

CPS: PURPOSE AND PHILOSOPHY, LEGAL BASIS, AND ADMINISTRATION

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PURPOSE AND PHILOSOPHY

The Mission, Vision, and Values for Child Welfare Services

Child Protective Services begins with the identification of the mission, vision and values for the child welfare system in North Carolina. By adopting a common mission, vision and values, NC Department of Health and Human Services, Division of Social Services (DHHS/DSS) and 100 county Departments of Social Services share a commitment to excellence. The **mission** makes our purpose clear and tells everyone who we are. Ensuring safe, permanent, nurturing families for children is our charge, whether we work in Intensive Family Preservation, Child Protective Services, CPS In-Home Services, Foster Care, or Adoptions. The **vision** is a clear statement of what we believe the child welfare system should look like. It is the ideal; it is what we want the system to look like through the eyes of the families and children whom we serve. A common vision keeps us focused and challenged to always find ways to improve system performance, despite the very real considerations of resource limitations and other constraints. The **values** are what we promise to do, the link between our agencies and the public. They provide a guide for service delivery and staff behavior. Collectively, the mission, vision and values are a strong statement of our advocacy for families and children who encounter the child welfare system.

Mission: The DHHS/DSS Child Welfare Services Section is committed to provide family- centered services to children and families to achieve wellbeing through ensuring self-sufficiency, support, safety, and permanence.

Vision: The vision of the DHHS/DSS is that all programs will embrace family centered practice principles and provide services that promote security and safety for all. This means that every child in North Carolina will grow up in a safe, permanent, self-sufficient family where well-being needs of all are met.

Values: The DHHS/DSS believes that the family is the fundamental resource for the nurturing of children and that children have a right to their own families and that parents should be supported in their efforts to care for their children in ways that assure the safety and wellbeing of the child. We support parents by respecting each family's cultural, racial, ethnic, and religious heritage in their interactions with the family and our mutual establishment of goals. We support and require the involvement of children and families throughout their involvement with child welfare. Child and Family Team meetings focus on the family's strengths and recognize that families are our partners in the process of service planning and delivery. Judgments about families are often based on incomplete information and can wait. A crisis can be an opportunity for change; inappropriate intervention can do harm. It is our job to instill hope because even families who feel hopeless can grow and change. This means that we as an agency arrange our schedules to accommodate the child and their family, that the family's ideas and resources are given the same legitimacy as those proposed by professionals, and that mutual agreement in decision making is a primary goal. For youth and families whose supports may exist outside the family unit, this means allowing and encouraging them to invite those whom they wish to attend Child and Family Team Meetings. Shared parenting meetings, which encourage interaction between caregivers and birth families, continue the partnership to enable families to best parent their children. Service delivery does not exist in a vacuum. In order to best serve the needs of children and families, all agencies that work with the

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The Mission, Vision, and Values for Child Welfare Services

family should work cooperatively in ways that maximize service delivery and resources. To the fullest extent possible, service providers should be within the family's community, convenient for the family and child. It is important to note the foundational philosophy of the NC Multiple Response System (hereinafter MRS) is family-centered practice delivered within a System of Care framework. The six family-centered principles of partnership are:

- Everyone desires respect
- Everyone needs to be heard
- Everyone has strengths
- Judgments can wait
- Partners share power
- Partnership is a process

The foundational philosophy of the NC System of Care (hereinafter SOC) is family-centered practice. The six SOC Principles are:

- Interagency collaboration
- Individualized strengths-based care
- Cultural competence
- Child and family involvement
- Community based services
- Accountability

PURPOSE AND PHILOSOPHY

Purpose of Child Protective Services

Protective services are legally mandated, non-voluntary services for families that encompass specialized services for maltreated children (abused, neglected, and/or dependent) and those who are at imminent risk of harm due to the actions of, or lack of protection by, the child's parent or caregiver. Child Protective Services, provided by county child welfare agency, are designed to protect children from further harm and to support and improve parental/caregiver abilities in order to assure a safe and nurturing home for each child. Generally, such services provided in the homes of these families are preventive, rehabilitative, and nonpunitive with efforts directed toward identifying and remedying the causes of the maltreating behavior. This is accomplished through parent/caregiver cooperation and consent or, in the event conditions pose serious issues for the child's safety, through the agency's petition to the court.

The county child welfare agency's foremost responsibility is to protect the child and to assure a safe environment. The removal of a child from **their** home should only occur when the risk of harm to the child is so great that safety cannot be assured in the home. The decision to remove a child should be based on an analysis of the risk of harm balanced with implementing reasonable efforts to ensure safety within the family.

The county child welfare agency receives reports of alleged abuse, neglect, or dependency from the individuals in the community. In North Carolina, any person who has cause to suspect that a child is being abused or neglected or is dependent is required by law to report their concerns to the DSS ([N.C.G.S. § 7B-301](#)).

If the conditions described in the report would, if true, meet the definition of child abuse, neglect, or dependency, and the alleged perpetrator is a parent, guardian, custodian or caretaker by statutory definition, and if the alleged victim is a child under the age of 18 years of age, the county child welfare agency where the child resides or is found is required to initiate an assessment of all children residing in the home in order to determine if protective services are needed ([N.C.G.S. § 7B-302](#)).

The county child welfare agency may also offer preventive services to families who need such services to alleviate any potential threat of harm to their children. Services should be designed to strengthen and preserve intact families or to reunite families after children have come into agency custody or placement responsibility by helping families improve the conditions in the home that caused agency intervention.

All children and their families are eligible for protective services regardless of their income. The provision of services is based solely on the child's immediate or continuing need. Agencies must provide protective services twenty-four hours a day, seven days per week.

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Purpose of Child Protective Services

Public awareness of child abuse, neglect, or dependency must exist to achieve the maximum degree of reporting, protection and prevention. Public education should address at a minimum the following components:

- Statistical information regarding child abuse, neglect, or dependency;
- Warning indicators of child abuse, neglect, or dependency;
- How the community can help to prevent child abuse, neglect, or dependency
- How to report child abuse, neglect, or dependency; and to whom to report; and
- The availability of preventive, protective and case planning/case management activities available through DSS or other agencies.

