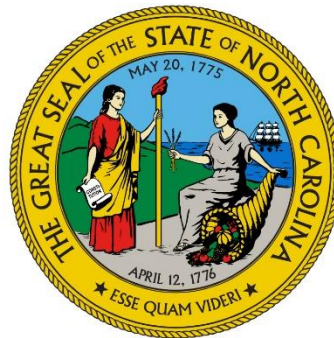


North Carolina Child Welfare Manual for CPS Intake, CPS Assessments, In-Home, & Permanency Planning



NC DEPARTMENT OF
HEALTH AND HUMAN SERVICES

Division of Social Services
Child Welfare Services

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NC CHILD WELFARE MANUAL FOR CPS INTAKE, CPS ASSESSMENTS, IN-HOME, & PERMANENCY PLANNING

North Carolina Child Welfare strives to ensure safe, permanent, nurturing families for children. The goal is that every child in North Carolina grows up in a safe, permanent, self-sufficient family where well-being needs of all are met.

Child Protective Services are legally mandated, non-voluntary services for families that encompass 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 agencies, are designed to protect children from further harm and to support and improve parental/caregiver abilities to assure a safe and nurturing home for each child.

This North Carolina Child Welfare Manual provides the policy, protocol, and guidance for county child welfare agencies in the provision of Child Protective Services Intake, Assessments, In-Home, and Permanency Planning.

NC CHILD WELFARE MANUAL FOR CPS INTAKE, CPS ASSESSMENTS, IN-HOME, & PERMANENCY PLANNING

NC Child Welfare Manual Framework

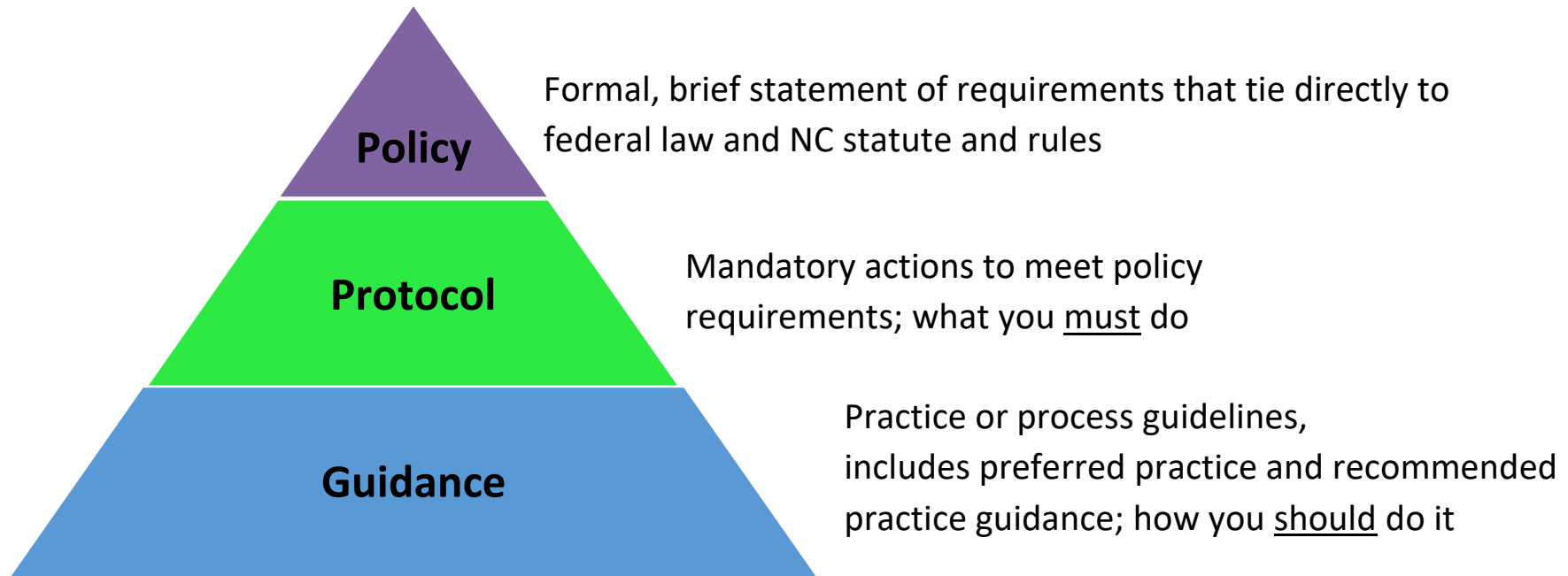


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Cross Function Topics provide definitions, protocol, and guidance that is applicable to multiple functional areas. Providing this information in a separate section of the manual supports consistency across functional areas. Follow links within a functional area to the appropriate cross function topic for additional protocol and guidance.

CPS INTAKE POLICY, PROTOCOL, AND GUIDANCE

Purpose

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

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

1. Complete a new CPS Intake in NC FAST or the Structured Intake Report tool, using a strengths-based approach with the reporter.
2. Consult the Maltreatment Screening Tool(s) that correspond to the allegations.
3. Determine the county responsible for completing the CPS Assessment.
4. Consult the [Response Priority Decision Tree](#).
5. Determine the appropriate Assessment Response Type (Investigative or Family).

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

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Policy/Legal Basis

Policy	Legal Basis
<p>North Carolina requires that anyone who suspects child abuse, neglect, or dependency must report their concerns to the county child welfare services agency. A person who makes a report of suspected child abuse, neglect, or dependency is immune from civil or criminal liability if the report was made in good faith.</p> <p>County child welfare agencies must receive and screen all reports of abuse, neglect, or dependency, regardless of residency. Each county child welfare services agency must have written procedures for receiving CPS reports and for providing supervisory decision-making 24 hours a day.</p>	<p>N.C.G.S. §7B-101 provides the definitions to determine a county child welfare services agency's authority to intervene and includes the following sentence in the definition of neglected juvenile: "In determining whether a juvenile is a neglected juvenile, it is relevant whether that juvenile lives in a home where another juvenile has died as a result of suspected abuse or neglect or lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home." Relevance in this instance is a legal term that means that the court can find a child neglected on the basis that he or she was living with a victim child.</p> <p>N.C.G.S. §153A-257, Legal residence for social service purposes:</p> <p>(a) Legal residence in a county determines which county is responsible (i) for financial support of a needy person who meets the eligibility requirements for a public assistance or medical care program offered by the county or (ii) for other social services required by the person. Legal residence in a county is determined as follows:</p> <ol style="list-style-type: none"> (1) Except as modified below, a person has legal residence in the county in which he resides. (2) If a person is in a hospital, mental institution, nursing home, boarding home, confinement facility, or similar institution or facility, he does not, solely because of that fact, have legal residence in the county in which the institution or facility is located. (3) A minor has the legal residence of the parent or other relative with whom he resides. If the minor does not reside with a parent or relative and is not in a foster home, hospital, mental institution, nursing home, boarding home, educational institution, confinement facility, or similar institution or facility, he has the legal residence of the person with whom he resides. Any other minor has the legal residence of his mother, or if her residence is not known then the legal residence of his father; if his mother's or father's residence is not known, the minor is a legal resident of the county in which he is found. <p>(b) A legal residence continues until a new one is acquired, either within or outside this state. When a new legal residence is acquired, all former legal residences terminate.</p> <p>(c) This section is intended to replace the law defining "legal settlement." Therefore, any general law or local act that refers to "legal settlement" is deemed to refer to this section and the rules contained herein.</p> <p>(d) If two or more county departments of social services disagree regarding the legal residence of a minor in a child abuse, neglect, or dependency case, any one of the county departments of social services may</p>

Policy/Legal Basis

Policy	Legal Basis
<p>The screening process requires knowledge of the statutory definitions of child abuse, neglect, dependency, and caretaker. The county child welfare services agency has the authority to intervene only when the allegation, if true, would meet the legal definitions. Reports accepted for CPS Assessment must clearly invoke the statutory authority to provide Child Protective Services.</p>	<p>refer the issue to the Department of Health and Human Services, Division of Social Services, for resolution. The Director of the Division of Social Services or the Director's designee shall review the pertinent background facts of the case and shall determine which county department of social services shall be responsible for providing protective services and financial support for the minor in question.</p> <p>N.C.G.S. §7B-300, Protective Services: The director of the department of social services [county child welfare services agency] in each county of the state shall establish protective services for juveniles alleged to be abused, neglected, or dependent. Protective services shall include the screening of reports; the performance of an assessment using either a Family Assessment response or an Investigative Assessment response; casework; or other counseling services to parents, guardians, or other caretakers as provided by the director. These services will help the parents, guardians, other caretakers, and the court to prevent abuse or neglect; to improve the quality of child care; to be more adequate parents, guardians, or caretakers; and to preserve and stabilize family life.</p> <p>N.C.G.S. §7B-301, Duty to report abuse, neglect, dependency, or death due to maltreatment: (a) Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined N.C.G.S. §7B-101, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county where the juvenile resides or is found. The report may be made orally, by telephone, or in writing. The report shall include information as is known to the person making it including: the name and address of the juvenile; the name and address of the juvenile's parent, guardian, or caretaker; the age of the juvenile; the names and ages of other juveniles in the home; the present whereabouts of the juvenile if not at the home address; the nature and extent of any injury or condition resulting from abuse, neglect, or dependency; and any other information which the person making the report believes might be helpful in establishing the need for protective services or court intervention. If the report is made orally or by telephone, the person making the report shall give the person's name, address, and telephone number. Refusal of the person making the report to give a name shall not preclude the department's assessment of the alleged abuse, neglect, dependency, or death because of maltreatment.</p>

Policy/Legal Basis

Policy	Legal Basis
	<p>(b) Any person or institution who knowingly or wantonly fails to report the case of a juvenile as required by subsection (a) of this section, or who knowingly or wantonly prevents another person from making a report as required by subsection (a) of this section, is guilty of a Class 1 misdemeanor.</p> <p>N.C.G.S. §7B 302(b) states: "When a report of a juvenile's death as a result of suspected maltreatment or a report of suspected abuse, neglect, or dependency of a juvenile in a non-institutional setting is received the director of the department of social services shall immediately ascertain if other juveniles remain in the home, and, if so, initiate an assessment in order to determine whether they require protective services or whether immediate removal of the juveniles from the home is necessary for their protection."</p> <p>N.C.G.S. §7B-309, Immunity of persons reporting and cooperating in an assessment. Anyone who makes a report pursuant to this Article, cooperates with the county department of social services in a protective services assessment, testifies in any judicial proceeding resulting from a protective services report or assessment, or otherwise participates in the program authorized by this Article, is immune from any civil or criminal liability that might otherwise be incurred or imposed for that action provided that the person was acting in good faith.</p> <p>Child Abuse Prevention and Treatment Act (CAPTA) requires health care providers involved in the delivery and care of infants born with and identified as being affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure, or a Fetal Alcohol Spectrum Disorder to notify the child protective services system of the occurrence.</p>

Definitions

Definitions

Unless otherwise noted, the following definitions come from N.C.G.S. [§7B-101](#).

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

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

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

- (a) Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means;
- (b) Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means;
- (c) Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior;
- (d) Commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree rape, as provided in N.C.G.S. §14-27.2; rape of a child by an adult offender, as provided in N.C.G.S. §14-27.2A; second-degree rape as provided in N.C.G.S. §14-27.3; first degree sexual offense, as provided in N.C.G.S. §14-27.4; sexual offense with a child by an adult offender, as provided in N.C.G.S. §14-27.4A; second degree sexual offense, as provided in N.C.G.S. §14-27.5; intercourse and sexual offenses with certain victims; consent no defense, as provided in N.C.G.S. §14-27.31 and N.C.G.S. §14-27.32; unlawful sale, surrender, or purchase of a minor, as provided in N.C.G.S. §14-43.14; crime against nature, as provided in N.C.G.S. §14-177; incest, as provided in N.C.G.S. §14-178 and N.C.G.S. §14-179; preparation of obscene photographs, slides or motion pictures of the juvenile, as provided in N.C.G.S. §14-190.5; employing or permitting the juvenile to assist in a violation of the obscenity laws as provided in N.C.G.S. §14-190.6; dissemination of obscene material to the juvenile as provided in N.C.G.S. §14-190.7 and N.C.G.S. §14-190.8; displaying or disseminating material harmful to the juvenile as provided in N.C.G.S. §14-190.14 and N.C.G.S. §14-190.15; first and second degree sexual exploitation of the juvenile as provided in N.C.G.S. §14-190.16 and

Definitions

Definitions

N.C.G.S. §14-190.17; promoting the prostitution of the juvenile as provided in N.C.G.S. §14-205.3(b); and taking indecent liberties with the juvenile, as provided in N.C.G.S. §14-202.1, regardless of the age of the parties; or

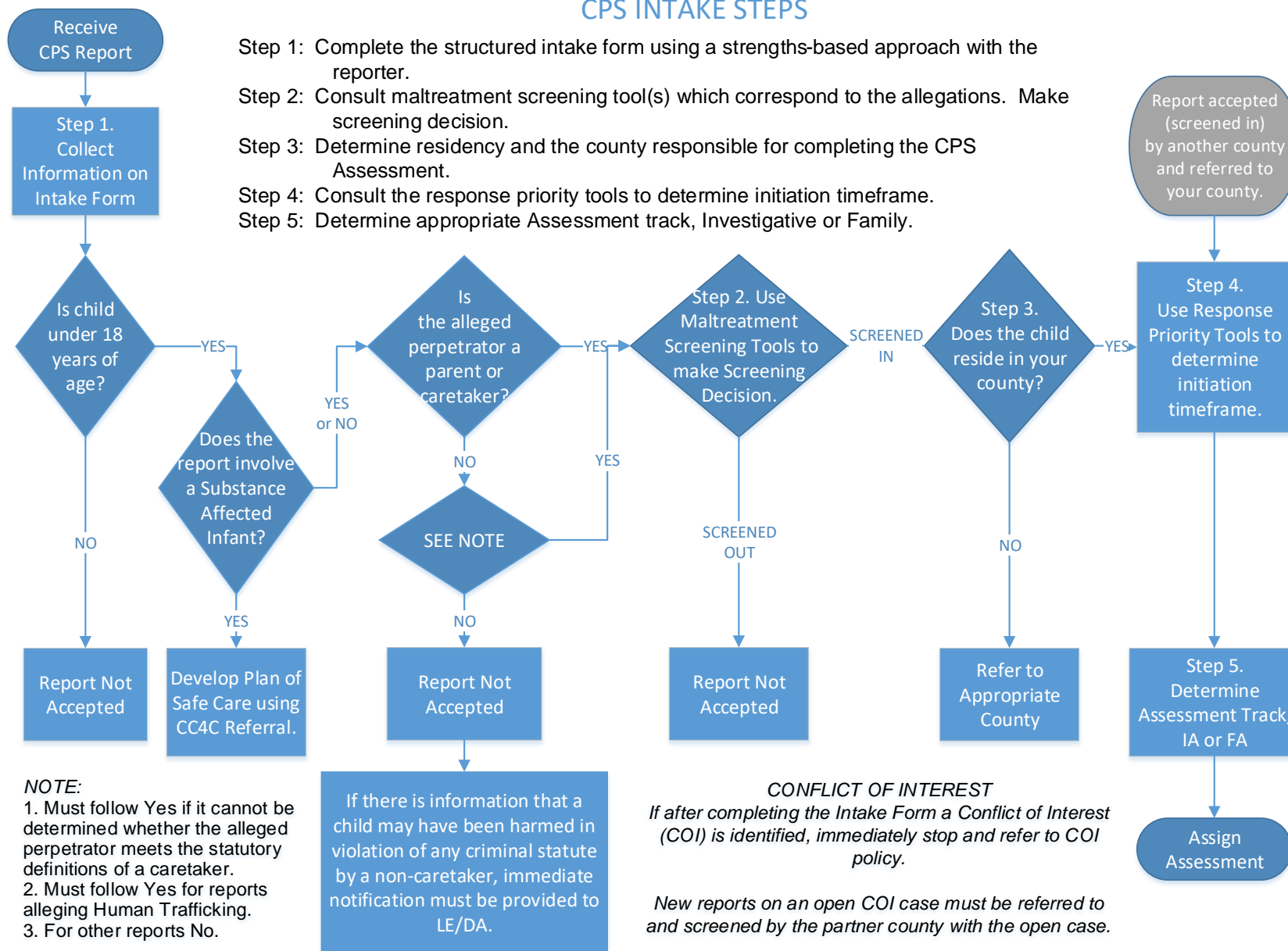
- (e) Creates or allows to be created serious emotional damage to the juvenile. Serious emotional damage is evidenced by a juvenile's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others;
- (f) Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile; or
- (g) Commits or allows to be committed an offense under N.C.G.S. §14-43.11 (human trafficking), N.C.G.S. §14-43.12 (involuntary servitude), or N.C.G.S. §14-43.13 (sexual servitude) against the child.

Neglected Juvenile: Any juvenile less than 18 years of age (i) who is found to be a minor victim of human trafficking under G.S. 14-43.15 or (ii) whose parent, guardian, custodian or caretaker does not provide proper care, supervision, or discipline, or who has been abandoned; or who is not provided necessary medical care; or who is not provided necessary remedial care; or who lives in an environment injurious to the juvenile's welfare; or who has been placed for care or adoption in violation of the law. In determining whether a juvenile is a neglected juvenile, it is relevant whether that juvenile lives in a home where another juvenile has died as a result of suspected abuse or neglect or lives in a home where another juvenile has been subjected to abuse by an adult who regularly lives in the home.

Dependent Juvenile: A juvenile in need of assistance or placement because the juvenile has no parent, guardian, or custodian responsible for the juvenile's care or supervision or whose parent, guardian, or custodian, is unable to provide for the care or supervision and lacks an appropriate alternative child care arrangement.

Intake Steps

CPS INTAKE STEPS



Anonymous Reporters/Reporter Confidentiality

Protocol – What you must do	Guidance – How you should do it
<p>North Carolina legislation requires that the person making the report give their name, address, and telephone number. However, refusal of the person making the report to identify himself or herself does not relieve the county child welfare services agency of its responsibility for conducting a CPS Assessment.</p> <p>North Carolina statute requires:</p> <ul style="list-style-type: none"> • The identity of the person making the report, and • All information obtained during a CPS Assessment must be held in the strictest confidence by the county child welfare agency. <p>However, this statute does not grant the right for the reporter to remain anonymous. The reporter must be informed that their identity will remain confidential unless:</p> <ul style="list-style-type: none"> • A court orders otherwise; • A local, state, or federal entity demonstrates a need for the reporter’s name to carry out its mandated responsibilities. <p>Statute does not require that the reporter possess any information beyond a cause to suspect abuse or neglect. The reporter is not required to have witnessed the abuse or neglect or to have firsthand knowledge.</p>	<p>County child welfare agencies often need to speak with a reporter more than once to clarify or follow up on other issues, so anonymous calls should be discouraged as much as possible. If a county child welfare services agency has “Caller Identification,” the staff should make any caller aware that the agency has this information, especially if the identifying information the caller is giving is different from the information on the “Caller Identification.” If the county child welfare services agency knows the identity of the reporter, that information should be recorded on the Structured Intake Report tool, even if the caller wishes to remain anonymous. In that case, the fact that the caller wants to remain anonymous should be noted as well.</p>

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
<p>CREATING A NEW CPS INTAKE</p> <p>The county child welfare worker must document and manage information about the report of suspected abuse, neglect, and/or dependency by creating a new CPS Intake in NC FAST or use the structured intake tool, North Carolina Division of Social Services’ Structured Intake Form, (DSS-1402)</p> <p>IDENTIFYING A CASE PARTICIPANTS, ROLES AND CASE HEAD</p> <p>A new CPS Intake begins with the identification participants involved in the case and their role in the case. Identification of a case head depends on the role of the participants involved in the new CPS Intake. Participant roles are:</p> <ul style="list-style-type: none"> • Adult • Alleged Victim • Caretaker • Custodian • Non-Resident Parent • Parent <p>Case heads are determined using the following guideline:</p> <ul style="list-style-type: none"> • Mother • Father • Female Caretaker • Male Caretaker • Female child • Male child <p>If the parent or caretaker is unknown, the case head is identified by the child in the assessment. If there is more than one child, the case head is that of the youngest child.</p>	<p>Every effort should be made to speak with the reporter at the time the call is placed. In instances when the reporter left a message, the timeframe for response begins at the time the reporter left the message, not the time the call was returned. There may be times when the reporter does not have access to a telephone on a regular basis and cannot leave a number for the call to be returned. Assessing safety and if an immediate response is required is impossible when those concerns are left on a messaging system.</p> <p>Comprehensive information provided by the reporter supports county child welfare workers in making the best determination about the appropriateness of the report for CPS Assessment, the level of risk to the child, and the urgency of the response needed. Information gathering should focus on demographic information about the child and family; information about the alleged maltreatment; and information about the child, the parents/caretakers, and the family.</p> <p>There are some maltreatment reports that do not clearly meet legal definitions of abuse, neglect, and/or dependency; however, the alleged maltreatment is concerning. It may be that the reporter did not have enough information to provide specifics or was not willing to do so. In these situations, it is acceptable to use NC FAST services history or county agency history to make a well-informed decision.</p> <p>In some instances, a reporter may be considered a “designated reporter” for their agency, meaning they are calling on behalf of the person who has firsthand knowledge of the situation. In such situations, it is permissible to contact the person with firsthand knowledge prior to making a final decision about accepting the report.</p> <p>The identification of the case head as unknown during intake can change during the assessment should that information become known. When an adult</p>

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
<p>The timeframe for responding to screened in reports of abuse, neglect, and/or dependency begin at the time the reporter contacts the county child welfare services agency. County child welfare agencies must provide Child Protective Services, including Intake, 24 hours per day, 7 days per week, and, respond immediately to emergency situations.</p> <p>The county child welfare worker must provide support and encouragement to the reporter by:</p> <ul style="list-style-type: none"> ● Explaining the purpose of CPS (to protect and strengthen the family); ● Emphasizing the importance of reporting; ● Dealing with fears and concerns of the reporter; and ● Discussing confidentiality regarding the CPS report including the identity of the reporter. <p><u>Collection of Information and Assessing Agency History</u></p> <p>The county child welfare worker must gather sufficient information from the reporter to be able to:</p> <ul style="list-style-type: none"> ● Identify and locate case participants (child(ren), parents, or primary caretaker) and; ● Determine if the report meets the statutory guidelines for child maltreatment; ● Assess the seriousness of the child’s situation; and ● Understand the relationship of the reporter to the family and the motives of the reporter. ● Identify collaterals who may have additional information for the assessment (medical/behavioral health care providers, teachers, friends, family, or others) and their relationship to the alleged victim child(ren). 	<p>parent/caretaker remains unknown the assessment case head should follow using this guideline.</p> <p>Making effective CPS Intake decisions requires county child welfare workers to have competent interviewing skills, awareness of the information needed, the skill to organize and analyze information, to arrive at accurate conclusions, and the ability to be supportive of reporters. The reporter’s information/impression regarding the allegations needs to be listened to and documented on the structured intake tool, and to make the reporter feel he or she has been heard. Each reporter must be supported in their decision to make a report and their concerns addressed. Concerns may range from fear that the family will retaliate to fear of having to testify in court. It is important to understand that it is often very difficult for the reporter to make the call. The telephone call usually comes after much thought has been given to the possible consequences to the child and family. More than likely, the reporter has considered that it would be easier to do nothing or that the CPS system may not be able to help the family. It is difficult for a reporter to think that the call will help the family rather than hurt them. While gathering information from the reporter, the distinction between events and judgement is important. The position of the reporter can be determined from a compilation of the judgements the reporter is making about the case. CPS county child welfare workers will be able to make better decisions about the case if they have a good understanding of the reporter’s position. Helpful questions that can be used to establish the reporter’s position include:</p> <ol style="list-style-type: none"> 1. What, in your view are the worst aspects of the behavior you are talking about? 2. What convinced you to call us now? 3. What have you done (besides making the report) to address the problem? 4. What do you see as the cause of the problem?

