigative Assessment if after the Assessment caseworker assesses the allegations in the report it is determined, in consultation with a supervisor, that it should have been assigned as such if the true situation was known at Intake.</p> <p>Switching tracks during a CPS Assessment should not be done frequently or without a thorough discussion of the case between the Assessment caseworker and the supervisor.</p> <p>Switching tracks requires a supervisor approval, or above, and the reason the Track is changed must be documented within PATH NC.</p> <p>There may be instances during a Family Assessment that require the agency to file a petition with the Juvenile Court to protect the child. The agency is not required to switch to an Investigative Assessment in these cases. A finding of Child Protective Services Needed would be appropriate to document the safety and risk issues and how those safety and risk issues prevent the child from remaining safely in the home.</p>

Assessment Track: Family and Investigative Assessments

Protocol – What you must do	Guidance – How you should do it
<p><u>FAMILY ASSESSMENT</u></p> <p>INITIAL CONTACT</p> <p>The Assessment caseworker must initiate face-to-face individual interviews with each child within 72 hours, or sooner, based on the determination of the response time. The local county child welfare agency must decide with whom to make the initial contact based on the allegations and the situation.</p> <p>The local county child welfare agency must contact the parent/caretaker to schedule the initial family contact. If the local county child welfare agency is unable to reach the parent/caretaker to schedule the initial family contact, initiation with the child must still occur within the designated response time. Initiation with the child(ren) can occur in this situation without scheduling the contact and without the need to switch the assessment track/approach.</p> <p>When the Assessment caseworker is unable to initiate the assessment within the assigned response time, there must be documentation in the case record describing the diligent efforts made and reasons why they were unsuccessful.</p> <p>For DV cases, refer to <u>DV initiation protocol</u>.</p>	<p>The Family Assessment allows latitude in how assessments are initiated and completed. In using a family-centered approach, the first face-to-face contact on most cases will be with all family members together, followed by individual contact with each child, separate from the parent, caretaker, and/or perpetrator. However, each case should be addressed as unique and distinctive, and the approach should be adjusted to the needs of each family.</p> <p>Attention should be paid to verbal and non-verbal cues from the child that might lead the Assessment caseworker to feel that this child needs to be interviewed in a different setting as well. Each child should be interviewed in the way that will best provide safety and build rapport with the family for future services. As always, safety is the primary concern and the reason we are involved in the first place.</p> <p>If the CPS report alleges that the children have marks/injuries, the Assessment caseworker should observe the marks as a part of the Family Assessment. To remain as family-centered as possible and ensure the parents are engaged in the Family Assessment, this should be done in the presence of the parents if the safety of the child is not compromised as a result.</p> <p>The SDM Assessment tools should be introduced to the family during the initial meeting while explaining the Assessment process. Regardless of the Assessment Track this will allow the family to be fully informed about what information the agency will use to make the case finding. If the Assessment caseworker is informed by the family that they do not want to participate in the completion of the tools, the Assessment caseworker should use their knowledge of the tools as a resource to</p>

Assessment Track: Family and Investigative Assessments

Protocol – What you must do	Guidance – How you should do it
	<p>refer to while explaining the case finding. Assessment caseworkers should not force a family to have the tools completed in their presence as this is the family's choice. Introducing the tools to the family early in the assessment process can create partnership opportunities with the family and reduce misunderstandings.</p>
<p>FAMILY ASSESSMENT CASE FINDINGS The purpose of the case decision is to determine whether a family is in need of child protective services.</p> <p>Child Protective Services Needed - This finding is appropriate when neglect and/or dependency was found to have occurred, and where there are safety issues and a future risk of harm, the agency must provide non-voluntary protective services to ensure the safety of the child. The finding of Child Protective Services Needed must be made, and the local county child welfare agency must continue to provide involuntary CPS In-Home Services in every case the agency believes:</p> <ul style="list-style-type: none"> • The family must be involved with services (of any type, provided by any agency or individual) for the child to safely remain in the home; or • The child would not be safe if the family ever becomes noncompliant with services. <p>A finding of Child Protective Services Needed must be made if the answer is yes to one or more of the questions concerning frequency and severity of:</p> <ul style="list-style-type: none"> • Maltreatment; • Current safety issues; • Risk of future harm; and • Child in need of protective services. 	<p>FAMILY ASSESSMENT CASE DECISION-MAKING While the Family Assessment approach is family-centered, the case decision is a decision that rests with the local county child welfare agency. The family does not have equal decision-making power.</p> <p>In determining the severity of maltreatment, consideration should be given to the degree of harm, level of severity, extent of injury, egregiousness, gravity, and the seriousness of maltreatment. In determining current safety, consider safety issues that exist at the time of making the case decision.</p> <p>Findings of Child Protective Services Needed should be made for situations in which the safety and risk of harm is so great that the agency cannot walk away from this family without either providing protective services or monitoring those provided by another agency or provider. <u>Serious and/or imminent risk of removal is not required in a determination of whether a family needs In- Home services.</u></p> <p>The NC SDM Family Risk Assessment is used to assess the likelihood of future child welfare involvement and the initial contacts if the family needs ongoing services through In Home.</p> <p>When the case decision is Child Protective Services Needed the discussion with the family should include the decision as well as the actions and behaviors that have led to safety concerns. The behavioral</p>

