

SDM INTAKE POLICY, PROTOCOL, AND GUIDANCE

Purpose

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

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

1. Complete a new CPS Intake in the Partnership and Technology Hub North Carolina (PATH NC).
2. Consult the Maltreatment Screening Tool(s) that correspond to the allegations.
3. Determine the county responsible for completing the CPS Assessment.
4. Determine the appropriate Assessment Response Track (Investigative or Family) and Response Time (Immediate—8 hours, 24 hours, or 72 hours).

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

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Policy/Legal Basis

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

Policy/Legal Basis

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

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	N.C.G.S. §7B-309, Immunity of persons reporting and cooperating in an assessment. Anyone who makes a report pursuant to this Article; cooperates with the county department of social services in a protective services assessment; testifies in any judicial proceeding resulting from a protective services report or assessment; provides information or assistance, including medical evaluations or consultation in connection with a report, investigation, or legal intervention pursuant to a good-faith report of child abuse or neglect; or otherwise participates in the program authorized by this Article; is immune from any civil or criminal liability that might otherwise be incurred or imposed for that action provided that the person was acting in good faith. <u>Child Abuse Prevention and Treatment Act (CAPTA)</u> requires health care providers involved in the delivery and care of infants born with and identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder to notify the child protective services system of the occurrence. “[T]he clear and convincing evidence in the record must show current circumstances that present a risk to the juvenile.” <i>In re J.A.M.</i>, 372 N.C. 1, 9, 822 S.E.2d 693, 698 (2019). But “[t]he trial court is granted some discretion in determining whether children are at risk for a particular kind of harm given their age and the environment in which they reside.” <i>In re A.D.</i>, 278 N.C. App. 637, 642, 863 S.E.2d 317, 321–22 (2021) (internal quotations and citation omitted). “It is well established that the trial court need not wait for actual harm to occur to the child if there is a substantial risk of harm to the child in the home.” <i>In re D.B.J.</i>, 197 N.C. App. 752, 755, 678 S.E.2d 778, 780 (2009). <u>Matter of K.C.</u>, 295 N.C. App. 363, 369, 905 S.E.2d 776, 781 (2024) Before adjudicating a juvenile neglected, the trial court must also find “some physical, mental, or emotional impairment of the juvenile or a substantial risk of such impairment as a consequence of the failure to provide ‘proper care, supervision, or discipline.’ ” <i>In re Stumbo</i>, 357 N.C. 279, 283, 582 S.E.2d 255, 258 (2003) (quoting <i>In re Safriet</i>, 112 N.C. App. 747, 752, 436 S.E.2d 898, 901–02 (1993)). With newborns, “the decision of the trial court must of necessity be predictive in nature, as the trial court must assess whether there is a substantial risk of future abuse or neglect of a child based on the historical facts of the case.” <i>In re McLean</i>, 135 N.C. App. 387, 396, 521 S.E.2d 121, 127 (1999). The Supreme Court of

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	North Carolina has found neglect in cases where “the conduct at issue constituted either severe or dangerous conduct or a pattern of conduct either causing injury or potentially causing injury to the juvenile.” <i>In re Stumbo</i>, 357 N.C. at 283, 582 S.E.2d at 258. <u>Matter of K.C.</u>, 295 N.C. App. 363, 368–69, 905 S.E.2d 776, 781 (2024)

Definitions

Definitions

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

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

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

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

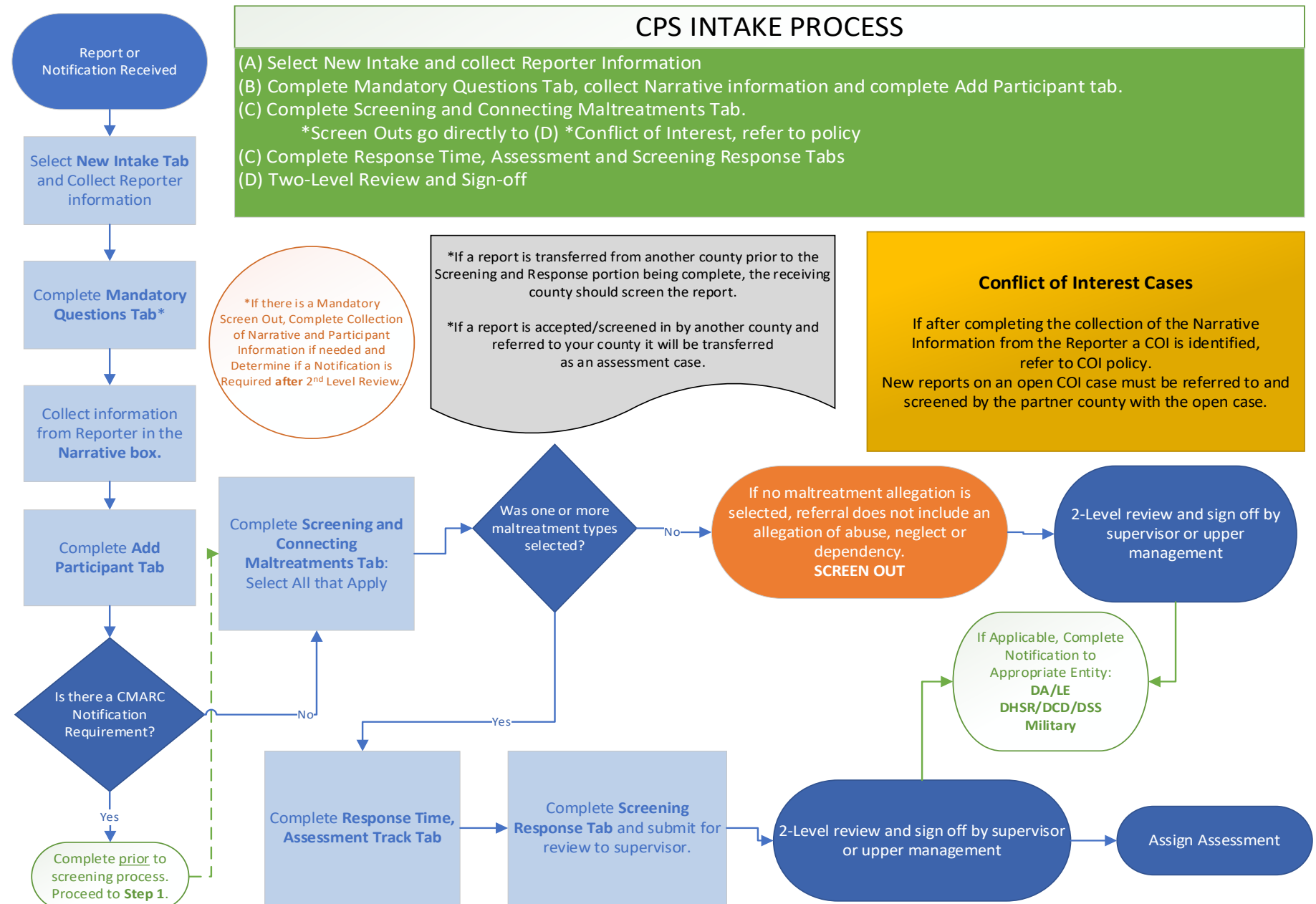
Abused Juveniles: Any juvenile less than 18 years of age (i) who is found to be a minor victim of human trafficking under G.S. 14-43.15 or unlawful sale, surrender, or purchase of a minor under G.S. 14-43.14 or (ii) whose parent, guardian, custodian, or caretaker:

- (a) Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means;
- (b) Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means;
- (c) Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior;
- (d) Commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: a sexually violent offense as provided in G.S. 14-208.6(5); crime against nature, as provided in G.S. 14-177; preparation of obscene photographs, slides, or motion pictures of the juvenile, as provided in G.S. 14-190.5; dissemination of obscene material to the juvenile as provided in G.S. 14-190.7 and G.S. 14-190.8; and displaying or disseminating material harmful to the juvenile as provided in G.S. 14-190.14 and G.S. 14-190.15.

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(e) Creates or allows to be created serious emotional damage to the juvenile. Serious emotional damage is evidenced by a juvenile's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others; (f) Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile; or (g) Commits or allows to be committed an offense under N.C.G.S. §14-43.11 (human trafficking), N.C.G.S. §14-43.12 (involuntary servitude), or N.C.G.S. §14-43.13 (sexual servitude) against the child. <u>Neglected Juvenile:</u> Any juvenile less than 18 years of age (i) who is found to be a minor victim of human trafficking under <u>G.S. 14-43.15</u> or (ii) whose parent, guardian, custodian or caretaker does not provide any of the following: (a) does not provide proper care, supervision, or discipline. (b) Has abandoned the juvenile. (c) Has not provided or arranged for the provision of necessary medical or remedial care (d) or whose parent, guardian, or custodian has refused to follow the recommendations of the Juvenile and Family Team made pursuant to <u>Chapter 7B Article 27A</u>. (e) Creates or allows to be created a living environment that is injurious to the juvenile's welfare. (f) Has participated or attempted to participate in the unlawful transfer of custody of the juvenile under <u>G.S. 14-321.2</u> In determining whether a juvenile is a neglected juvenile, it is relevant whether that juvenile lives in a home where another juvenile has died as a result of suspected abuse or neglect or lives in a home where another juvenile has been subjected to abuse by an adult who regularly lives in the home. Relevance in this instance is a legal term that means that the court can find a child neglected on the basis that he or she was living with a victim child. <u>Dependent Juvenile:</u> A juvenile in need of assistance or placement because the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision or whose parent, guardian, or custodian, is unable to provide for the care or supervision and lacks an appropriate alternative childcare arrangement.