Emphasis should be placed on educating professionals, paraprofessionals, and volunteers who serve children and families. Efforts should be made by county child welfare agencies to encourage more accurate reporting by the public and to distribute information about available resources.

PURPOSE AND PHILOSOPHY

Multiple Response System

The underlying beliefs of a family-centered System of Care approach to child welfare are as follows:

- Safety of the child is the first concern.
- Children have the right to their family.
- The family is the fundamental resource for the nurturing of children.
- Parents should be supported in their efforts to care for their children.
- Families are diverse and have the right to be respected for their special cultural, racial, ethnic, and religious traditions; children can flourish in different types of families.
- A crisis is an opportunity for change.
- Inappropriate intervention can do harm.
- Families who seem hopeless can grow and change.
- Family members are our colleagues.
- It is our job to instill hope.
- The principles of family-centered practice and System of Care reflect the belief that the family is its own primary source of intervention and determines who its members are. The family is viewed as a system within a larger social and environmental context. As a result, interventions focus on accessing the family's immediate and extended community through needs assessment, resource identification and service delivery. Family-centered practice employing a SOC approach respects the family's right of self-determination and capabilities, and assumes the family has the capacity to grow and change when provided the proper supportive interventions. This extends into the provision of placement services by involving the family in developing and implementing a plan for reunification, partnering with the foster family in temporary placement, and if necessary, working to preserve the child's placement in a new, permanent adoptive family. Family-centered practice within a System of Care framework develops strengths, enhances potential, and empowers families to identify and resolve their own problems.

Multiple Response System: Seven Strategies

- Collaboration between Work First and Child Welfare
 - Reducing the number of times family members need to repeat the same information.
 - Involving Work First as a preventative effort.
 - Reducing the number of children needing CPS and placement services.
 - Preventing recidivism of abuse, neglect and dependency by providing ongoing services through Work First.

PURPOSE AND PHILOSOPHY

Multiple Response System
<ul style="list-style-type: none"> • Strengths Based Structured Intake <ul style="list-style-type: none"> • Respectfully allowing reporters to be heard, supported, and encouraged while improving the quality and consistency of information gathered through highly structured intake procedures that focus on family strengths in an effort to ensure the safety of children. • Choice of Two Approaches to Reports of Child Abuse, Neglect, or Dependency <ul style="list-style-type: none"> • Protecting the safety of children in the most severe cases by not treating all reports in the same way and missing some clear need for immediate action. • Engaging some families in services that could enable them to better parent their children. • Not overlooking vital information about the strengths of the family, the supports they have, and their motivation to change. • Better serving many of the families reported to CPS in ways that focus more on helping rather than “punishing” them. • Coordination between Law Enforcement Agencies and Child Protective Services for the Investigative Assessment Approach <ul style="list-style-type: none"> • Achieving joint efforts in interviewing and ensuring safety of families and children. • Ensuring an effective working relationship. • As a result, perpetrators will be held accountable for harming children. • The number of interviews children experience will be reduced, preventing / reducing re-traumatization. • The evidence process for criminal prosecution will be enhanced. • Redesign of CPS In-Home Services <ul style="list-style-type: none"> • Providing the most intensive services and contacts to families with the greatest needs, while those with fewer needs receive less intensive services/contacts. • Delivering services within the context of the family’s own community and culture. • Social workers better identifying risks in their work with families. • Having the option of receiving supportive/voluntary services available for families where there is a low risk of harm. • Engaging families in the planning process, and producing better outcomes of safety, permanence, and well-being for children. • Child and Family Teams During the Provision of CPS In-Home Services <ul style="list-style-type: none"> • Improving the decision-making process. • Encouraging the support and buy-in of the family, extended family, and the community in the planning and assessment process. • Developing specific, individualized, and appropriate interventions for children and families.

PURPOSE AND PHILOSOPHY

Multiple Response System

- Recognizing the birth family as an expert.
- Shared Parenting Meetings During the First 14 days of Placement Out of the Home
 - Keeping the family of origin actively involved in their role as parents of their child.
 - Cultivating a nurturing relationship between the birth parents and the foster parents.
 - Foster parents becoming mentors for the birth family regarding appropriate parenting.

PURPOSE AND PHILOSOPHY

Client Rights and Responsibilities

Parent/caregiver rights

SOC principles also provide that all parents/caregivers involved in cases of abuse, neglect, or dependency have the right to:

- Be treated in a courteous and respectful manner;
- Know DSS's legal authority and right to intervene in cases of child abuse, neglect, or dependency;
- Know the allegations of abuse, neglect, or dependency reported at the first contact with DSS;
- Know any possible action which DSS may take, including petitioning the court to remove the child in order to ensure safety and protection;
- Know DSS's expectations of the parent/caregiver;
- Know what services they can expect from DSS and other community agencies; and
- Have a family services case plan that is clearly stated, measurable, specific, that includes time-limited goals, and is mutually developed by the DSS and the parent/caretaker.

Parental Responsibilities

Parents/Caregivers are responsible for:

- Providing minimally sufficient physical and emotional care for their children;
- Accepting responsibility for their actions and changing behaviors that place their children at risk; and
- Actively participating in activities designed to reduce risk to the child and stabilize the family.

Children's Rights

Children have a right to:

- Freedom from abuse, neglect, dependency and exploitation;
- Minimally sufficient care and support;
- An environment that promotes physical and emotional well-being;
- A life-long family relationship with at least one adult that promotes a sense of mutual belonging and is legally secure; and
- Representation before the Juvenile court by a Guardian Ad Litem and/or attorney if custody has been removed from the parents.

SOC principles also encourage the involvement of children, if appropriate, during the process of child welfare involvement.

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Client Rights and Responsibilities

Perpetrator's Rights

Persons alleged to have caused or contributed to the abuse, neglect, or dependency of a child have a right:

- To be informed of the allegations of child abuse, neglect, or dependency at first contact with DSS;
- To receive services designed to correct the behavior that led to the abuse, neglect, or dependency;
- To retain legal counsel, if they so desire (the court appoints counsel to indigent parents); and
- To be informed of the agency's actions relating to them, including referral for criminal charges when indicated.