Assessment Track: Family and Investigative Assessments

Protocol – What you must do	Guidance – How you should do it
<p>There must be documentation to support the answers included on the case decision tool.</p> <p>The Assessment caseworker must discuss the outcome of the Family Assessment with the family face-to-face after the case finding of Child Protective Services Needed has been made.</p> <p>If the decision of the North Carolina Safety Assessment is “Safe”, and the findings of the North Carolina SDM Risk Assessment and the North Carolina SDM Family Strengths and Needs Assessment are both “Low,” then the case would not be found “Child Protective Services Needed,” unless there are unusual circumstances where there is a continued need to ensure safety. In those cases, the supervisor must complete the “Rationale for Case Decision/Disposition” to justify the change.</p> <p>Services Provided, Child Protective Services No Longer Needed - This finding is appropriate for all CPS reports of neglect and dependency assigned to the Family Assessment Track in which the safety of a child and future risk of harm were at some point in the assessment high enough to require non-voluntary services, but the successful provision of services during the assessment has mitigated the risk to a level in which involuntary services are no longer necessary to ensure the child’s safety. To close cases with this finding, at the time of case decision, the child cannot have current or ongoing neglect and/or dependence concerns, and the safety and future risk of harm of the child is not an issue. This case decision can only be chosen when non-voluntary protective services are not required to keep the children safe. A case decision of Services Provided is not appropriate for cases where the family is engaged in service provision that if ended once the case is closed would result in safety concerns for the children.</p>	<p>changes and services that will address the safety issue or risk of harm should also be discussed. The 5010a can be used to guide these discussions and should be provided to the family for reference. The family should also be notified in writing within seven working days.</p> <p>If the initial Safety Assessment has a danger indicator selected and the family’s intervention, including services, addressed the safety issues and reduced the risk of future child welfare involvement such that non-voluntary services are no longer needed, the finding should be Services Provided, Child Protective Services No Longer Needed. The Assessment caseworker should discuss the outcome of the Family Assessment with the family face-to-face after the case finding of Services Provided, Child Protective Services No Longer Needed has been made. The discussion should include the actions and behaviors that led to the safety concerns as well as the changes and services that are now in place that have mitigated the safety issue or risk of harm and allow for case closure.</p> <p>Appropriate Services are those that are provided to, or arranged for, the family (including any services for alternative caretakers) with the explicit goal of:</p>