Intake Process Flow



Anonymous Reporters/Reporter Confidentiality

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

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

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

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Protocol – What you must do	Guidance – How you should do it
sickness or injury caused by suspected abuse, neglect, or maltreatment? 4. Is the child a resident of North Carolina? 5. Where did the incident occur? (This question has a narrative box) 6. Is the perpetrator a parent/caretaker? 7. Are you aware of any relatives or kin supports for this family? 8. Does this report include information about a child who is missing, abducted, or on runaway status? 9. Are there concerns for Human Trafficking? 10. Are there concerns for Domestic Violence? 11. Is this a licensed facility or group home? If ANY of the following conditions are reported by a medical provider, as the result of abuse or neglect, the question about a near fatality must be marked “yes.” • Life-saving procedures have been performed (CPR, intubation); or • Child will be/was admitted to the Intensive Care Unit (ICU)*, as a direct result of the injury and/or alleged neglect. * Included is admission to pediatric intensive care unit or neonatal intensive care unit requiring treatment to continue the function of vital organ/s. The maltreatment concern, regardless of whether it is abuse or neglect, will result in an Investigative Assessment Track and Immediate Response Time being selected by the system. The	“Near fatality” is a phrase used in child protective services and is defined as follows: • An act that, as certified by a physician, places a child in serious or critical condition (Child Abuse Prevention and Treatment Act (CAPTA), Chapter 67, subchapter 1) • NC G.S. § 7B-2902.9(a)(3) defines a Near fatality as “A case in which a physician determines that a child is in serious or critical condition as the result of sickness or injury caused by suspected abuse, neglect, or maltreatment.” Determination of a condition by a physician (serious or critical) can be made verbally and/or in writing. Hospitals apply the terms “serious” or “critical” with variability, depending on which physician specialty is queried (e.g., emergency department physician, intensive care unit physician, primary care physician, etc.) There is a distinction between an injury being of a serious nature versus a child being determined to be in serious condition. The level and extent of medical intervention may be an indicator in this distinction. The condition of the child admitted to the ICU must be considered. If the child is admitted for observation, such as after surgery, the condition may not meet that of a near fatality. Please review the Near Fatality-Tip Sheet for additional information in determining Near Fatality.

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maltreatment causing the near fatality should be selected in Screening portion of the Tool. COLLECT PARTICIPANT INFORMATION After completing the mandatory questions, the Intake caseworker will be directed to identify participants involved in the case and their roles. Identification of a case head depends on the role of the participants involved in the new CPS Intake. Only the information provided by the reporter can be used in the participant section of the Screening and Response Tool. This ensures confidentiality by not providing the reporter with any additional information that they did not give. Participant roles are: • Adult • Alleged Victim • Caretaker • Custodian • Non-Resident Parent • Parent • Minor Parent Case heads are determined using the following guideline: • Mother • Father • Female Caretaker • Male Caretaker • Female child • Male child	COLLECT PARTICIPANT INFORMATION A case head can be marked as “unknown” during intake and can change during the Assessment once that information becomes known. When an adult parent/caretaker remains “unknown” the assessment case head is required to follow the guidelines listed in the protocol section and can be found as a help text in the system. A case head has to be documented before you move on to the next section of the Screening and Response Tool. Any additional information obtained during the Assessment should not be updated in the Screening and Response tool to ensure that the reporter does not get information that they did not provide to the agency and maintain the family’s confidentiality. Only living participants should be added to the participant information except in cases with a child fatality. Each deceased child should be added as a participant and the box indicating a fatality is required to be checked. All other deceased participants, including parents or caretakers, should be documented in the Narrative Information box. The system will not allow the Intake caseworker to add maltreatments to the deceased child. When a case involves an infant that has been safely surrendered to the local county child welfare agency, the agency should include all information provided by the reporter. This includes the parents (surrendering and non-surrendering), if known, along with any medical/health information about the family that can be obtained. This information must be kept confidential and can only be shared in accordance with NCGS § 7B-524.

Collection of Information and Assessing Agency History

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If the parent or caretaker is unknown, the case head is identified by the child in the assessment. If there is more than one child, the case head is that of the youngest child. IDENTIFYING RELATIVES AND KIN Beginning at Intake, the identification of relatives and kin, including non-relative/fictive kin, can help to promote the safety of children. This information should be included in the mandatory question section under the question, “Are you aware of any relatives or kin supports for this family? Asking about relatives and kin includes those who live outside of the home but can provide support to the family. <u>Collection of Information and Assessing Agency History</u> The Intake caseworker must gather sufficient information from the reporter to be able to: • Identify and locate case participants (child(ren), parents, or primary caretaker) and; • Determine if the report meets the statutory guidelines for child maltreatment; • Assess the seriousness of the child’s situation; and • Understand the relationship of the reporter to the family and the motives of the reporter. • Identify collaterals who may have additional information for the assessment (medical/behavioral health care providers, teachers, friends, family, or others) and their relationship to the alleged victim child(ren). The Intake caseworker must check the service history and/or county agency records to determine if the case participants (family	This is a statutory requirement, but more importantly the engagement of supports early in the process can begin construction of a family’s support network and help stabilize families in crisis and prevent future safety issues. While it is important to know the reporter’s concerns about the risk to the children, it is crucial that the message conveyed is that CPS is about ensuring safe homes for children by identifying the strengths of the family-not by identifying bad parents and taking children away. Another way that may be helpful includes talking with the reporter about what they hope the family can accomplish. Discussing safety shifts the focus from problems to possible solutions. Some of these questions include: 1. Calling DSS is a big step. In your opinion, what would it take to make the child safer? 2. What do you think the family is capable of doing to make the child safer? 3. Can you tell me how the agency will know when the problem is solved? Comprehensive information provided by the reporter supports Intake caseworkers in making the best determination about the appropriateness of the report for CPS Assessment, the level of risk to the child, and the urgency of the response needed. Information gathering should focus on the alleged maltreatment; and information about the child, the parents/caretakers, and the family. Use of Narrative

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
or child) have been reported/known to the agency previously, this includes the PATH NC system. Any information obtained regarding additional participants must be entered into the Narrative Information box or case notes for the Assessment caseworker. The Intake caseworker must NOT enter any additional participants that the reporter did not provide into the Participant Tab. The Intake caseworker must <u>NOT</u> check the Central Registry/Responsible Individuals List or contact another community agency to make a screening decision.	interviewing to gather information is a helpful tool in ensuring that you have obtained as much information as you can from the reporter for screening purposes. There are some maltreatment reports that do not clearly meet legal definitions of abuse, neglect, and/or dependency; however, the alleged maltreatment is concerning. It may be that the reporter did not have enough information to provide specifics or was not willing to do so. In these situations, it is acceptable to use the PATH NC System history and county agency history to make a well-informed decision. To maintain the confidentiality of the family, the Intake caseworker should add any additional participants found from the search of the PATH NC/county agency records to the narrative box rather than the participant section to ensure that the reporter notification letter does not include information that was not provided by the reporter. Reviewing a 5027 or Child Welfare Information System (CWIS) history for previous 210 services may be one way to check the family history. There are times when questions from a safety-oriented approach may be unexpected, causing the reporter to require additional time to think critically about the situation. The Intake caseworker may even need to be able to explain their questions in more detail. Some reporters will be open to engaging in a discussion regarding safety and others will not for various reasons. They may feel they have done their job by notifying the local county child welfare agency or they do not have any additional information regarding the family. Exception questions, eliciting strengths, and goal-oriented questions cause the reporter to think about the family's situation and emphasizes that child safety and protection is a community issue that calls for collective responsibility. The Intake caseworker should use their professional judgement to determine the level of information that a reporter may have about a family based on the relationship and length of time the reporter has known the family. This should help guide the questions that may be used to elicit information.

Substance Affected Infants

Protocol – What you must do	Guidance – How you should do it
<u>Child Abuse Prevention and Treatment Act (CAPTA)</u> requires that all infants identified as “substance affected” by a healthcare provider, receive a Plan of Safe Care. When a local county child welfare agency receives notification of the birth and identification of a substance affected infant, it must begin the process of ensuring a Plan of Safe Care is identified and developed for each infant by: • Completing a <u>Care Management for At Risk Children (CMARC) referral form</u> and • Submitting the referral form to the local CMARC program or designated alternative service. To comply with confidentiality laws and to ensure that a Plan of Safe Care can be created for every infant, it is important that the CMARC referral be made during the screening of the report and prior to deciding to the screening decision during the 2nd level review. Once the referral has been made, the local county child welfare agency must follow the guidance contained in the <u>Child Welfare Resources for Substance Affected Infants and Plan of Safe Care</u> as well as consult the Substance Affected Infant Maltreatment Definition to determine if a CPS Assessment is warranted.	The timing of the referral is critical because confidentiality laws prohibit a local county child welfare agency from making the referral to CMARC if the report has already been screened out and child protective services are no longer being provided. <u>Intake and Screening of the Report</u> Healthcare providers have to make notification of all infants born with signs of withdrawal symptoms due to prenatal drug exposure or diagnosed with Fetal Alcohol Spectrum Disorder (FASD) even if the situation does not necessarily constitute child abuse or neglect. A report that only alleges that an infant was exposed to substances prior to birth does not intrinsically meet the statutory definition of child abuse, neglect, or dependency. It is the responsibility of the Intake caseworker to gather enough information regarding the impact of the parents’ substance use on the infant to determine whether the notification meets the threshold to screen in a report. Current standard practice dictates that any information the local county child welfare agency obtains that is protected by federal regulations should not be disclosed absent a court order or proper client consent. Additionally, the name of the reporter must remain confidential. See OBTAINING SUBSTANCE ABUSE RECORDS BY COURT ORDER in the Juvenile “Court and Child Welfare” section of Cross Function Topics in the <u>NC Child Welfare manual</u> for more information on 42 C.F.R. Part 2 regulations.

