

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

County #: _____ Case #: _____

Assigned Worker: _____ Supervisor: _____

I. HOUSEHOLD / FAMILY COMPOSITION/ INDIVIDUAL CASE DECISION INFORMATION

a. Child full name/nickname	b. SIS # (11 digits)	c. Child's date of birth	d. Child's race	e. Child's ethnicity	f. Child's sex	g. Are you part of Federally recognized tribe? If so what tribe	h. Child's school/grade	i. Child's primary language	j. Child's status	k. Social Security Number
1.					<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	
2.					<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	
3.					<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	
4.					<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	
5.					<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	
6.					<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	

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l. Adult full name/nickname	m. Relationship to child(ren)	n. Adult's date of birth	o. Adult's race	p. Adult's ethnicity	q. Adult's sex	r. Are you part of Federally recognized tribe? If so what tribe	s. Adult's employer / Military affiliation	t. Adult's primary language	u. Custodial parent?	v. Social Security Number
1.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr style="width: 50%; margin-left: 0;"/> <input type="checkbox"/> Other:				<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr style="width: 50%; margin-left: 0;"/> <input type="checkbox"/> Other:				<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr style="width: 50%; margin-left: 0;"/> <input type="checkbox"/> Other:				<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr style="width: 50%; margin-left: 0;"/> <input type="checkbox"/> Other:				<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr style="width: 50%; margin-left: 0;"/> <input type="checkbox"/> Other:				<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr style="width: 50%; margin-left: 0;"/> <input type="checkbox"/> Other:				<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch: _____		<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Household physical address: _____
2. Household mailing address (if different than physical address): _____
3. Contact numbers: _____
4. Other information: _____

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NON-RESIDENT PARENT(S) & CARETAKER(S)

w. Adult full name/nickname	x. Relationship to child(ren)	y. Adult's date of birth	z. Adult's race	aa. Adult's ethnicity	bb. Adult's sex	cc. Are you part of Federally recognized tribe? If so what tribe	dd. Adult's employer / Military affiliation	ee. Adult's primary language	ff. Custodial parent?	gg. Social Security Number
1.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr/> <input type="checkbox"/> Other:				<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr/> <input type="checkbox"/> Other:				<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr/> <input type="checkbox"/> Other:				<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr/> <input type="checkbox"/> Other:				<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr/> <input type="checkbox"/> Other:				<input type="checkbox"/> male <input type="checkbox"/> female <input type="checkbox"/> Gender Non-Conforming	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Household physical address: _____
2. Household mailing address (if different than physical address): _____
3. Contact numbers: _____
4. Other information: _____

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II. CASE INFORMATION

1. Date of Original Report: _____
2. Date of Initiation: _____
3. Initiation Worker (if different than assigned worker): _____
4. Is this report an assist for another county? YES NO If yes, what county? _____
5. New report on this open assessment: YES NO N/A Explain: _____

6. If response method is switched, consultation with a supervisor is required.
Date: _____ Rationale: _____

7. Previous CPS history check (for all members of the household)
 - a. Previous county agency CPS record reviewed:
 YES NO INFORMATION IN RECORD
 - b. Central Registry check:
 YES NO INFORMATION IN RECORD
 - c. Finding of Substantiation, Services Needed, and/or Significant Ongoing History
 YES NO INFORMATION IN RECORD

If CPS history for any member of the household is found, describe that history and associated findings:

8. Other systems / other open county agency services check: Identify system and findings:

III. CIVIL / CRIMINAL RECORDS

(List / attach **relevant** information. Checks to be completed on all members of the household unless indicated otherwise.)

1. [NCGS 50B](#) Order currently in place as per Administrative Office of the Courts (AOC):
 YES NO INFORMATION IN RECORD
2. Civil Case Processing System check:
 YES NO INFORMATION IN RECORD
3. Criminal history check for all persons **16 years of age or older** residing in the home per ACIS:
 YES NO INFORMATION IN RECORD
4. 911 Response log reviewed:
 YES NO INFORMATION IN RECORD

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IV. DILIGENT EFFORTS TO INITIATE CASE

Thoroughly document all attempts to initiate and make contact with the family.

a. Date	b. Time	c. Type of contact	d. Person contacted / relationship	e. Results of attempt to initiate

V. CPS INITIATION

Allegations:

Responses to following questions must be supported by the narrative, i.e., the initiation narrative must include the details regarding questions 1. – 7. i.e., who was provided the MRS brochure, interaction and interviews with child(ren) and parents.