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
	<p>5. Have you talked about these matters with anyone who knows the family? Would others agree with your perspective? What would they say?</p> <p>6. Would the parents of the family agree with your assessment of the situation?</p> <p>In some instances, the reporter may know about exceptions to the current family situation, and some of the following questions may be useful:</p> <ol style="list-style-type: none"> 1. It sounds like this has happened before now. What have you seen the family do to work this out on its own? 2. Are there times when the parent is attentive instead of neglectful? Talk more about those times. What did the parent and child do instead? What do you think made the parent respond differently? 3. You said the child always seems depressed. Are there times when you have seen the child happy? What is going on then? <p>While it is important to know the reporter’s concerns about the risk to the children, it is crucial that the message conveyed is that CPS is about ensuring safe homes for children by identifying the strengths of the family-not by identifying bad parents and taking children away. Some questions that may be useful in eliciting family strengths include:</p> <ol style="list-style-type: none"> 1. Can you share anything good about these parents? 2. How do family members usually solve this problem? What have you seen them do in the past? 3. What do you see as a positive regarding the relationship between parent and child? <p>Another way that may be helpful includes talking with the reporter about what they hope the family can accomplish. Discussing safety shifts the focus from problems to possible solutions. Some of these questions include:</p>

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
	<ol style="list-style-type: none"> 1. This situation sounds serious. What do you think should happen? How would that solve the problem? 2. Calling DSS is a big step. In your opinion, what would it take to make the child safer? 3. What do you imagine the agency doing to make the child safer? 4. What do you think this family should do? What are they capable of doing? 5. You are saying this family has problems. Can you tell me how the agency will know when the problem is solved? <p>Talking with the reporter about the goal for contacting child welfare can also be initiated using scaling questions. The Intake county child welfare worker can ask the reporter to rate the seriousness of the situation through a scaling question around safety. For example, “On a scale of 0 to 10, with 0 meaning you are certain the child will be abused again, and you believe the agency should act immediately, and with 10 meaning the problems are solved, where would you rate the seriousness of this situation?” Following this question, the Intake county child welfare worker can then ask follow- up questions such as, “You rated the situation a 3. What makes you a 3? What can be done to increase the situation to a 4?” The use of scaling questions gives information about immediate progress as compared to complete resolution.</p> <p>Questions from a safety-oriented approach may be unexpected, causing the reporter to need more time to think critically about the situation and the Intake county child welfare worker to be able to explain questions. Some reporters will be open to engaging in a discussion regarding safety and others will not because they feel they have done their job by notifying the county child welfare services agency. Exception questions, eliciting strengths, and goal-oriented questions cause the reporter to think about the family’s situation</p>

Collection of Information and Assessing Agency History

Protocol – What you must do	Guidance – How you should do it
<p>The county child welfare worker must check NC FAST services history and/or county agency records to determine if the case participants (family or child) has been reported/known to the agency previously.</p> <p>The county child welfare worker must NOT check the Central Registry/Responsible Individuals List or contact another community agency to make a screening decision.</p>	<p>and emphasizes that child safety and protection is a community issue that calls for collective responsibility.</p>

Substance Affected Infants

Protocol – What you must do	Guidance – How you should do it
<p>Child Abuse Prevention and Treatment Act (CAPTA) requires that all infants identified as “substance affected” by a healthcare provider, receive a Plan of Safe Care. When a county child welfare services agency receives notification of the birth and identification of a substance affected infant, it must develop a Plan of Safe Care for each identified infant by:</p> <ul style="list-style-type: none"> • Completing a Care Coordination for Children (CC4C) referral form and • Submitting the referral form to the local CC4C program. <p>To comply with confidentiality laws and to ensure that a Plan of Safe Care can be created for every infant, it is important that the CC4C referral be made during the screening of the report and prior to deciding to screen in or screen out the report.</p> <p>Once the referral has been made, the county child welfare services agency must consult the Substance Affected Infant Screening Tool to determine if a CPS Assessment is warranted.</p> <p>Refer to Chapter VIII: Section 1439 – Substance Affected Infants</p>	<p>The timing of the referral is critical because confidentiality laws prohibit a county child welfare services agency from making the referral to CC4C if the report has already been screened out and child protective services are no longer being provided.</p> <p>Current standard practice dictates that any information the county child welfare services agency obtains that is protected by federal regulations should not be disclosed absent a court order or proper client consent. See Chapter X: The Juvenile Court and Child Welfare section OBTAINING SUBSTANCE ABUSE RECORDS BY COURT ORDER for more information on 42 C.F.R. Part 2 regulations.</p>

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
<p>The Human Trafficking section of the structured intake tool must be completed when:</p> <ul style="list-style-type: none"> • A reporter indicates or suspects trafficking • The CPS Intake worker suspects trafficking based on the maltreatment allegations <p>When the child’s parent, guardian, custodian, or caretaker information about the parent(s) must include their:</p> <ul style="list-style-type: none"> • Protective capacity; • Willingness to take protective action; and • Role in the trafficking. <p>A child who is sold, traded or exchanged for sex or labor is an abused and neglected juvenile, regardless of the relationship between the victim and the perpetrator.</p> <p>For additional information about human trafficking, see Cross Function Topic: Human Trafficking.</p>	<p>Perpetrators of trafficking may be family members or may pose as the child or youth’s parent, sibling, aunt, uncle, or significant other and their relationship to the child may be unclear – even to the reporter.</p> <p>Often persons who exploit children and youth through sex or labor trafficking make promises to children or to families that the child will have improved circumstances, access to education, or a job if the child moves from one place to another. Sometimes this involves moving from another country.</p> <p>If a child has moved from another country to the United States without a family member or is traveling with an adult to whom they are not related or with whom the relationship is unclear, it is possible that the child is being trafficked or is at risk of being trafficked. Intake workers should gather as much information as the reporter is able to provide concerning the child and the child’s circumstances, including:</p> <ul style="list-style-type: none"> • Where they are traveling from; • Where they are traveling to; • Who (if anyone) they are traveling with and their relationship to this person; • The reason for coming to the United States, as provided by the child, the person with whom they are traveling or with whom they reside; and • Any other information the reporter can provide regarding their concern that the child is being trafficked or is at risk of being trafficked.

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
	<p>Children who have run away from home, or whose parent or caretaker is absent, may be trafficked or at risk of being trafficked. The CPS Intake worker should engage the reporter to obtain information about:</p> <ul style="list-style-type: none"> • Child’s circumstances and access to basic needs; • Who is providing for these needs – food, clothing, shelter, etc.; • Whether the child is exchanging sex acts to meet these needs; and • Names, aliases, physical description, and relationship to the child of anyone accompanying the child or youth who is suspected to be dependent or who has run away. <p>When appropriate, the county child welfare worker may provide the reporter with information and resources for human trafficking victims before a screening decision is made. Appropriate information and resources shared with the reporter may include but are not limited to:</p> <ul style="list-style-type: none"> • National Human Trafficking Hotline Number (1-888-373-7888); • Contact information for local agencies serving survivors of human trafficking; and • Contact information for statewide agencies serving survivors of human trafficking.

Establishing the Authority to Intervene

Protocol – What you must do	Guidance – How you should do it
<p><u>JUVENILE AND CARETAKER DETERMINATION</u></p> <p>Determine if Juvenile Involved</p> <p>County child welfare agencies must screen out any reports of maltreatment that do not involve a juvenile. See definitions. However, all children living in the home of the victim child identified in the report must be considered alleged victim children.</p> <p>Does the Report Meet Abuse, Neglect, &/or Dependency Definitions?</p> <p>County child welfare agencies only have the authority to intervene when the allegations if true met the statutory definitions of abuse, neglect, and or dependency. See definitions.</p> <p>Is the Alleged Perpetrator a Parent, Guardian, Custodian or Caretaker?</p> <p>Reports that do not involve the maltreatment of a child by a parent, guardian, custodian or caretaker must be screened out, except for those alleging human trafficking.</p> <p>Caretaker</p> <p>County child welfare agencies must screen Child Protective Services reports to determine whether the alleged perpetrator met statutory requirements for a caretaker at the time the maltreatment occurred. See Caretaker Definition Decision Tool and definitions.</p> <p>County child welfare agencies must assess whether the parent made an appropriate decision regarding the child’s safety and welfare when he or she placed the child</p>	<p>Caretaker has a legal definition that is separate from that of a parent, guardian or custodian; therefore, the Caretaker Definition Decision Tool in human trafficking cases does not apply. Please see Cross Function Topic: Human Trafficking.</p>

Establishing the Authority to Intervene

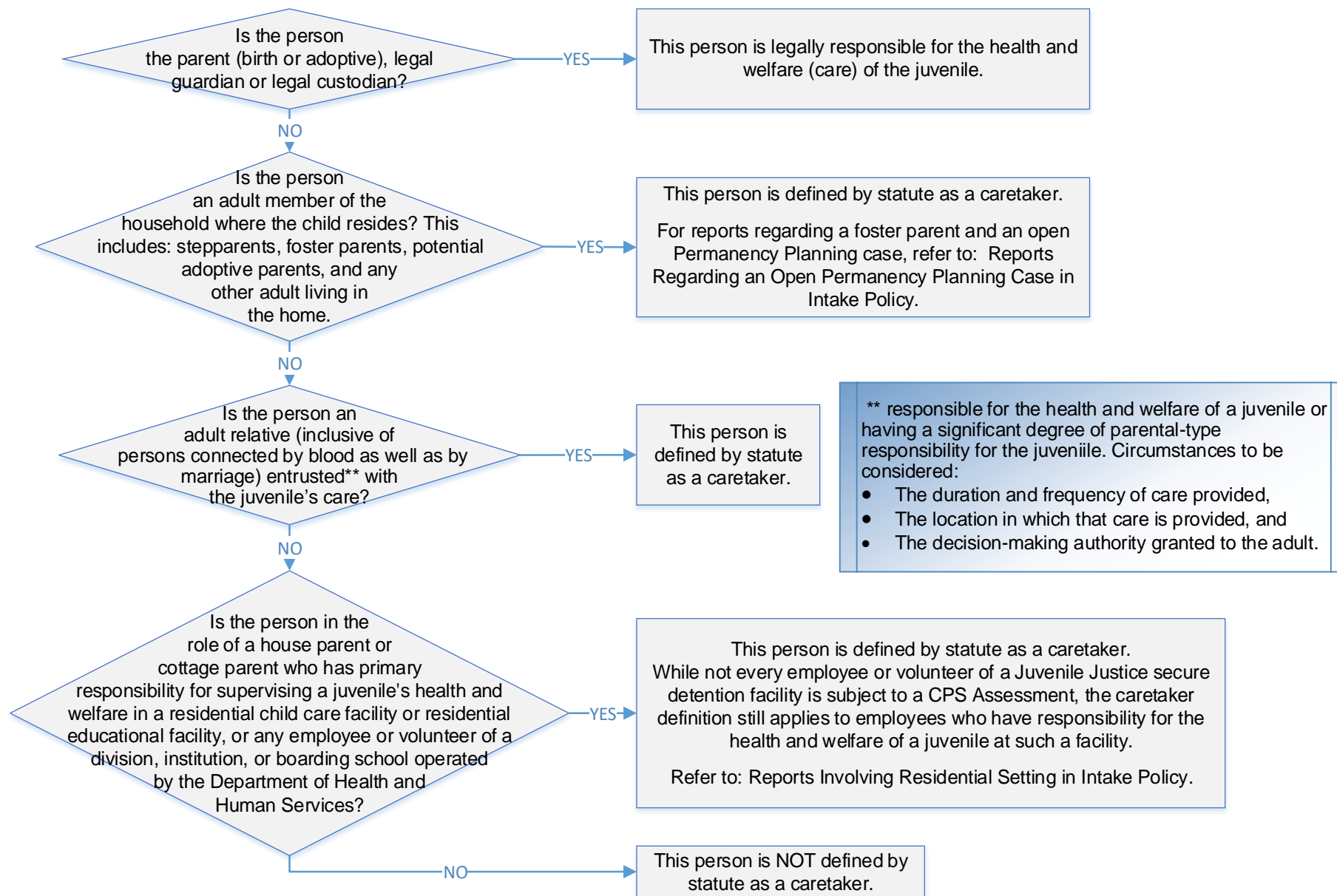
Protocol – What you must do	Guidance – How you should do it
<p>with the relative/caretaker, regardless of whether the alleged perpetrator meets the caretaker definition.</p> <p>Determination of Caretaker</p> <p>Extended step-relatives such as step-grandparents, step-aunts, step-uncles, and step-cousins entrusted with responsibility for the health and welfare of the child must be considered caretakers. A relative entrusted with the health and welfare of a juvenile is a person who has a significant degree of parental-type responsibility for the child. The totality of the circumstances must be considered in these instances including:</p> <ul style="list-style-type: none"> ● The duration and frequency of care provided by the adult; ● The location in which that care is provided; and ● The decision-making authority granted to the adult. <p>The report must be accepted for assessment if it cannot be determined whether the alleged perpetrator meets the statutory definitions of a caretaker.</p> <p>The statute does not include persons in a special relationship with the primary parent, guardian, custodian, or caretaker (such as a boyfriend, girlfriend, or babysitter not meeting the definition of child care provider) and who live outside of the child’s residence. These relationships must be narrowly construed and exclusive to only mean those adult members of the juvenile’s household.</p> <p>While every “employee or volunteer” of a juvenile justice secure detention facility is no longer subject to a CPS Assessment, the caretaker definition still applies to employees who have “responsibility for the health and welfare of a juvenile” at such a facility. See Out-of-Home Care Providers.</p> <p>Reports alleging maltreatment in boarding schools also are subject to a CPS Assessment based on the caretaker definition.</p>	<p>A temporary arrangement for supervision is not the equivalent of entrusting a person with the care of the juvenile.</p> <p>Statute is specific to include certain relationships such as stepparents. These relationships should be liberally construed, and inclusive of persons connected by blood, as well as by marriage.</p>

Establishing the Authority to Intervene

Protocol – What you must do	Guidance – How you should do it
<p>Non-Caretaker Reports</p> <p>When a report of maltreatment is not accepted for CPS Assessment but includes information that a child may have been physically (including sexually) harmed in violation of any criminal statute by a non-caretaker, the agency must:</p> <ul style="list-style-type: none"> • Give immediate verbal notifications to the District Attorney or designee; • Send subsequent written notification to the District Attorney within 48 hours; • Give immediate verbal notification to the appropriate local law enforcement agency; and • Send subsequent written notification to the appropriate local law enforcement agency within 48 hours. 	
<p><u>REPORTS INVOLVING A CHILD FATALITY WITH SUSPICION THAT MALTREATMENT CONTRIBUTED TO THE DEATH</u></p> <p>At the time of the fatality:</p> <ul style="list-style-type: none"> • All children residing in the home must be identified on the structured intake tool as victim children • If no other children reside in the home, the county child welfare services agency has no authority to intervene in the case but must make a report to law enforcement • When the cause of death is suspected maltreatment, a report of the death must be made to NC DSS. <p>See <u>State Child Fatality Review Protocol</u>.</p>	<p>If a child lives in a home where another child has died because of maltreatment, that child may also have been abused or neglected. It is critical that information regarding risk and safety be carefully gathered and evaluated to determine if the child has been harmed or if there is evidence or suspicion that the other children are being maltreated.</p>

Establishing the Authority to Intervene

CARETAKER DEFINITION DECISION TOOL



Reports Involving Child Caring Agencies

Protocol – What you must do	Guidance – How you should do it
<p><u>DUTY TO REPORT ALLEGATIONS OF MALTREATMENT IN CHILD CARE</u></p> <p>When a county child welfare services agency receives a report of suspected child maltreatment by a caregiver in a child care facility, a CPS Intake must be completed in NC FAST or using a structured intake tool, and the report be screened out.</p> <p>The Division of Child Development and Early Education (DCDEE) must be notified within 24 hours or on the next working day and fax the DSS-5282 with the completed Intake Report tool.</p>	

Out-of-Home Care Provider CPS Reports

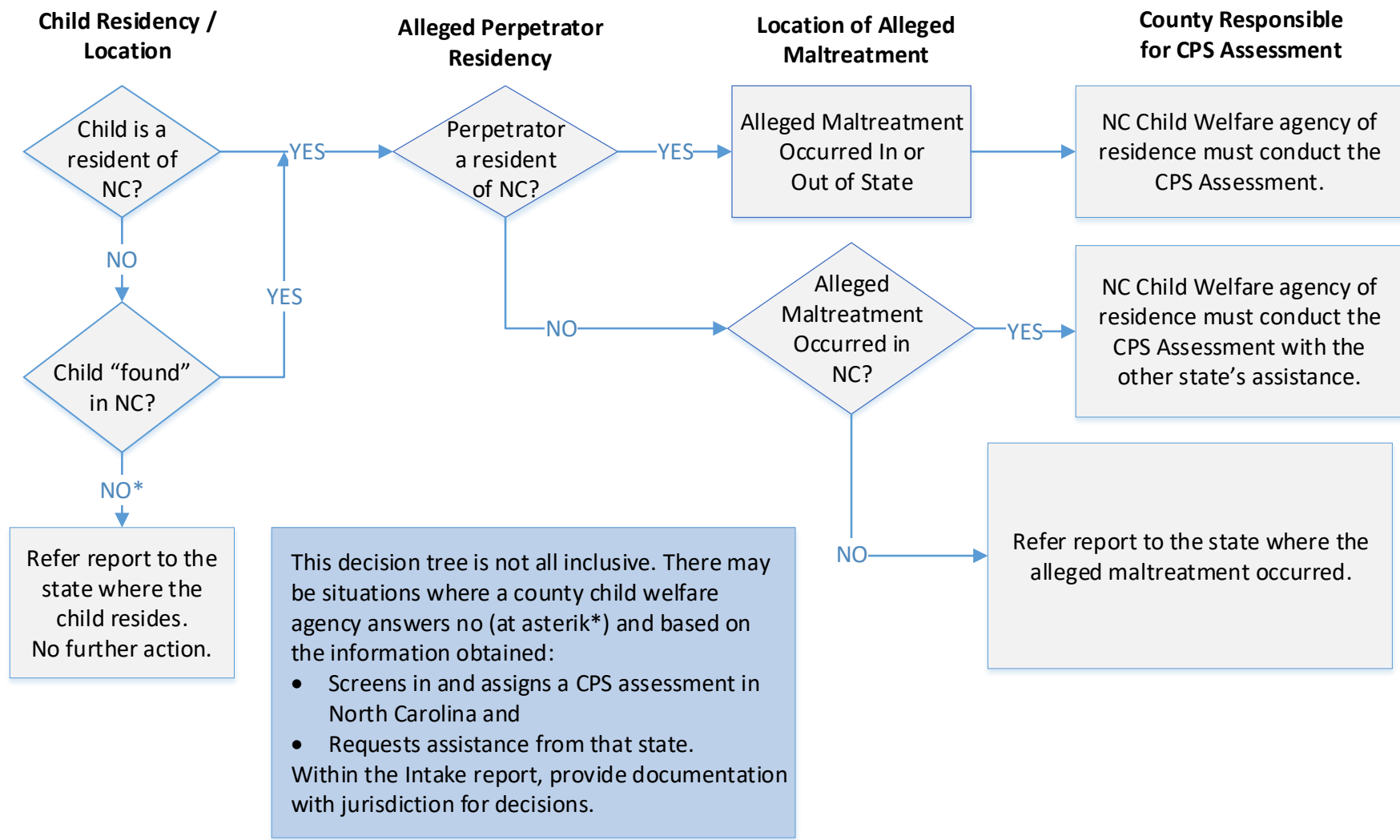
Protocol – What you must do	Guidance – How you should do it
<p>RESIDENCE OR ALLEGED MALTREATMENT IS OUT-OF-STATE</p> <ul style="list-style-type: none"> ● When the report indicates that the case participants (child, parents/caretakers) residence is in North Carolina, but the location of the alleged maltreatment occurred out-of-state, the county of residence must conduct the CPS Assessment. ● If maltreatment is alleged to have occurred to a North Carolina child while out-of-state by an individual who is not a resident of North Carolina, the county child welfare services agency that received the report must refer it to the state where the alleged maltreatment occurred. If there are concerns regarding the decision making of the parents or caretakers with whom the child resides in North Carolina, then the child welfare agency must accept the report and conduct the CPS Assessment. Timeframes for responding to reports of abuse, neglect, and/or dependency begin at the time the reporter contacts the county child welfare services agency regardless of any jurisdictional barriers. Refer to Diligent Efforts. ● If a report alleges that a North Carolina child was subject to maltreatment in North Carolina by a parent or caretaker who is not a North Carolina resident, the North Carolina county child welfare services agency of residence must conduct the CPS Assessment with the other state’s assistance. ● When the report indicates that the residence of both the child and the parents or caretakers is out-of-state and the location of the alleged maltreatment occurred in North Carolina with a different parent or caretaker than with whom the child resides, but the child is no longer in North Carolina, the North Carolina child welfare agency shall conduct the CPS Assessment with the assistance of the state where the child resides. However, <ul style="list-style-type: none"> ○ When the report indicates that the residence of the child and the parents or caretakers is out-of-state and the location of the alleged maltreatment occurred in North Carolina yet the child and parents or caretakers are no longer in North Carolina and there are no plans for them to return to the state, the child welfare agency should refer that report to the state where the child and parents or caretakers reside. 	<p>If the state where the child resides does not provide assistance (resulting in child unable to be interviewed), and the North Carolina child welfare agency makes diligent efforts to conduct the assessment without success, then the case may be closed as unable to locate.</p> <p>If a report is received on a child that resides in another state but ‘found’ in the county and the Intake decision was to not accept the report for CPS Assessment, the other state should be notified of the report and the county’s screening decision. This gives the resident state information for when the child returns and allows for screening based on their statute.</p> <p>In some circumstances, the other state when contacted may not accept the county's report because the maltreatment occurred in North Carolina, even though the child is a resident of their state and is in that state now.</p>

Out-of-Home Care Provider CPS Reports

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> ○ When the report indicates that the residence of both the child and the parents or caretakers is out-of-state and the location of the alleged maltreatment occurred out-of-state, the agency should refer that report to the state where the alleged maltreatment occurred. ● If at any time, the county child welfare services agency where the child is found believes the child is in immediate danger, a petition must be filed, and a non-secure custody order obtained. See Out-of-State Decision Making Tool. <p>REQUESTS/REPORTS FROM OUT OF STATE</p> <p>A new CPS Intake in NC FAST, or structured intake tool North Carolina Division of Social Services’ Structured Intake Form, (DSS-1402) must be completed when another state requests that NC continue to provide protective services to children and their families who are now living in NC. NC must determine if:</p> <ul style="list-style-type: none"> ● NC has statutory authority to intervene (allegations must meet NC definitions) ● The child in in NC in violation of the Interstate Compact for the Placement of Children (ICPC) <ul style="list-style-type: none"> ○ If court action took place prior to the child(ren) being in NC, a referral to the ICPC office must be made. 	<p>Referrals to the ICPC office assures compliance with the ICPC regulations and the continuation of appropriate services to the family. See Permanency Planning policy.</p>

Out-of-Home Care Provider CPS Reports

Out of State Decision Making Tree



Out-of-Home Care Provider CPS Reports

Protocol – What you must do	Guidance – How you should do it
<p><u>REPORTS INVOLVING OPEN CHILD PLACEMENT CASES</u></p> <p>Any new maltreatment and/or incident that meets the legal definitions of abuse, neglect, and/ or dependency received at any time during the child receiving Child Placement Services, must be documented and managed as a new report and the agency must conduct a prompt and thorough assessment of the maltreatment allegations.</p> <p>Additional requirements are contained in Chapter V, Jurisdiction, and Chapter VIII, 1410, Conflict of Interest.</p> <p><u>REPORTS INVOLVING OUT-OF-HOME CARE PROVIDERS</u></p> <p>Reports that allege a child is being maltreated by an out-of-home care provider, and the out-of-home provider meets the definition of caretaker per G.S. §7B-101, the county child welfare services agency must complete a CPS Assessment.</p> <p>Additional requirements are contained in Chapter V, Jurisdiction, and Chapter VIII, 1410, Conflict of Interest.</p> <p><u>REPORTS INVOLVING INSTITUTIONAL PLACEMENTS</u></p> <p>When a report alleges that a child is maltreated in an institutional placement and the person alleged to have maltreated the child is entrusted with the child’s health and welfare, the report must be accepted for CPS Assessment. This includes a correctional officer or any employee with the Division of Juvenile Justice and Delinquency Prevention that has responsibility for the health and welfare of a juvenile.</p> <p>Screened in reports on institutional placements must be assigned as an Investigative Assessment Response and referred to law enforcement when required. Only children</p>	

Out-of-Home Care Provider CPS Reports

Protocol – What you must do	Guidance – How you should do it
<p>identified as victims must be the subject of the Investigative Assessment. However, other children in the institutional setting must be considered as victims if an assessment of the circumstances warrants the inclusion of those children in the Investigative Assessment.</p> <p>Additional requirements are contained in Chapter V, Jurisdiction.</p> <p>REPORTS INVOLVING CHILDREN LIVING IN AN INSTITUTIONAL SETTING WHERE A CHILD HAS DIED DUE TO SUSPECTED MALTREATMENT</p> <p>When a report of a juvenile's death, because of suspected maltreatment in an institutional setting, such as a residential child care facility or residential educational facility is received:</p> <ul style="list-style-type: none"> • The county child welfare services agency must immediately determine if other juveniles remaining in the facility are subject to the alleged perpetrator's care or supervision; and • If so, assess the circumstances of those juveniles to determine whether they require protective services or whether immediate removal of those juveniles from the facility is necessary for their protection (N.C.G.S. §7B-302(b)). 	<p>If a report is received and the person alleged to have abused or neglected the juvenile is an employee that is not entrusted with the child's care such as the cook, the janitor, the groundskeeper, etc., the report would not be accepted for CPS Assessment but reported to law enforcement.</p>

Multiple Reports Involving the Same Child or Family

Protocol - What you must do	Guidance – How you should do it
<p>MULTIPLE REPORTS INVOLVING THE SAME CHILD OR FAMILY</p> <p>If a CPS report is received that describes maltreatment allegations and incidents currently being assessed through an open CPS Assessment:</p> <ul style="list-style-type: none"> • The information must be documented and managed as a new CPS Intake on the structured intake tool, and screened-in. • The report may not require a new initiation; therefore, a determination of the response timeframe is unnecessary. <p>A new CPS Intake must be created when new maltreatment allegations that meet the legal definition of abuse, neglect, and or dependency are received from the public during the course of an open CPS Assessment (i.e., not uncovered by the county child welfare worker as a part of the CPS Assessment). The new information is not assigned as a separate assessment but must be responded to within appropriate time frames to assess the safety of the child. There must be one assessment that addresses the initial and new information with one case decision.</p>	<p>There are times when a county child welfare services agency may receive a report describing maltreatment and incidents that were previously assessed during a CPS Assessment that has closed. The agency should consider all new information in making its screening decision.</p> <p>“Received from the public” refers to an individual’s intent to contact the county child welfare services agency for the purposes of making a CPS report. Information that a county child welfare worker obtains from a collateral contact during an open CPS Assessment does not constitute a new report or obligate the county child welfare to send reporter notification letters to that individual.</p>

Open In-Home Services Cases CPS Reports

Protocol – What you must do	Guidance – How you should do it
<p>REPORTS INVOLVING OPEN CPS IN-HOME SERVICES CASES</p> <p>Any new maltreatment and/or incident that meets the legal definitions of abuse, neglect, and/or dependency received at any time during a CPS In-Home Services case must result in the creation of a new CPS Intake and a prompt and thorough assessment of the allegations.</p> <p>The county with the open CPS In-Home Services case must be the county responsible for conducting the assessment of any new screened in reports, unless there has been a change in residence.</p> <p>Refer to New Assessment on Open In-Home Case.</p>	

Reports Creating a Conflict of Interest for the Agency

Protocol – What you must do	Guidance – How you should do it
<p>The family’s (child’s) county of residence is responsible for conducting the CPS Assessment, except in cases where there is a conflict of interest present.</p> <p>When there is a conflict of interest, another county child welfare services agency must conduct the assessment.</p> <p>The county child welfare services agency conducting the CPS Assessment assigns a response time and assessment response to the report</p> <p>See Conflict of Interest for further information regarding a county child welfare services agency’s responsibility when there is a conflict of interest.</p>	

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
<p><u>CONSULTATION WITH MALTREATMENT SCREENING TOOLS</u></p> <p>Use of the Maltreatment Screening tools:</p> <ul style="list-style-type: none"> ● Must occur for every CPS report: <ul style="list-style-type: none"> ○ Regarding a child under the age of 18, and ○ Alleging abuse, neglect, and/or dependency by a parent or caretaker, ● Provide for consistent screening across the state; and ● Determine whether the allegations meet the legal definitions of abuse, neglect and dependency. <p>Intake county child welfare workers must have a current knowledge of statutory guidelines to identify and categorize child abuse, neglect and dependency allegations.</p> <p>A CPS Assessment must occur if the information reported meets the legal definitions. The appropriate maltreatment must be selected based on the maltreatment screening tools.</p> <p>There are 16 maltreatment screening tools. The Intake worker must consult each tool that corresponds to the allegations in the report. The abuse screening tools include physical injury, cruel/grossly inappropriate behavior modification, sexual abuse, emotional abuse, moral turpitude, and human trafficking. The neglect screening tools include improper care, improper supervision, improper discipline, abandonment, improper medical/remedial care, injurious environment, and illegal placement/adoption. Reports alleging dependency must consult the dependency screening tool. When a reporter alleges maltreatment pertaining to substance abuse and/or domestic violence, the substance abuse and/or domestic violence screening tool must be consulted.</p> <p>See Maltreatment Screening Tools to:</p> <ul style="list-style-type: none"> ● Determine the Maltreatment Type for each allegation that meets the definition of abuse, neglect, and/or dependency for assessment; and ● For the associated directions and guidance required when consulting the screening tools. 	