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
Human Trafficking must be selected in the pre-screening Mandatory Questions if the reporter identifies concerns or the information provided causes the Intake caseworker to suspect that there is a concern. The Human Trafficking Maltreatment Allegation located in the Screening and Response Tool must be selected when: • A reporter indicates or suspects trafficking • The CPS Intake caseworker suspects trafficking based on the maltreatment allegations The narrative information must include the child’s parent, guardian, custodian, or caretaker information: • Protective capacity; • Willingness to take protective action; and • Role in the trafficking. <u>Human Trafficking</u> is a child who is sold, traded, or exchanged for anything, or to settle a debt, regardless of whether the child is used for labor or sex. For additional information about human trafficking, see <u>Cross Function Topic: Human Trafficking</u>.	When asking a reporter about Human Trafficking, it may not be enough to simply ask the question. You may need to provide the definition and additional clarifying questions to help them answer the question. Perpetrators of trafficking may be family members or may pose as the child or youth’s parent, sibling, aunt, uncle, or significant other and their relationship to the child may be unclear – even to the reporter. Often persons who exploit children and youth through sex or labor trafficking make promises to children or to families that the child will have improved circumstances, access to education, or a job if the child moves from one place to another. Sometimes this involves moving from another country. If a child has moved from another country to the United States without a family member or is traveling with an adult to whom they are not related or with whom the relationship is unclear, it is possible that the child is being trafficked or is at risk of being trafficked. Intake caseworkers should gather as much information as the reporter is able to provide concerning the child and the child’s circumstances, including: • Where they are traveling from; • Where they are traveling to; • Who (if anyone) they are traveling with and their relationship to this person; • The reason for coming to the United States, as provided by the child, the person with whom they are traveling or with whom they reside; and

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
	- Any other information the reporter can provide regarding their concern that the child is being trafficked or is at risk of being trafficked. Children who have run away from home, or whose parent or caretaker is absent, may be trafficked or at risk of being trafficked. The CPS Intake caseworker should engage the reporter to obtain information about: - Child’s circumstances and access to basic needs; - Who is providing for these needs – food, clothing, shelter, etc.; - Whether the child is exchanging sex acts to meet these needs; and - Names, aliases, physical description, and relationship to the child of anyone accompanying the child or youth who is suspected to be dependent or who has run away. When appropriate, the Intake caseworker may provide the reporter with information and resources for human trafficking victims before a screening decision is made. Appropriate information and resources shared with the reporter may include but are not limited to: - National Human Trafficking Hotline Number (1-888-373-7888); - Contact information for local agencies serving survivors of human trafficking; and - Contact information for statewide agencies serving survivors of human trafficking.

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
<u>RESPONDING TO MISSING AND ABDUCTED CHILDREN</u> REPORTING REQUIREMENTS When a report involves a missing or an abducted child, the local county child welfare agency must notify law enforcement regardless of the screening decision. When the missing or abducted child is in the custody of a North Carolina local county child welfare agency, notification to the responsible Foster Care caseworker must be made. When the report indicates that the child is in the custody of another State, that should be included in the report to law enforcement. Any information that is obtained that could assist law enforcement with locating the child either through case search and/or provided by the reporter must be provided when law enforcement is notified. This includes information about the child’s appearance, last known location, medical concerns, etc. REQUIREMENTS FOR SUPERVISORS Upon notification that a child is missing or abducted, the supervisor must: • Within 24 hours, confirm the Intake caseworker has made notification to law enforcement and the Foster Care caseworker, when applicable. The Intake caseworker must include documentation in the Intake report for any contact information for law enforcement contacted.	Children who are missing and abducted should be considered at a higher risk for Human Trafficking. North Carolina laws requires a report to be made to law enforcement when a child is believed to be missing or abducted. <u>N.C.G.S. § 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...” 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 most cases, the assigned Foster Care 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. <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...” <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...” <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

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
	temporary or permanent residence is in North Carolina or is believed to be in North Carolina.” <u>Missing Foster Child</u> – A child who has either left voluntarily (runaway) or involuntarily (abduction, kidnapped, or lost), and cannot be accounted for by the agency responsible for their care and placement. <u>Runaway</u> – A child who has voluntarily left their placement provider or home and whose whereabouts are either unknown by the child’s parent, guardian, custodian, caretaker, foster parent, or caseworker or whose whereabouts are unknown by the child’s parent, guardian, custodian, caretaker, foster parent, or caseworker but who maintains periodic contact with the caseworker or others. It is important to inform law enforcement about any circumstances that could severely compromise the safety of a child or youth who is missing.

Establishing the Authority to Intervene

Protocol – What you must do	Guidance – How you should do it
<u>JUVENILE AND CARETAKER DETERMINATION</u> Determine Juvenile Involvement Any reports of maltreatment that do not involve a juvenile will be automatically screened out and sent to a supervisor for a 2nd level review. See <u>definitions</u>. However, all children living in the home of the victim child identified in the report must be considered alleged victim children. Does the Report Meet Abuse, Neglect, &/or Dependency Definitions? Local county child welfare agencies only have the authority to intervene when the allegations, if true, meet the statutory definitions of abuse, neglect, and/or dependency. See <u>definitions</u>. Is the Alleged Perpetrator a Parent, Guardian, Custodian or Caretaker? Reports that do not involve the maltreatment of a child by a parent, guardian, custodian or caretaker will be automatically screened out and sent to a supervisor for 2nd level review, <u>except</u> for those alleging human trafficking. Caretaker Local county child welfare agencies must screen reports to determine whether the alleged perpetrator meets the statutory definition of a caretaker at the time the maltreatment occurred. See Caretaker Definition <u>Decision Tool</u> and <u>definitions</u>. Determination of Caretaker Extended step-relatives such as step-grandparents, step-aunts, step-uncles, and step-cousins entrusted with responsibility for the health and welfare of the child must be considered caretakers. An adult entrusted with the health and welfare of a juvenile is a person who has a significant degree of parental-type responsibility for	The first Mandatory Question asks whether the victim is under the age of 18. If they are not, there is a second question asking whether there are any children under 18. In cases where the report is regarding a victim over 18 and there are additional children in the home, the Intake caseworker will have to continue to obtain the Narrative Information and complete the Screening and Response Tool to assess the safety of the children residing in the home. Caretaker has a legal definition that is separate from that of a parent, guardian or custodian. Please see the <u>Caretaker Definition Decision Tool</u>. The only exception is in cases regarding Human Trafficking. A temporary arrangement for supervision is not the equivalent of entrusting a person with the care of the juvenile. To entrust means the individual is responsible for the health and welfare

Establishing the Authority to Intervene

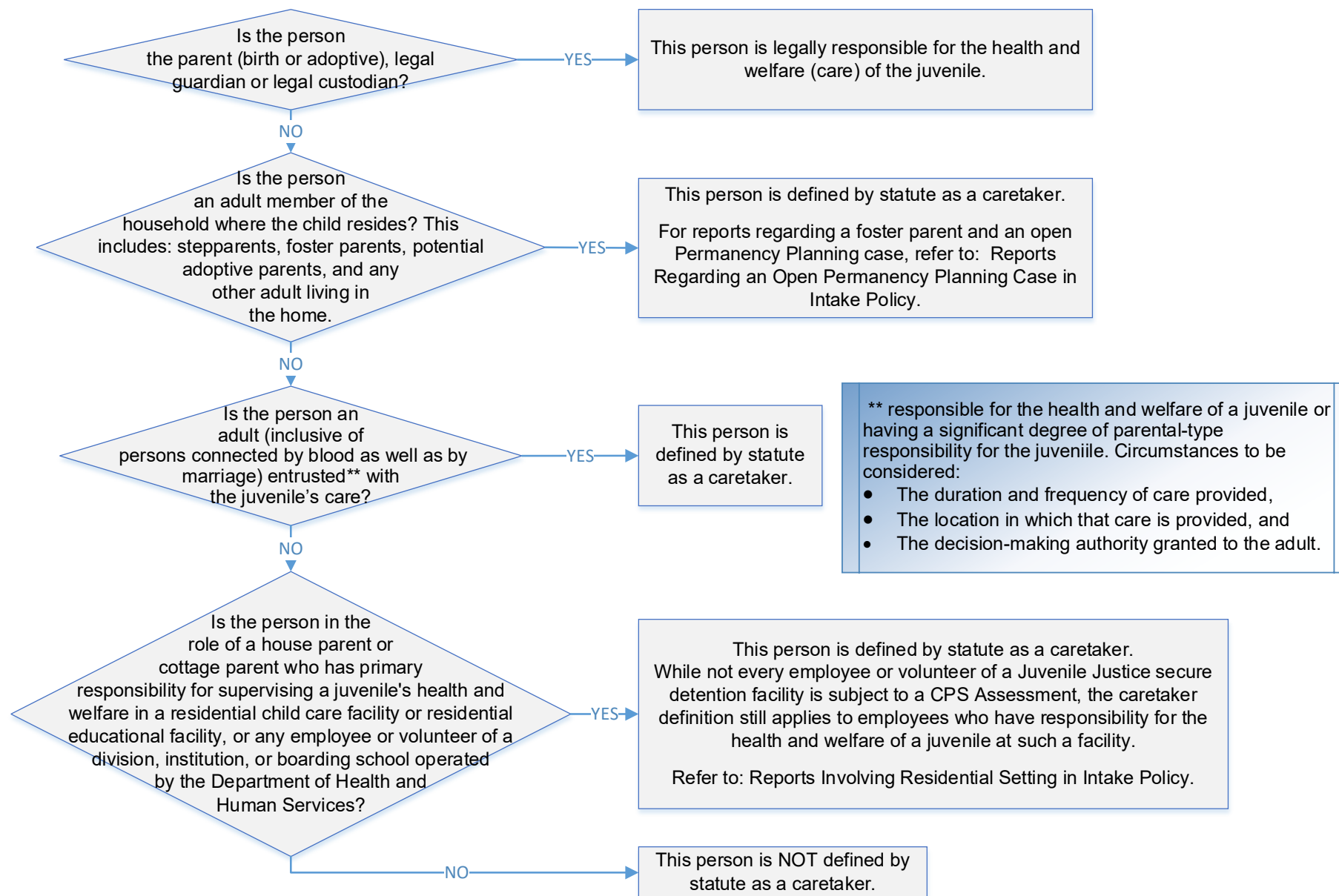
Protocol – What you must do	Guidance – How you should do it
the child. The totality of the circumstances must be considered in these instances including: • The duration and frequency of care provided by the adult; • The location in which that care is provided; and • <u>The decision-making authority granted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

Establishing the Authority to Intervene

Protocol – What you must do	Guidance – How you should do it
information that a child may have been physically (including sexually) harmed in violation of any criminal statute by a non-caretaker, the agency must: • Give immediate verbal notifications to the District Attorney or designee; • Send subsequent written notification to the District Attorney within 48 hours; • Give immediate verbal notification to the appropriate local law enforcement agency; and • Send subsequent written notification to the appropriate local law enforcement agency within 48 hours.	and allow the Assessment caseworker to determine the relationship with the child. If the person maltreating the child is not a caretaker, then the caretaker would need to be assessed for safety because the non-caretaker was “allowed” to maltreat the child.
<u>REPORTS INVOLVING A CHILD FATALITY WITH SUSPICION THAT MALTREATMENT CONTRIBUTED TO THE DEATH</u> At the time of the fatality: • All children residing in the home must be identified on the Screening and Response Tool as victim children • If no other children reside in the home, the local county child welfare agency has no authority to intervene in the case but must make a report to law enforcement. The system will notify the caseworker that a report must be made to law enforcement and the District Attorney. • When the cause of death is suspected maltreatment, a report of the death must be made to NC DSS for a Child Fatality review. See the “Child Fatality Prevention and Review” section of the NC Child Welfare manual.	If a child lives in a home where another child has died because of maltreatment, that child may also have been abused or neglected. It is critical that information regarding risk and safety be carefully gathered and evaluated to determine if the child has been harmed or if there is evidence or suspicion that the other children are being maltreated. When a child fatality is identified the system will provide the following prompt to remind the Intake caseworker to complete the DSS-5009 and email to ncdss.fatalitynotifications@dhhs.nc.gov. “All known child deaths/near fatalities: must be reported to the State Child Welfare Office.”