1. Were allegations discussed during initial contact? YES NO If not, explain:

2. If parent/caretaker was not contacted prior to the initiation, please explain.

3. Were all children seen and interviewed separately within initiation response timeframe?
 YES NO If no, explain:

4. Were parents of the children seen and interviewed on the same day as the children? YES NO

5. Did a home visit occur on the same day as victim child(ren) was interviewed? YES NO

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For questions 3.-5. if the response is NO consultation with a supervisor is required and must be documented.

6. CPS / MRS / Judicial Review (RIL) process fully explained to family & MRS brochure provided:
 YES NO

7. Possible case decision findings explained to family: YES NO

8. INITIATION NARRATIVE

Be sure to discuss with the family the nature of **ALL** of the allegations at this initial contact.

9. Report indicates that child has injuries, marks, bruises, is a potential victim of sexual abuse, or other (explain): _____ N/A

a. Assessor completed body inventory/observation: _____

b. Child has marks, bruises, welts, old scars, etc.: _____

c. Photographs taken: _____

d. Referral for CME or CFE or medical treatment needed: _____

e. LE / DA notified if appropriate: _____

10. Child is nonverbal YES NO (explain observations of child and his/her interaction with family if nonverbal): _____

11. Parent / Caregiver / Temporary Safety Provider received a copy of the initial safety assessment:
 YES NO (if "NO" explain): _____

VI. SEEMAPS

(Social, Economic, Environmental, Mental health, Activities of daily living, Physical health and a Summary of strengths) Ask questions regarding the family, not necessarily related to the allegations, to assess family strengths and needs, including any possible history of domestic violence, substance abuse, discipline methods used, etc.

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5. Specialist name: N/A
Contact information:
6. Place of birth (city, state, hospital): N/A
Any issues at birth?
7. Does child have any allergies (food, medication, animals, etc.)? YES NO If yes, identify allergy and describe the reaction.
8. Medication name & use (include dosing, dispensing, & refill information): N/A
9. Status of child(ren)'s immunizations: up-to-date other:
10. How is child doing in general with eating, drinking, sleeping and otherwise?
11. Family's status as related to health insurance: Medicaid Health Choice Private None
12. Explain any medical issues for family members: N/A
13. Explain any mental health and/or substance abuse issues for family members: N/A
14. Explain any educational issues / challenges facing family members: N/A

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15. Explain the need for any child in the family under the age of 3 to be referred to CDSA in cases in which the social worker has determined the need for a referral or in cases in which item S6 on the Family Strengths and Needs Assessment is scored a "1" or a "3" (Need) OR describe any ongoing services already in place: N/A

16. Home visit completed of the entire home and any outside structures the child(ren) may have access to:
 YES NO If no, explain:

17. Discuss environmental/safety factors.

- i. Safe sleeping arrangements for infants discussed with family (for more information see [Safe Sleeping Arrangements](#)): YES NO N/A
- ii. Fire safety plan discussed with family: YES NO
- iii. Functioning smoke detectors in home verified: YES NO
- iv. Are there firearms in the home or on the property? YES NO
If yes, are firearms safely stored (as per [GS 14-315.1](#)): YES NO Explain: N/A

As a result of the information above, this worker took / needs to take the following action:

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IX. ONGOING CASE ACTIVITIES AND CONTACTS

Repeat as needed for all activities, including referrals, meetings and contacts throughout the CPS Assessment.

<p>1. Date: _____</p> <p>2. Name / Relationship: _____</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other: _____</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other: _____</p> <p>5. Safety/Risk Addressed During Contact: _____</p> <p>6. Narrative:</p>
<p>1. Date: _____</p> <p>2. Name / Relationship: _____</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other: _____</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other: _____</p> <p>5. Safety/Risk Addressed During Contact: _____</p> <p>6. Narrative:</p>
<p>1. Date: _____</p> <p>2. Name / Relationship: _____</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other: _____</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other: _____</p> <p>5. Safety/Risk Addressed During Contact: _____</p> <p>6. Narrative:</p>
<p>1. Date: _____</p> <p>2. Name / Relationship: _____</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other: _____</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other: _____</p> <p>5. Safety/Risk Addressed During Contact: _____</p> <p>6. Narrative:</p>