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
<p><u>DETERMINATION OF COUNTY OR STATE ASSIGNMENT</u></p> <p>The intake decision determines if there is a valid Child Protective Services (CPS) report, and which county child welfare services agency is responsible for conducting the CPS Assessment.</p> <p>COUNTY ASSIGNMENT</p> <p>The county child welfare worker and supervisor managing the CPS Intake must:</p> <ul style="list-style-type: none"> ● Screen the report; ● Determine whether the facts alleged in the report are sufficient to warrant intervention based on suspected abuse, neglect, or dependency; ● Determine which county child welfare services agency is responsible for conducting the CPS Assessment; and ● Send the reporter notification letter. <p>All information must be provided to the county where the child resides to complete the CPS Assessment and make the case decision.</p> <p>The county child welfare services agency responsible for conducting the CPS Assessment determines the CPS Assessment response time and track assignment.</p> <p>Additional requirements are contained in Chapter V, Jurisdiction, and Chapter VIII, 1410, Conflict of Interest.</p>	<p>The worker should take the information from the reporter and then screen the report for acceptance prior to the report being assigned to the county where the child lives so that a timely assessment can be initiated. The worker should not expect the caller to find the correct number to call or make the call to another DSS agency. The caller should be advised that their name and information will be referred to another agency and that, if necessary, this agency may call the reporter seeking more information. The caller should also be advised that this agency will also send them a five-day notification letter.</p>

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
<p><u>DETERMINATION OF RESPONSE PRIORITY</u></p> <p>Response Priority Tools are one component of Intake Decision-Making. The use of the Response Priority Tools result in consistent decisions regarding the response time for assessments.</p> <p>The Response Priority Tool determines the time frame for the response for all reports accepted for a CPS Assessment (immediate, within 24 hours, or within 72 hours).</p> <p>All reports that are screened “in” must be assigned for response according to the criteria in the Response Priority Tool. See Response Priority Decision Trees to establish appropriate initiation timeframe.</p>	<p>An agency may always respond more quickly than the indicated time if there are circumstances or lack of information that may indicate the child is possibly at greater risk than indicated by the Response Priority Tools.</p>

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
<p><u>DETERMINATION OF ASSESSMENT APPROACH</u></p> <p>With a valid CPS report, the county child welfare services agency must determine whether to approach the family using either the Family Assessment response or Investigative Assessment response.</p> <p>FAMILY ASSESSMENT RESPONSE</p> <p>A response that is:</p> <ul style="list-style-type: none"> ● Family-centered; ● Protection- and prevention-oriented; and ● Evaluates the strengths and needs of the juvenile’s family, as well as the condition of the juvenile. <p>The Family Assessment response is appropriate for reports that contain allegations meeting the statutory definitions of neglect. These are reports that include allegations a juvenile:</p> <ul style="list-style-type: none"> ● Does not receive proper care from a parent, guardian, custodian, or caretaker; ● Does not receive proper supervision from a parent, guardian, custodian, or caretaker; ● Does not receive proper discipline from a parent, guardian, custodian, or caretaker; ● Is not provided necessary medical care; ● Is not provided necessary remedial care; ● Lives in an environment injurious to his/her welfare; ● Has been placed for care or adoption in violation of law; ● Lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home; 	<p>Except for certain reports that must be taken as an Investigative Assessment, each county child welfare services agency can choose which response will be used to assess reports of abuse, neglect, and/or dependency. Use of the Family Assessment is the preferred approach because it allows county child welfare agencies to work with families with a strength-based, family-centered, and prevention-oriented approach.</p> <p>Nothing replaces the professional judgment of the county child welfare worker and child welfare supervisor. A report that is statutorily considered neglect may be assigned to the Investigative Assessment response if it is deemed to be the more appropriate response.</p>

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> ● Needs assistance or placement because he or she has no parent, guardian, or custodian responsible for the juvenile’s care or supervision; or ● Whose parent, guardian, or custodian is unable to provide for the care and supervision and lacks an appropriate alternative child care arrangement; or, ● Has been safely surrendered per N.C.G.S. §14-322.3. <p>The Family Assessment response is also appropriate for reports meeting the statutory definition of dependency (N.C.G.S. §7B-101).</p> <p>INVESTIGATIVE ASSESSMENT RESPONSE</p> <p>A response to reports of child abuse and selected reports of child neglect and dependency that is a formal information gathering process to determine whether a juvenile is abused, neglected, or dependent.</p> <p>The Investigative Assessment response is appropriate for reports that include allegations that a juvenile may be a victim of human trafficking or whose parent, guardian, custodian, or caretaker:</p> <ul style="list-style-type: none"> ● Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means; ● Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means; ● Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior; ● Commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree rape, as provided in N.C.G.S. §14-27.2; rape of a child by an adult offender, as provided in N.C.G.S. §14-27.2A; second-degree rape, as provided in N.C.G.S. §14-27.3; first-degree sexual offense, as provided in N.C.G.S. §14-27.4; sexual offense with a child by an adult offender, as provided in N.C.G.S. §14-27.4A; second degree sexual offense, as provided in N.C.G.S. §14-27.5; intercourse and sexual offenses with certain victims; consent no defense, as provided in N.C.G.S. 14- 	

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
<p>27.7; unlawful sale, surrender, or purchase of a minor, as provided in N.C.G.S. §14-43.14; crime against nature, as provided in N.C.G.S. §14-177; incest between certain near relatives, as provided in N.C.G.S. §14-178; incest between uncle and niece and nephew and aunt, as provided in N.C.G.S. §14.179; preparation of obscene photographs, slides, or motion pictures, as provided in N.C.G.S. §14-190.5; employing or permitting minor to assist in offense under Article (26), as provided in N.C.G.S. §14-190.6; dissemination of obscene material to minors under the age of 16 years, as provided in N.C.G.S. §14-190.7; dissemination of obscene material to minors under the age of 13 years, as provided in N.C.G.S. §14-190.8; displaying material harmful to minors, as provided in N.C.G.S. §14-190.14; disseminating harmful material to minors; exhibiting harmful performances to minors, as provided in N.C.G.S. §14-190.15; first-degree sexual exploitation of a minor, as provided in N.C.G.S. §14-190.16; second-degree sexual exploitation of a minor, as provided in N.C.G.S. §14-190.17; promoting prostitution of a minor, as provided in N.C.G.S. §14-190.18; and taking indecent liberties with children, as provided in N.C.G.S. §14-202.1;</p> <ul style="list-style-type: none"> ● Creates or allows to be created serious emotional damage to the juvenile; or ● Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile. <p>The special type of neglect reports that must be assigned for an Investigative Assessment response include cases in which the allegations include the existence of the following:</p> <ul style="list-style-type: none"> ● A child fatality when there are surviving children in the family; ● A child in the custody of a county child welfare services agency, family foster homes, or residential facilities; ● A child taken into protective custody by a physician or law enforcement, pursuant to N.C.G.S. §7B-308 (http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_7B/GS_7B-308.html) and §7B-500 (http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_7B/GS_7B-500.html); 	

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • The medical neglect of disabled infants with life threatening condition, pursuant to Public Law 98-457 (Baby Doe); • A child hospitalized (admitted to hospital) due to suspected abuse/neglect; • Abandonment; • The suspected or confirmed presence of a methamphetamine lab where children are exposed; • A child less than a year who has been shaken or subjected to spanking, hitting, or other form of corporal punishment; or • Reports of dependency where the child or youth is believed to be the victim of human trafficking. 	
<p><u>ASSIGNMENT OF ASSESSMENT APPROACH</u></p> <p>Regardless of the assignment to either CPS Assessment response, when the county child welfare services agency receives a valid CPS report, the agency must act to ensure the safety of the child through the provision of protective services.</p> <p>As the timeframe for responding to reports of abuse, neglect, and/or dependency begins at the time the reporter contacts the county child welfare services agency, assignment of the report for assessment must occur as soon as the CPS Intake screening process is complete.</p>	

Intake Decision Making

Protocol – What you must do	Guidance – How you should do it
<p><u>TWO-LEVEL DECISION MAKING</u></p> <p>Two-level decisions must occur on every CPS Intake completed. The screening decision(s) must include a discussion between the CPS Intake worker and a supervisor (or other management position) about the tools consulted, the response priority and assessment response and a justification for those decisions.</p> <p>All persons participating in the screening decision must sign or approve the Structured Intake Report tool where indicated.</p>	<p>Two-level decisions for CPS Intake reports should involve the assigned caseworker and that worker’s supervisor. However, there may be circumstances that require another county child welfare worker or another supervisor or a higher-level manager in the agency to participate in a review or the decision making.</p>

Notifications

Protocol – What you must do	Guidance – How you should do it
<p>DISTRICT ATTORNEY / LAW ENFORCEMENT NOTIFICATION</p> <p>When a report alleges that a non-caretaker has harmed, or there is evidence that a child has been harmed in violation of any criminal statute, the county child welfare agency must:</p> <ul style="list-style-type: none"> a) Give immediate verbal notifications to the District Attorney or designee; b) Send subsequent written notification to the District Attorney within 48 hours; c) Give immediate verbal notification to the appropriate local law enforcement agency; and d) Send subsequent written notification to the appropriate local law enforcement agency within 48 hours. <p>REPORTER NOTIFICATION</p> <p>For all CPS Intake reports, there must be documentation that:</p> <ul style="list-style-type: none"> a) Written notice was sent to the person making the report within 5 calendar days after receipt of the report; b) The person making the report waived their right to notice; or c) The person making the report refused to provide identifying information. <p>The notice to the reporter must include:</p> <ul style="list-style-type: none"> a) A statement about whether the report was accepted or not for CPS Assessment based on statutory definitions and citing the relevant statutes, and identify the type of CPS Assessment that includes a brief description b) The date the report was made; c) The identity of the alleged victim child; for instance, if the reporter specifically identifies the name of a child, use that name; however, if the name is unknown, use the descriptor given by the reporter; 	<p>Examples of situations in which non-caretaker reports are to be made to the District Attorney include reports alleging assault on a child by educational personnel; reports alleging sexual molestation of a child by a stranger; reports alleging maltreatment of a child by staff of an acute physical care hospital; and reports alleging human trafficking of a child by a person who is not a caretaker.</p> <p>In some cases, local law enforcement may be investigating the actions of the person who is reported to be directly responsible for the harm to the child while the county child welfare services agency assesses the parent or caretaker's behavior that contributed to the alleged abuse or neglect. Other situations are clearly the responsibility of law enforcement as far as investigation and court action are concerned.</p> <p>The requirement for written notification does not negate the county child welfare services agency's ability to share the screening decision with the reporter through other means prior to receipt of the 5-day letter if the inquiry is an effort to provide protective services to the family. Examples of such situations include a hospital social worker wanting to know the screening decision prior to a child's</p>

Notifications

Protocol – What you must do	Guidance – How you should do it
<p>d) Information regarding the process by which the reporter may obtain a review of the agency’s decision not to accept the report for CPS Assessment;</p> <p>e) A statement about whether the report was referred to the appropriate state or local law enforcement agency;</p> <p>f) The identity of the county responsible for conducting the CPS Assessment, if different than the county that received the Intake;</p> <p>g) Information and resources on human trafficking, if the report is screened out;</p> <p>h) A statement that encourages the reporter to contact the agency if more information or concerns regarding the child or family surfaces; and</p> <p>i) The name and contact information for the assigned county child welfare worker, the supervisor, or other identified person.</p> <p>If a reporter describes the exact same allegations and incidents that are currently being assessed, the county child welfare services agency must still provide the notification, even if they may not have been the initial reporter.</p> <p>NOTIFICATIONS INVOLVING OUT-OF-HOME PLACEMENTS</p> <p>Refer to Chapter V - Jurisdiction in Child Welfare for notifications required for out-of-home placements.</p>	<p>discharge, or a police officer who is waiting for a county child welfare worker to arrive on the scene.</p> <p>Appropriate information and resources to the reporter may include, but are not limited to:</p> <ul style="list-style-type: none"> • National Human Trafficking Hotline Number (1-888-373-7888); • Contact information for local agencies serving survivors of human trafficking; and, • Contact information for statewide agencies serving survivors of human trafficking.

Maltreatment Type Screening Tools

The purpose of the maltreatment screening decision trees is to provide structure for the determination of the type of maltreatment and the associated assessment response for every report. This applies to all reports, whether a case is open to CPS Assessments, CPS In-Home Services, or Child Placement Services.

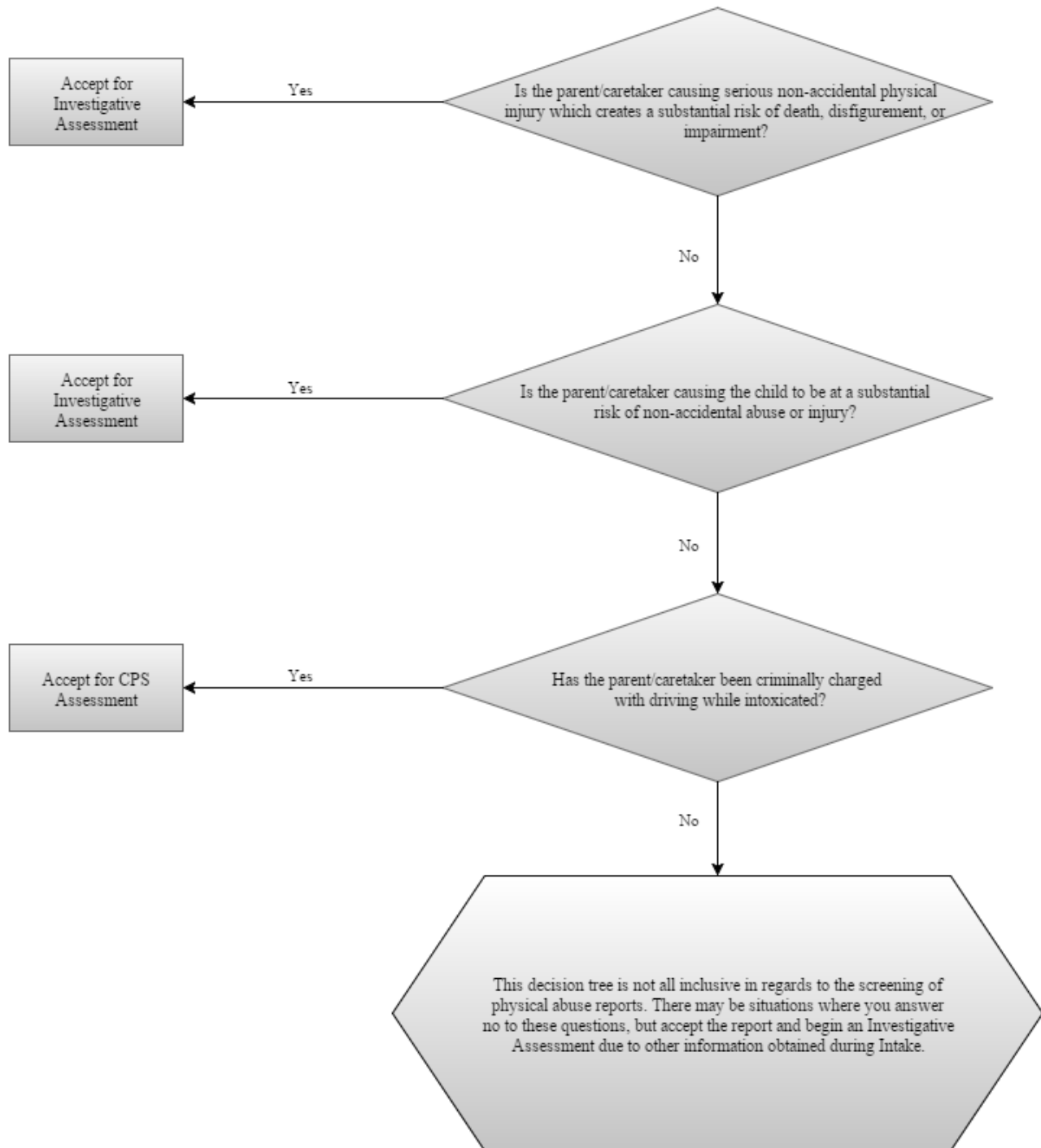
Use of Maltreatment Screening Decision Trees

1. Begin with the Maltreatment Decision Tree that corresponds to the maltreatment allegation that is the most egregious. Consult the appropriate Maltreatment Decision Tree for each allegation in the report. The Maltreatment Trees include:
 - [Physical Injury](#). To be used with allegations of physical abuse and allegations of a parent criminally charged with driving while intoxicated;
 - [Cruel/grossly inappropriate behavior modification](#);
 - [Moral turpitude](#);
 - [Sexual Abuse](#);
 - [Emotional Abuse](#);
 - [Human Trafficking](#);
 - Neglect Priority Decision Trees that include:
 - [Improper care](#);
 - [Improper supervision](#);
 - [Improper discipline](#);
 - [Abandonment](#);
 - [Improper medical/remedial care](#);
 - [Injurious environment](#), plus specific tools for:
 - [Substance Abuse](#),
 - [Substance Affected Infants](#)
 - [Domestic Violence](#), and
 - [Illegal placement/adoption](#).
 - [Dependency Decision](#) Tree.
2. Start with the first question box of each Decision Tree. Proceed by answering the questions yes or no. When the answer to any question is yes, this is the termination point. Guidance regarding each of the questions is provided after the Decision Tree.
3. The termination point indicates the assessment approach/ track to be selected for each allegation.
4. If the termination point for any allegation designates an Investigative Assessment, then that track/approach must be selected for the assessment. Otherwise, the Family Assessment track is appropriate.

If the county child welfare services agency selects a track other than what the corresponding Decision Tree indicates, the rationale for changing the track must be documented and approved by a supervisor or higher management level. The decision trees are designed to guide decisions, not to replace county child welfare worker judgement. A case may have unique circumstances not captured by the decision tree, or there may be critical information that is unknown. If there is any doubt about the most appropriate response time frame, the agency decision must be to select the Investigative track.

Maltreatment Type Screening Tools

Physical Injury Screening Tool



A. Physical Injury Screening Tool Directions

Is the parent/caretaker causing serious non-accidental physical injury, which creates a substantial risk of death, disfigurement, or impairment?

Fractures, subdural hematoma, dislocations, sprains, internal injuries, burns, and inflicted injuries such as extensive welts, bruises, lacerations and abrasions would be indicative of abuse. The specific injuries listed are not intended to be an all-inclusive list but are an indication of information that does warrant an Investigative Assessment. There may be instances where a child has bruises that do not rise to the level of abuse but are considered improper discipline (refer to Improper Discipline Maltreatment Screening Tool), as well as situations where there may be bruising and there is no abuse or neglect.

Is the parent/caretaker causing the child to be at a substantial risk of serious non-accidental abuse or injury?

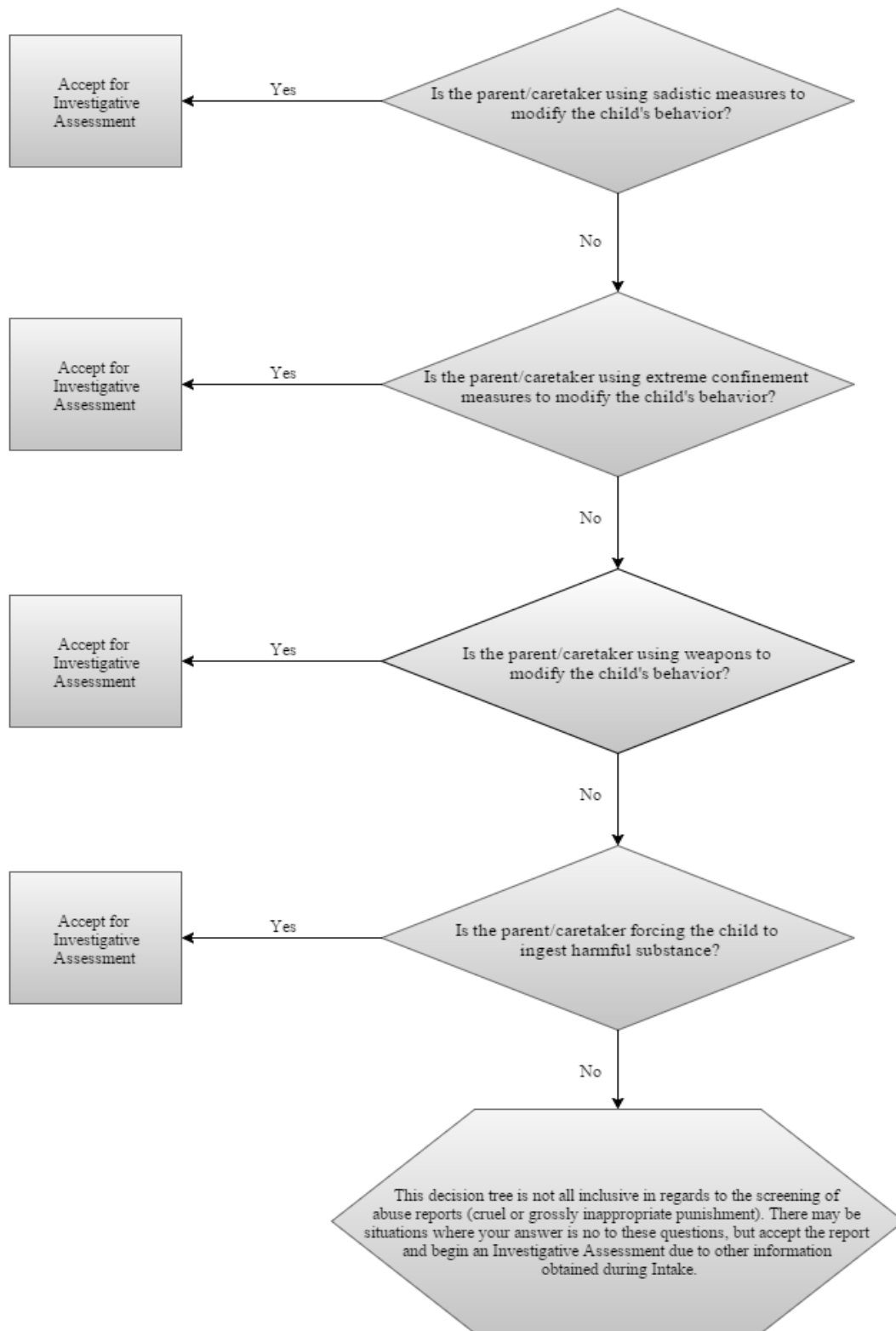
This refers to a situation when the parent/caretaker knows that the environment has a substantial risk for serious non-accidental abuse or injury and allows the child to remain in this environment. In situations where the child has unexplained injuries, and there is no clear perpetrator, these reports would be accepted, as the statute refers to “creates or allows to be created”.

Has the parent been criminally charged with driving while intoxicated?

If a parent or caretaker is criminally charged with a DWI offense while a child is in the car, the report **must** be accepted for assessment. The county child welfare services agency maintains discretion in the classification of this allegation, meaning that depending on the circumstances this type of report may be accepted as an abuse report or as a neglect report.

Return to [Maltreatment Screening Tools page 1](#).

Cruel/Grossly Inappropriate Behavior Modification Screening Tool



B. Cruel/Grossly Inappropriate Behavior Modification Screening Tool Directions**Is the parent/caretaker using sadistic measures to modify the child's behavior?**

Sadistic measures include the parent/caretaker purposely injuring the child and inflicting pain to modify behavior, such as cigarette burns and scalding water burns. Also included is any discipline that is designed to cause physical pain such as excessive physical exercise including forcing a child to run laps, complete push-ups, carry heavy rocks, etc. The child's age and cognitive abilities should be factored into the screening decision.

Is the parent/caretaker using extreme confinement measures to modify the child's behavior?