Establishing the Authority to Intervene

CARETAKER DEFINITION DECISION TOOL



Reports Involving Child Caring Agencies

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

Reports Involving Child Caring Agencies

Reports Involving Child Caring Agencies

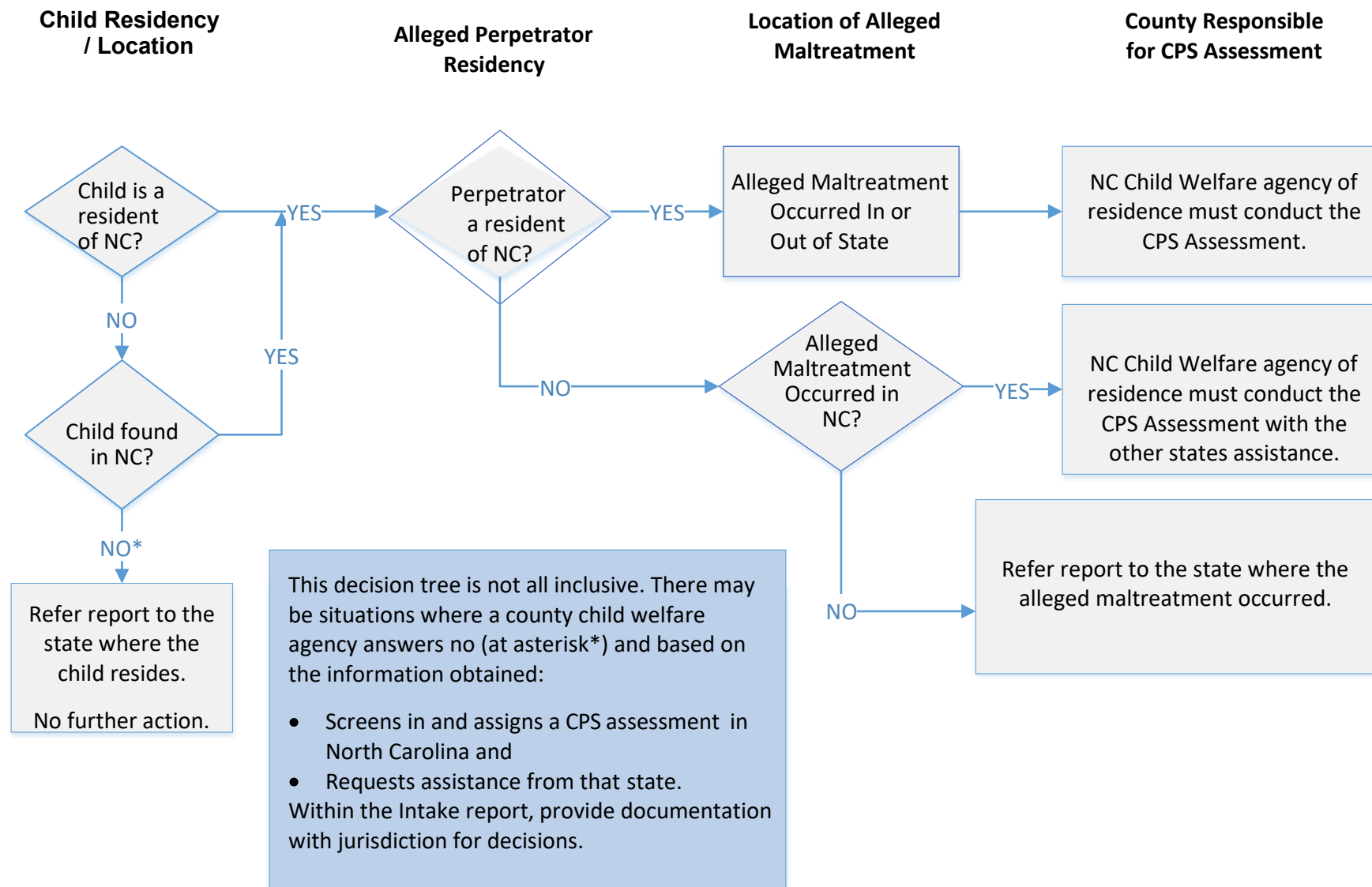
Protocol – What you must do	Guidance – How you should do it
RESIDENCE OR ALLEGED MALTREATMENT IS OUT-OF-STATE - When the report indicates that the case participants (child, parents/caretakers) residence is in North Carolina, but the location of the alleged maltreatment occurred out-of-state, the Intake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

Reports Involving Child Caring Agencies

Protocol – What you must do	Guidance – How you should do it
the child welfare agency should refer that report to the state where the child and parents or caretakers reside. ○ When the report indicates that the residence of both the child and the parents or caretakers is out-of-state and the location of the alleged maltreatment occurred out-of-state, the agency should refer that report to the state where the alleged maltreatment occurred. ● If at any time, the local county child welfare agency where the child is found believes the child is in immediate danger, a petition must be filed, and a non-secure custody order obtained. See Out-of-State Decision Making Tool. REQUESTS/REPORTS FROM OUT OF STATE A new CPS Intake in the PATH NC System must be completed when another state requests that NC continue to provide protective services to children and their families who are now living in NC. NC must determine if: ● NC has statutory authority to intervene (allegations must meet NC definitions) ● The child is in NC in violation of the Interstate Compact for the Placement of Children (ICPC) ○ If court action took place prior to the child(ren) being in NC, a referral to the ICPC office must be made.	Referrals to the ICPC office assures compliance with the ICPC regulations and the continuation of appropriate services to the family. See Permanency Planning in the NC Child Welfare manual.

Reports Involving Child Caring Agencies

Out of State Decision Making Tree



Out-of-Home Care Provider CPS Reports

Protocol – What you must do	Guidance – How you should do it
<u>REPORTS INVOLVING OPEN CHILD PLACEMENT CASES</u> When a child is born to a parent with an open Foster Care case, prior to Termination or relinquishment of their parental rights, a new report must be made to assess the safety of a newborn in a household where other children have been removed. <u>G.S. 7B-101 (15) g.</u> <i>In determining whether a juvenile is a neglected juvenile, it is relevant whether that juvenile lives in a home where another juvenile has died as a result of suspected abuse or neglect or lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home.</i> These reports, absent any other maltreatment reported, must be assessed as a Family Assessment, Physical Neglect—Unsafe Living Conditions. Response Time must be determined based upon current circumstances of the open 109/Permanency Planning case. <u>REPORTS INVOLVING OUT-OF-HOME CARE PROVIDERS</u> Reports that allege a child is being maltreated by an out-of-home care provider, and the out-of-home provider meets the definition of caretaker per G.S. §7B-101, the local county child welfare agency must complete a CPS Assessment using the Investigative Assessment Track. In cases where the report alleges that the child has been maltreated by a licensed foster parent/group home, a notification must be made to NC DSS within 5 days to ensure Licensing and Regulatory are aware. NC DSS licenses all foster parents, therapeutic foster parent, and level 1 group homes. This notification must be made for ALL homes with a foster care license regardless of whether there is currently a foster child in the home. This also includes notification when the victim child is the biological or adopted child of the licensed foster parent and there is a foster child in the home.	<u>REPORTS INVOLVING OPEN CHILD PLACEMENT CASES</u> Additional information provided in the report must be screened for possible maltreatment concerns and assigned an Assessment Type and Response Time per policy. Intake caseworkers should consult with the assigned Permanency Planning caseworker to discuss circumstances of the open case to inform Response Time. For example, if the parents are making progress and risk has been reduced, or the other children are in or ready for trial home placement, it may be appropriate to assign a response time of 72 hours. For cases where there are active safety and risk concerns or parents have made little to no progress, 24 hours or Immediate Response Times should be considered.

Out-of-Home Care Provider CPS Reports

Protocol – What you must do	Guidance – How you should do it
A notification must be made to the Division of Health Service Regulation for all mental health group homes (i.e., Level 2, 3, 4 and Psychiatric Residential Treatment Facility (PRTF)) within 5 days. Additional requirements are contained in “Conflict of Interest” in Cross Function Topics in the NC Child Welfare manual. <u>REPORTS INVOLVING INSTITUTIONAL PLACEMENTS</u> When a report alleges that a child is maltreated in an institutional placement and the person alleged to have maltreated the child is entrusted with the child’s health and welfare, the report must be accepted for CPS Assessment. This includes a correctional officer or any employee with the Division of Juvenile Justice and Delinquency Prevention that has responsibility for the health and welfare of a juvenile. Screened in reports on institutional placements must be assigned as an Investigative Assessment Response and referred to law enforcement when required. Only children identified as victims must be the subject of the Investigative Assessment. However, other children in the institutional setting must be considered as victims if an assessment of the circumstances warrants the inclusion of those children in the Investigative Assessment. Additional requirements are contained in “Jurisdiction” in Cross Function Topics in the NC Child Welfare manual. REPORTS INVOLVING CHILDREN LIVING IN AN INSTITUTIONAL SETTING WHERE A CHILD HAS DIED DUE TO SUSPECTED MALTREATMENT When a report of a juvenile's death, because of suspected maltreatment in an institutional setting, such as a residential child care facility or residential educational facility is received:	

Out-of-Home Care Provider CPS Reports

Protocol – What you must do	Guidance – How you should do it
• The local county child welfare agency must immediately determine if other juveniles remaining in the facility are subject to the alleged perpetrator's care or supervision; and • If so, assess the circumstances of those juveniles to determine whether they require protective services or whether immediate removal of those juveniles from the facility is necessary for their protection (N.C.G.S. §7B-302(b)).	