Assessment Track: Family and Investigative Assessments

Protocol – What you must do	Guidance – How you should do it
<p>The Assessment caseworker must discuss the outcome of the Family Assessment with the family after the case finding of Services Provided, Child Protective Services No Longer Needed has been made.</p> <p>Child Protective Services Not Needed - This finding is appropriate for all CPS reports of neglect and dependency assigned to the Family Assessment Track in which the safety of the child is not an issue, there is no concern for the future risk of harm to the child. This case decision is chosen when non-voluntary protective services are not required to keep the children safe.</p> <p>For all Family Assessments, the case finding will be documented in PATH NC with no perpetrator information entered.</p>	<p>(1) addressing the case-specific safety concerns of the child(ren) and/or risk of child abuse/neglect, and</p> <p>(2) doing so within a timeframe needed to prevent a child’s entry into foster care and/or re-entry after a reunification. As a guiding principle, appropriate services are:</p> <ul style="list-style-type: none"> • Tailored to meet the specific needs of families; • Culturally appropriate with providers who can speak the language of the family; • Accessible to the family (consider hours of service and location, special accommodations needed for individuals with a disability, transportation, affordability of any costs/fees, onsite childcare/childcare needs, and wait lists; • Provided in a setting that is most effective and responsive to needs (consider availability of appropriate services offered by providers in community/neighborhood-based organizations and/or services offered in the home versus an office setting); and • Monitored to ensure that family needs are met. <p>In cases where there are NO safety issues and a low risk of harm to the child, and services are recommended that would benefit the family, they should be documented in the case decision summary and discussed with the family. Recommended services CANNOT include protective services that are needed to ensure the safety of the child. Recommended services can include prevention services that the agency believes the family might benefit from, but if they choose not to engage in them will not require CPS involvement.</p>

Assessment Track: Family and Investigative Assessments

Protocol – What you must do	Guidance – How you should do it
<p><u>INVESTIGATIVE ASSESSMENT</u></p> <p>INITIATION</p> <p>The interviewing sequence in an Investigative Assessment is:</p> <ul style="list-style-type: none"> • All children living in the home; • The non-perpetrating parent; • The perpetrator; and then • Collaterals <p>There are times when this order may not be feasible or the most appropriate. The local county child welfare agency must consider the individuals and allegations involved in each situation and must conduct the interviews in the order that is least likely to increase the risk of harm to the alleged victim child or other children in the home. The reason for the change in the order must be documented.</p> <p>The child must be interviewed:</p> <ul style="list-style-type: none"> • Individually; and • Under no circumstances in the presence of the person or persons alleged to have caused or allowed abuse and/or neglect. <p>For DV cases that do not involve abuse allegations against the child, refer to <u>DV initiation protocol</u>.</p>	<p>Efforts should be made to establish rapport with the child and to help the child feel comfortable in disclosing information about himself or herself and family.</p> <p>Assessment caseworkers should have another adult present when a full body assessment is necessary.</p> <p>During a CPS Assessment, information received may reveal that the perpetrator is not a parent or caretaker. It is still important to interview the alleged perpetrator during the CPS Assessment, if possible. The alleged perpetrator may have information that is vital in helping to determine if the allegation is true. If other evidence indicates the harm was caused or allowed by the parent or caretaker, an interview with the alleged perpetrator may give insight into whether the parents/caretaker provided adequate care and supervision.</p>
<p>CASE-DECISION MAKING</p> <p>The findings in an Investigative Assessment must be either substantiated or unsubstantiated.</p>	

Assessment Track: Family and Investigative Assessments

Protocol – What you must do	Guidance – How you should do it
<p>A finding to substantiate must be made if the answer is yes to one or more of the questions concerning frequency and severity of:</p> <ul style="list-style-type: none"> • Maltreatment; • Current safety issues; • Risk of future harm; and • Child in need of protective services. <p>See <u>Making the Case Decision</u>.</p> <p>When a report of neglect is being completed using the Investigative Assessment track, there are two points to consider when deciding on the case finding:</p> <ul style="list-style-type: none"> • The first decision is to determine if the case decision is to be substantiated; and • The second decision for substantiations of neglect is to determine if the neglect is “serious.” Please see <u>Responsible Individual List</u> for a definition for “serious neglect,” as well as other information regarding the Responsible Individual List. <p><u>When the Identity of the Perpetrator Is Unknown</u></p> <p>There are instances when a child has been abused and/or neglected but the identity of the perpetrator cannot be determined. In such situations, there must be a case decision that ensures the ongoing safety of the child and data entries must reflect that the perpetrator is “unknown.”</p>	<p>This scenario should be a rare occurrence. County child welfare agencies are encouraged to consider if there are additional case activities that would help to identify a perpetrator before using this option.</p>

Responsible Individual List

RESPONSIBLE INDIVIDUAL LIST

When a case decision is made to substantiate abuse and/or serious neglect, the responsible individual is eligible to be placed on the Responsible Individual List (RIL) after the requirements of N.C.G.S. § 7B-320 and 323 are met. If the responsible individual is ineligible for judicial review of the Director's decision pursuant to 7B-324, then they must be placed on the RIL. Upon completion of either a family assessment or an investigative assessment, the **Assessment caseworker** is required to notify the parties involved of the case decision. However, only investigative assessment findings of abuse and/or serious neglect are eligible to have the name of the alleged responsible individual placed on the RIL. A substantiated investigative assessment is the only way to place someone on the RIL. An investigative assessment case decision can include other findings as long as one of the findings is abuse or serious neglect.