Extreme confinement measures would include any type of activity the parent/caretaker uses to severely restrict the child, such as tying the child up with rope, duct tape, or using a chain to keep the child in one place. This also includes locking the child up in any manner which threatens the child's safety. This is not referring to placing a child in time out or sending the child to their room for a short period of time. The child's age and cognitive abilities should be factored into the screening decision.

Is the parent/caretaker using weapons to modify the child's behavior?

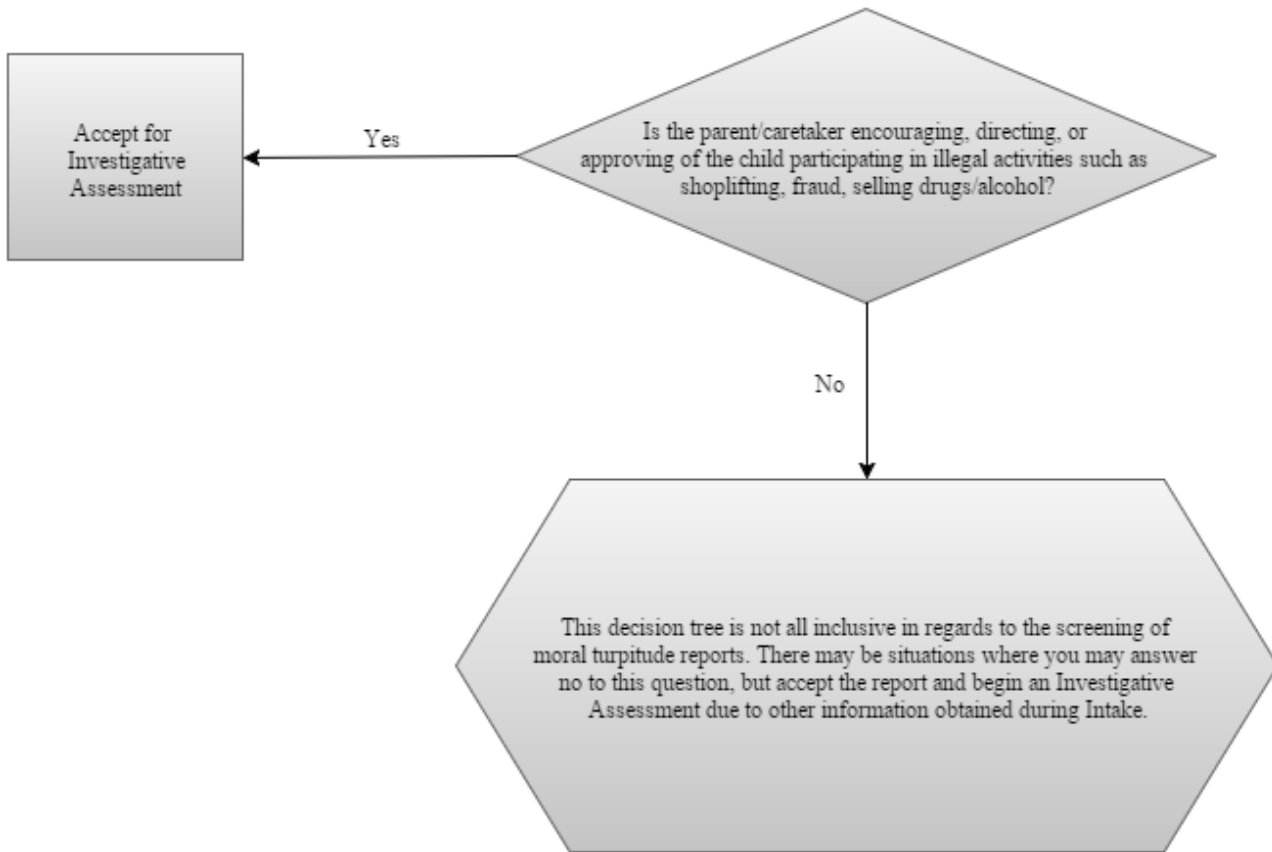
Threatening and/or using a gun, knife or any item that may be used as a weapon to correct the child's behavior is cruel and grossly improper and is abusive. A paddle is not considered a weapon when used in the reasonable application of corporal punishment.

Is the parent/caretaker forcing the child to ingest harmful substance?

Forcing a child to ingest nonfood items is not appropriate. This includes having the child ingest any substance that would be harmful such as poisonous household/cleaning chemicals, an extreme amount of water, an extreme amount of hot sauce, or hot peppers. The child's age and cognitive abilities should be considered as to whether the allegations fit most appropriately under the physical abuse guidelines or with the improper discipline guidelines.

Return to [Maltreatment Screening Tools page 1](#).

Moral Turpitude Screening Tool



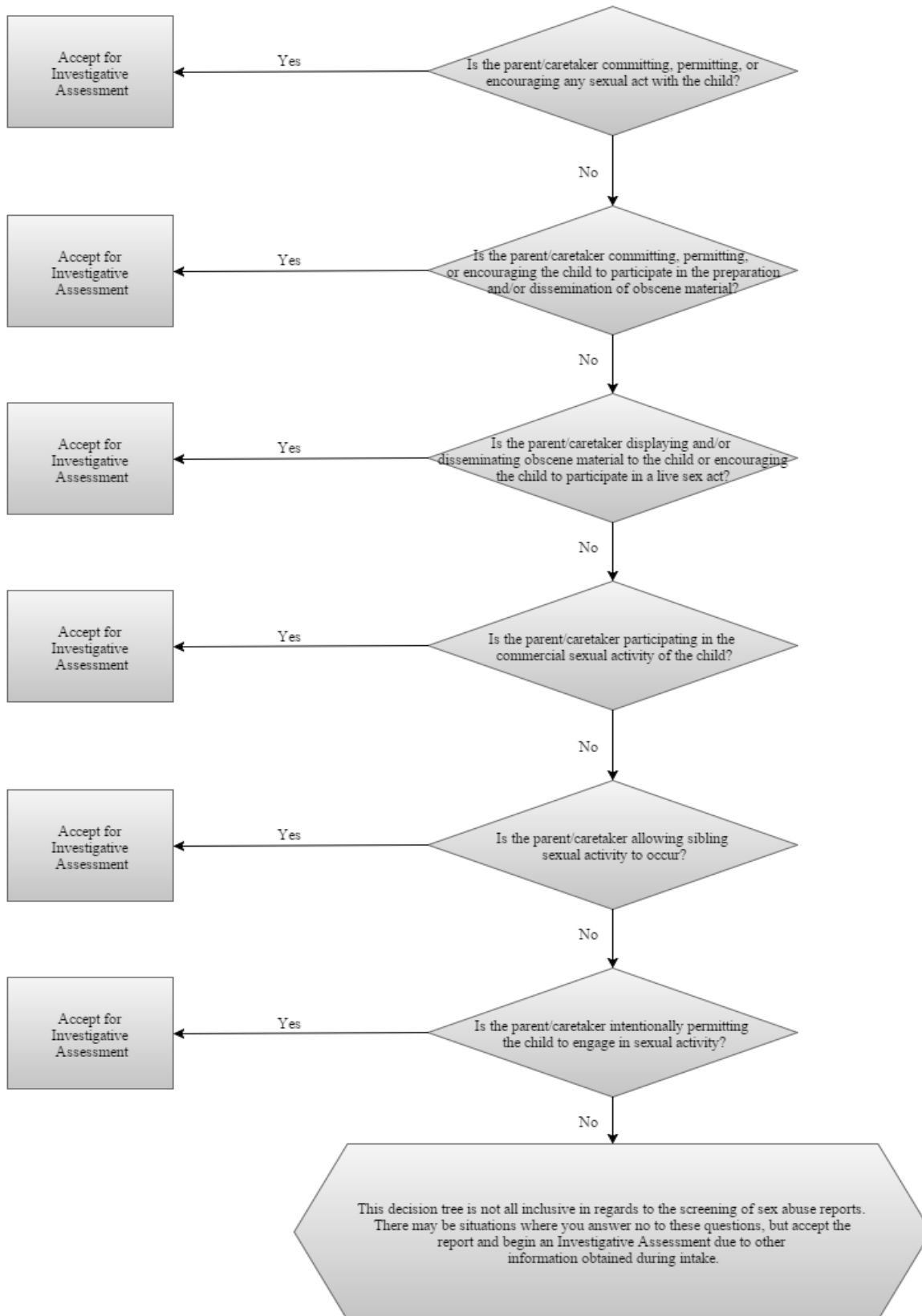
C. Moral Turpitude Screening Tool Directions

Is the parent/caretaker encouraging, directing or approving of the child participating in illegal activities such as shoplifting, fraud or selling drugs/alcohol?

Situations where the parent/caretaker encourages or directs the child to participate in shoplifting activities while under their supervision are applicable, as well as, situations where the parent has knowledge that the child is shoplifting and instead of intervening to terminate those activities, the parent/caretaker encourages the activity. Situations in which a parent/caretaker uses the child as a part of a drug/alcohol operation, for example, as a drug runner would require an Investigative Assessment. The parent/caretaker providing alcohol/drugs to the child or consuming alcohol/drugs with the child are situations that meet the definition of neglect; therefore, completion of the Improper Care Maltreatment Screening Tool must occur.

Maltreatment Type Screening Tools

Sexual Abuse Screening Tool



D. Sexual Abuse Screening Tool Directions**Is the parent/caretaker committing, permitting, or encouraging any sexual act with the child?**

Sexual abuse is any incident of sexual contact involving a child that is inflicted, or allowed to be inflicted, by the parent/caretaker. Sexual abuse includes, but is not limited to the following: rape, intercourse, sodomy, fondling, oral sex, incest, or sexual penetration-digital, penile or foreign objects.

Is the parent/caretaker committing, permitting, or encouraging the child to participate in the preparation and/or dissemination of obscene material?

The use of children in the production of obscene films, photographs, and/or slides is sexual abuse. The parent/caretaker encouraging the child to watch obscene material is also sexual abuse.

Is the parent/caretaker displaying and/or disseminating obscene material to the child or encouraging the child to participate in a live sex act?

Any material that a reasonable person would consider obscene should not be shared with the child. The parent/caretaker is responsible for ensuring the child is not sexually exploited.

Is the parent/caretaker participating in the commercial sexual activity of the child?

This includes any action of the parent/caretaker to entice, force, encourage, supervise, support, advise, or protect the commercial sexual activities of the child.

Pursuant to 22 USC § 7102; 8 CFR § 214.11(a) and N.C.G.S. § 14-204(c), anyone under the age of 18 years that is involved in a commercial sex act is a victim of human trafficking. Under federal law (22 U.S. CODE § 7102), a commercial sex act is “any sex act on account of which anything of value is given to or received by any person.” For the purpose of criminal proceedings, force, fraud or coercion do not have to be present to prove that someone under the age of 18 years was a victim of sex trafficking.

A parent’s involvement in the prostitution of their child is abuse. This type of sexual abuse is human trafficking. Children whose parents commit this type of offense against them meet the definition of abused juvenile under N.C.G.S. §7B-101(1)(d) or N.C.G.S. §7B-101(1)(g).

Is the parent/caretaker allowing sibling sexual activity to occur?

When the parent/caretaker has knowledge that siblings are engaging in sexual activity and permits/encourages the continuation of this activity a CPS Assessment must occur. Reports alleging sexual activity between children under age 16 may provide cause to examine the supervision provided by their parents/ caretakers. If it is clear at Intake that the parent/ caretaker responded in a protective manner, keeping the health and well-being needs of the child at the forefront, a CPS Assessment is not required.

Reports Involving Sex Offenders

If a substantiated perpetrator or an individual convicted of a sexual offense against a child has established residence where another juvenile resides, the screening decision must be based upon the risk of the child

being exposed to an injurious environment. For reports alleging an injurious environment, please consult the **Injurious Environment Maltreatment Screening Tool**.

Is the parent/caretaker intentionally permitting the child to engage in sexual activity?

The parent/caretaker has knowledge the child is engaging in sexual activity and permits/encourages the continuation of this activity. Relevant to screening these types of reports is whether the parent is condoning the behavior of a child under age 16 while the child is under their care and supervision. Reports alleging sexual activity between children under age 16 may provide cause to examine the supervision provided by their parent/caretakers. If it is clear at Intake that the parent/caretaker responded in a protective manner, keeping the health and well-being needs of the child at the forefront, a CPS Assessment is not required. It is important to get sufficient information at Intake regarding the behavior of the parent(s), as well as the behavior of the minor child(ren). When the parent has no knowledge of the child's sexual activity, the child's age, behaviors and developmental level impact whether a CPS Assessment is required. If the only allegation in the report is that a child age 16 or above is having sex without the parents' knowledge or the child is pregnant, then these reports should not be accepted. The legal age of consent in North Carolina is 16; therefore, consensual sexual activity of juveniles 16 and above is not, in and of itself, considered sexual abuse.

When a report involving parental knowledge and permission of sexual activity of an incompetent juvenile, a CPS Assessment must occur, regardless of the age of the juvenile, as an incompetent juvenile is not able to consent. A parent providing condoms and/or birth control to their children is not, in and of itself, considered permitting or encouraging their child to engage in sexual activity. The provision of birth control is considered a preventive measure in order to maintain the juvenile's health, which is consistent with N.C.G.S. [§ 90-21.5](http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_90/GS_90-21.5.html) (http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_90/GS_90-21.5.html), Minor's consent sufficient for certain medical health services.

A CPS Assessment based on improper supervision must occur for the following situations:

- A 15-year-old engaging in risky sexual behavior (multiple partners, no protection) with parental knowledge and the absence of a protective response by the parent; or
- A child displaying sexualized behaviors that are inconsistent with normal child development and the parent has not responded in a protective manner.

Maltreatment Type Screening Tools

Normal Child Sexual Development
Infancy (birth through one year) <ul style="list-style-type: none"> • Pair bonding • Genital play • Identification of gender
Toddler/Early Childhood (2 to 5 years) <ul style="list-style-type: none"> • Toilet training • Genital play • Interpersonal games: family, marriage, doctor, etc.
Latency (6 to 9 years) <ul style="list-style-type: none"> • Concrete interest in anatomic differences, pregnancy, birth • Private, occasional masturbation • Modesty about bodies • Increased secretive behavior among peers • Interest in socialization
Pre-adolescence (10 to 12 years) <ul style="list-style-type: none"> • Adaptation to initial signs of puberty • Development of secondary sexual characteristics • Strong friendships and budding romances • Playful hitting or tickling among peers

E. Sex Abuse Crimes

If a parent, guardian, custodian, or caretaker commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile, then that adult has sexually abused the child. The information contained within this statute delineates specific sex abuse crimes. The Intake county child welfare worker must refer to this information when screening sexual abuse reports.

N.C.G.S. § 14-27.2. First-degree rape

(a) A person is guilty of rape in the first degree if the person engages in vaginal intercourse:

- (1) With a victim who is a child under the age of 13 years and the defendant is at least 12 years old and is at least four years older than the victim; or
- (2) With another person by force and against the will of the other person, and:
 - a. Employs or displays a dangerous or deadly weapon or an article which the other person reasonably believes to be a dangerous or deadly weapon; or
 - b. Inflicts serious personal injury upon the victim or another person; or
 - c. The person commits the offense aided and abetted by one or more other persons.

N.C.G.S. § 14-27.2A. Rape of a child by an adult offender

(a) A person is guilty of rape of a child if the person is at least 18 years of age and engages in vaginal intercourse with a victim who is a child under the age of 13 years.

N.C.G.S. § 14-27.3. Second-degree rape

(a) A person is guilty of rape in the second degree if the person engages in vaginal intercourse with another person:

- (1) By force and against the will of the other person; or
- (2) Who is mentally defective, mentally incapacitated, or physically helpless, and the person performing the act knows or should reasonably know the other person is mentally defective, mentally incapacitated, or physically helpless.

N.C.G.S. § 14-27.4. First-degree sexual offense

(a) A person is guilty of a sexual offense in the first degree if the person engages in a sexual act:

- (1) With a victim who is a child under the age of 13 years and the defendant is at least 12 years old and is at least four years older than the victim; or
- (2) With another person by force and against the will of the other person, and:
 - a. Employs or displays a dangerous or deadly weapon or an article which the other person reasonably believes to be a dangerous or deadly weapon; or
 - b. Inflicts serious personal injury upon the victim or another person; or
 - c. The person commits the offense aided and abetted by one or more other persons.

N.C.G.S. § 14-27.4A. Sexual offense with a child by an adult offender

(a) A person is guilty of sexual offense with a child if the person is at least 18 years of age and engages in a sexual act with a victim who is a child under the age of 13 years.

N.C.G.S. § 14-27.5. Second-degree sexual offense

(a) A person is guilty of a sexual offense in the second degree if the person engages in a sexual act with another person:

- (1) By force and against the will of the other person; or
- (2) Who is mentally defective, mentally incapacitated, or physically helpless, and the person performing the act knows or should reasonably know that the other person is mentally defective, mentally incapacitated, or physically helpless.

N.C.G.S. § 14-27.31 and §14-2732. Intercourse and sexual offenses with certain victims; consent no defense

(a) If a defendant who has assumed the position of a parent in the home of a minor victim engages in vaginal intercourse or a sexual act with a victim who is a minor residing in the home; or if a person having custody of a victim of any age or a person who is an agent or employee of any person, or institution, whether such institution is private, charitable, or governmental, having custody of a victim of any age engages in vaginal intercourse or a sexual act with such victim, the defendant is guilty of a Class E felony. Consent is not a defense to a charge under this section.

N.C.G.S. § 14-43.14. Unlawful sale, surrender, or purchase of a minor

(b) A person commits the offense of unlawful sale, surrender, or purchase of a minor when that person, acting with willful or reckless disregard for the life or safety of a minor, participates in any of the following: the acceptance, solicitation, offer, payment, or transfer of any compensation, in money, property, or other thing of value, at any time, by any person in connection with the unlawful acquisition or transfer of the physical custody of a minor, except as ordered by the court. This section does not apply to actions that are ordered by a court, authorized by statute, or otherwise lawful.

N.C.G.S. § 14-177. Crime against nature

If any person shall commit the crime against nature, with mankind or beast, he shall be punished as a Class I felon.

N.C.G.S. § 14-178. Incest between certain near relatives

The parties shall be guilty of a felony in all cases of carnal intercourse between (i) grandparent and grandchild, (ii) parent and child or stepchild or legally adopted child, or (iii) brother and sister of the half or whole blood. Every such offense is punishable as a Class F felony.

N.C.G.S. § 14-179. Incest between uncle and niece, and nephew and aunt

In all cases of carnal intercourse between uncle and niece, and nephew and aunt, the parties shall be guilty of a Class 1 misdemeanor.

N.C.G.S. § 14-190.5. Preparation of obscene photographs, slides and motion pictures

Every person who knowingly:

- (1) Photographs himself or any other person, for purposes of preparing an obscene film, photograph, negative, slide or motion picture for the purpose of dissemination; or
- (2) Models, poses, acts, or otherwise assists in the preparation of any obscene film, photograph, negative, slide or motion picture for the purpose of dissemination, shall be guilty of a Class 1 misdemeanor.

N.C.G.S. § 14-190.6. Employing or permitting minor to assist in offense under Article (26)

Every person 18 years of age or older who intentionally, in any manner, hires, employs, uses or permits any minor under the age of 16 years to do or assist in doing any act or thing constituting an offense under this Article and involving any material, act or thing he knows or reasonably should know to be obscene within the meaning of N.C.G.S. §14-190.1, shall be guilty of a Class I felony.

N.C.G.S. § 14-190.7. Dissemination to minors under the age of 16 years

Every person 18 years of age or older who knowingly disseminates to any minor under the age of 16 years any material which he knows or reasonably should know to be obscene within the meaning of N.C.G.S. §14-190.1 shall be guilty of a Class I felony.

N.C.G.S. § 14-190.8. Dissemination to minors under the age of 13 years

Every person 18 years of age or older who knowingly disseminates to any minor under the age of 13 years any material which he knows or reasonably should know to be obscene within the meaning of N.C.G.S. §14-190.1 shall be punished as a Class I felon.

N.C.G.S. § 14-190.14. Displaying material harmful to minors

(a) A person commits the offense of displaying material that is harmful to minors if, having custody, control, or supervision of a commercial establishment and knowing the character or content of the material, he displays material that is harmful to minors at that establishment so that it is open to view by minors as part of the invited general public. Material is not considered displayed under this section if the material is placed behind "blinder racks" that cover the lower two thirds of the material, is wrapped, is placed behind the counter, or is otherwise covered.

N.C.G.S. § 14-190.15. Disseminating harmful material to minors; exhibiting harmful performances to minors

(a) Disseminating Harmful Material. - A person commits the offense of disseminating harmful material to minors if, with or without consideration and knowing the character or content of the material, he:

- (1) Sells, furnishes, presents, or distributes to a minor material that is harmful to minors; or
- (2) Allows a minor to review or peruse material that is harmful to minors.

(b) Exhibiting Harmful Performance. - A person commits the offense of exhibiting a harmful performance to a minor if, with or without consideration and knowing the character or content of the performance, he allows a minor to view a live performance that is harmful to minors.

(c) Defenses. - Except as provided in subdivision (3), a mistake of age is not a defense to a prosecution under this section. It is an affirmative defense to a prosecution under this section that:

- (1) The defendant was a parent or legal guardian of the minor.
- (2) The defendant was a school, church, museum, public library, governmental agency, medical clinic, or hospital carrying out its legitimate function; or an employee or agent of such an organization acting in that capacity and carrying out a legitimate duty of his employment.
- (3) Before disseminating or exhibiting the harmful material or performance, the defendant requested and received a driver's license, student identification card, or other official governmental or educational identification card or paper indicating that the minor to whom the material or performance was disseminated or exhibited was at least 18 years old, and the defendant reasonably believed the minor was at least 18 years old.
- (4) The dissemination was made with the prior consent of a parent or guardian of the recipient.

N.C.G.S. § 14-190.16. First degree sexual exploitation of a minor

(a) Offense. - A person commits the offense of first degree sexual exploitation of a minor if, knowing the character or content of the material or performance, he:

- (1) Uses, employs, induces, coerces, encourages, or facilitates a minor to engage in or assist others to engage in sexual activity for a live performance or for the purpose of producing material that contains a visual representation depicting this activity; or

Maltreatment Type Screening Tools

- (2) Permits a minor under his custody or control to engage in sexual activity for a live performance or for the purpose of producing material that contains a visual representation depicting this activity; or
 - (3) Transports or finances the transportation of a minor through or across this state with the intent that the minor engages in sexual activity for a live performance or for the purpose of producing material that contains a visual representation depicting this activity; or
 - (4) Records, photographs, films, develops, or duplicates for sale or pecuniary gain material that contains a visual representation depicting a minor engaged in sexual activity.
- (c) Inference. - In a prosecution under this section, the trier of fact may infer that a participant in sexual activity whom material through its title, text, visual representations, or otherwise represents or depicts as a minor is a minor.
- (d) Mistake of Age. - Mistake of age is not a defense to a prosecution under this section.

N.C.G.S. § 14-190.17. Second degree sexual exploitation of a minor

- (a) Offense. - A person commits the offense of second-degree sexual exploitation of a minor if, knowing the character or content of the material, he:
- (1) Records, photographs, films, develops, or duplicates material that contains a visual representation of a minor engaged in sexual activity; or
 - (2) Distributes, transports, exhibits, receives, sells, purchases, exchanges, or solicits material that contains a visual representation of a minor engaged in sexual activity.
- (b) Inference. - In a prosecution under this section, the trier of fact may infer that a participant in sexual activity whom material through its title, text, and visual representations or otherwise represents or depicts as a minor is a minor.
- (c) Mistake of Age. - Mistake of age is not a defense to a prosecution under this section.

N.C.G.S. § 14-205.3(b) Promoting prostitution of a minor

- (b) Any person who willfully performs any of the following acts commits the offense of promoting prostitution of a minor or mentally disabled person:
- (1) Advances prostitution as defined in N.C.G.S. §14-203, where a minor or profoundly mentally disabled person engaged in prostitution, or any person in prostitution in the place of prostitution is a minor or severely or profoundly mentally disabled at the time of the offense.
 - (2) Profits from prostitution by any means where the prostitute is a minor or is severely or profoundly mentally disabled at the time of the offense.
 - (3) Confines a minor or a severely or profoundly mentally disabled person against the person's will by the infliction or threat of imminent infliction of great bodily harm, permanent disability, or disfigurement or by administering to the minor or severely or profoundly mentally disabled person, without the person's consent or by threat or deception and for other than medical purposes, any alcoholic intoxicant or a drug as defined in Article 5 of Chapter 90 of the General Statutes (North Carolina Controlled Substances Act) and does any of the following:

Maltreatment Type Screening Tools

- a. Compels the minor or severely or profoundly mentally disabled person to engage in prostitution.
- b. Arranges a situation in which the minor or severely or profoundly mentally disabled person may practice prostitution.
- c. Profits from prostitution by the minor or severely or profoundly mentally disabled person.