Multiple Reports Involving the Same Child or Family

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

Multiple Reports Involving the Same Child or Family

Open In-Home Services Cases CPS Reports

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

Reports Creating a Conflict of Interest for the Agency

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

Reports Creating a Conflict of Interest for the Agency

response time determination. The county sending the information must ensure that it is received.

If the county is in the PATH NC System the information must be entered into the system and use the SDM Screening and Response Tool.

The county completing the conflict of interest must make a screening decision and, if accepted, determine the assessment track and response time UNLESS the information provided in the report is urgent and requires an immediate response by the agency receiving the report. Verbal notification must also be made informing the county of the child's location and that initiation has begun by the county receiving the report.

See "Conflict of Interest" in the Cross Function manual in the [NC Child Welfare manual](#) for further information regarding a local county child welfare agency's responsibility when there is a conflict of interest.

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
<u>SCREENING AND RESPONSE TOOL</u> Use of the Screening and Response tool: • Must occur for every CPS report: ○ Regarding a child under the age of 18, and ○ Alleging abuse, neglect, and/or dependency by a parent or caretaker, and/or human trafficking • Provides for accurate, consistent, and equitable screening across the state; and • Determines whether the allegations meet the legal definitions of abuse, neglect and/or dependency. • Determines a Response Time based on the urgency with which the local county child welfare agency needs to respond. Intake caseworkers must have a current knowledge of statutory guidelines to identify and categorize child abuse, neglect and/or dependency allegations. They must also be able to interview a reporter in a way that elicits the reporter’s concern. Intake caseworkers must consider the child’s age, developmental status, other child vulnerabilities, and current family life events. The local county child welfare agency has the authority to intervene only when the allegation, if true, would meet the legal definitions. The appropriate maltreatment must be selected based on the maltreatment screening tools. The first progress tab in the Screening and Response Tool is the Screening and Connecting Maltreatments. There are three maltreatment allegation screening criteria: Abuse, Neglect and Dependency. The Intake caseworker must select each maltreatment allegation subtype that corresponds to the reporter’s concern and the documented referral narrative. The Intake caseworker must connect the participants to the maltreatment types chosen prior to moving to the next section.	The CPS Intake Tool (DSS-1402) is an information gathering tool. NCDHHS, Division of Social Services partnered with Evident Change to develop a Structured Decision Making (SDM) Tool to assist Intake caseworkers in making accurate, consistent, and equitable decisions regarding reports of abuse, neglect, and/or dependency are received. The Screening and Response Tool has been built into the PATH NC system. The Abuse criteria includes Human Trafficking, Physical Abuse, Sexual Abuse, Emotional Abuse/Mental Injury, Moral Turpitude. The Abandonment criteria covers a child of any age who has been abandoned. The Neglect criteria includes Death of a child when maltreatment is suspected and other children are remaining in the home, Physical Neglect, Medical Neglect, Educational Neglect, Illegal Transfer of Custody, and Parent Request to Dismiss Safe Surrender. The Dependency criteria covers Caretakers' Incapacity and Safe Surrender Infants.

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
<u>DETERMINATION OF COUNTY OR STATE ASSIGNMENT</u> The intake decision determines if there is a valid Child Protective Services (CPS) report, how quickly the agency needs to respond, and which local county child welfare agency is responsible for conducting the CPS Assessment. COUNTY ASSIGNMENT The Intake caseworker and supervisor managing the CPS Intake must: • Screen the report; • Determine if the maltreatment alleged in the report is sufficient to warrant intervention based on suspected abuse, neglect, and/or dependency; • Determine how quickly the agency needs to respond; • Determine which local county child welfare agency is responsible for conducting the CPS Assessment; and • Send the reporter notification letter. • Send all other required notifications (i.e. Law Enforcement, DA, DCDEE, DHSR, Military, RAMS) When a reporter contacts a county where the child <u>does not</u> reside, the county receiving the report must still take all the information from the reporter and make verbal notification to the county where the child resides. The county where the child resides must make a screening decision and, if accepted, determine the assessment track and response time UNLESS the information provided in the report is urgent and requires an immediate response by the agency receiving the report. Verbal notification must also be made informing the county of the child's location and that initiation has begun by the county receiving the report. Additional requirements are contained in the "Conflict of Interest" section in the Cross Function manual of the <u>NC Child Welfare manual</u>.	The Intake caseworker should gather the demographic and narrative information, current location of the child as well as any other information needed to make an accurate screening decision. When the Intake caseworker determines there is a conflict of interest or that the child does not reside in their county, the Intake caseworker must send the information in the system to the county that is responsible for assessing the report to complete the Screening and Response Tool in the system. The county with the conflict of interest must make verbal notification and receive confirmation from the receiving county so that a timely assessment can be initiated. The Intake caseworker should not expect the caller to find the correct number to call or make the call to another DSS agency. The caller should be advised that their name and information will be referred to another agency and that, if necessary, this agency may call the reporter seeking more information. The caller should also be advised that this agency will also send them a five-day notification letter. The process of referring the report shall be immediate. The timeframe for initiation begins with the first contact with the reporter. The responsibility for ensuring that the transfer of information occurred lies with the county screening the report.

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
<u>DETERMINATION OF ASSESSMENT APPROACH AND RESPONSE PRIORITY</u> After completing the Screening Criteria, if one of the maltreatment types is selected, the Intake caseworker will be guided by the system to complete the Assessment Track and Response Time. PATH NC is designed to support consistency in the Response Time and Assessment Track by selecting based on the maltreatment types and allegation characteristics chosen. The Response Time and Track progress tab determines the time frame for the response for all reports accepted for a CPS Assessment (Immediate—8 hours, within 24 hours, or within 72 hours) and track (Family Assessment or Investigative Assessment). Intake caseworkers will be directed to the appropriate response matrix, based on the allegation type. The first matrix includes allegations of abuse and certain identified neglect cases: child fatality, near fatality, human trafficking, abuse (physical, sexual, emotional, moral), or abandonment. The second matrix includes allegations of neglect and/or dependency allegations only. If the report includes allegations on both response matrices, the Intake caseworker will complete the first matrix (abuse, abandonment, child fatality, near fatality, human trafficking). All reports that are screened “in” must be assigned for response according to the allegation characteristics selected in the Response Time and Assessment Track progress tab. This will be auto populated based on completion of the tool.	Supervisory Override: An agency may always respond more quickly than the indicated time if there are circumstances or lack of information that indicate the child is possibly at greater risk than indicated by the Response Tool. An agency may not choose a response time that is longer than the indicated response time.

Intake Decision Making

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

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
<u>ASSIGNMENT OF ASSESSMENT APPROACH</u> Regardless of the assignment to either CPS Assessment response, when the local county child welfare agency receives a valid CPS report, the agency must act to ensure the safety of the child through the provision of protective services. As the timeframe for responding to reports of abuse, neglect, and/or dependency begins at the time the reporter contacts the local county child welfare agency, assignment of the report for assessment must occur as soon as the Screening and Response tool is completed.	

Intake Decision Making

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

Notifications

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

Notifications

Protocol – What you must do	Guidance – How you should do it
NON-CARETAKER REPORTS <u>G.S. §14-318.6</u> requires that any person 18 years of age or older who knows or should have reasonably known that a child has been or is the victim of criminal misdemeanor child abuse defined under <u>G.S. 14-318.2</u> or felony child abuse §14-318.4 must notify the local law enforcement agency. In instances of physical harm to a child that violates any criminal statute by a Non-Caretaker, including instances of unsafe discipline that amount to misdemeanor child abuse, the local child welfare agency must: • Give immediate verbal notification to the appropriate local law enforcement agency; and • Send subsequent written notification to the appropriate local law enforcement agency within 48 hours • Give immediate verbal notifications to the District Attorney or designee; • Send subsequent written notification to the District Attorney within 48 hours Notification Requirements: • Juvenile Victim: Name, Age, Address, Current whereabouts • Parent, Guardian, Custodian, Caretaker: Name, Address • Alleged Offender: Name, Age, Address • Other Juveniles present or in danger: Name and Age • Nature, extent or conditions of offense Definitions in Criminal statutes: Misdemeanor child abuse (§14-318.2) is defined as any person (caretaker and non-caretaker) who: inflicts, allows to be inflicted creates a substantial risk of physical injury by non-accidental means. Failure to report crimes against juveniles carries a penalty of Class 1 misdemeanor.	maltreatment of a child by staff of an acute physical care hospital. In some cases, local law enforcement may be investigating the actions of the person who is reported to be directly responsible for the harm to the child while the local county child welfare agency assesses the parent or caretaker's behavior that contributed to the alleged abuse or neglect. Other situations are clearly the responsibility of law enforcement as far as investigation and court action are concerned.