Agency Responsibilities

Providing protective services to families is a very complex task. Intervening into the life of a family must be done with care, dignity, and respect.

Social workers must:

- Have the skills to handle crises without escalating them;
- Identify strengths and risk factors within the family;
- Build self-esteem;
- Establish rapport;
- Advocate with the family, community and other agencies for supportive services; and
- Help develop realistic goals and services.
- In accordance with [Title VI](#) of the Civil Rights Act of 1964 which requires recipients of Federal financial assistance to take reasonable steps to make their programs, services, and activities accessible for persons with limited English proficiency. If English is not the family's primary language and the agency has difficulty communicating effectively in English, the agency is required to offer free interpreter service or document translation at no cost in order to have meaningful access to programs funded by the U.S. Department of Health and Human Services (HHS).

The agency must refer to the [DSS-10001: Language Services Agreement](#) and [DSS-10001ins: Instructions for completing the DSS-10001](#) for providing interpreter services

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A Brief Historical Perspective of Child Protective Services

In 1874, in New York City, Mrs. Wheeler, a church volunteer, became aware of an eight-year-old indentured servant girl named Mary Ellen, who was being mistreated by her father and stepmother. Mrs. Wheeler's attempts to get protection for Mary Ellen were initially unsuccessful. This was due to the laws established for the protection of children at that time were not systematically enforced. Finally, Mrs. Wheeler was able to get some action from the Society for the Prevention of Cruelty to Animals. In 1875, its Director, Henry Bergh, helped found the Society for the Prevention of Cruelty to Children because so many maltreated children were being referred to this Society. By the early part of the twentieth century, society began to recognize children as people who had the right to protection. Orphanages and adoption programs were established throughout the United States. Initially, all efforts to protect children were instituted by private organizations. Children received little governmental attention of any kind.

In the United States, the first White House Conference on Children was held in 1909. In 1917, Congress passed the Child Labor Law. In 1935, the Social Security Act was passed. This Act contained several sections that addressed the welfare of children. During the 1960s and 1970s in the United States, there was a public movement to better the conditions of minorities, women, and children. During this time child abuse was identified as a separate issue that should not be confused with children who were in need because their caretakers lacked the means of providing for their basic needs. As a result, child abuse reporting laws were enacted in all states. In 1980 Public Law 96-272, the Adoption Assistance and Child Welfare Act established the Title IV-E Foster Care and Adoption Assistance programs with the Social Security Act. The requirements of P.L. 96-272 had ramifications for all of children's services, including Child Protective Services, especially in the establishment of Title IV-B funding for Child Welfare Services. In 1993, the Omnibus Budget Reconciliation Act extended the range of children's services to include family preservation and family support services. These services were designed to strengthen and support families and children in their own homes.

P.L. 96-272 established the requirements of "reasonable efforts" to maintain the child in the home or to reunify children removed from their families. Since the law did not adequately define "reasonable efforts," agencies sometimes continued efforts to reunify children with their families of origin long after it was reasonable to stop. This resulted in the very outcome that P.L. 96-272 was intended to correct: foster care drift. In other situations, children were left in family situations that were highly volatile, resulting in further injury or death.

In 1994, the Congress passed the Multiethnic Placement Act (MEPA) which was later amended by a section of the 1996 Small Business Job Protection Act, section 1808, known as IEPA, the Interethnic Adoptions Provisions. This act was intended to assure that permanence through adoptive placement was neither denied nor delayed on the basis of the race, color or national origin of the prospective foster/adoptive parent or the child. **The Act also prohibits denying any individual the opportunity to become an adoptive or foster parent, on the basis of the race, color, or national origin of the**

PURPOSE AND PHILOSOPHY

A Brief Historical Perspective of Child Protective Services

individual, or of the child involved. For more information on MEPA-IEP, please refer to the Special Legal Considerations section of the [Cross Function Topics manual](#).

The Adoption and Safe Families Act of 1997 (P.L. 105-89) is the first broad-based child welfare reform legislation passed since P.L. 96-272. The legislation seeks to provide States with incentives to achieve the original goals of P.L. 96-272: safety, permanency, and child and family well-being. The law clarified some of the “reasonable efforts” language of P.L. 96-272. DSS is required to make reasonable efforts to maintain the child in the home if the child’s safety can be assured. If the child is removed from the home, DSS is required to make reasonable efforts to reunify the child with the family from which s/he was removed, unless the court determines that reunification efforts are not required. The law specifies some general and specific conditions in which the court can immediately relieve the agency of reunification efforts. If reunification efforts are discontinued by the court, the DSS must demonstrate reasonable efforts to locate a permanent home for the child throughout the time the child is in agency custody until permanent custody or guardianship is awarded or the Decree of Adoption is final. All NC General Statutes can be accessed on the General Assembly website <https://www.ncleg.gov/Laws/GeneralStatutes>. The NC Child Welfare manual outlines the requirements and policy guidance associated with the delivery of Child Protective Services.

LEGAL BASIS

North Carolina Statutes

In 1997, North Carolina enacted HB 896 in anticipation of changes expected in the Adoption and Safe Families Act. This legislation:

- Broadened grounds for termination of parental rights in cases of parental failure to make progress, parental incapacity due to chronic substance abuse.
- Further defined reasonable efforts and defined "safe home"
- Revised the neglect definition and HB 153 revised the definition of dependent juvenile
- Established new court hearings to assure timely reviews;
- Required court inquiry into the whereabouts of missing parents at each nonsecure custody hearing, as well as inquiry into efforts to locate the parents;
- Prioritized placements with suitable relatives for children who needed alternative living arrangements;
- Waived review hearings if child was in stable living situation with a relative or other kin in which guardianship was assigned;
- Required that all children living in the home of an alleged victim child be considered also as alleged victims;
- Required judicial inquiry regarding the status of other children remaining in the home when a child had been removed;
- Defined rights and responsibilities of guardians of the person assigned in juvenile court; and
- Authorized DHHS/DSS to directly intervene and take control in county child welfare agencies that were not providing adequate protective services to children in the county.