N.C.G.S. § 14-202.1. Taking indecent liberties with children

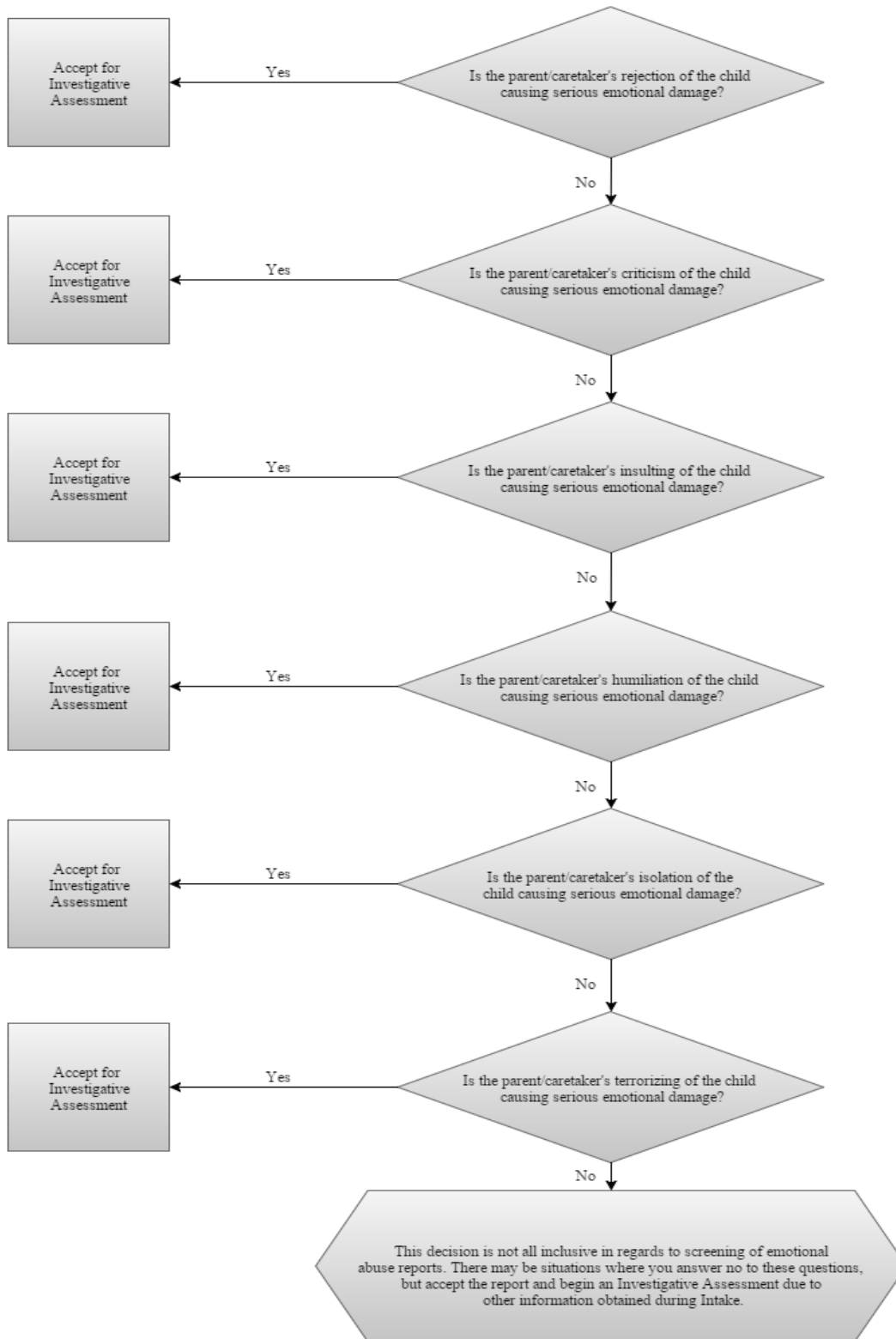
(a) A person is guilty of taking indecent liberties with children if, being 16 years of age or more and at least five years older than the child in question, he either:

- (1) Willfully takes or attempts to take any immoral, improper, or indecent liberties with any child of either sex under the age of 16 years for the purpose of arousing or gratifying sexual desire; or
- (2) Willfully commits or attempts to commit any lewd or lascivious act upon or with the body or any part or member of the body of any child of either sex under the age of 16 years.

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Maltreatment Type Screening Tools

Emotional Abuse Screening Tool



F. Emotional Abuse Screening Tool Directions

When making screening decisions about emotional abuse, it is important to question the reporter about the child's mental and physical status. The parent's behavior must be causing serious emotional damage to the child or pose risk of causing serious emotional damage. Serious emotional damage is evidenced by a child's severe anxiety, depression, withdrawal, or aggressive behavior. The following can be indicators of a child suffering from emotional abuse:

- Eating disorders such as obesity and anorexia;
- Speech disorders such as stuttering or stammering;
- Developmental delays in the acquisition of speech and motor skills;
- Weight or height levels substantially below norm;
- Flat or bald spots on an infant's head; and
- Nervous disorders such as rashes, hives, or facial tics.

It is important to note that emotional abuse is characterized by continuous, ongoing harmful interactions-- not isolated incidents. This list is not all-inclusive, nor is it absolute; rather factors to consider when making a decision to accept a report for a CPS Assessment.

Is the parent/caretaker's rejection of the child causing serious emotional damage?

Potential serious emotional damage may be caused if the parent/caretaker continually uses rejecting statements such as, "I wish you were never born." It is also concerning for possible emotional abuse if the parent/caretaker sees the child as responsible for their problems.

Is the parent/caretaker's criticism of the child causing serious emotional damage?

Potential serious emotional damage may be caused if the parent/caretaker continually uses critical statements such as, "Why can't you ever do anything right?" This could be a situation where one child has been identified as the scapegoat of the family, meaning the child bears the blame for anything that goes wrong within the family system.

Is the parent/caretaker's insulting of the child causing serious emotional damage?

Potential serious emotional damage may be caused if the parent/caretaker continually uses insulting statements such as, "I can't believe you would be so stupid." This includes describing the child as ugly, evil, or in any demeaning or degrading manner. This also includes using sexualized language such as whore or slut to describe the child.

Is the parent/caretaker's humiliation of the child causing serious emotional damage?

Potential serious emotional damage may be caused if the parent/caretaker continually uses humiliation tactics such as embarrassing the child in front of other people, cursing at the child, and belittling the child.

Maltreatment Type Screening Tools

Is the parent/caretaker's isolation of the child causing serious emotional damage?

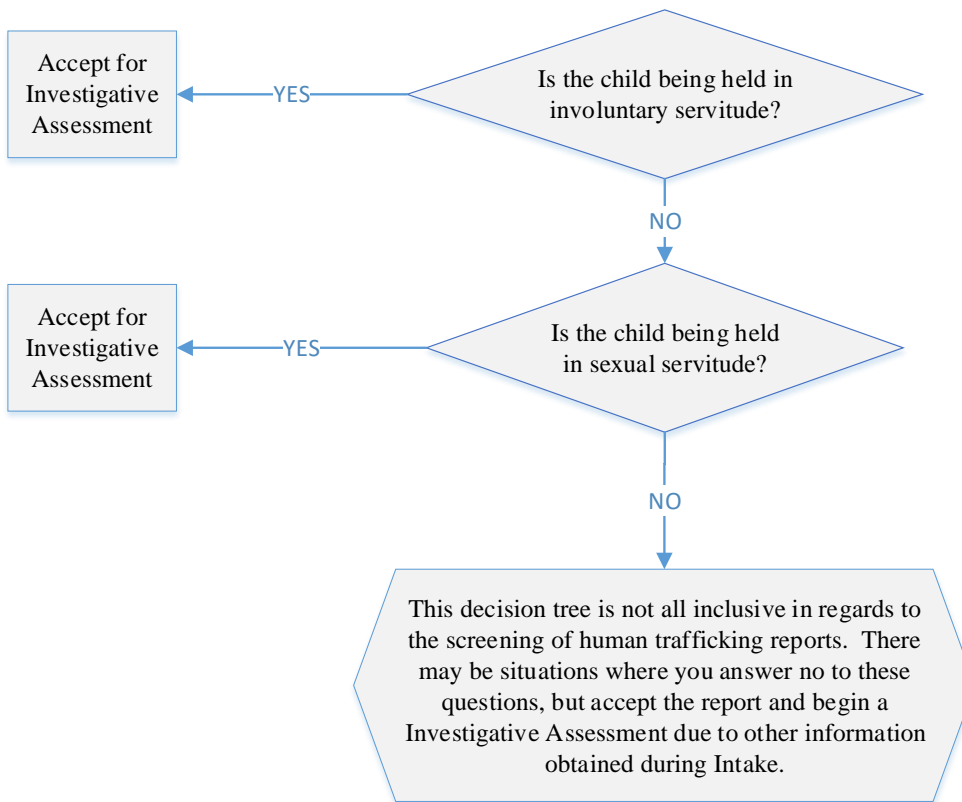
Potential serious emotional damage may be caused if the parent/caretaker continually uses isolation tactics such as prohibiting the child from playing with friends and neighbors who are appropriate for the child's age and development. Isolation tactics would further include actions that the parent/caretaker takes to prevent the child from forming friendships with others and/or teach the child they are alone in the world.

Is the parent/caretaker's terrorizing of the child causing serious emotional damage?

Potential serious emotional damage may be caused if the parent/caretaker continually uses terrorizing tactics such as, "The police or social services will come and take you away." When the parent/caretaker destroys the child's possessions or attacks beloved people or pets, the parent/caretaker is teaching the lesson that the world is a hostile place.

Return to [Maltreatment Screening Tools page 1](#).

Human Trafficking Screening Tool



G. Human Trafficking Screening Tool Instructions

Is the child being held in involuntary servitude?

Involuntary servitude is a type of human trafficking called labor trafficking. It is defined as:

- The performance of labor, whether for compensation, or the satisfaction of a debt; and
- By deception, coercion, or intimidation using violence or the threat of violence or by any other means of coercion or intimidation.

Labor trafficking sometimes occurs when individuals exchange children for acts of labor. This exchange may involve:

- An individual being directly or indirectly given, promised, or receiving anything of value in exchange for the child; or
- An individual using a child or child's acts of labor to satisfy a debt.

Labor trafficking may involve:

- Allowing, forcing, or coercing the child to perform labor in various settings, such as agricultural work, hospitality work in hotels or restaurants, or domestic work; or
- A child working long hours for little or no pay; particularly in dangerous jobs or jobs which are illegal for children to perform.

Is the child being held in sexual servitude?

Sexual servitude is a type of human trafficking called sex trafficking. It is defined as:

- Any sexual activity as defined in G.S. 14-190.13 for which anything of value is directly or indirectly given, promised to, or received by any person, which conduct is induced or obtained by coercion or deception or which conduct is induced or obtained from a person under the age of 18 years; or
- Any sexual activity as defined in G.S. 14-190.13 that is performed or provided by any person, which conduct is induced or obtained by coercion or deception or which conduct is induced or obtained from a person under the age of 18 years.

Sex trafficking sometimes occurs when individuals exchange children for acts of sex. This exchange may involve:

- An individual being directly or indirectly given, promised, or receiving anything of value in exchange for the child; or
- An individual using a child or child's acts of sex to satisfy a debt.

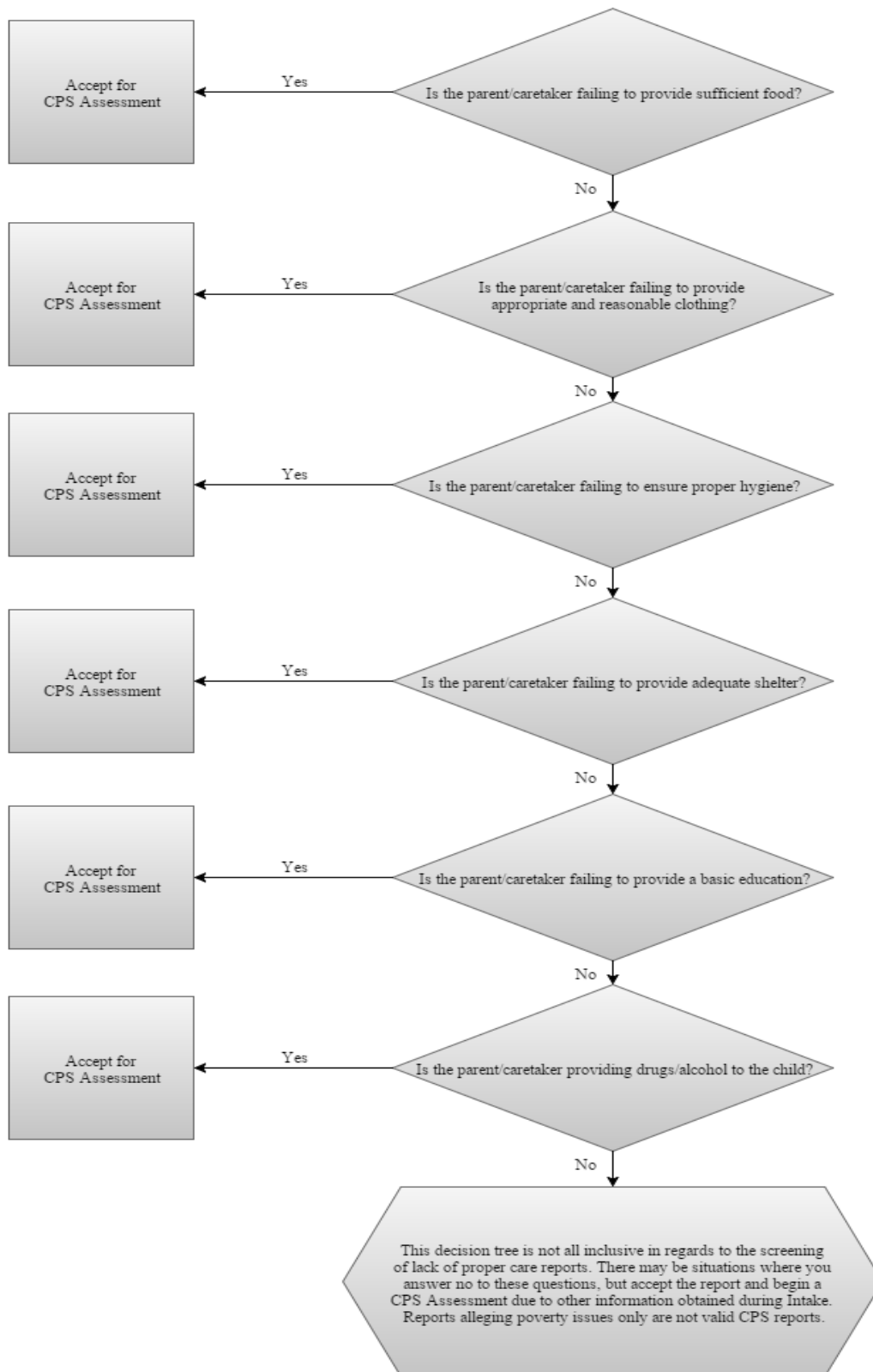
Sex trafficking may involve:

- Allowing, forcing, or coercing the child to engage in prostitution; or
- Allowing, forcing, or coercing the child to engage in the production of child pornography.

If the allegations meet the statutory criteria for juvenile human trafficking, the referral must be accepted regardless of the relationship between the perpetrator and the juvenile. Such reports must be accepted as abuse and neglect. Dependency may be present but if the report is screened in due to the human trafficking allegations, it must be screened in as abuse and neglect.

Maltreatment Type Screening Tools

Improper Care Screening Tool



H. Improper Care Screening Tool Directions**Is the parent/caretaker failing to provide sufficient food?**

The parent/caretaker needs to provide sufficient food for the child to prevent nutritional deficiencies. A report would be accepted in situations where adequate food has not been provided for timeframe that interferes with the health needs of the child based on age and other conditions. A CPS Assessment to determine whether food neglect exists must occur when a child shows symptoms of malnutrition, dehydration, or food poisoning. If the county child welfare services agency receives a report and the only information is there is no food in the home, this report would be accepted, and a CPS Assessment would be conducted. A CPS Assessment must occur if the parent/caretaker fails to meet specific dietary needs of the child.

Is the parent/caretaker failing to provide appropriate and reasonable clothing?

A CPS Assessment to determine whether clothing neglect exists must occur when the child suffers illness, exposure or frostbite due to inadequate clothing or the clothing is insufficient to protect the child from the elements. This may include severe sunburn. Consideration is given to whether the clothing is sufficient to protect the child from the elements and health hazards.

Is the parent/caretaker failing to ensure proper hygiene?

Depending on the age and needs of the child, it is a concern when a serious health hazard is present, and the parent/caretaker is not taking appropriate action to eliminate the problem.

Is the parent/caretaker failing to provide adequate shelter?

The parent/caretaker needs to provide housing or emergency shelter or make alternate arrangements in the event the family is homeless. The parent/caretaker needs to ensure the child is safe and protected from the elements.

Is the parent/caretaker failing to provide a basic education?

Educational neglect pertains to the failure of the parent/caretaker to meet the child's educational needs. Educational neglect may take the form of permitted chronic truancy, failure to enroll or provide alternative education, or inattention to special education needs.

The allegation of permitted chronic truancy would apply after the inability of the school to engage the parent/caretaker in efforts to improve the child's attendance. N.C.G.S. §115C-378 describes a school principal's responsibilities in relation to children who are repeatedly absent and sets out circumstances in which a principal must notify DSS regarding unlawful absences. After 10 accumulated unexcused absences in a school year, the principal, or the principal's designee, is required to confer with the student and the parent, guardian, or custodian to determine if a good faith effort has been made to comply with the compulsory school attendance law. If there is a determination that a good faith effort has not been made, the principal is required to notify the district attorney and DSS in the county where the child resides. Upon receiving notification by the principal or the principal's designee, DSS must determine whether to undertake an investigation under N.C.G.S. §7B-302. Intervention by DSS must occur only after the school's efforts have proven to be unable to ensure the child's attendance. However, the reporting of educational neglect by

Maltreatment Type Screening Tools

schools may also result in the reporting of other forms of abuse or neglect. School truancy, whether excessive, unexcused or not, may be an indicator of other forms of underlying abuse or neglect in the home. The allegation of permitted chronic truancy does not pertain to children who willfully refuse to attend school.

In North Carolina, children between the ages of seven and sixteen must be enrolled in a public school or an equivalent or receive private instruction through home schooling. Educational neglect may take the form of failure to home school, to register, or to enroll a child of mandatory school age. North Carolina courts have consistently found that it is "fundamental that a child who receives proper care and supervision in modern times is provided a basic education" and that willful failure and refusal to send children to school or to provide children with an alternative education, constitutes neglect for improper care and injurious environment. *In re McMillan*, 30 N.C. App. 235 (1976)

Lastly, educational neglect may take the form of refusing to allow or failing to obtain recommended special education or remedial education services. The North Carolina Court of Appeals found neglect where a father refused to send his mentally handicapped child to public school, and its special education programs, because the father insisted on educating his children at home. *In re Devone*, 86 N.C. App. 57 (1987) The court noted that the child needed additional stimulation outside the home and that denial of the remedial care available in the public schools constituted neglect and lack of proper care. The *Devone* Court, quoting *In re Huber*, 57 N.C. App. 453 (1982), stated, "[t]o deprive a child of the opportunity for normal growth and development is perhaps the greatest neglect a parent can impose upon a child."

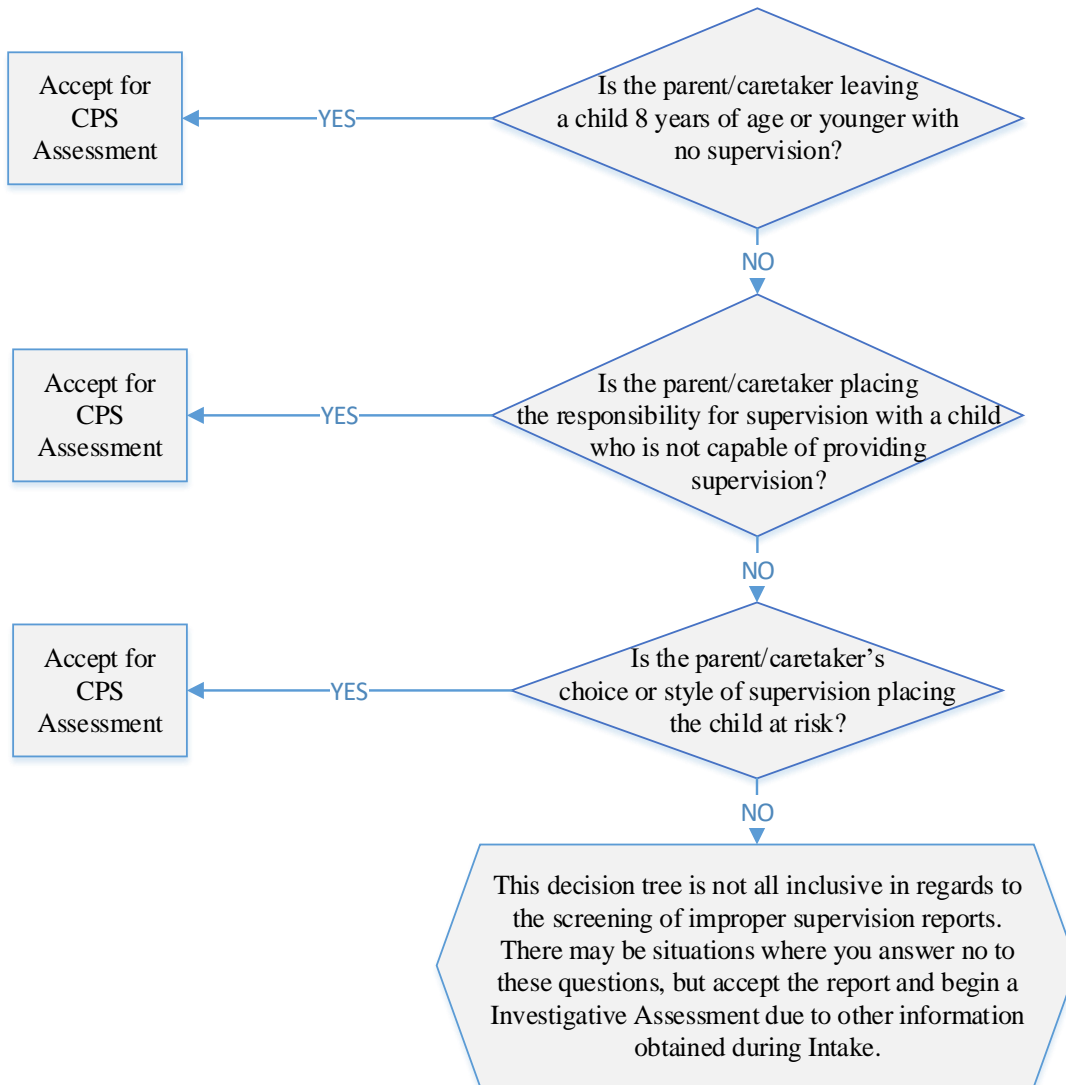
Is the parent/caretaker providing drugs/alcohol to the child?

The parent/caretaker providing alcohol/drugs to the child or consuming alcohol/drugs with the child are situations that meet the definition of neglect and a CPS Assessment must occur.

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Maltreatment Type Screening Tools

Improper Supervision Screening Tool



I. Improper Supervision Screening Tool Directions

Is the parent/caretaker leaving a child age 8 or younger alone with no supervision?

No legal age for when a child can stay at home alone has been established; however, NC fire code specifies that children under age eight should not be locked or confined. A report alleging a child under age six left alone must have an immediate response. The length of time the child is left alone, along with the child’s age, and cognitive abilities factor into whether the child can be safely left alone. Some important questions to ask are: Is the child afraid to stay at home alone? Is the child providing care for siblings? Does the child know how to contact emergency personnel? How long is the child being left alone? Is the child in an isolated area?

Maltreatment Type Screening Tools

Is the parent/caretaker placing the responsibility for supervision of siblings with a child who is not capable of providing proper supervision?

The child's age and cognitive abilities factor into the decision as to whether a child can provide adequate supervision for siblings, as well as the age and needs of the children being provided supervision. A child who is not able to contact emergency personnel and who is afraid to stay at home alone is not able to supervise siblings. A child who is safe at home alone for short periods of time may not be able to handle the responsibility of providing care and supervision for younger siblings.

Is the parent/caretaker's choice or style of supervision placing the child at risk?

When the parent/caretaker makes alternative arrangements for the child's supervision, the person responsible for the child's care must be able to consistently provide the minimum of child-caring tasks. It can be problematic when the parent/caretaker frequently makes alternative arrangements with caretakers whom they have been unable to assess about child care due to the inadequate length of time they have been acquainted. The parent/caretaker can be present, but not attending to the child to such an extent that the need for care goes unnoticed or unmet. The parent/caregiver can be present while the child wanders outdoors alone; plays with dangerous objects; plays on unprotected window ledge; or is exposed to other serious hazards.

In reports involving children playing in the street, it is important to note the traffic patterns on that street and the age of the child. Some streets in NC do not pose a safety risk for children. In a situation where the reporter alleges a young child is playing in a busy street, a CPS Assessment must occur.