Notifications

Protocol – What you must do	Guidance – How you should do it
Felony child abuse (§14-318.4) • <u>Serious bodily injury</u> (G.S. §14-318.4(d)(1) Bodily injury that creates a substantial risk of death or that causes serious permanent disfigurement, coma, a permanent or protracted condition that causes extreme pain, or permanent or protracted loss or impairment of the function of any bodily member or organ, or that results in prolonged hospitalization. • <u>Serious physical injury</u> (G.S. §14-318.4(d)(2) Physical injury that causes great pain and suffering. The term includes serious mental injury. • <u>Sexually Violent Offense</u> (G.S. §14-208.6(5)) This also includes the following: an attempt, solicitation, or conspiracy to commit any of these offenses; aiding and abetting any of these offenses. • <u>Violent Offense</u> (G.S. 14-318.6(5)) any offense that inflicts upon the juvenile serious bodily injury or serious physical injury by other than accidental means. This term also includes the following: an attempt, solicitation, or conspiracy to commit any of these offenses: aiding and abetting any of these offenses. REPORTER NOTIFICATION For all CPS Intake reports, there must be documentation that: - Written notice was sent to the person making the report within 5 working days after receipt of the report; - The person making the report waived their right to notice; or - The person making the report refused to provide identifying information. The notice to the reporter must include: - A statement about whether the report was accepted for CPS Assessment based on statutory definitions and citing the relevant statutes, and identify the type of CPS Assessment that includes a brief description - The date the report was made;	The requirement for written notification does not negate the local county child welfare agency's ability to share the screening decision with the reporter through other means prior to receipt of the 5-day letter if the inquiry is an effort to provide protective services to the family. Examples of such situations include a hospital social worker wanting to know the screening decision prior to a child's discharge, or a police officer who is waiting for an initiating caseworker to arrive on the scene. Reference G.S. 7B-309 for specific information about the immunity of persons reporting and cooperating in

Notifications

Protocol – What you must do	Guidance – How you should do it
c) The identity of the alleged victim child; for instance, if the reporter specifically identifies the name of a child, use that name; however, if the name is unknown, use the descriptor given by the reporter; d) Information regarding the process by which the reporter may obtain a review of the agency’s decision not to accept the report for CPS Assessment; e) A statement about whether the report was referred to the appropriate state or local law enforcement agency; f) The identity of the county responsible for conducting the CPS Assessment, if different than the county that received the Intake; g) Information and resources on human trafficking, if the report is screened out; h) A statement that encourages the reporter to contact the agency if more information or concerns regarding the child or family surfaces; and i) The name and contact information for the assigned caseworker, the supervisor, or other identified person. If a reporter describes the exact same allegations and incidents that are currently being assessed, the local county child welfare agency must still provide the notification, even if they may not have been the initial reporter. REPORTER REQUEST FOR REVIEW OF THE SCREENING DECISION When the local county child welfare agency determines the allegations do not meet the threshold to screen in the report, the reporter can request a review of the decision to be conducted by the Director or NC DHHS. If NC DHHS determines that the report should have been screened in the local county child welfare agency must screen in the report and complete an assessment based on the findings. Please review the Administrative Policy for details on the review process. NOTIFICATIONS INVOLVING OUT-OF-HOME PLACEMENTS Refer to “Conflict of Interest” in Cross Function Topics in the NC Child Welfare manual for notifications required for out-of-home placements.	an assessment. This can be found in the policy and legal basis section of the CPS Intake Manual. Appropriate information and resources to the reporter may include, but are not limited to: • National Human Trafficking Hotline Number (1-888-373-7888); • Contact information for local agencies serving survivors of human trafficking; and, • Contact information for statewide agencies serving survivors of human trafficking.

Maltreatment Types

Protocol- What you must do	Guidance- How you should do it
<u>MALTREATMENT TYPE</u> Each maltreatment type is listed below and includes when a report must be accepted. Any subtypes that match the narrative information provided by the reporter must be checked in the system. ABUSE Human Trafficking A report regarding a child being directly or indirectly given, promised, or received in exchange for anything regardless of whether the child is used for labor or sex, or to satisfy a debt must be screened for assessment. All reports with allegations of human trafficking must be screened for assessment regardless of the perpetrator's status as a caretaker. Human trafficking does not require the perpetrator to be a caretaker. <u>Child Sex Trafficking</u>: A child who has been or is at risk of being recruited, harbored, transported, provided, solicited, patronized, or obtained for the purpose of sex acts, for anything given or received by any person. This does not require an act of force, fraud, or coercion. <u>Child Labor Trafficking</u> (involuntary servitude of a child): A child who has been allowed, forced, or coerced into performing labor in settings or activities that typically require employment. This can also include children working long hours for little to no pay and working in places or engaging in activities that are illegal for children to perform. <u>Child Trafficking</u>: A child exchanged for anything or as settlement for a debt. This does not have to include the child being used for labor or sex.	Human Trafficking In cases where the perpetrator is not a caretaker, it is critical that the Intake caseworker obtain as much information as the reporter has regarding the caretaker and their knowledge of the situation

Maltreatment Types

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

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

Attachment A

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

- Physical contact with the child's breasts, buttocks, or genitals, or with other parts of the child's body in a sexualized manner.
- Directing, coercing, encouraging, allowing and/or forcing contact between the child and the caretaker's breasts, buttocks, genitals, or other parts of the caretaker's body in a sexualized manner.

Physical or Behavioral Indicators Consistent with Sexual Abuse

When there are concerns that a child has been harmed sexually, the perpetrator is unknown, and the caretaker or adult household member cannot be ruled out a report must be accepted for assessment. Some indicators include:

- A pre-adolescent child that has a sexually transmitted infection, symptoms of a sexually transmitted infection, or otherwise unexplained injuries to the child's genital or anal area.
- A child that has initiated or participated in sex acts that are outside the realm of developmentally normal preadolescent exploration and adolescent behavior. It may occur with caretakers, family members, or peers. Consider the child's age, developmental status, and any power or age differential when assessing this item.
- A child that has initiated sexual acts or activities with caretakers, family members, or any other adult in their life.
- A child that complains of pain in the genital or anal area with no physical explanations for the pain.

Exposure to Sexually Explicit Conduct or Materials

The caretaker or other adult in the household knowingly permits or provides child access to pornographic or harmful sexual material or the witnessing of sexual acts must be accepted for an assessment. This includes a caretaker or adult household member sending sexually explicit photos or videos of themselves, "sexting," and engaging in sexually explicit phone calls (phone sex), video calls, or conversations with a child. This does not include incidents that are accidental or

When the report for maltreatment includes a suspicion of a Sexually Transmitted Infection (STI), it is important to clarify the specific type of infection and the recommended treatment needs.

Maltreatment Types

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

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

Emotional Abuse, Mental Injury

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

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

Maltreatment Types

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

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

Protocol-What you must do	Guidance-What you should do
NEGLECT Death of a Child A report received regarding a child fatality AND concerns for abuse or neglect by a caretaker caused or contributed to the death of a child AND other children reside in the home must be screened for assessment. It is important to consider the information the reporter provides even if the reporter does not raise suspicion. The report must be accepted if the safety of the children who continue to reside in the home is at risk based on the information presented. A report accepted for death of child must be assigned to the Investigative Assessment Track with an Immediate Response Time. Physical Neglect All reports that allege a caretaker is not providing proper care, supervision, discipline, or necessary medical and/or remedial care must be accepted for assessment. This must be determined based on the needs of the child. Unsafe Living Conditions When information is received by the local county child welfare that a child's physical living condition is harmful and/or contains hazards that have led or could lead to the child's injury or illness if not resolved. The allegations must be considered in relation to the child's age, developmental and physical concerns. Some examples to consider (this is not an all-inclusive list) include a home:	Death of a Child Additional questions that can be asked to assist with determining whether to accept a report include: • Did an otherwise healthy child die of unknown causes? • Was the caretaker co-sleeping with the child while under the influence? • Did the child suffer a fatal gunshot wound unsupervised? • Did the child overdose on any substance while unsupervised? • Did the child drown in any type of body of water while they were without supervision? • Was there an unexplained or suspicious head trauma or internal injury? Physical Neglect The necessary care of some children may exceed what is commonly considered normal. This may be the result of medical or mental health conditions, developmental delays, and/or other child characteristics. In cases where the child's baseline requires additional care that the caretaker is not providing should be assessed for the impact on the safety of the child. This should include resources and services that the family is connected with to assist the child. Unsafe Living Conditions When considering whether a child has adequate shelter it is important to consider whether the family has a shelter regardless of the temporary nature of that space. It is also critical to consider the space itself and whether the physical structure itself is safe. The state of the shelter is also important in determining its safety.

Maltreatment Types

Protocol-What you must do	Guidance-What you should do
• That has been condemned or is a fire hazard. • With exposed heaters, gas fumes, or faulty wiring • With no access to fresh water, sanitary waste-management conditions • With broken windows or stairs that pose a danger to children • With human or animal excrement • With insect or vermin infestations • With unsecured/inappropriately stored and easily accessible firearms • With exposure to fentanyl and/or methamphetamine or other drug manufacturing lab (A screened in case for fentanyl and/or methamphetamine or other drug manufacturing lab must receive an Investigative Assessment response) • That includes persistent unsafe sleeping conditions especially for infants younger than one year old • With heavy traffic due to substance use or criminal activity. • Where another child was the victim of abuse or neglect. • A child has been born to a parent with an open Foster Care case, prior to Termination or relinquishment of their parental rights. An assessment of unsafe living conditions must also include situations when a child is exposed to the elements. The caretaker must ensure that the child has adequate shelter. Unsafe Clothing and Hygiene Reports that include allegations that a caretaker is not meeting a child's basic needs for clothing and/or hygiene and it is impacting the child's daily activities or will be adversely impacted without intervention must be accepted. This can be demonstrated by a child developing or suffering worsening of an injury or illness (e.g., sores, infection, tooth pain or loss, severe diaper rash, physical illness, hypothermia, or frostbite).	Please Note: Substance use is no longer a separate maltreatment type. The use of substances alone, regardless of its legal status or whether it is taken as directed, is not considered neglect. Additional information provided in the report must be screened for possible maltreatment concerns and assigned an Assessment Type and Response Time per policy.