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4. Type of Activity: family contact collateral contact referral (identify type of referral in narrative) record review staffing meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) other: _____

5. Safety/Risk Addressed During Contact: _____

6. Narrative:

1. Date: _____

2. Name / Relationship: _____

3. Method of contact: phone call home visit (provide address in narrative if not at family address) office visit school visit other: _____

4. Type of Activity: family contact collateral contact referral (identify type of referral in narrative) record review staffing meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) other: _____

5. Safety/Risk Addressed During Contact: _____

6. Narrative:

1. Date: _____

2. Name / Relationship: _____

3. Method of contact: phone call home visit (provide address in narrative if not at family address) office visit school visit other: _____

4. Type of Activity: family contact collateral contact referral (identify type of referral in narrative) record review staffing meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) other: _____

5. Safety/Risk Addressed During Contact: _____

6. Narrative:

1. Date: _____

2. Name / Relationship: _____

3. Method of contact: phone call home visit (provide address in narrative if not at family address) office visit school visit other: _____

4. Type of Activity: family contact collateral contact referral (identify type of referral in narrative) record review staffing meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) other: _____

5. Safety/Risk Addressed During Contact: _____

6. Narrative:

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<p>1. Date: _____</p> <p>2. Name / Relationship: _____</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other: _____</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other: _____</p> <p>5. Safety/Risk Addressed During Contact: _____</p> <p>6. Narrative:</p>
<p>1. Date: _____</p> <p>2. Name / Relationship: _____</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other: _____</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other: _____</p> <p>5. Safety/Risk Addressed During Contact: _____</p> <p>6. Narrative:</p>
<p>1. Date: _____</p> <p>2. Name / Relationship: _____</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other: _____</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other: _____</p> <p>5. Safety/Risk Addressed During Contact: _____</p> <p>6. Narrative:</p>
<p>1. Date: _____</p> <p>2. Name / Relationship: _____</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other: _____</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other: _____</p>

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X. JUVENILE PETITION (N/A for this section)

- a. Was a juvenile petition filed in relation to this case? YES NO
- b. Was non-secure custody assumed? YES NO
- c. Placement of the child(ren): _____

XI. STRUCTURED DECISION-MAKING TOOLS

(Please verify by checking that following tools have been completed, discussed with family, and are placed in the case file)

- [DSS-5231](#) North Carolina Safety Assessment (if case is being closed with no further action there must be a Safety Assessment with a Safe finding).

Safety Outcome: Safe: Safe with a Plan: Unsafe:

- [DSS-5230](#) North Carolina Family Risk Assessment of Child Abuse / Neglect

Risk Assessment Outcome

Neglect Score	Abuse Score	Risk Level
Override: <input type="checkbox"/> YES <input type="checkbox"/> NO		

- [DSS-5229](#) North Carolina Family Assessment of Strengths and Needs.

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XII. TWO-LEVEL REVIEW STAFFING AND CASE DECISION SUMMARY

Case Decision Summary

Give rationale for both “yes” and “no” answers to the following questions.

1. Has the maltreatment occurred with frequency and/or is the maltreatment severe?
 YES NO
2. Are there current safety issues that indicate the child(ren) is likely to be in immediate danger of serious harm?
 YES NO

(Note: If the child(ren) is separated from his/her parents or access is restricted and that separation/restriction continues to be necessary due to safety issues, then this question must be answered “yes”.)

3. Are there significant assessed risk factors that are likely to result in serious harm to the child(ren) in the foreseeable future?
 YES NO
4. Is the child in need of CPS In-home Services or Out-of-home Services (answer “yes” if the caretaker’s protective capacity is insufficient to provide adequate protection and “no” if the family’s protective capacity is sufficient to provide adequate protection)?
 YES NO

Rationale for Case Decision & Disposition

Document the factual information regarding the findings as they relate to the allegations of abuse, neglect, and/or dependency, including behaviorally specific information regarding the frequency and severity of maltreatment, safety issues, and future risk of harm. Include information to support Yes and No answers above.

Assessment completed within the specified timeframe: YES NO If no, explain:

Family notified of the delay in making case decision: YES NO Document the discussion here or in narrative: _____

Optional Supervisor Use Only

Optional comments or clarification by the supervisor can be noted here.

If the case decision and/or disposition is different from that indicated in the above Rationale for Case Decision and Disposition, the supervisor must provide documentation to justify the decision and/or disposition.