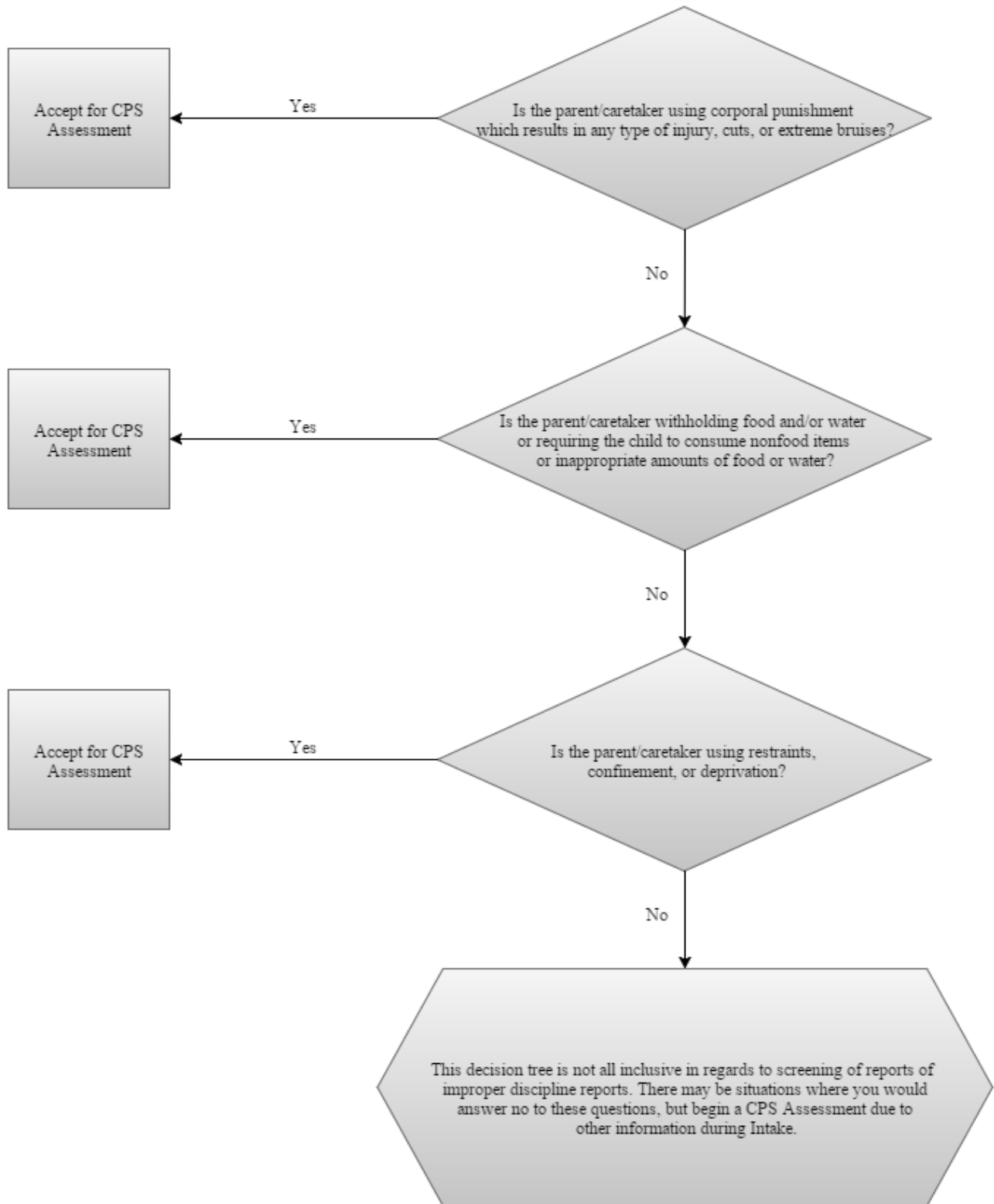
Reports involving sexual activity between children under age 16 may provide cause to examine the supervision provided by their parent/caretakers. Refer to the sexual abuse screening tool for specifics in these situations. When children are participating in a juvenile delinquent activity such as vandalism or selling drugs on the corner with the parent's encouragement, direction, or approval it is moral turpitude. In instances where the juvenile is participating in delinquent activity without the encouragement, direction or approval of the caregiver improper supervision may be a concern.

If it is clear at Intake that the parent/caretaker responded in a protective manner, this report would not be accepted for assessment. In situations where the parent has no knowledge of the child's delinquent activity, the screening decision should be based on whether the supervision plan the parent/caretaker had in place was a reasonable plan based on the child's current and past behaviors. If the parent had no reason to expect that the child needed a more stringent supervision plan and was unaware of the child's delinquent activities, this report would not be accepted for assessment. If the child's past behaviors indicated that a more stringent supervision plan was needed, and the parent failed to implement a more stringent plan, this report would be accepted for assessment.

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Maltreatment Type Screening Tools

Improper Discipline Screening Tool



J. Improper Discipline Screening Tool Directions**Is the parent/caretaker using corporal punishment that results in any type of injury, cuts, or extreme bruises?**

The law does not prohibit the use of reasonable methods of parental discipline or recommend methods. Parents have the right to physically discipline their child if the punishment is reasonable and appropriate for the child's age and stage of development. **Improper Discipline** occurs when a parent/caretaker uses corporal punishment that creates minor physical marks such as bruises and/or welts greater than minor temporary redness of skin lasting more than 24 hours, or any other disciplinary act(s) unreasonable and/or inappropriate for the child's age, size, condition and abilities that does not rise to the level of abuse.

Examples of unreasonable and inappropriate acts of discipline include, but are not limited to:

- Child standing in one place for an extended amount of time;
- Requiring the child to consume nonfood items or inappropriate amounts of food or water; or
- Parent uses restraints, confinement, or deprivation.

When determining reasonable discipline consider the following factors:

- Child's age, physical size, abilities, and condition;
- Location of the physical marks and frequency or recurrence of injuries; and
- Type and extent of discipline.

Is the parent/caretaker withholding food and/or water or requiring the child to consume nonfood items or inappropriate amounts of food or water?

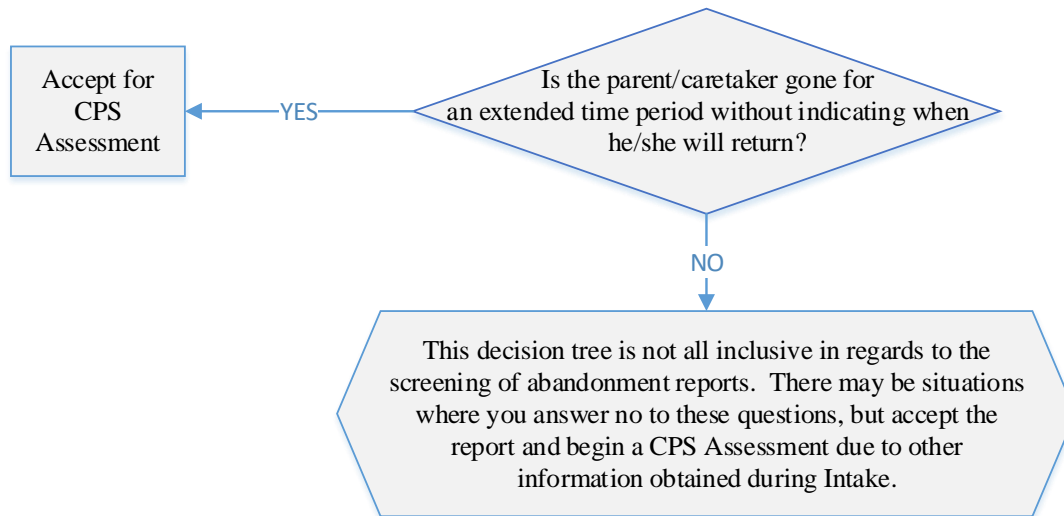
A CPS Assessment must occur if there is a pattern of withholding water or food. Forcing a child to consume excessive amounts of food or water can be dangerous. Forcing a child to consume an extreme amount of hot sauce, salt, pepper or nonfood item is not an appropriate form of discipline and depending upon the age and size of the child could be life threatening. Reports of this nature could meet the criteria for an abuse report based on cruel/grossly inappropriate behavior modification, depending on the circumstances.

Is the parent/caretaker using restraints, confinement, or deprivation?

Appropriate discipline does not involve the use of restraints, confinement, or deprivations. This includes being deprived of heat, ventilation, or any basic necessity.

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Abandonment Screening Tool



K. Abandonment Screening Tool Directions

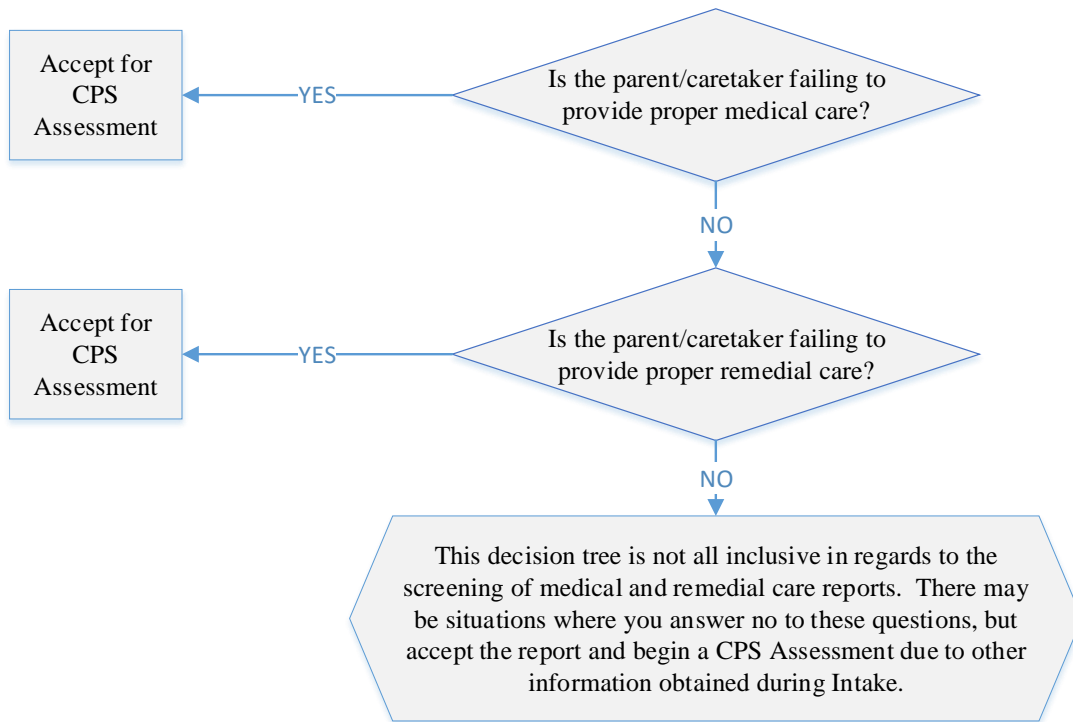
Is the parent/caretaker gone for an extended time period without indicating when he/she will return?

Abandonment is a willful act, a conscious decision made by the parent/caretaker to abandon the child. There is a clear demonstration that the parent/caretaker does not intend to resume parental responsibilities for the child. The legal definition of abandonment is “any willful or intentional conduct on the part of the parent which evidences a settled purpose to forego all parental duties and relinquish all parental claims to the child.” It is important to determine if the parent/caretaker made arrangements with an alternate caregiver. A situation where a parent/caretaker left a child with a grandparent, and the grandparent is willing to continue to provide care for the child, should not be accepted for CPS Assessment under the abandonment category. The grandparent should be referred to community resources to assist with obtaining legal custody. If the only issue is that the grandparents are having difficulties enrolling the child in school, refer to N.C.G.S. [§ 115C-366](#), Assignment of student to a particular school. A situation where a parent/caretaker left a child with a grandparent who agreed to provide care and the parent did not return to assume caretaking responsibilities, and the grandparent is now saying they are no longer willing to provide care meets the criteria for a CPS Assessment.

Another consideration is the appropriateness of the alternate caretaker and their desire to continue to provide care for the child, as well as, determining the last time the parent/caregiver has been in contact with the child and alternate caretaker. The [Infant Homicide Prevention Act](#) requires CPS reports of abandonment to be initiated immediately. The county child welfare agencies must contact law enforcement to request assistance to inquire through the NC Center for Missing Persons and other resources to determine if the child has been reported as a missing child.

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Improper Medical/Remedial Care Screening Tool



L. Improper Medical and Remedial Care Screening Tool Directions

Is the parent/caretaker failing to provide proper medical care?

This includes the parent/caretaker’s refusal or failure to seek, obtain, and/or maintain those services for necessary medical, dental, or mental health care. This category includes the parent/caretaker not seeking treatment for the child’s immediate, chronic, and/or dangerous medical condition or does not follow prescribed treatment. If the child has exceptional needs, such as being medically fragile, which the parent/caretaker does not or cannot meet, a CPS Assessment may be warranted. If the child is suicidal and the parent/caretaker will not/cannot take protective action, a CPS Assessment is warranted.

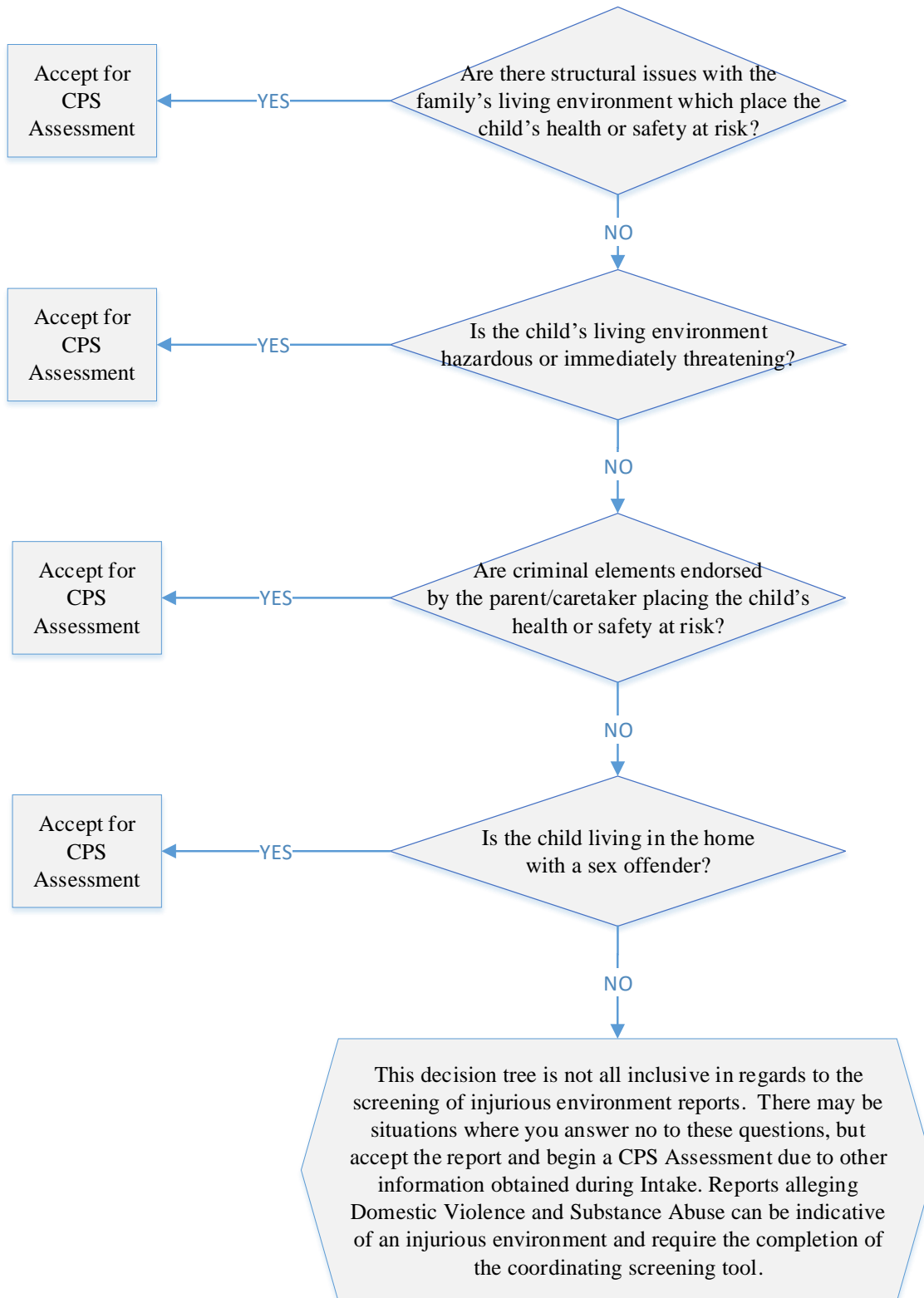
Is the parent/caretaker failing to provide proper remedial care?

This category further includes necessary rehabilitative care such as speech therapy and physical therapy, as well as, remedial care such as the proper treatment for a hearing defect.

Note: Failure to provide child with immunizations or routine well child care in and of itself does not constitute neglect. A parental decision not to provide a child with behavior modification medication in and of itself does not constitute neglect. An allegation of neglect based solely on a child having head lice is not appropriate for CPS Assessment. This condition could arise in any number of ways and is not, in and of itself, an indicator of neglect. Collecting information regarding the parent/caretaker’s attempts towards treating the head lice, as well as, whether public health has intervened is important. In situations where a teenager is refusing to keep appointments with a therapist and the parent/caretaker is making every effort to encourage the child to keep the appointment, including arranging transportation for the child, is not sufficient information to proceed with a CPS Assessment.

Maltreatment Type Screening Tools

Injurious Environment Screening Tool



M. Injurious Environment Screening Tool Directions

Are there structural issues with the family's living environment which place the child's health or safety at risk?

Structural issues to consider include exposed electrical wiring, holes in the floor of the home, flaking lead-based paint, plumbing/septic tank issues, leaking gas from stove or heating unit, lack of water or utilities (heat, plumbing and electricity) with no alternate provisions made or the alternate provisions are inappropriate (stove, unsafe space heaters used), or open, broken or missing windows. The age and developmental status of the child impact the potential for harm to the child's health and safety.

Is the child's living environment hazardous or immediately threatening?

Housekeeping/cleanliness issues addressed through CPS are those that impact the child's health or safety. Simply having a dirty house does not indicate an injurious environment. The living conditions must be such that they are not safe for a child. Cleanliness issues to consider include a substantial amount of scattered garbage/trash accessible to a young child, a substantial amount of contained garbage/trash which sits to the point that vermin are present, animal or human waste that is not disposed of properly, and any situation in which the failure to maintain cleanliness results in a health or safety risk to the child. The main concern regarding fecal matter has to do with fecal/oral contamination so the child's age and developmental status impacts the level of risk. It is important to note whether dangerous substances or objects are stored in areas that are easily accessible to young children, such as lower shelves or cabinets, under the sink or in an open area. The accessibility of firearms and other weapons is a factor to consider. In accordance with N.C.G.S. §14-351, a report which indicates that the firearm is stored or left in a condition that the firearm can be discharged and that the parent has knowledge that the child has access to the firearm warrants a CPS Assessment.

Are there criminal elements endorsed by the parent/caretaker that place the child's health or safety at risk?

The potential exists for a child to be negatively impacted when the parent/caretaker engages in activities such as manufacturing and/or distributing drugs/alcohol, operating a gaming house, or organizing a shoplifting ring, which lead to constant disruption of the home environment as evidenced by heavy traffic in the home. A consideration would be whether drugs and alcohol were easily accessible to the child, the potential for violence/weapons associated with illegal activities, and whether the parent/caretaker's caretaking and supervision skills were negatively impacted in this environment.

Is the child living in the home with a sex offender?

If a substantiated perpetrator or an individual convicted of a sexual offense against a child has established residence where juveniles reside, those persons having suspicion of risk in the new environment are obligated to report. The screening decision must be based on current risk. If it is believed the children are at risk, the report must be accepted for CPS Assessment.

Maltreatment Type Screening Tools

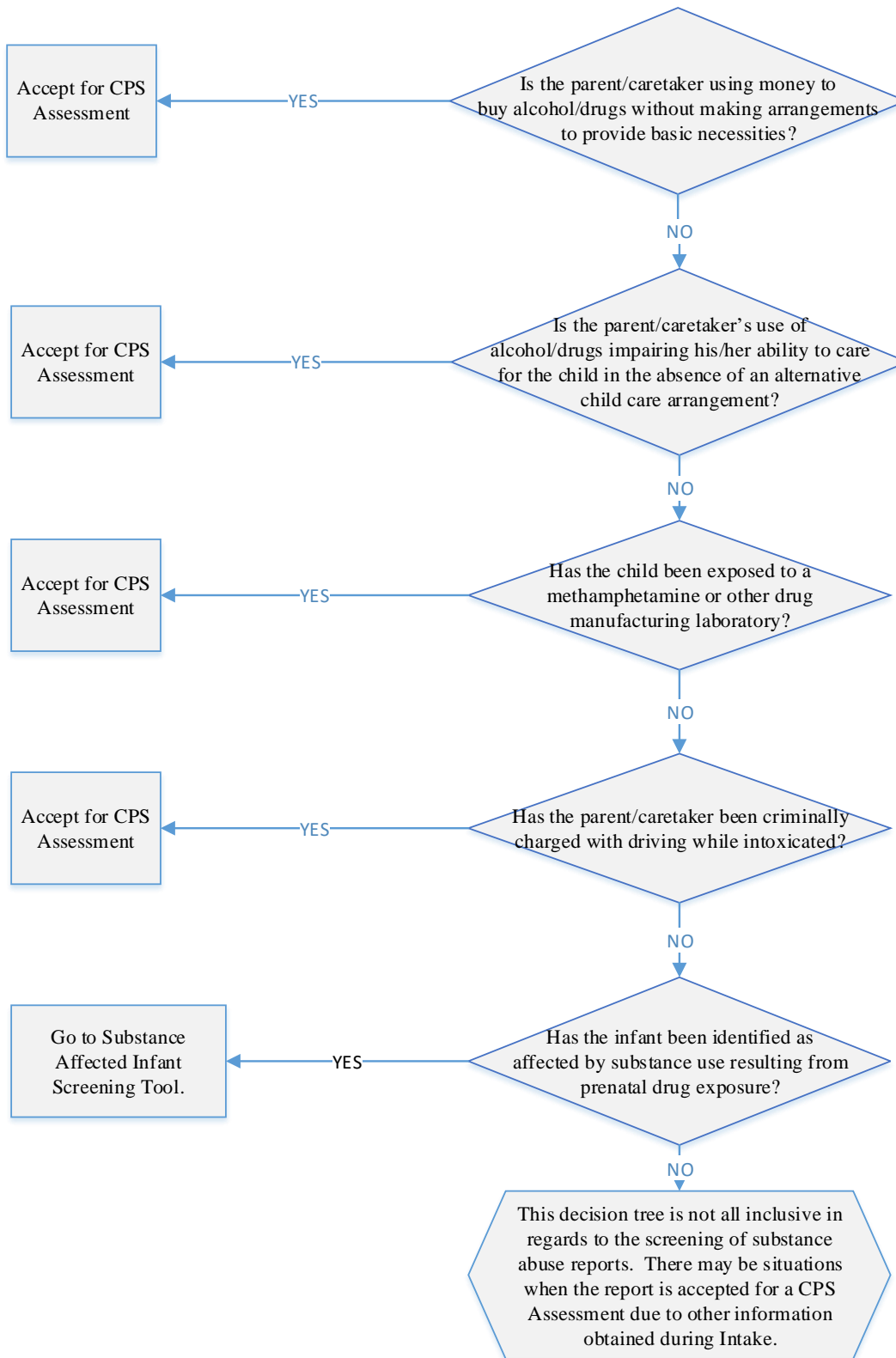
Reports Involving Domestic Violence and Substance Abuse

Domestic violence and substance abuse are not intrinsically considered child maltreatment. However, the impact of parent/caretaker domestic violence and/or substance abuse can result in the neglect of a child due to the injurious environment created. For reports alleging domestic violence and substance abuse, please consult the **Domestic Violence and Substance Abuse Maltreatment Screening Tools**.

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Maltreatment Type Screening Tools

Substance Abuse Screening Tool



[Substance Affected Infant Screening Tool](#)

N. Substance Abuse Screening Tool Directions**Is the parent/caretaker using money to buy alcohol/drugs without making arrangements to provide basic necessities?**

When the substance abusers use rises to the level that he or she is willing to place their needs to satisfy the addiction above providing proper care to the child, it is problematic and must be accepted for CPS Assessment in the absence of an alternative arrangement for ensuring those basic needs are provided to the child. In situations when other family/friends/other support networks are ensuring that the child is provided with food, clothing, and shelter, the dynamic of that relationship should be explored. This could be considered enabling and could lead to the substance abuser's expectation that others will provide care for their child. Illegal and legal drugs have the potential to become problematic when they are abused.

Is the parent/caretaker's use of alcohol/drugs impairing their ability to care for the child in the absence of an alternative child care arrangement?

Parenting skills are affected by substance use, depending upon the parent/caretaker's level of dependency on the substance. The capacity to provide proper care will vary. Many times, the parent/caretaker decides for care to be provided to the child by a responsible caretaker known to the child, and this can be appropriate depending upon the relationship among the child, parent, and caretaker, and the frequency of such an arrangement. The parent's use/behavior and the impact on the child are relevant. Simply using drugs or having a drink in the child's presence does not meet the definition of neglect. If the parent's use impacts the caretaking ability in such a manner that his or she is not providing proper supervision and care, then those reports must be accepted for CPS Assessment.

Has the parent/caretaker been criminally charged with driving while intoxicated?

If a parent or caretaker is criminally charged with a DWI offense while a child is in the car, the report must be accepted for assessment. The county child welfare services agency maintains discretion in the classification of this allegation, meaning that depending on the circumstances this type of report may be accepted as a neglect report or as an abuse report.

Has the child been exposed to a methamphetamine or other drug-manufacturing laboratory?

The children who live in and around methamphetamine or other drug-manufacturing laboratories have a high risk of harm due to their developmental nature. Under these circumstances, the children are at increased risk due to their inability to protect themselves. The children in these homes are also exposed to serious **toxins** and dangers that could have long term effects on their health and development. A child living in or being exposed to a methamphetamine or other drug-manufacturing laboratory must be accepted for an Investigative Assessment.

Maltreatment Type Screening Tools

Has an infant been identified as affected by substance use resulting from prenatal drug exposure?

The Child Abuse and Prevention Treatment Act (CAPTA) requires that health care providers involved in the delivery and care of an infant affected by substance abuse, withdrawal symptoms resulting from prenatal drug exposure or a Fetal Alcohol Spectrum Disorder must notify the child protective services system. However, the notification requirement does not establish a definition under federal law of what constitutes child abuse or neglect. In North Carolina, the notification must occur upon identification of the infant as a “substance affected infant,” as defined by the North Carolina Department of Health and Human Services.