Maltreatment Types

Protocol-What you must do	Guidance-What you should do
Unsafe Food/Nutrition The report should be screened in when a caretaker is not providing sufficient food or hydration to meet minimal nutritional requirements for the child. When the only information available is that there is no food in the home, the report must be accepted for assessment. The Intake caseworker must include any diagnosis or indicators of non-organic failure to thrive made by a qualified medical professional. Unsafe Supervision When allegations include that the child is left alone or inadequately supervised and the child has been injured or the child could have been injured due to the caretaker's lack of attention or supervision must be accepted for assessment. This includes situations in which the caretaker is physically present, but unable or unwilling to meet the child's supervision needs. Examples include but must not be limited to the following: • A child younger than 8 years old has been left alone. • A child of any age that has been left unsupervised with responsibilities beyond the child's capabilities.	Unsafe Food/Nutrition A child that experiences significant lack of food or hunger due to lack of food should be considered for screen in, but the Intake caseworker should consider statements from the reporter about what food is in the home as well as access to food through schools, family, and neighbors' homes where the children spend significant time. Consideration should be given to community resources such as meal programs and food distribution that the family has accessed to meet their needs. The parent/caretaker needs to provide sufficient food for the child to prevent nutritional deficiencies. A report would be accepted in situations where adequate food has not been provided for a timeframe that interferes with the health needs of the child based on

Maltreatment Types

Protocol-What you must do	Guidance-What you should do
• A child in the care of an older sibling or minor babysitter who cannot or will not provide adequate care and supervision. • The adult caretaker is not meeting the child's needs for supervision, considering the child's age and developmental status. • Child-on-child sexual abuse occurs or continues due to lack of supervision. Unsafe Discipline Children who are four and older who receive reports that include physical discipline that results in minor bruises, welts, or other soft-tissue injuries on the buttocks, back, legs, and/or arms that do not require medical attention must be accepted for assessment. This is not the appropriate screening decision for children of any age with allegations that include choking, blocking the child's airway and/or punching or kicking in the head, stomach, or vulnerable areas, regardless of whether an injury is visible. These allegations must be screened as physical abuse. Children three years old and younger should not be subject to corporal punishment. Any allegations of marks on a child three years old or younger because of physical discipline must be screened for Physical Abuse-Excessive or Cruel Punishment.	age and other conditions. A CPS Assessment to determine whether food neglect exists must occur when a child shows symptoms of malnutrition, dehydration, or food poisoning. Unsafe Supervision The Intake caseworker should gather additional information about any child that has been left unsupervised to include whether there are measures in place including a support system, ability and knowledge of the child to make contact in the case of an emergency. These things should be considered in relation to the child's age, developmental ability, and mental health. This consideration should also include the location of the child and the length of time alone and the time of day. When the babysitter or older sibling providing supervision is a minor their age, developmental ability, and mental health should also be considered in regard to whether they are capable of providing care to others. If a caretaker is aware of a child's previous behaviors that indicated that they needed a more structured supervision plan and the caretaker failed to put one in place, a report should be considered based on the safety of that child with the past behaviors. It is important to get sufficient information at Intake regarding the behavior of the parent(s), as well as the behavior of the minor child(ren). When the parent has no knowledge of the child's sexual activity, the child's age, behaviors, and developmental level as well as any power and control dynamics between the children impact whether a CPS Assessment should be accepted. In situations where a caretaker is consuming alcohol/drugs with the child, unsafe supervision should be considered as the parent may not be providing adequate supervision. Unsafe Discipline

Maltreatment Types

Protocol-What you must do	Guidance-What you should do
Exposure to Violence in the Home/Injurious Environment In situations where a child has been exposed to or is aware of violence and there is a lack of attention to the impact it has on the child's welfare must be accepted for assessment. This item also includes an environment that is injurious to the child. Examples include but must not be limited to: • A child in a household where an adult is the victim of physical assault, sexual assault, or mental injury by an intimate partner. • A child who has seen, heard, tried to intervene in, or is aware of physical altercations, verbal threats of violence, or intimidation between adults in the home. This could be a single incident that resulted in injury to or arrest of a caretaker or involve the use of a weapon. This could also be a pattern of behavior that would be of lesser concern if it was a single incident. In reports where allegations include a child who has been injured or threatened with injury, Physical Abuse must also be screened. Substance Affected Infant Any infant born exposed to substances that are not attributed to medical treatment to include medication-assisted treatment, and exposure is indicated by any of the following:	The Intake caseworker should consider the totality of the circumstances, including severity of discipline, child's age, any developmental delays, and whether the child is medically fragile or otherwise more vulnerable when determining if the punishment is screened as neglect or abuse. It may be necessary to review <i>Physical Abuse – Serious physical injury inflicted by action of caretaker</i> or <i>Physical Abuse – Excessive or cruel punishment</i> to make the correct screening decision. Exposure to Violence in the Home/Injurious Environment For the purposes of child welfare, the Intake caseworker should consider Domestic Violence(DV) 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. Intimate Partner Violence (IPV), previously referred to as domestic violence, is a pattern of coercive control against one or more intimate partners. This pattern of behavior may continue after the end of a

Maltreatment Types

Protocol-What you must do	Guidance-What you should do
• Infant's positive toxicology screen for drugs or alcohol, other than prescribed AND • a medical impact to the child (i.e. hospitalization as a direct result of withdrawal or medical condition that requires ongoing medical care that is directly attributed to the drugs or alcohol in the child's system); OR • demonstrating behavioral impact on the parent's ability to care for the infant; OR • there are other maltreatment concerns, including the parent's ability to care for the infant OR a pattern of substantiations or findings. • A mother's positive toxicology screen at delivery for drugs or alcohol, other than as prescribed AND there is the demonstration of a behavioral impact on mother's ability to care for the infant; • A mother's positive toxicology screen at delivery for drugs or alcohol, other than as prescribed AND a pattern of substantiations, findings, or services for substance use; • An infant has one of the following diagnoses: fetal alcohol syndrome (FAS), partial FAS, neurobehavioral disorder associated with prenatal alcohol exposure, alcohol-related birth defects, or alcohol-related neurodevelopmental disorder. If a report alleges that an infant had a positive drug toxicology screen or is experiencing withdrawal symptoms AND it is known that the drug is a medication prescribed to the mother that is being used appropriately (as prescribed by the provider), then the report should not be accepted on this basis alone. This includes medication-assisted treatment of opioid use disorders.	relationship or when the partners no longer live together. The perpetrator's actions can directly involve, target, and impact children in the family. If there is an allegation of abuse directly related to IPV and the alleged perpetrator is a caretaker, the allegations should be considered for acceptance. The adult victim of IPV should not be identified as a perpetrator unless the allegations include them playing an active role in the safety concerns of the child. Substance Affected Infant Medication-assisted treatment means the use of pharmacological medications administered, dispensed, and prescribed in a Substance Abuse and Mental Health Services Administration (SAMHSA)–accredited and certified opioid treatment program or by a certified practitioner licensed in North Carolina to practice medicine, in combination with counseling and behavior therapies to promote a whole-patient approach to the treatment of substance use disorder. During the screening process, a child welfare agency may share confidential information with public and private agencies that are providing or facilitating protective services. To comply with confidentiality laws and to ensure that a plan of safe care can be created for every infant, it is important that the CMARC referral be made during the screening of the report and prior to deciding to the screening decision. The timing of the referral is critical because confidentiality laws will prohibit a child welfare agency from making the referral to CMARC if the report has already been screened out and child protective services are no longer being provided.

Maltreatment Types

Protocol-What you must do	Guidance-What you should do
Parent, Guardian, or Custodian Has Refused to Follow the Recommendations of the Juvenile and Family Team Any reports where the parent, guardian, or custodian is refusing to follow the recommendations of the Juvenile and Family Team, AND <u>this refusal causes abuse, neglect and/or dependency or puts the juvenile at substantial risk of harm</u> must be accepted for assessment. There must be abuse, neglect, and/or dependency or a substantial risk of harm to the child as a result of non-compliance for a report to be accepted for assessment. Juvenile and Family Team is a component of Juvenile Justice specifically designed to develop court-ordered recommendations for services and compliance for <i>vulnerable juveniles</i>, 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.” Medical Neglect Physical Health When allegations include a caretaker delaying, refusing, or failing to seek, obtain, and/or maintain necessary medical, dental, hearing, and/or vision care and the caretaker knows or should have known that the decision would adversely impact the child must be accepted for report. This item includes a caretaker missing or not scheduling appointments, rehabilitative therapies, or other necessary medical, dental, hearing, or vision care and this resulted in the child’s deteriorating health, lingering illness, or exacerbating an injury.	Please Note: Substance use is no longer a separate maltreatment type. The use of substances alone, regardless of its legal status or whether it is taken as directed, is not considered neglect. It becomes problematic when the substance use rises to the level that the caretaker is willing to place their needs to satisfy the addiction above providing proper care to the child. The Intake caseworker should gather as much information as possible about the caretaker’s use and its impact on the safety of the child. The Intake caseworker should consider whether the behaviors should be accepted under one of the other maltreatment types and document the substance use in the narrative box. Parent, Guardian, or Custodian Has Refused to Follow the Recommendations of the Juvenile and Family Team All allegations should be considered and may require the Intake caseworker to review other Maltreatment types. The Intake caseworker should gather as much information as possible regarding the impact the non-compliance of the parent is having on the safety of the child. The juvenile court counselor serves the vulnerable juvenile through case management services for up to nine months. Article 27A includes the following list of services that can be recommended: • Attend all scheduled meetings with the juvenile court counselor. • Attend all parental responsibility classes. • Obtain medical, surgical, psychiatric, or psychological evaluation or treatment for the vulnerable juvenile or parent/guardian/custodian. • Comply with recommendations of the juvenile court counselor.