In 1998, the N. C. General Assembly revised the North Carolina Juvenile Code.

- Laws pertaining to abused, neglected, or dependent children were separated from laws pertaining to undisciplined and delinquent youth.
- The organization of the chapter follows the logical progression of a case.
- The new laws were placed in a new statutory section of the Juvenile Code, 7B.

In 1998, North Carolina enacted HB 1720, which brought our state into compliance with the Adoption and Safe Families Act (ASFA). This legislation:

- Revised the definition of neglect language that was inadvertently removed in the last legislative session regarding situations of children who live in the same home as a child who was subjected to abuse or neglect, or **who died as a result of abuse or neglect;**
- Strengthened the agency's authority to determine the safety of other children living in the home of a child who **is suspected to have died as a result of maltreatment;**

LEGAL BASIS

North Carolina Statutes

- Further defined reasonable efforts to include the use of permanency planning services to develop a permanent plan for the juvenile when reunification is not the goal;
- Re-emphasized placements with suitable relatives for children who are removed from their parents/caretakers; Established timeframes for court hearings; and
- Revised grounds for terminations of parental rights.

In 1999, North Carolina enacted HB 262. This Legislation:

- Revised the definition of caretaker to include any employee of or volunteer in a division, institution, or school operated by DHHS. This change was a result of DHHS Directive 61.
- Clarified that all children in a non-residential setting must be considered as alleged victims;
- Clarified that in an institutional setting, all children named as victims must be subjects of the investigation, but other children in the institutional setting should be considered as victims only after an assessment of the circumstances warrant the inclusion of those children in an investigation;
- Enhanced the powers of the State Child Fatality Review Team;
- Required the county child welfare agency to pay at a minimum the monthly, graduated foster care maintenance and adoption assistance rates established by the General Assembly; and
- Authorized North Carolina to enter an Interstate Compact regarding medical assistance for children who receive adoption assistance.

In 2000, two bills were passed that impacted the provision of Children's Services. This legislation:

- Expedited the Termination of Parental Rights process; and
- Made guardianship more of a permanent option for children in foster care.

In 2001, North Carolina enacted HB 375 and other Legislation was passed that impacted the provision of Children's Services. This legislation:

- Expanded the representation of the Guardian Ad Litem;
- Established timeframes for signed court orders;
- Changed timeframes for Voluntary Placement Agreements (VPA's);
- Expanded court authority over parents;
- Expanded the authority of the director in visitation plans;
- Revised adoption laws;

LEGAL BASIS

North Carolina Statutes

- Decriminalized abandonment of infants under certain circumstances and modified procedures involving abandonment of juveniles;
- Changed the timeframes for responding to all child protective services reports of abandonment which falls under the neglect statute from 72 hours for initiation to immediately initiating a CPS assessment; and
- Requires law enforcement to assist in abandonment cases to determine if the child abandoned has been reported as a missing child.

Also, in 2001, Session Law 2001-424, Senate Bill 1005, “Appropriations Act of the General Assembly” was passed and became effective July 1, 2001 allowing the development of the Family Assessment response. This law led to the development of a new response to working with families throughout the Child Welfare system. This legislation stated that in no fewer than two and no more than ten demonstration counties, selected reports of suspected child neglect can be approached in a new way.

In 2002, Session Law 2002-126, Senate Bill 1115, “Modification to Appropriations Act of the General Assembly” was passed and became effective July 1, 2002. This modification expanded use of the Family Assessment response in dependency cases.

In 2003, Session Law 2003-284, House Bill 397, “2003 Budget Act” was passed and became effective July 1, 2003. This legislation allowed for expansion of the MRS pilot to 42 more counties. Additionally, this legislation legally mandated the use of Family-Centered Practice in Child Welfare. This bill also required a report of the initial evaluation of the MRS as well as recommendations for statewide implementation.

Also, in 2003, Senate Bill 421, 2003-2004 Session Law, “Act to Amend Child Welfare Laws” was passed and became effective July 4, 2003. This legislation amended N.C.G.S. 7B to specify that the director or director’s designee may not enter a private residence for CPS Assessment purposes without specific criteria being met. Those criteria are as follows:

- The reasonable belief that a juvenile is in imminent danger of death or serious physical injury.
- The permission of the alleged victim child’s parent or person responsible (ADULT) for the juvenile’s care.
- The accompaniment of a law enforcement officer who has legal authority to enter the residence.
- An order from a court of competent jurisdiction.

Also amended in this legislation was N.C.G.S. 131D-10.6A(b) to specify that each child welfare social worker must receive training on family-centered practice and state and federal law regarding the basic rights of individuals

LEGAL BASIS

North Carolina Statutes

Most recently, in 2005, Session Law 2005-55, HB 277 was passed and became effective October 1, 2005. This legislation achieves the following changes:

- Defines both Family Assessment Response and Investigative Assessment Response.
- States that each county of the state shall use either the Family Assessment or Investigative Assessment response in response to reports of abuse, neglect and dependency.
- Leaves the assignment of the response to the county DSS Director
- Removes the requirement to make a home visit in childcare related CPS assessments

During the 2005 Legislative Session, Session Law 2005-399 (HB 661) was passed. This law authorizes the Department of Health and Human Services to establish a list of individuals responsible for the abuse or serious neglect of a juvenile, to define serious neglect, and to establish a process for expunction from that list.

This policy outlines procedures regarding the review of substantiation decisions and requests for expunction from the Responsible Individuals List. Assessments that were conducted as Family Assessments are not eligible for the Expunction process as no perpetrator is identified.

LEGAL BASIS**Common Law Tradition**

Society recognizes parents and other caretakers are primarily responsible for ensuring that children receive food, shelter, clothing; adequate medical care; education; supervision; and moral and social guidance in keeping with the needs of the child. Parents or other caretakers determine child rearing methods, if they provide minimally sufficient care in a safe environment.