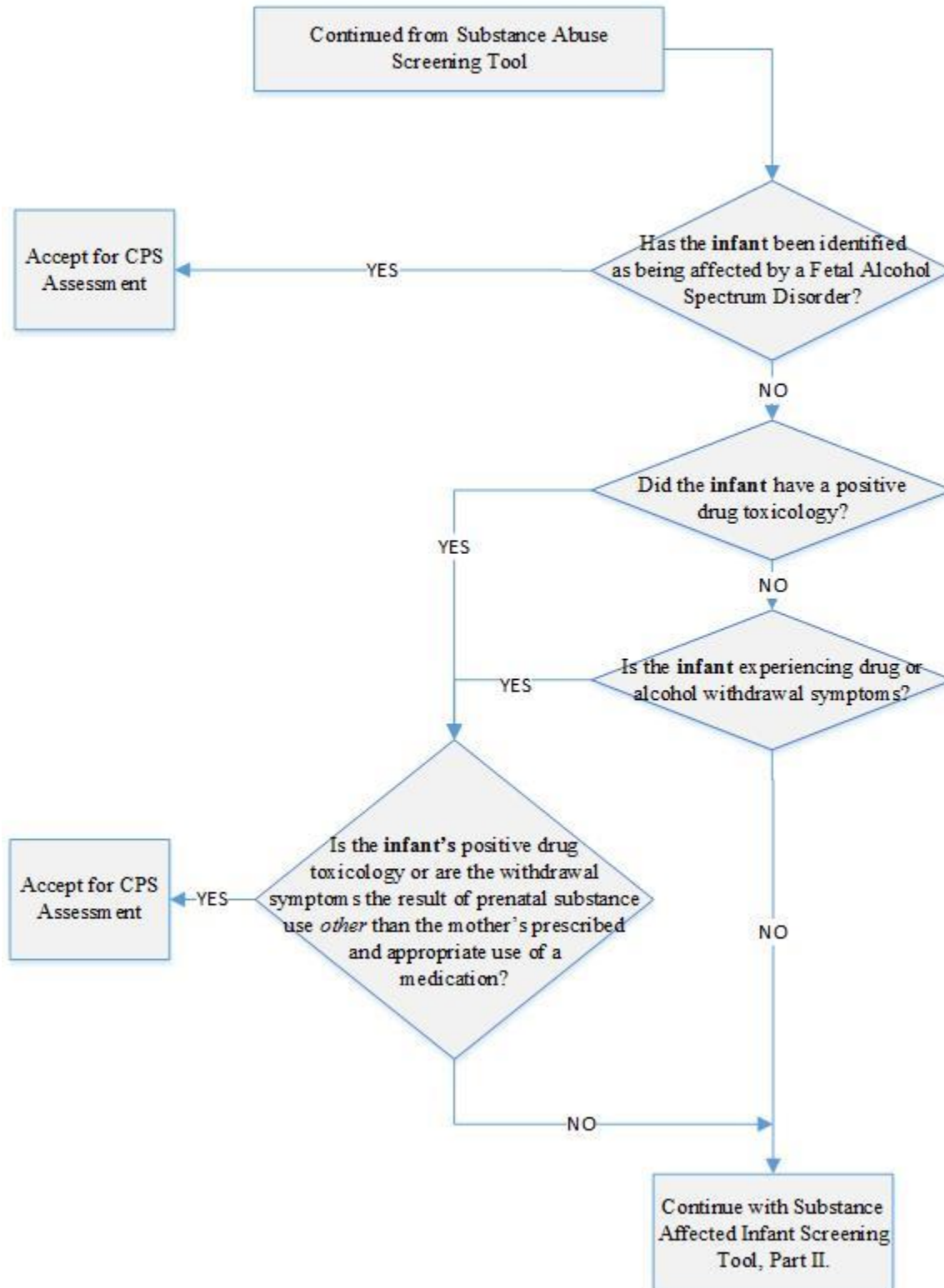
Thus, a report that an infant has been identified as affected by substance use resulting from prenatal drug exposure does not always mean that child welfare services are appropriate. Consult the [Substance Affected Infant Screening Tool](#) that follows to determine if a CPS Assessment is warranted.

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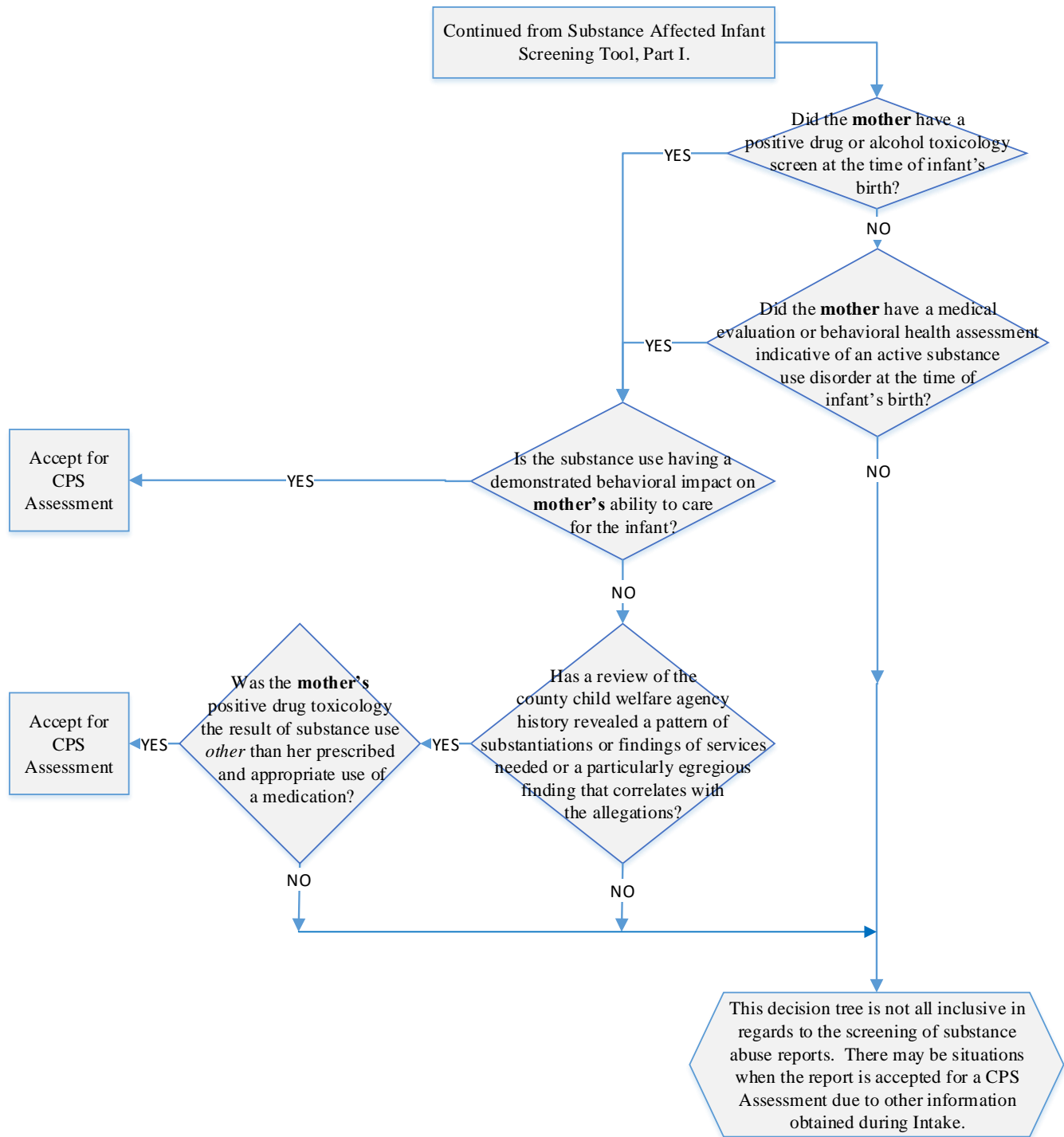
Maltreatment Type Screening Tools

Substance Affected Infant Screening Tool

Substance Affected Infant Screening Tool, Part I



Substance Affected Infant Screening Tool, Part II



O. Substance Affected Infant Screening Tool Directions**Has the infant been identified as being affected by a Fetal Alcohol Spectrum Disorder?**

Fetal Alcohol Spectrum Disorder (FASD) is an umbrella term that encompasses all disabilities caused by prenatal alcohol exposure.

If the infant has received one of the following diagnoses then the report must be accepted for CPS Assessment: Fetal Alcohol Syndrome (FAS), Partial FAS (PFAS), Neurobehavioral Disorder associated with Prenatal Alcohol Exposure (NDPAE), Alcohol-Related Birth Defects (ARBD) or Alcohol-Related Neurodevelopmental Disorder (ARND).

Did the infant have a positive drug toxicology? Is the infant experiencing drug/alcohol withdrawal symptoms?

A report alleging that an infant had a positive drug toxicology or is experiencing withdrawal symptoms would be appropriate for CPS Assessment. However, if it is known that the drug is a medication prescribed to the mother and is being used appropriately – per the prescribing provider – then the report should not be accepted on that basis alone. This includes medications prescribed for the treatment of opioid use disorders.

Did the mother have a positive drug or alcohol toxicology screen at the time of the infant's birth?

A report that only alleges the mother's substance use would not be appropriate for CPS Assessment. However, a CPS Assessment must occur if she is also demonstrating behaviors that impact her ability to provide care to the infant.

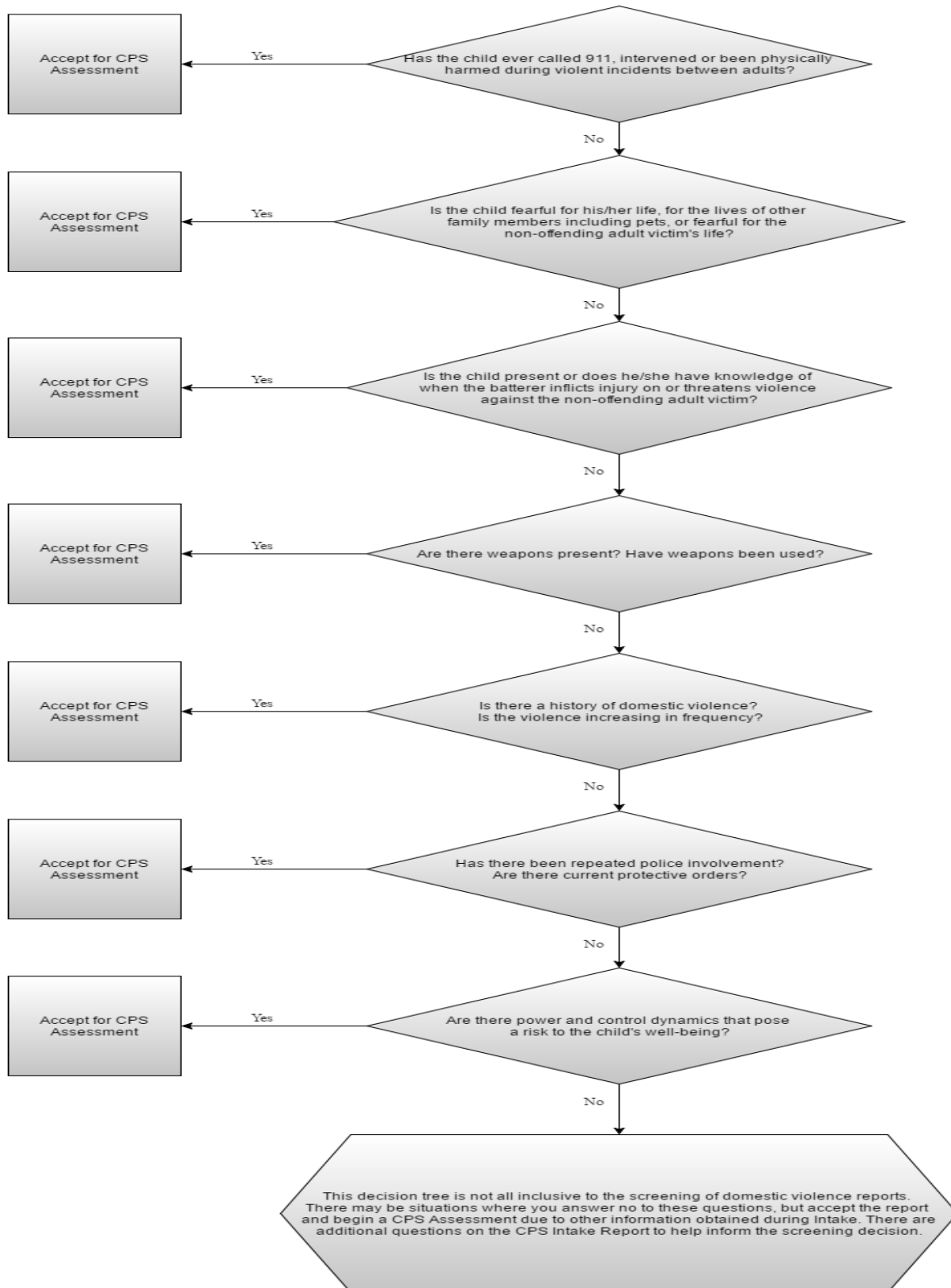
Additionally, a CPS Assessment must occur if a review of NC FAST services or county child welfare services agency history revealed a pattern of substantiations or findings of services needed or a particularly egregious finding that correlates with the allegations. However, a mother's prescribed and appropriate use of medications should not be coupled with county child welfare services agency history to justify the acceptance of a report.

Did the mother have a medical evaluation or behavioral health assessment that was indicative of an active substance use disorder at the time of the infant's birth?

A report that only alleges the mother's substance use disorder would not be appropriate for CPS Assessment. However, a CPS Assessment must occur if she is also demonstrating behaviors that impact her ability to provide care to the infant.

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Domestic Violence Screening Tool



P. Domestic Violence Screening Tool Directions

Domestic violence is a serious issue with potentially fatal implications for children and non-offending adult victims. In recognition of this potential lethality, every reporter must be asked, “Has there been an occurrence of domestic violence in the home?”

Domestic violence is the establishment of control and fear in an intimate relationship using violence and other forms of abuse including but not limited to physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the non-offending adult victim.

Has the child ever called 911, intervened, or been physically harmed during violent incidents between adults?

There is a real possibility that the child could be physically injured when intervening in domestic violence situations.

Is the child fearful for their life, for the lives of other family members including pets, or fearful for the non-offending adult victim’s life?

An assessment of the impact of exposure to the violence is needed. The child fearing for their life or for the lives of any family members is evidence that the violence is having a serious impact on their mental/emotional health. There is a correlation between pet abuse and domestic violence, as it is a predictor of a batterer’s lethality.

Is the child present or does he or she have knowledge of when the batterer inflicts injury on or threatens violence against the non-offending adult victim?

The child’s presence when violence is occurring warrants a CPS Assessment. A child’s presence is defined as within sight or sound regardless of their age. This includes not only a situation where a child is present to witness violence, but also must include a situation when a child may have knowledge that violence is occurring in their home. For example, a child reporting that he or she hears one parent/caretaker threatening the life of the parent/caretaker; he or she reports seeing injuries on a parent/caretaker after an altercation; or a parent/caretaker is reporting to the child he or she was assaulted by the other parent/caretaker. An assessment of the impact of exposure is needed, as some children are more resilient than others.

Has there been repeated police involvement? Are there civil protective orders?

Police involvement is one indication there is a history of domestic violence and that the non-offending adult victim has taken some steps towards protection. Repeated violence from the batterer after law enforcement/court involvement is an indication that the batterer has no regard for these legal measures, and that law enforcement is not a deterrent.

Maltreatment Type Screening Tools

Is there a history of domestic violence? Is the violence increasing in frequency?

A pattern of domestic violence indicates a situation more serious than an isolated incident. If the batterer has become increasingly violent, it is reasonable to expect this progression to continue which can compromise the child's safety.

Are there weapons present or have weapons been used?

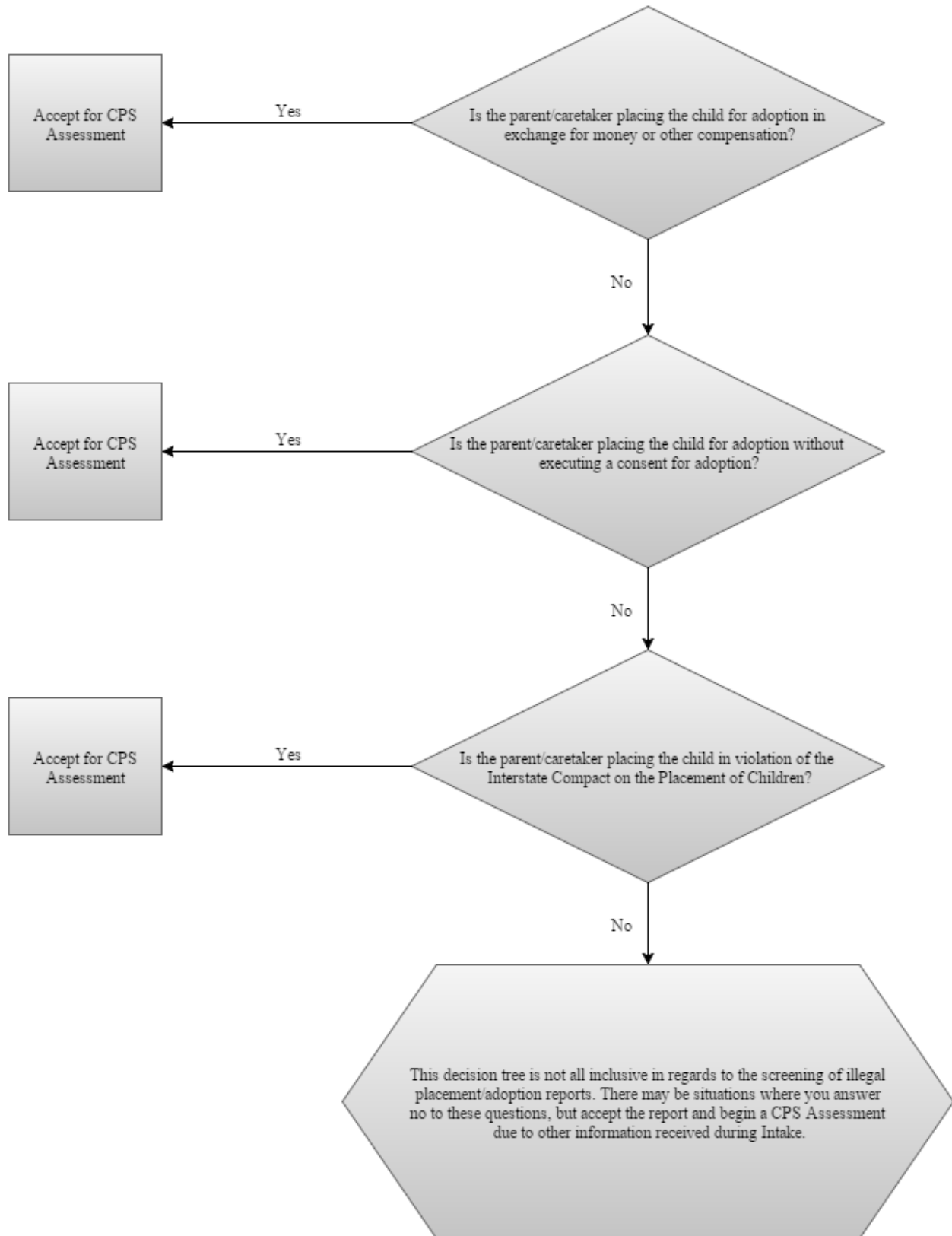
The presence of a weapon or weapons creates a risk for potential use. The use of weapons increases the potential for deadly violence.

Are there power and control dynamics that pose risk to a child's well-being? Does the batterer interfere with the non-offending adult victim's ability to meet the child's needs?

Batterers will often control access to basic necessities to maintain power in the family. Examples include control over access to food, shelter, clothing, education, mental health, and medical care.

Return to [Maltreatment Screening Tools page 1](#).

Illegal Placement/Adoption Screening Tool



Q. Illegal Placement/Adoption Screening Tool Directions**Is the parent/caretaker placing the child for adoption in exchange for money or other compensation?**

A parent/caretaker may not pay or give, offer to pay or give, or request, receive or accept any money or anything of value, directly or indirectly for the placement or adoption of a child. An adoptive parent, or another person acting on behalf of an adoptive parent, may pay medical expenses, counseling services expenses, and/ or reasonable or actual expenses for ordinary living expenses, etc. for the mother. It is neglectful to accept payment in kind for a child, such as trading a child for a car.

Is the parent/caretaker placing the child for adoption without executing a Consent for Adoption?

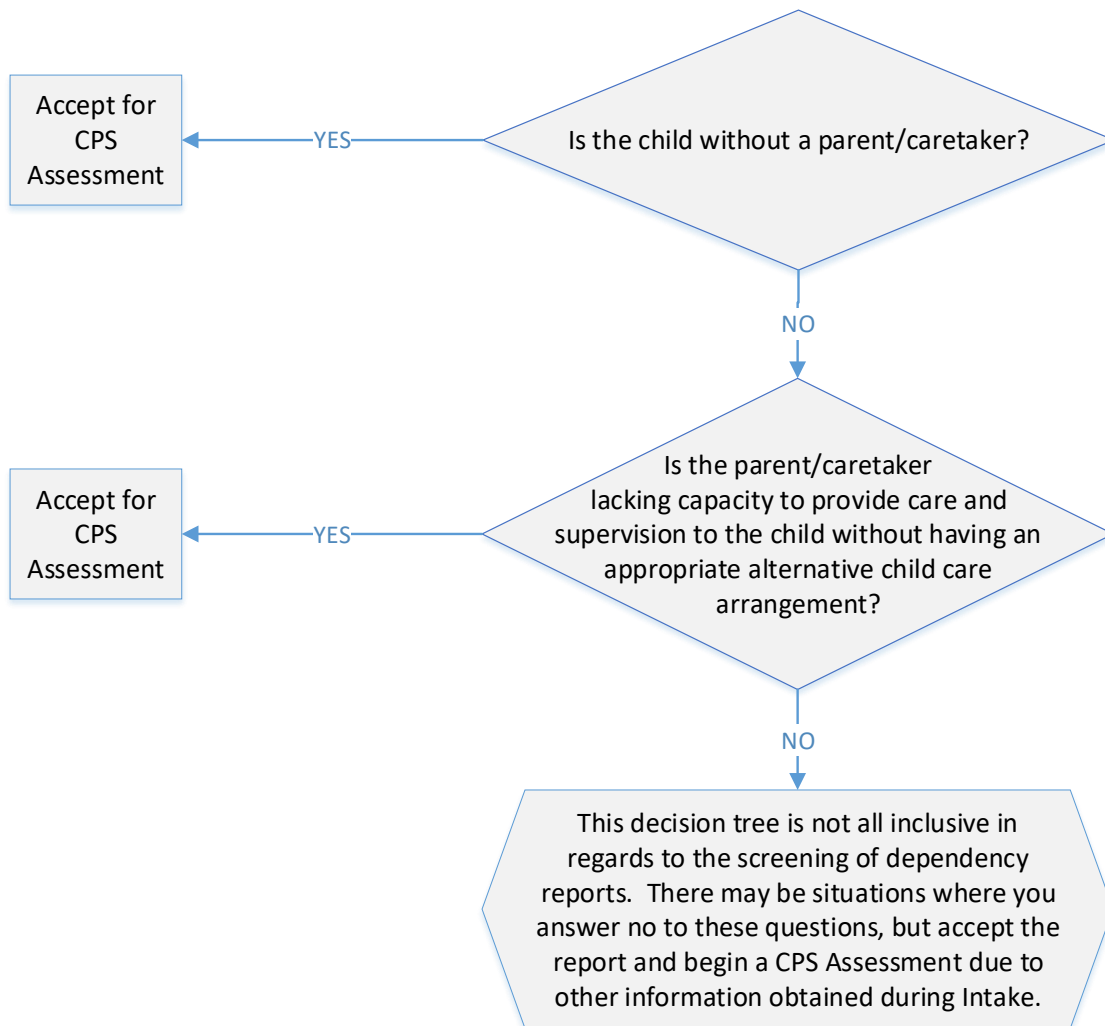
A parent/caretaker cannot place a child with an alternate caregiver without executing their consent for adoption. The parent/caretaker must have the authority to place the child and consent to the child's adoption.

Is the parent/caretaker placing the child in violation of the Interstate Compact on the Placement of Children?

ICPC is a legally and administratively sound means of placing children across state lines with the same safeguards and services that are available when they are placed within their own state. ICPC provides the means for securing an evaluation of a prospective placement before the child is sent outside the state and provides assurance that the state sending the child retains jurisdiction over the child sufficient to ensure that the child receives adequate care and protection. Placements across state lines require the cooperation of agencies in ensuring that potential placements are evaluated for suitability and that supervision will be provided for the time necessary to determine that the placement is in the child's best interest.

Return to [Maltreatment Screening Tools page 1](#).

Dependency Screening Tool



R. Dependency Screening Tool Directions**Is the child without a parent/caretaker?**

A child can be dependent due to the absence of a parent/caretaker. The parent/caretaker's absence may be due to hospitalization, incarceration, or any situation in which the parent/caretaker is unavailable and there are no alternative arrangements to provide appropriate care. Dependency also refers to the lack of ability of the parent/caretaker. A parent who is hospitalized or incarcerated is not necessarily unwilling to provide care but is unable to provide care due to the present circumstances. An infant who has been safely surrendered is dependent.

Children or youth who appear to be unaccompanied, whose parent/caretaker is absent, or who have run away from home may be vulnerable to exploitation or may have already been exploited through sex trafficking or labor trafficking. Intake workers should consider if the child is a victim of human trafficking and consult the [Human Trafficking Screening Tool](#). Intake workers may need to ask questions to further explore the child's circumstances regarding access to basic needs (food, clothing, shelter), who is providing those needs, and whether the child is exchanging sexual acts to meet these needs or for anything else of value.

Is the parent/caretaker lacking capacity to provide care and supervision to the child without having an appropriate alternative child care arrangement?

Dependency can also occur in situations where the parent/caretaker is incapacitated due to mental or physical illness, substance abuse, or any situation which impacts the ability of the parent to provide appropriate care. If the parent/caretaker fails to ensure an appropriate alternative child care arrangement, the child is dependent, and a CPS Assessment must occur.

Return to [Maltreatment Screening Tools page 1](#).