One of the following must occur to place an individual on the RIL:

- The responsible individual is properly notified of their right to request a judicial review and fails to file a petition for judicial review in a timely manner per 7B-320.
- The individual is criminally convicted of the same incident involved in the Investigative Assessment. The DA will inform the director of the result of the criminal proceeding. Each county child welfare agency must develop policies and procedures with its DA regarding the notification process of criminal conviction.

RIL NOTIFICATIONS

Any individual that is substantiated for abuse and/or serious neglect as the result of an investigative assessment must be placed on the RIL. For case decisions of abuse or serious neglect, the case decision notice to the perpetrator must contain the following (in addition to the Case Closure Notifications):

- A thorough, detailed statement summarizing the substantial evidence supporting the decision to substantiate abuse and/or serious neglect and that the individual has been identified as a responsible individual. When a case

RESPONSIBLE INDIVIDUAL LIST

All child welfare case decisions are based on the status of the child. A decision to substantiate abuse should be kept separate from **the addition of an individual to the Responsible Individual List and** determination on the outcome of a legal case in court.

It is permissible for a **caseworker** other than the **Assessment caseworker** who conducted the CPS Assessment to deliver the case decision / RIL placement notice. In addition to documentation in the file, when possible, it is recommended that the notice include an acknowledgement by the alleged

Responsible Individual List

<p>decision includes ongoing service provision by the county child welfare agency, the notice to the individual must also include language that indicates the agency will continue to work with the family on an involuntary basis;</p> <ul style="list-style-type: none"> • A statement, in accordance with N.C.G.S. §7B-320(c)(3), informing the individual that unless the individual petitions for a judicial review within 15 calendar days, their name will be placed on the RIL; • A clear description of the actions the individual must take to request a judicial review to prevent the placement of their name on the RIL. These instructions must include a copy of the Petition for Judicial Review, but no instructions on how to file the petition; and • That the North Carolina Department of Health and Human Services may provide information from that list to child caring institutions, child-placing agencies, group home facilities, and other providers of foster care, child care, or adoption services (including the Guardian ad Litem Program) that need to determine the fitness of individuals to care for or adopt children as permitted by N.C.G.S. §7B-311. <p>The Assessment caseworker must make face-to-face contact with the alleged responsible individual after the case decision, in an expeditious manner, to explain the reason for the substantiation and to provide written notice of the potential for their name to be placed on the RIL.</p> <p>If it is not possible to make face-to-face contact with the alleged responsible individual to deliver the written notice, the Assessment caseworker must make diligent and persistent efforts to make contact. However, if the Assessment caseworker is unsuccessful in contacting the alleged responsible individual to provide personal written notice within 15 calendar days of the case decision, the notice must be sent by registered or certified mail, return receipt requested, and addressed to the individual at the individual's last known address.</p>	<p>responsible individual that he or she received the case decision / RIL placement notice and the date received.</p> <p>Please see Appendix 1 CPS Data Collection for an example of the case decision letter to be provided to an alleged responsible individual.</p>
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Responsible Individual List