When a caretaker clearly fails to provide at least minimally sufficient care, the rights of parents over their children may be limited through the authority vested in the state. The limitation of parental rights occurs when it is necessary to ensure the child's protection from serious harm. One responsibility of child protective services is to recommend to the court to what extent parental rights need to be limited. This determination is frequently complicated by personal, cultural, and societal values that can strongly influence these recommendations. The child protective service worker has the responsibility of remaining objective when recommending court intervention, recognizing any value conflicts that may influence his or her judgment.

LEGAL BASIS

Legal Authority

LEGAL AUTHORITY AND ROLE OF THE COUNTY DIRECTOR OF SOCIAL SERVICES (N.C.G.S. § 7B-302)

County directors of social services are responsible for ensuring that child protective services are provided for all children who are abused, neglected, or dependent. The director and staff should have a clear understanding of the legal authority for providing services to voluntary and involuntary clients. North Carolina law and administrative rule require the county director of social services to be responsible for:

- Receiving reports of abuse, neglect, and dependency;
- Making a prompt and thorough CPS assessment, using either the family Assessment response, or the Investigative Assessment response in order to ascertain the facts of the case, the extent of the injury or condition resulting from abuse, neglect, or dependency, and the risk of harm to the child, in order to determine whether protective services should be provided and/or a petition should be filed;
- Deciding whether to immediate removal of the child or children is necessary for their safety and protection;
- Providing or arranging for protective services if immediate removal is not necessary; and
- Signing a petition seeking to invoke the jurisdiction of the court for the protection of the child or children in accordance with N.C.G.S. § 7B-403 if the parent or other caretaker refuses to accept the protective services provided or arranged by the Director.
- Reporting to the District Attorney and local Law Enforcement if there is evidence of child abuse or whenever a child has been physically harmed in violation of any criminal statute by any person other than the child's parent, guardian, custodian or caretaker.

LEGAL AUTHORITY AND ROLE OF GUARDIAN AD LITEM [GAL] (N.C.G.S. § 7B-601 AND 7B-602)

In all petitions of abuse or neglect, the judge appoints guardian ad litem to represent the child until permanence is achieved or until the judge relieves the GAL. In dependency cases, the appointment of a guardian ad litem is optional. N.C.G.S. § 7b-602(b) and (c) states that a Guardian ad Litem will be appointed to the parent for the following reasons:

- A parent who is under the age of 18 years and who is not married or otherwise emancipated. The appointment of a guardian ad litem under this subsection shall not affect the minor parent's entitlement to a guardian ad litem pursuant to N.C.G.S. § 7B-601 in the event that the minor parent is the subject of a separate juvenile petition.
- On motion of any party or on the court's own motion, the court may appoint a guardian ad litem for a parent in accordance with G.S. 1A-1, Rule 17, if the court determines that there is a reasonable basis to believe that the parent is incompetent or has diminished capacity and cannot adequately act in his or her own interest. The parent's counsel shall not be appointed to serve as the guardian ad litem.
- The duties of the guardian ad litem are to:

LEGAL BASIS

Legal Authority
<ul style="list-style-type: none"> • Investigate to determine the facts, the needs of the child, and available resources within the family and community to meet those needs; • Facilitate, when appropriate, the settlement of disputed issues; • Offer evidence and examine witnesses at adjudicatory hearings; • Explore options with the judge at the dispositional hearing; • Conduct follow up investigations to ensure that the court orders are being followed; • Report to the court when needs of the juvenile are not being met; and • Protect and promote the best interest of the child until formally relieved of responsibility by the court. <ul style="list-style-type: none"> • The appointed guardian ad litem has standing to represent the juvenile before the court, whether or not he or she is trained as an attorney. In this capacity, the guardian ad litem is responsible for: <ul style="list-style-type: none"> • Performing necessary and appropriate legal services on the child's behalf; • Presenting relevant facts to the judge at the adjudicatory hearing; and • Appealing, when advisable, an adjudication or order of disposition to the Court of Appeals. • The guardian ad litem has the authority to access any information or reports that may, in the guardian ad litem's opinion, be relevant to the case. No privilege, except the attorney/client privilege, may be invoked to prevent the guardian ad litem and the court from obtaining such information. The attorney/client privilege allows an attorney to withhold any information obtained from their client relative to the abuse, neglect, or dependency case. The guardian ad litem is subject to the provisions of confidentiality and shall not make disclosure of information to anyone except by order of the judge, or unless otherwise provided by law in Chapter 7B of the General Statutes. (<u>N.C.G.S. § 7B-601</u>). • The guardian ad litem may rely heavily on information obtained from the Department of Social Services. In order to promote the best interests of the child, the social worker will need to work closely with the guardian ad litem and any attorney employed by the guardian ad litem or appointed by the court.
<p><u>LEGAL AUTHORITY AND ROLE OF DISTRICT ATTORNEY'S OFFICE (N.C.G.S. § 7B-306 AND 7B-307)</u></p> <ul style="list-style-type: none"> • The district attorney has the responsibility to review the director's determination that a petition should not be filed within twenty (20) days after the person making the report is notified. This review is made only upon request of the reporter. The review shall include conferences

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with the person making the report, the CPS social worker, the juvenile, if practicable, and other persons known to have pertinent information about the juvenile or the juvenile's family. At the conclusion of this conference, the district attorney may affirm the decision made by the director, may request the appropriate local law enforcement agency to investigate the allegations or may direct the director to file a petition.

- Whenever evidence of abuse is found, DSS must immediately make a verbal and a written report of their findings and submit it to the district attorney's office where it will be determined if criminal prosecution is appropriate.
- District Attorney's Role in Expunction Process:
 - The responsible individual has 30 calendar days from receiving the Director's notice of refusal to expunge, or from the date that the Director's notice of refusal was due, to request in writing that the District Attorney, of the prosecutorial district in which the abuse or serious neglect report arose, review the Director's refusal to expunge. The Director shall provide the District Attorney or his designee all of the information the Director used in reviewing the case decision. Within 30 calendar days of the responsible individual's request, the District Attorney or his designee shall agree or disagree with the Director's decision.