Maltreatment Types

Protocol-What you must do	Guidance-What you should do
<u>Mental Health</u> A report should be accepted when a caretaker delays, refuses, or fails to seek, obtain, and/or maintain necessary mental health and substance use treatment and the caretaker knows or should have known that the decision would adversely impact the child. This item includes a caretaker: • Missing appointments, therapies, or other mental/behavioral health care for a child with a diagnosed mental/behavioral health condition. • Withholding or failing to obtain or maintain necessary treatment for a child with life-threatening, acute, or chronic mental/behavioral health conditions. • Failing to obtain or withholding substance use treatment for a child with a known substance use concern. Educational Neglect	Medical Neglect <u>Physical Health</u> If the child has exceptional needs, such as being medically fragile, which the parent/caretaker does not or cannot meet, a CPS Assessment may be warranted. Such actions may include but are not limited to the following: • Withholding or failing to obtain or maintain medically necessary treatment for a child with acute or chronic medical conditions that impact quality of life or are life threatening. • Failing to provide comfort measures to infants and children with a life-threatening condition. Failure to provide the child with immunizations or routine well child visits in and of itself does not constitute neglect. A parental decision not to provide a child with behavior modification medication in and of itself does not constitute neglect. An allegation of neglect based solely on a child having head lice is not appropriate for CPS Assessment. This condition could arise in any number of ways and is not, in and of itself, an indicator of neglect. Collecting information regarding the parent/caretaker's attempts towards treating head lice, as well as, whether public health has intervened is important. <u>Mental Health</u> Mental health conditions include serious depression, anxiety, and substance use concerns with behaviors such as: • Suicidal/homicidal ideation, action, or attempts • Self-harm • Overdose/near overdose

Maltreatment Types

Protocol-What you must do	Guidance-What you should do
Any caretaker that fails to ensure that their school-age child (ages seven through 15, or age of enrollment if younger than seven) is provided with an education must be assessed for educational neglect. Some additional examples of allegations that must be accepted include: • A child between the ages of seven through 15 (school-age child) who is not enrolled in school AND is not registered in a homeschooling program with the Division of Non-Public Education. • A reporting source that is not school personnel and has no details about the school's action to engage the caretaker with concerns that a school-age child has excessive unexcused absences during the academic year that are negatively impacting the child. • A reporting source that is not school personnel and has no details about the school's action to engage the caretaker with concerns that a school-age child is not receiving a sanctioned education. • A caretaker who refuses to allow or fails to obtain recommended special education or remedial education services for a school-age child. • A school-age child who has excessive unexcused absences this academic year, and despite formal intervention by the school, the school reports that the caretaker has been unable to be contacted, has been uncooperative with school officials, or cannot provide an appropriate explanation for the child's absences. Intervention by DSS must occur only after the school's efforts have proven to be unable to ensure the child's attendance. • Other situations in which the information provided indicates that the caretaker refuses to allow or appears unable to support the child in attending school, including allegations that child is working or caring for other family members rather than meeting minimal schooling requirements or school attendance. Transfer of Custody (Illegal Placement/Adoption)	A situation in which a child refusing to attend their scheduled appointments with a therapist while the caretaker is making every effort to support and encourage the child to keep the appointment is not sufficient information to accept a report. A parental decision to decline behavior modification medication does not necessarily constitute neglect. Educational Neglect In North Carolina, children between the ages of seven and sixteen must be enrolled in a public school or an equivalent or receive private instruction through home schooling. This includes children under the age of seven who have been enrolled in school (i.e. a five year old who has been enrolled in Kindergarten) Educational neglect may take the form of failure to home school, to register, or to enroll a child of mandatory school age. Educational neglect may take the form of permitted chronic truancy, failure to enroll or provide alternative education, or inattention to special education needs. When a report is made by school personnel, the Intake caseworker should gather additional information regarding the school's engagement with the family and any attempts to engage the caretaker as well as any maltreatment contributing to the child missing school. N.C.G.S. §115C-378 describes a school principal's responsibilities with regards to children who are repeatedly absent and the circumstances in which a principal must notify DSS regarding unlawful absences. The allegation of chronic truancy does not pertain to children who willfully refuse to attend school. The North Carolina Court of Appeals found neglect where a father refused to send his mentally handicapped child to public school, and

Maltreatment Types

Protocol-What you must do	Guidance-What you should do
When a report includes allegations that a caretaker transferred the physical custody of the child in violation of an adoption, court order, or lawful authorization to an individual that does not have a substantial relationship with the child AND is not a relative must be accepted for assessment. This includes: • A caretaker was paid or accepted an offer of payment (it does not have to be monetary) for the placement or adoption of a child. • A caretaker who places a child with an alternate caregiver without the authority to do so. • A child placed in violation of the Interstate Compact on the Placement of Children. PARENT REQUESTS TO DISMISS SAFE SURRENDER A parent who safely surrendered their infant and has contacted the agency to regain custody of the infant must be accepted for assessment.	its special education programs, because the father insisted on educating his children at home. <i>In re Devone</i>, 86 N.C. App. 57 (1987) the court noted that the child needed additional stimulation outside the home and that denial of the remedial care available in the public schools constituted neglect and lack of proper care. Transfer of Custody (Illegal Placement/Adoption) An adoptive parent, or their designee may pay medical expenses, counseling services expenses, and/ or reasonable or actual expenses for ordinary living expenses, etc. for a mother. ICPC is a legally and administratively sound means of placing children across state lines with the same safeguards and services that are available when they are placed within their own state. Placements across state lines require the cooperation of agencies in ensuring that potential placements are evaluated for suitability and that supervision will be provided for the time necessary to determine that the placement is in the child's best interest. PARENT REQUESTS TO DISMISS SAFE SURRENDER This can only be selected in circumstances in which the agency determined that the infant's surrender met criteria for Safe Surrender infant, and the person requesting custody can demonstrate, or there is reason to believe, they are a parent that safely surrendered the infant. Please see <u>§ 7B-527. Rights of surrendering parent</u> for additional information. The Intake caseworker should accept the report for Family Assessment as long as there are no other contributing factors or additional maltreatment allegations that would require an Investigative Assessment.

Maltreatment Types

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

Maltreatment Types

Protocol-What you must do	Guidance-What you should do
DEPENDENCY When a caretaker is unable to care for a child as a result of incarceration, hospitalization, physical or mental incapacity AND there is no safe alternative a report must be accepted. Dependency also includes when a caretaker's ability is substantially impaired to the extent that they are unable to meet the child's basic needs. This could be due to a prescribed medication, physical illness, or emotional state that affects alertness, availability, and decision making. A report for dependency should be accepted in cases where a child is being discharged from a hospital or facility and the caretaker has communicated that they are unable to meet the needs for the child safely in the home AND has participated in attempting to find an appropriate placement. SAFE SURRENDER INFANT A report for dependency must be accepted for all infants less than 30 days old who are safely surrendered by a parent voluntarily delivering the infant to one of the safe persons listed below and does not express an intent to return for the infant. • A health care provider, as defined under G.S 90-21.11, who is on duty or at a hospital or at a local or district health department or at a nonprofit community health center. • A first responder who is on duty, including a law enforcement officer, a certified emergency medical services worker, or a firefighter. • A social services worker who is on duty or at a local department of social services If, after the infant has been safely surrendered, the parent returns for the child the report must be accepted for a family assessment to ensure the safety of the home.	DEPENDENCY If the caretaker has made a care plan for the child with a safe adult or is otherwise able to safely mitigate the impact of their incapacity on the child, this item should not be selected. SAFE SURRENDER INFANT It is important to note that in North Carolina the infant must be safely surrendered to a person. While there are instances listed in statute that identify places, the requirement is that the child be given to one of the identified "safe" persons. NCGS 7B-522 states that any of the safe persons listed who takes an infant into temporary custody must perform any act necessary to protect the physical health and well-being of the infant and immediately notify the department of social services in the county where the infant is surrendered. If the child the child is surrendered to any of the safe persons the individual may inquire as to the parents' identities, the date of birth of the infant, any relevant medical history, and the parents' marital status and may advise the parent that if the parent provides that information, it may facilitate the adoption of the child. However, the parent must also be notified that they are not required to provide the

Maltreatment Types

Protocol-What you must do	Guidance-What you should do
	information. The individual, if practical, shall provide the surrendering parent with written information regarding the next steps.

Response Time and Track

Attachment B

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

Consider child's age and developmental status, allegation severity, access of alleged perpetrator, and presence in the response criteria. After choosing the correct criteria the matrix will provide the appropriate response time (immediate—8 hours, within 24-hours, or within 72-hours). For an immediate response, initiation must occur at once, immediately after completion of the Intake report. The response should never exceed 24 hours for a report alleging physical or sexual abuse. The response should never exceed 72 hours for a report alleging neglect or dependency.

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

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

Response Time and Track

Attachment B

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

Attachment B

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

Attachment B

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

Allegation Characteristics	Response Track
NEGLECT AND DEPENDENCY ALLEGATIONS When the report includes neglect and/or dependency allegations only, the screener will be directed to this matrix, which identifies criteria for both response time (immediate—8 hours, within 24 hours, within 72 hours) and response track (Investigative Assessment or Family Assessment). If response track for neglect or dependency includes any of the following, the response must be changed to investigative assessment response: • A child exposed to a methamphetamine lab • Medical neglect of a disabled infant with a life-threatening condition • A child is in the custody of child welfare or placed in foster care, a group home, or residential care • A physician or law enforcement officer has taken emergency custody • A child is admitted to the hospital due to suspected abuse or neglect	Investigative Assessment
Allegations that do not meet criteria for an Investigative Assessment.	Family Assessment

Response Time and Track**Attachment B**

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

Response Time and Track**Attachment B**

Allegation Characteristics	Response Time
This should be checked when the report includes one of the criteria below: • A Safe Surrender infant • The situation is currently unsafe/harmful or will deteriorate to unsafe/harmful within the next 24 hours. Consider child's age and developmental status, allegation severity, and presence or absence of other responsible adults. • A child needs urgent or emergent medical or mental health care for illness or injury due to alleged neglect. • A child is afraid to go home and/or has a credible fear of experiencing abuse in the care of the alleged perpetrator within the next 24 hours. • A family may leave their current location and CPS may not be able to find them. • A child under the age of 8 who is currently alone. • Forensic considerations would be compromised with a slower response. • A child 12 years or younger self-reports to the county DSS agency.	Immediate Initiation must occur at once, immediately after completion of the intake report.
• A child has visible injuries due to neglect that do not require urgent or emergent medical care. • The situation will likely deteriorate to an unsafe/harmful situation within the next 72 hours. Consider the child's age and developmental status, allegation severity, access of alleged perpetrator, and presence or absence of other responsible adults. • Investigative assessments not already identified as immediate or within 24 hours	Within 24 hours
Allegations that do not meet the criteria for an immediate response or a response within 24 hours.	Within 72 hours

END OF CPS INTAKE POLICY, PROTOCOL, & GUIDANCE SECTION