<p>If the alleged responsible individual is a non-caretaker but a case decision has been made to substantiate for human trafficking, the Assessment caseworker must work with the local law enforcement agency and district attorney to determine the safest way to notify the alleged responsible individual. Notification must not be provided if it is likely to:</p> <ul style="list-style-type: none"> • Cause mental or physical harm or danger to the juvenile. • Undermine an ongoing or future criminal investigation. • Jeopardize the State's ability to prosecute the identified responsible individual. <p>Documentation must be provided including the reason when it is determined that a notification will not be made.</p> <p>If the case decision/RIL placement notice is returned as undeliverable or signed by someone other than the alleged responsible individual, the individual's name cannot be placed on the RIL, unless the procedures of NCGS 7B-320(a1) are used. If the county agency cannot show that the individual has been notified, then the individual cannot be placed on the RIL until an ex-parte hearing is held. A district court judge will determine if diligent efforts were made to find the individual.</p> <p>Non-caretakers who are perpetrators of human trafficking can be placed on the RIL without notification if they have been convicted of human trafficking. A conviction must include the child victimized by human trafficking that CPS had also substantiated as being abused.</p> <p>Note: If there is a lack of identifying information for the alleged responsible individual, but the individual did receive the notice, then they may be placed on the name on the RIL with at least one identifier.</p> <p><u>OUT OF STATE NOTIFICATIONS</u></p> <p>In instances when a report is received but the incident occurred out of state or the alleged responsible individual lives out of state the response has been outlined below:</p>	<p>Child welfare only responds to reports regarding non-caretakers when the allegations include concerns for human trafficking. The only substantiation of a non-caretaker would be for human trafficking.</p>
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Responsible Individual List

- When a report indicates that both the child and parent and/or caretaker reside in NC, but the location of the alleged maltreatment occurred out of state and the child and parent or caretaker reside in NC, the county of residence must conduct the assessment. If the case is substantiated the named perpetrator cannot be placed on the RIL because they are not eligible for the judicial review process.
- When maltreatment is alleged to have occurred to a child who is a resident of NC while out of state by an individual who is not a NC resident, the named perpetrator cannot be placed on the RIL because they are not eligible for the judicial review process.
- When a report alleges that a resident child was maltreated in NC by a parent and/or caretaker who is not a NC resident and the allegations are substantiated, the named perpetrator can be placed on the RIL.

JUDICIAL REVIEW PROCESS

The judicial review process is a district court level hearing on a petition, initiated by the alleged responsible individual for a review of the director's decision to identify the individual as a responsible individual and to place their name on the RIL. The judicial review process is established by NCGS § 7B-323 and NCGS § 7B-324.

The Judicial Review Petition, AOC-J-131 (<http://www.nccourts.org/Forms/Documents/951.pdf>), must be filed within 15 days of receipt of the case decision notification in the district in which the abuse and/or serious neglect occurred. Should that timeframe expire, the right to request a judicial review is forfeited, and the individual's name will be placed on the RIL, unless the district court in that county allows a judicial review petition filed outside of that 15-day timeframe to be heard because it serves the interest of justice or for extraordinary circumstances, as per G.S. § 7B323(e).

Once a judicial review has been calendared, the county director must review all records, reports, and other information gathered and used during the CPS Assessment case decision process. The director must determine if there is sufficient evidence to

If at any time during the judicial review process, the individual seeking the judicial review is named as a respondent in a juvenile court case or a defendant in a criminal court case resulting from the same incident, the court may stay the judicial review process. The juvenile court action may no longer be consolidated with the RIL judicial review.

Responsible Individual List

<p>support a determination that the individual abused and/or seriously neglected the juvenile and is a responsible individual. If the decision is to proceed a written statement of the director's determination must be made and delivered to the responsible individual.</p> <p>Note: If a determination is made that there was not sufficient evidence to place the individual on the RIL, a statement must be provided to the individual and the clerk of court including language indicating that the agency will not be placing the individual on the RIL.</p> <p><u>CONFLICT OF INTEREST</u></p> <p>When another county, because of a conflict of interest, conducts the CPS Assessment, the request for judicial review following notification of an alleged responsible individual must still be made to the district court in the county where the abuse and/or serious neglect arose (where the incident occurred). However, it is the director of the county that made the case decision of abuse and/or serious neglect and responsible individual determination who is responsible for reviewing that case decision upon notification of a pending judicial review and to present evidence in the judicial review held in the county where the report arose.</p> <p><u>RELEASE OF RIL INFORMATION</u></p> <p>NCGS § 7B-311(b) only authorizes the use of the RIL "to determine the fitness of individuals to care for or adopt children." The RIL may not be used as part of the employment process unless the employee will have the responsibility of caring for children, either on a temporary or permanent basis. RIL checks are mandated for foster parent and adoptive applicants and kinship care providers.</p> <p>Any requests for information, by authorized users other than county child welfare agencies, from the RIL must be directed to the North Carolina Division of Social Services (NCDSS) using the Request for Information from the Responsible Individuals List form found in PATH NC. Authorized individuals on staff at the local county child welfare agency will have direct access to the RIL.</p>	<p>For additional, detailed information on the court process for the judicial review, please refer to Appendix 1 CPS Data Collection.</p> <p>Upon receipt of the director's letter finding no abuse or serious neglect, the courts will cancel the judicial review hearing with notice of cancellation given to the petitioner.</p> <p>In cases where the county director determines that there is not enough evidence to proceed with the placement on the RIL, but involuntary services are necessary to ensure the safety of the child, the local child welfare agency should maintain their case decision of abuse and proceed with In Home or Foster Care services. The case decision of the local child welfare agency is based upon the findings of the assessment and separate from the RIL process.</p> <p>With the exception of searches conducted by the county child welfare agencies, all requests for searches of the Responsible Individual List should be submitted in writing to the Division of Social Services by "authorized persons," who are strongly considering the responsible individual for employment or volunteer services that involve the care of or adoption of children.</p> <p>Because the RIL could affect the individual's employment or ability to foster or adopt, information maintained on the RIL should be current and updated within the timeframes established.</p>
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Documentation