LEGAL AUTHORITY AND ROLE OF LAW ENFORCEMENT (N.C.G.S. § 7B-307 AND 7B-500)

- Law enforcement officers are required by law to report suspected child abuse, neglect, and dependency cases to the county child welfare agency. Likewise, if the DSS finds evidence that a juvenile may have been abused as defined by N.C.G.S. § 7B-101, or that a juvenile may have been physically harmed in violation of any criminal statute by any person other than the juvenile's parent, guardian, custodian or caretaker, the director shall make an immediate oral and subsequent written report to the district attorney or the district attorney's designee and to the appropriate law enforcement agency within 48 hours after receipt of the information.
- Within forty-eight (48) hours after receipt of the child abuse report, the local law enforcement agency is responsible for initiating and coordinating a criminal investigation with the protective services CPS assessment being conducted by the county child welfare agency. If the perpetrator is not a parent, guardian or caretaker, local law enforcement shall initiate a criminal investigation immediately or within 48 hours. Upon completion of the criminal investigation, the district attorney determines whether criminal prosecution is appropriate and may request the Director or Director's designee to appear before a magistrate.
- Law enforcement also has been given the authority in the statutes to take children into temporary custody without a court order if there are reasonable grounds to believe that the child is abused, neglected, or dependent, and that he or she would be injured or could not be taken

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into custody if it were first necessary to obtain a court order. In such situations, the county director should take appropriate action to initiate a CPS assessment [N.C.G.S. § 7B-500].

- With the passage of the Infant Homicide Prevention Act, law enforcement will be required to assist county child welfare agency with their investigation of abandoned children by inquiring through the NC Center for Missing Persons and other resources to determine if these children have been reported as a missing person.

SPECIAL AUTHORITY AND ROLE OF MEDICAL PROFESSIONALS IN ABUSE CASES (N.C.G.S. § 7B-308)

All medical professionals are required by law to report suspected child abuse, neglect, or dependency to the county child welfare agency. The doctor/patient privilege does not relieve medical professionals of this duty to report.

Medical professionals are authorized to hold a suspected victim of child abuse in a medical facility for up to twelve hours for treatment. The special authority of medical professionals in abuse cases is intended as an addition to the customary method of reporting suspected child abuse. Nothing described in the emergency process precludes a physician or administrator from following the usual procedures of reporting suspected abuse directly to the county child welfare agency and the county agency from responding to the report in the usual fashion.

Any physician or administrator of a medical facility may obtain authorization from the chief district court judge or his designee to retain physical custody of a child suspected of being abused. The physician or administrator obtains authorization by contacting the judge or his designee by phone, or in person, and by certifying that, on the basis of his medical evaluation, the child is in need of medical treatment to cure or alleviate physical distress, or to prevent the juvenile from being abused, but the parent, guardian, custodian, or caretaker cannot be reached or has refused consent for treatment.

- The certification must:
 - Be in writing,
 - Be signed by the examining physician, and
 - Include the time and date authority was given by the judge or his designee to hold the child.
- A copy of the certification should be:
 - Given to the child's parent or caretaker,

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- Attached to the child's medical records, and
- Attached to the child's legal records.

- Custody is retained in the medical facility for a maximum of twelve hours from the time of authorization. The physician, administrator, or designee must notify the county director of social services in the county where the facility is located immediately after authorization is obtained.
- The county director must treat this notification as a report of suspected abuse, neglect, or dependency and immediately begin a CPS assessment. A juvenile petition alleging abuse, neglect, or dependency and seeking non-secure custody must be filed by the county director during this twelve-hour period if the assessment reveals all of the following conditions are met:
 - The examining physician believes the child needs medical treatment to cure or alleviate physical distress or to prevent the child from suffering serious physical injury, and
 - The examining physician believes the child should remain in the custody of the facility for twelve hours for the medical treatment identified above, but,
 - The child's parent or caretaker cannot be reached or refuses to allow treatment within the facility.

If a petition for non-secure custody is filed and custody is granted, a hearing is held within seven calendar days to determine the need for continued custody. Even though all three conditions may not be met, the county director may find that circumstances require a petition for non-secure custody either during the initial twelve hours or later. The county child welfare agency will conduct the CPS assessment and provide services regardless of the decision concerning a petition. The county director and examining physician together may request voluntary dismissal of the petition.

If a child is hospitalized in one county but resides in another, the court may transfer custody to the Department of Social Services in the county where the child resides. The CPS assessment and the provision of services to the family should be coordinated with the county of residence.

If the court determines that the medical treatment provided was necessary and appropriate, the costs may be charged to the parents, guardian, custodian or caretaker or, if the parents are unable to pay, to the county of residence in accordance with [N.C.G.S. § 7B-903](#) and [N.C.G.S. §7B-500](#)).

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<p>ROLES AND RESPONSIBILITIES OF MULTIDISCIPLINARY TEAMS</p> <p><u>Community Child Protection Teams (NCAC 70A.0201 and N.C.G.S. § 7B-1406 and 7B-1411):</u></p> <ul style="list-style-type: none"> • The Community Child Protection Team is an interdisciplinary group of community representatives who have the responsibility for reviewing selected cases of abuse, neglect, and dependency, which have been reported to and/or substantiated or found to be In Need of Services by the county child welfare agency. These reviews include child fatalities that resulted from confirmed or suspected abuse or neglect when there was a previous report or CPS intervention within the previous twelve months. Cases also are selected for review from other categories. • The purposes of these case reviews are to: <ul style="list-style-type: none"> • Identify gaps and deficiencies in community resources, which have impact on the incidence of abuse, neglect, or dependency; • Advocate for system improvements and needed resources where gaps and deficiencies exist in the child protection system; • Promote collaboration between agencies in the creation or improvement of resources for children as a result of their review of selected cases; and • To inform the county commissioners about actions needed to prevent or ameliorate child abuse, neglect, or dependency. <p>Note: The CCPT's serves as the Citizens Review Panels which are required under the federal Child Abuse Prevention and Treatment Act. This act requires review of active cases.</p> <p><u>Child Fatality Prevention Team (N.C.G.S. § 7B-1406 [b]):</u></p> <p>If the Community Child Protection Team determines that it will not review additional child fatalities, a separate Child Fatality Prevention Team shall be established to conduct those reviews. Each Child Fatality Prevention Team shall:</p> <ul style="list-style-type: none"> • Review the records of all cases of additional child fatalities; • Submit a report to the board of county commissioners making recommendations and advocating for system improvements or needed resources where gaps and deficiencies exist; and • Report their findings to the team Coordinator. Findings shall include a listing of problems identified with recommendations for improvement; changes resulting from the team's recommendations; information on each death reviewed; and any additional information requested by the team coordinator. • Most counties combine the function of the two teams. The Child Fatality Prevention Team requires a somewhat broader membership than does the Community Child Protection Team. When the teams are combined, the additional members join for the additional child fatality reviews.