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Children

NAME	AGE	Case Decision for each Child	Maltreatment Findings <i>(Complete for Substantiated Investigative Assessments ONLY)</i>	
1.		<input type="checkbox"/> Substantiated (enter maltreatment finding(s) in next two columns) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Child Protective Services Needed <input type="checkbox"/> Child Protective Services Not Needed <input type="checkbox"/> Services Provided, Child Protective Services No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
2.		<input type="checkbox"/> Substantiated (enter maltreatment finding(s) in next two columns) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Child Protective Services Needed <input type="checkbox"/> Child Protective Services Not Needed <input type="checkbox"/> Services Provided, Child Protective Services No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
3.		<input type="checkbox"/> Substantiated (enter maltreatment finding(s) in next two columns) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Child Protective Services Needed <input type="checkbox"/> Child Protective Services Not Needed <input type="checkbox"/> Services Provided, Child Protective Services No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
4.		<input type="checkbox"/> Substantiated (enter maltreatment finding(s) in next two columns) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Child Protective Services Needed <input type="checkbox"/> Child Protective Services Not Needed <input type="checkbox"/> Services Provided, Child Protective Services No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law

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5.		<input type="checkbox"/> Substantiated (<u>enter maltreatment finding(s) in next two columns</u>) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Child Protective Services Needed <input type="checkbox"/> Child Protective Services Not Needed <input type="checkbox"/> Services Provided, Child Protective Services No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
6.		<input type="checkbox"/> Substantiated (<u>enter maltreatment finding(s) in next two columns</u>) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Child Protective Services Needed <input type="checkbox"/> Child Protective Services Not Needed <input type="checkbox"/> Services Provided, Child Protective Services No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
7.		<input type="checkbox"/> Substantiated (<u>enter maltreatment finding(s) in next two columns</u>) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Child Protective Services Needed <input type="checkbox"/> Child Protective Services Not Needed <input type="checkbox"/> Services Provided, Child Protective Services No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law

Parents / Caretakers

Parent / Guardian / Custodian / Caretaker / Agency / Foster Home / Group Care / Institution	Relationship to Child	Perpetrator
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

(Complete for Investigation Assessments only)

At least one of the perpetrators is a candidate for placement on the RIL.

(if so all required letters must be placed in the record and delivered as policy requires.)

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Disposition of Case

Case closed (date): _____ Transferred to: _____ County (date): _____

Case transferred to CPS In-home Services (date): _____

Case transferred to CPS Out-of-home Services (date): _____

Case transferred to Voluntary Services (date): _____

Staffing

Names of others present for staffing: _____

Name of CPR contact (if applicable): _____

Social worker signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

5104 completed and submitted

XIII. ONGOING SERVICES (N/A for this section)

This section must be completed for cases that continue to In-Home or Out-of-Home Services

The Structured Documentation Instrument (DSS-5010) documents the social activities, economic situation, environmental issues, mental health needs, activities of daily living, physical health needs, and summary of strengths (SEEMAPS) identified during the completion of a CPS Assessment. This information, along with the outcomes from the Risk Assessment and the Strengths and Needs Assessment should guide the development of the Ongoing Needs and Safety Requirements document and should detail the needs and the activities intended to prevent foster care placement of child for whom, absent effective preventive services, the plan would be removal from the home.

Identify the Family Strengths and/or Protective Safety Factors in Place:

The Continuing Needs and Safety Requirements (DSS-5010a) addresses any concerns, activities, and identified services needed to maintain the child(ren)'s safety and remain in effect until a Family Services Agreement is developed. This document is not used for Group Care or Institutional Assessments but may be used for licensed family foster home and kinship care providers that are receiving continued CPS services as caretakers to children in their home.

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XIV. Licensing authority notified for CPS assessments involving out-of-home placements

(Note: The appropriate licensing agency must be notified at the beginning of a CPS Assessment involving an out-of-home placement, as well as at the time of the case decision.)

NCDCD NCDSS NCDHSR OTHER: _____

Recommendations for the Division of Child Development and Early Education (DCDEE), Division of Social Services (DSS), or Division of Health Services Regulation (DHSR) Utilize the Notification of CPS Case Decision ([DSS-5282](#)) to notify the appropriate licensing agency of the case decision information. For children placed in DSS or DHSR licensed foster homes / facilities, identify the recommendations discussed with the involved counties and their Children's Program Representative(s) prior to case decision.