Protocol – What you must do

All documentation for the CPS Assessment must be entered into PATH NC to include:

- A description of the actions taken (contacts made) and services provided;
- A description of the ongoing assessment of risk, safety, and health or well-being of the child;
- The rationale for the involvement of the local county child welfare agency and service delivery on an ongoing basis;
- The basis for what the local county child welfare agency considers sufficient contact;
- A description of all diligent efforts to make contacts, if not achieved;
- A description of the family's progress or barriers toward addressing safety threats or risk;
- Supervisor/ Assessment caseworker and group/unit case conferences, including any two-level decisions made;
- Justification for any missed policy or protocol requirements (missed timeframes, etc.);
- Documentation for any new allegations and actions taken;
- Any other efforts by the local county child welfare agency to achieve child safety and protection, family preservation, and prevention of future abuse, neglect, and/or dependency;
- The North Carolina Safety Assessment (DSS-5231);
- The North Carolina SDM Risk Assessment (DSS-5230);
- The North Carolina SDM Family Strengths and Needs Assessment and the Child's Strength and Needs Assessment, when applicable, (DSS-5229) on all cases going to In Home or Permanency Planning services;

All documentation must be current within seven calendar days.

The following information must be included for each contact or attempted contact entry:

- Date of each contact and name of each person contacted;
- Purpose of the contact;
- Significant family/child/parent issues;
- Type of contact (phone, face-to-face, home visit, etc.) and location for all face-to-face contacts;
- Individual interview with each child present;
- Observations regarding each person and the environment for face-to-face contacts; and/or
- Diligent efforts to make a contact to include the date of the efforts, efforts made during the attempted contact (telephone call, home visit but no one home, etc.).

Documentation

Protocol – What you must do

When a child(ren) must be removed from the home (See “Filing a Petition” in Cross Function Topics in the [NC Child Welfare manual](#)), the case record must document that the local county child welfare agency completed the following:

- Efforts to protect the child in their own home and to prevent out-of-home placement;
- Relatives assessed for willingness and ability to care for the child(ren) and whether such placement would be in the child’s best interests;
- Compliance with the following requirements occurred when temporary custody **without a court order** has been initiated:
 - That the child would have been endangered if the **Assessment caseworker had to obtain the court order prior to removal**;
 - That the child was returned to the parents or persons from whom the child was removed unless a petition or motion for review was filed and an order for secure or non-secure custody was obtained; and
 - That the parents were notified that they could be with the child(ren) while the court determined the need for secure or non-secure custody.
- The juvenile petition alleges the conditions that required court jurisdiction;
- The non-secure custody order gives specific sanction to a placement other than a licensed provider; that the juvenile petition was filed because the child(ren) was at imminent risk; and that a hearing was held within seven calendar days; and
- If a child is taken into agency custody because of an adjudication of undisciplined behavior or delinquency, the required language is in the court order or, if appropriate language is not included, that the agency filed a motion to have such language included in the court order.

See “Documentation” in Cross Function Topics in the [NC Child Welfare manual](#) for definitions and additional protocol and guidance.

END OF CPS FAMILY AND INVESTIGATIVE ASSESSMENTS POLICY, PROTOCOL, & GUIDANCE SECTION