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North Carolina Child Fatality Task Force (N.C.G.S. §7B-1402):

- The Child Fatality Task Force is a 35-member multidisciplinary study commission established by legislature whose purpose is to study the causes of child deaths in North Carolina, and to recommend changes to law, rule, or policy that could improve the safety and well-being of children in the State. This team and its subcommittees serve as an advisory to the General Assembly and are active in planning for services, recommending changes in statutes, and approaching the issue of child protection from a preventative mode. The Task Force is also responsible for developing a system of multidisciplinary review of child deaths.

North Carolina Child Fatality Prevention Team (N.C.G.S. §7B-1404 through N.C.G.S. §7B-1405):

- The Child Fatality Prevention Team (formerly the Child Fatality Review Team) is established by statute. It is composed of professionals including eleven members, of whom nine members are ex officio and two are appointed. The ex officio members, other than the Chief Medical Examiner, may designate a representative from their departments, division, or offices to represent them on the State Team. These team members and representatives include: the Chief Medical Examiner; Attorney General; the Director of the Division of Social Services; the Director of the Division of the State Bureau of Investigations; the Director of the Division of Maternal and Child Health; the Superintendent of the Department of Public Instruction; the Director of the Division of Mental Health; Developmental Disabilities and Substance Abuse Services; the Director of the Administrative Office of the Courts; a pediatrician appointed to the Task Force, a public member appointed by the Governor; and the Team Coordinator.
- The State Team, the local teams, and the Task Force shall have access to all medical records, hospital records, and records maintained by this State, any county, or any local agency as necessary to carry out the purposes of the law. Meetings are not subject to the Open Meetings laws, although teams are encouraged to have public information meetings. All otherwise confidential information and records acquired by the team are confidential and are not subject to discovery or introduction into evidence in any proceedings.

ADMINISTRATION AND STAFFING

Mandated Services

When organizing protective services, a county child welfare agency should begin by assessing the mandated responsibilities and then by determining how the county child welfare agency can accomplish the tasks.

INTAKE

- Each county child welfare agency shall have specific written procedures for receiving Child Protective Services reports and for providing supervisory decision-making 24 hours a day. The county child welfare agency is responsible for receiving reports of suspected child abuse, neglect, and/or dependency and evaluating these reports to determine if the reported information meets the statutory guidelines for child maltreatment. The Intake worker is also responsible for asking questions that will help the supervisor determine the urgency of the response time, the presence of other children in the home, and information that will help the county child welfare worker prepare for the CPS Assessment. In addition, the county child welfare agency has an opportunity to educate reporters regarding State statutes, county child welfare agency guidelines, the roles and responsibilities of Child Protective Services, and other community agencies that may be of assistance.
- The average caseload size for child welfare intake shall be no greater than one worker per 100 CPS referrals a month.

CPS ASSESSMENT

- The purpose of the CPS Assessment is to gather enough information to determine if:
 - Child maltreatment occurred,
 - There is a risk of future maltreatment and the level of that risk,
 - The child is safe within the home and, if not, what interventions can be implemented that will ensure the child's protection and maintain the family unit intact if reasonably possible,
 - Continuing agency services are needed to reduce the risk of maltreatment occurring in the future, and
 - Determine if out of home placement is necessary to protect the child from harm.
- Work schedules of staff shall be sufficiently flexible to meet client needs. Assessing the family's strengths and needs on a comprehensive basis helps to tailor services to the needs and is consistent with the System of Care principle for individualized strengths-based care. During the CPS Assessment, the county child welfare agency must not only determine whether child abuse, neglect, and/or dependency occurred and the risk of maltreatment that may occur in the future, but it must also actively involve the parents in the process. Use of the Structured Decision-Making tools ensures that all the necessary information is obtained to determine if the family needs services. The decision-making process also exemplifies the System of Care principle of child and family involvement by engaging the family in the CPS In-Home Services process. County child welfare agencies are required to complete the comprehensive Structured Decision-Making tools.

ADMINISTRATION AND STAFFING

Mandated Services

CPS IN-HOME SERVICES

- County child welfare workers, families, and the family's supports determine the strategies to be used to change the conditions and behaviors that resulted in child abuse neglect, and/or dependency. Maintaining consistency with System of Care principles, the primary goal of the CPS In-Home Services process is to engage family members to reduce or eliminate the risk of maltreatment, as well as to agree on what the family, the support system, the county child welfare workers, and other service providers will do to achieve needed changes. When the court is involved in a particular case, the court may order the parent or caretaker to participate in services or to complete certain actions on behalf of the child ([N.C.G.S. § 7B-904](#)). If the child cannot be maintained safely in the home while services are continued, then the agency shall seek juvenile court intervention with non-custody through the juvenile court.

ADMINISTRATION AND STAFFING

A Total Agency Responsibility

The county director must decide how these interrelated aspects of protective services will be provided by the county child welfare agency. Providing all aspects of protective services is a total agency responsibility, even when the responsibility for protective services delivery is normally assigned to a specific staff person or a specialized unit. In other words, if CPS staff members are not able to meet the mandatory requirements for Intake, CPS Assessment, or CPS In-Home Services, the director must assign someone else to take responsibility for mandatory agency services until the assigned staff is available. The county director is responsible for ensuring that Child Protective Services are provided for all children within each county who are found to be abused, neglected, and/or dependent ([N.C.G.S. § 7B-302](#)). To offer adequate protective services, the director and staff must have a clear understanding of the legal authority for providing voluntary and involuntary services to families.

County child welfare agencies are expected to adhere to laws and policies when administering and designating roles and responsibilities. Child Protective Services policies and procedures are designed to provide safety to children in danger and at risk while respecting the family's right to privacy, to self-determination, and to its unique cultural identity.

ADMINISTRATION AND STAFFING

Organizational Chart and Data System

The county child welfare agency should have an organizational chart that identifies staff by name, position class, employee class, education, CPS experience, and Child Welfare Services training attended and scheduled. Agencies shall be able to readily access information that provides:

- The number of fulltime staff positions budgeted,
- The number of fulltime staff positions filled,
- Completed and scheduled training required by general statute and DHHS/DSS policy,
- The number of reports received, and the number of reports not accepted for CPS Assessment by month and year,
- The number of open CPS Assessments by month and year,
- The number of CPS Assessments requiring more than 45 days to complete by month and year, and
- The number of CPS In-Home Services cases by month and year

ADMINISTRATION AND STAFFING

Staffing

Supervisors

- The supervisor teaches and models practice standards that are consistent with Federal and State statutes, Administrative Rules, and Child Welfare Services policy. Supervisors are responsible for providing oversight to social work practice performed by their workers. Supervisors are expected:
 - To meet regularly with social work staff in order to ensure adherence to law, rule, and policy,
 - To provide on the job training,
 - To ensure staff receive all training required by law (N.C.G.S. § 131D-10.6A (b)) and DHHS/DSS policy,
 - To evaluate staff performance,
 - To process client-specific issues,
 - To answer questions,
 - To request outside consultation as needed, and
 - To support their staff's best practice.
- Supervisor to worker ratios shall not exceed an average of one fulltime equivalent supervisory position to five fulltime equivalent social work positions.

County child welfare workers

- County child welfare workers are responsible for carrying out Child Protective Service functions as mandated, and as delegated by agency administrators.
- Average Child Protective Services caseloads shall be no greater than 10 families at any time for workers performing CPS Assessments, and 10 families at any time for staff providing CPS In-Home Services.

ADMINISTRATION AND STAFFING

Specialization and Training

The degree of specialization of staff depends on the size of the agency, as well as the needs identified by the community. Some agencies have social work teams within their Child Welfare Services unit to help assure consistency for the families served. Other county child welfare agencies may have only a few staff that handles a large variety of services.

Providing Child Protective Services in any capacity requires certain knowledge, skills, personal qualities, and respect for the values of others. Specific competencies are required of CPS professionals that enable staff to perform effectively the tasks associated with each stage of the CPS casework process. Supervisors and social workers are expected to meet all training requirements to perform Child Protective Services duties.

The N.C.G.S. §131D-10.6A (b) applies to child welfare services staff initially hired on or after July 1, 1998.

Child Welfare Services Staff

The NC DHHS/DSS shall establish minimum training requirements for Child Welfare Services staff. The minimum training requirements established by the NC DHHS/DSS are as follows:

- County child welfare workers shall complete a minimum of 72 hours of preservice training before assuming direct client contact responsibilities. In completing this requirement, the NC DHHS/DSS shall ensure that each county child welfare worker receives training on family-centered practices and State and Federal law regarding the basic rights of individuals relevant to the provision of Child Welfare Services, including the right to privacy, freedom from duress and coercion to induce cooperation, and the right to parent.
- Child Protective Services workers shall complete a minimum of 18 hours of additional training that the NC DHHS/DSS determines is necessary to adequately meet training needs.
- County Child Placement and Adoption workers shall complete a minimum of 39 hours of additional training that the NC DHHS/DSS determines is necessary to adequately meet training needs.
- County child welfare supervisors shall complete a minimum of 72 hours of preservice training before assuming supervisory responsibilities and a minimum of 54 hours of additional training that the NC DHHS/DSS determines is necessary to adequately meet training needs.
- County child welfare staff shall complete 24 hours of continuing education annually. In completing this requirement, the Division of Social Services shall provide each Child Welfare Services staff member with the annual update information on family-centered practices and State and Federal law regarding the basic rights of individuals relevant to the provision of Child Welfare Services, including the right to privacy; freedom from duress and coercion to induce cooperation; and the right to parent.

ADMINISTRATION AND STAFFING**Specialization and Training**

The NC DHHS/DSS may grant an exception in whole or in part to the requirement under subdivision (1) of this subsection to county child welfare workers who satisfactorily complete or are enrolled in a masters or bachelors' program after July 1, 1999, from a North Carolina social work program accredited pursuant to the Council on Social Work Education. The program's curricula must cover the specific preservice training requirements as established by the NC DHHS/DSS.

The NC DHHS/DSS shall ensure that training opportunities are available for county child welfare agencies to meet the training requirements of this subsection. Information regarding specific training requirements and course offerings are available through <https://ncswlearn.org/>.

ADMINISTRATION AND STAFFING

Data Tracking and Statistics

The community has a right to know that the services provided by county child welfare agencies are efficient and effective. One way to determine the effectiveness of county child welfare agency efforts is to gather accurate data on outcomes of provided services. County child welfare agencies are encouraged to conduct regular client satisfaction surveys that specifically ask for feedback on the professional conduct of service delivery staff. Conducting similar surveys of professionals, paraprofessionals, and volunteers who work with children and their families are also encouraged.

All accepted reports of child maltreatment must be reported to the Central Registry ([10A NCAC 70A.0112](#)). The primary responsibility of the Central Registry is to provide statistical information used to study the extent of abuse and neglect within the State. This information is also used to provide statistics and management reports for county child welfare agencies and to track child fatality information.

Each agency should have logs used for screening CPS reports. County child welfare agencies should develop separate filing systems for reports accepted for CPS Assessment and those reports that are not accepted for CPS Assessment.