Response Priority / Time Frame Decision Trees

The purpose of the response priority decision trees is to provide structure for the determination of how quickly the CPS Assessment must be initiated. The response priority decision trees are to be consulted for every new CPS report that is accepted for CPS Assessment. This applies to all reports, reports on new families and families already known to the agency, if a case is open to CPS Assessments, CPS In-Home Services, or Child Placement Services.

Use of Response Priority Decision Trees:

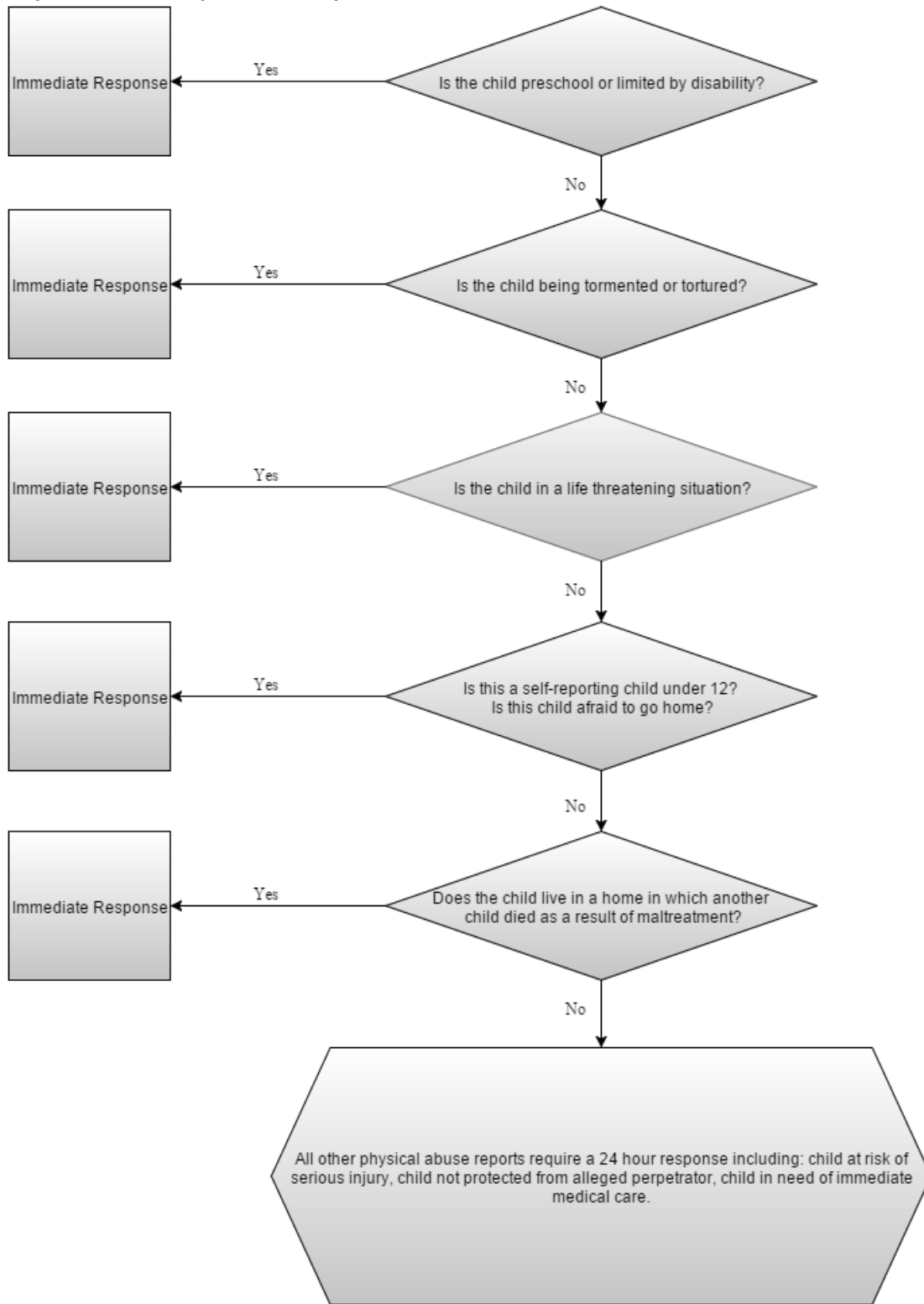
1. Begin with the Response Priority Decision Tree that corresponds to the maltreatment allegation that is the most egregious. Consult the Priority Response Decision Tree for each type of maltreatment alleged in the report. The Response Priority Trees include:
 - [Physical Abuse Response Priority Decision Tree](#). To be used with allegations of physical abuse and cruel/grossly inappropriate behavior modification.
 - [Moral Turpitude Response Priority Decision Tree](#)
 - [Sexual Abuse Response Priority Decision Tree](#)
 - [Emotional Abuse Response Priority Decision Tree](#)
 - [Human Trafficking Response Priority Decision Tree](#)
 - [Neglect Response Priority Decision Tree](#). To be used with maltreatment allegations of improper care, improper supervision, improper discipline, abandonment, improper medical/remedial care, injurious environment, and illegal placement/adoption.
 - [Dependency Response Priority Decision Tree](#)
2. Start with the first question box of each Decision Tree. Proceed by answering the questions yes or no. When the answer to any question is yes, this is the termination point. Guidance regarding each of the questions is provided after the Decision Tree.
3. The termination point indicates the appropriate response time, immediate, within 24-hours, or within 72-hours. If an immediate response has been indicated on one tree, it is not necessary to complete additional maltreatment trees. Otherwise, continue with the Decision Tree for each maltreatment alleged.

For an immediate response, initiation must occur at once, immediately after completion of the Intake report. The response should never exceed 24 hours for a report alleging physical or sexual abuse. The response should never exceed 72 hours for a report alleging neglect or dependency.

The responsibility to ensure safety begins at Intake. If the county child welfare services agency selects an initiation timeframe other than what the corresponding Response Time Decision Tree indicates, the rationale for changing the response, especially for any decision to delay the response time, must be documented and approved by a supervisor or higher management level. The decision trees are designed to guide decisions--not to replace county child welfare worker and child welfare supervisor judgement. A case may have unique circumstances not captured by the decision tree, or there may be critical information that is unknown. If there is any doubt about the most appropriate response time frame, the agency decision must be to respond in a response time that ensures the children are, first and foremost, protected from harm.

Response Priority / Time Frame Decision Trees

Physical Abuse Response Priority Decision Tree



PHYSICAL ABUSE RESPONSE PRIORITY DECISION TREE DEFINITIONS**Is the child preschool-aged or limited by a disability?**

Physical abuse of a young child or a child with a disability is high risk and an immediate response must be assigned.

Is the child being tormented or tortured?

Tormenting and torture are aggravated circumstances and an immediate response must be assigned.

Is the child in a life-threatening situation?

Physical abuse can present as a life-threatening situation depending upon severity, age, and developmental stage of the child. Examples of possible life-threatening situations include a child with internal injuries, burns requiring medical treatment, or a child less than a year old who has been shaken or subjected to spanking, hitting, or other form of corporal punishment.

Is this a self-reporting child under 12? Is this child afraid to go home?

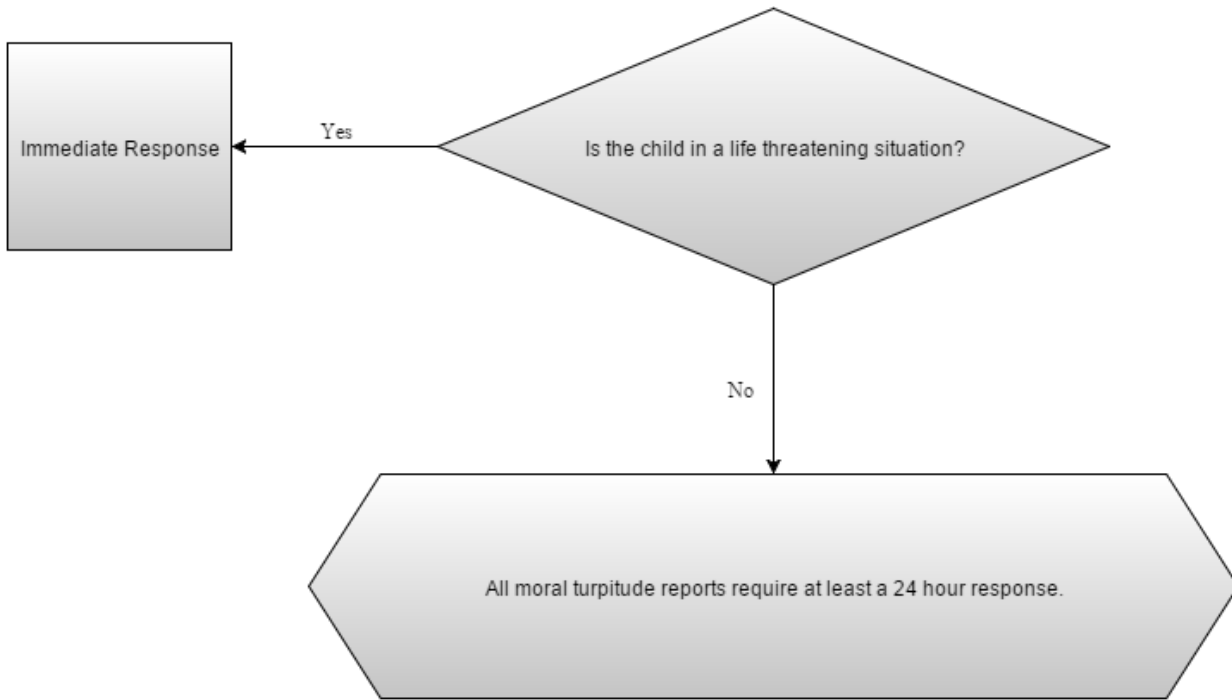
A child under the age of 12 who contacts the county child welfare services agency directly as a possible abuse victim is particularly concerning and an immediate response must be assigned. Based on credible threats made by a parent/caretaker, a child's behavioral indicators of fear, as well as a history of abusive behavior like the current allegation, may suggest a higher chance of reoccurrence.

Does the child live in a home in which another child died as a result of maltreatment?

Based on the potential risk, this situation an immediate response must be assigned.

Return to [Response Priority Page 1.](#)

Moral Turpitude Response Priority Decision Tree



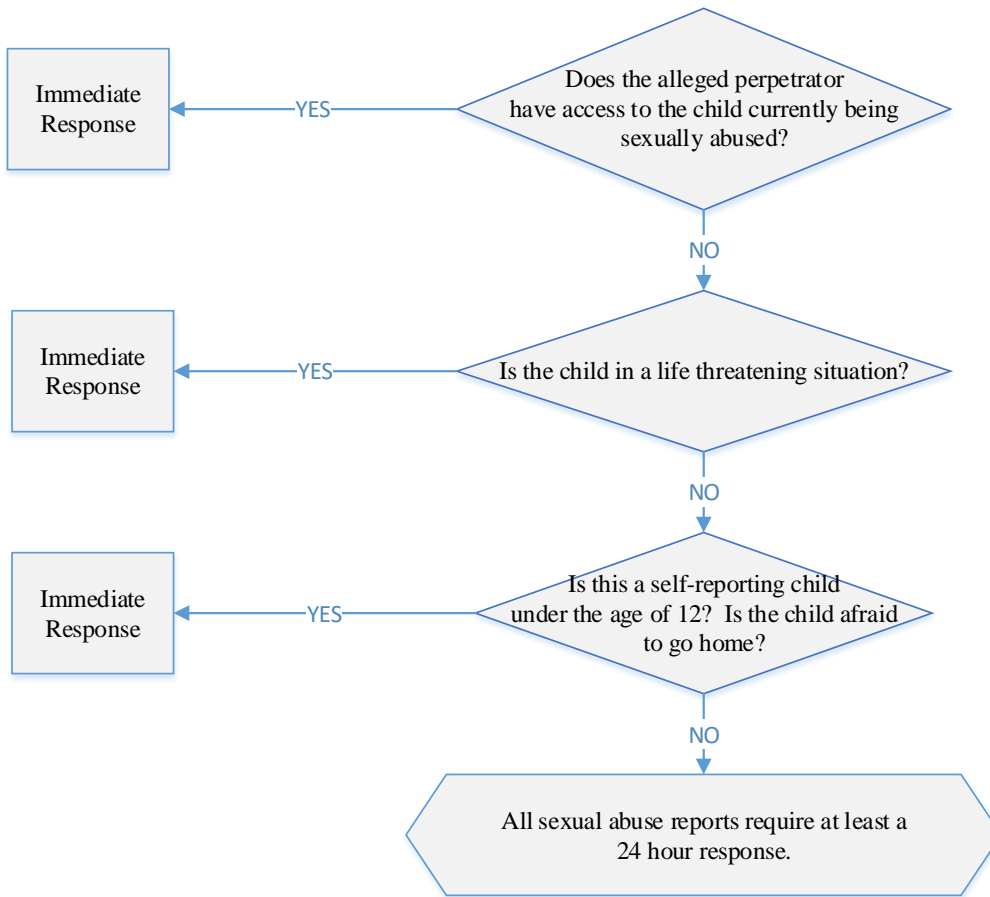
Moral Turpitude Response Priority Decision Tree Definitions

Is the child in a life-threatening situation?

Based on the child’s age and developmental status, if the moral turpitude presents a threat to the child’s life, an immediate response must be assigned.

Return to [Response Priority Page 1.](#)

Sexual Abuse Priority Decision Tool



SEXUAL ABUSE RESPONSE PRIORITY DECISION TREE DEFINITIONS

Does the alleged perpetrator have access to the child currently being sexually abused?

If the alleged perpetrator resides in the home with or has access to the suspected victim child, an immediate response must be assigned. In situations where the reported abuse occurred in the past and the alleged perpetrator does not have access to the child, a response within 24 hours is acceptable.

Is the child in a life-threatening situation?

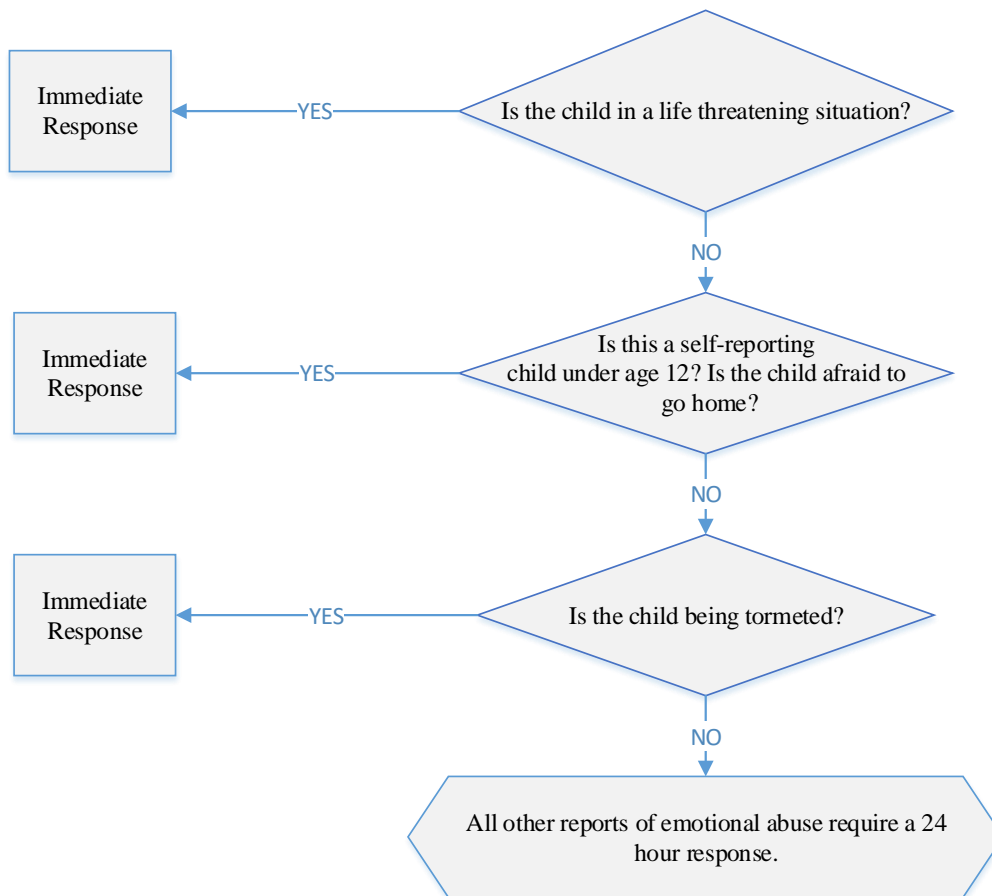
If the alleged sexual abuse presents a threat to the child’s life, an immediate response must be assigned.

Is this a self-reporting child under 12? Is this child afraid to go home?

A child under the age of 12 who contacts the county child welfare services agency directly as a possible sexual abuse victim is particularly concerning and an immediate response must be assigned. Based on credible threats made by a parent/caretaker, a child’s behavioral indicators of fear also suggest a potentially dangerous situation and an immediate response must be assigned.

Return to [Response Priority Page 1.](#)

Emotional Abuse Response Priority Decision Tool



EMOTIONAL ABUSE RESPONSE PRIORITY DECISION TREE DEFINITIONS

Is the child in a life-threatening situation?

If the emotional abuse presents a threat to the child’s life, an immediate response must be assigned. An example of a life-threatening allegation includes the emotional abuse has prompted the child to exhibit suicidal behavior.

Is this a self-reporting child under 12? Is this child afraid to go home?

A child under the age of 12 who contacts the county child welfare services agency directly as a possible abuse victim is particularly concerning and an immediate response must be assigned. Based on credible threats made by a parent/caretaker, a child’s behavioral indicators of fear, as well as a history of abusive behavior like the current allegation, may suggest a higher chance of reoccurrence.

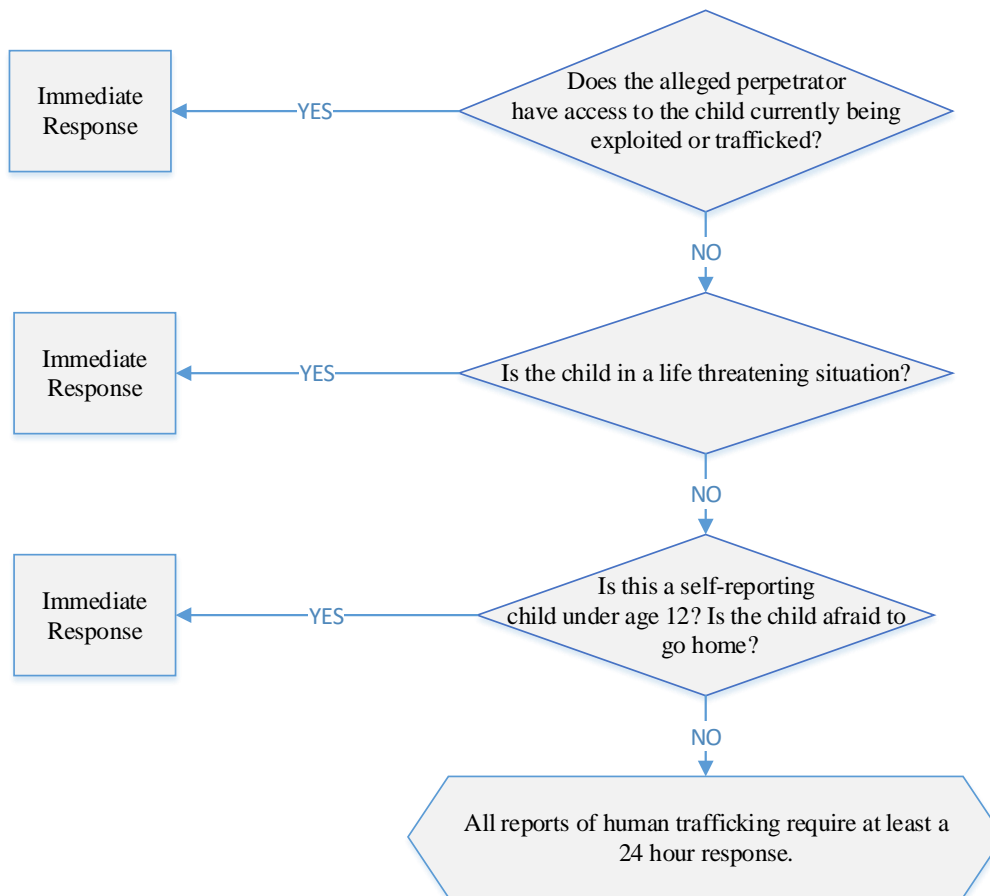
Is the child being tormented?

If the child is currently being exposed to extreme terrorizing tactics and evidences behavioral indicators of fear, an immediate response must be assigned.

Return to [Response Priority Page 1.](#)

Response Priority / Time Frame Decision Trees

Human Trafficking Response Priority Decision Tool



HUMAN TRAFFICKING RESPONSE PRIORITY DECISION TREE DEFINITIONS

Does the alleged perpetrator have access to the child currently being exploited or trafficked?

If the alleged perpetrator resides in the home with or has access to the suspected victim child, an immediate response must be assigned. In situations where the reported abuse occurred in the past and the alleged perpetrator does not have access to the child, a response within 24 hours is acceptable.

Is the child in a life-threatening situation?

If the alleged trafficking presents a threat to the child’s life, an immediate response must be assigned.

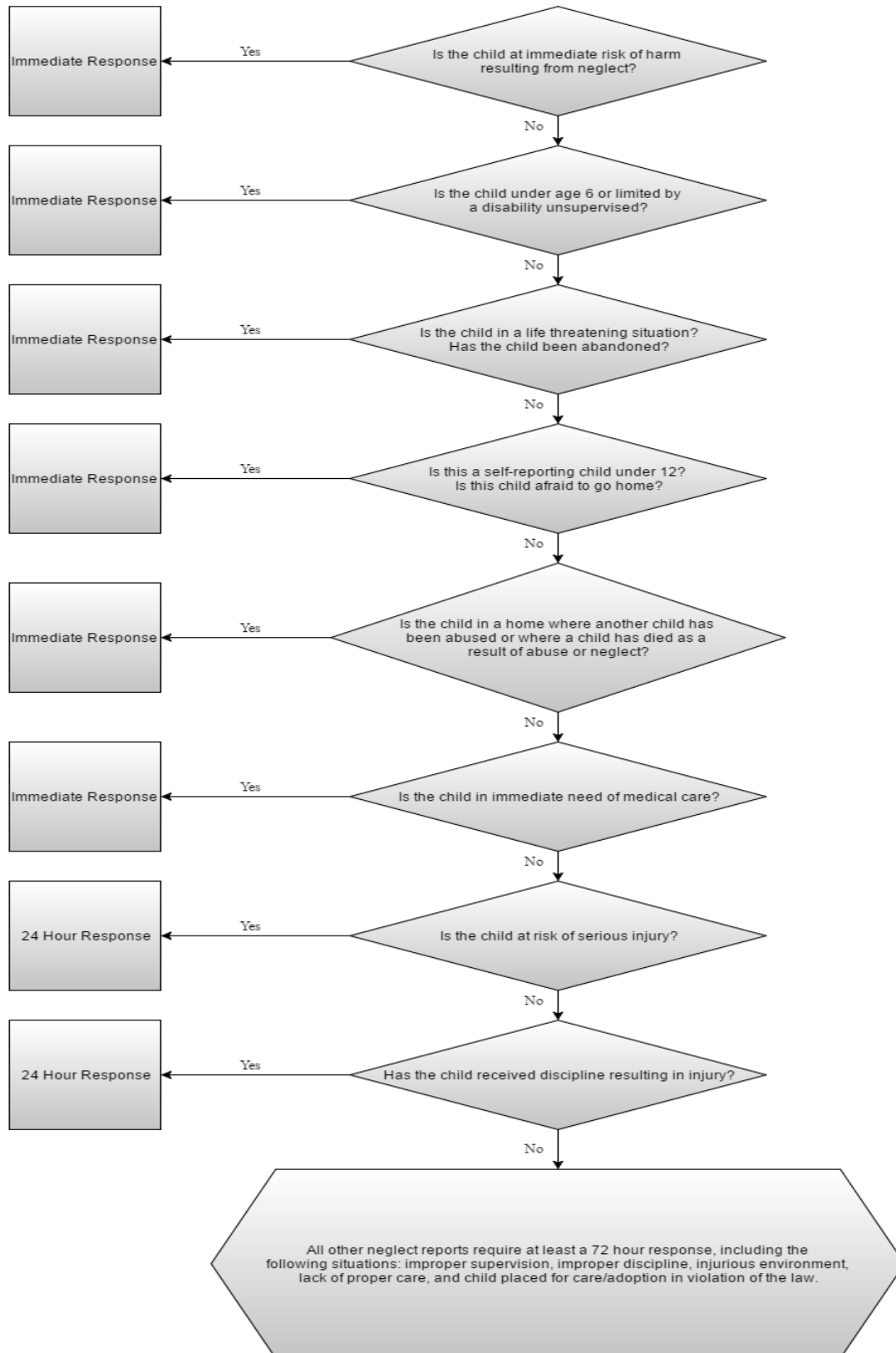
Is this a self-reporting child under age 12? Is the child afraid to go home?

A child under the age of 12 who contacts the county child welfare services agency directly as a possible human trafficking or sexual abuse victim is particularly concerning and an immediate response must be assigned. Based on credible threats made by a parent/caretaker, a child’s behavioral indicators of fear also suggest a potentially dangerous situation and an immediate response must be assigned.

Return to [Response Priority Page 1.](#)

Response Priority / Time Frame Decision Trees

Neglect Response Priority Decision Tree



NEGLECT RESPONSE PRIORITY DECISION TREE DEFINITIONS**Is the child immediately at risk of harm resulting from neglect?**

Based on the child(ren)'s age and developmental status, if they are at immediate risk of harm, then a timelier response is more appropriate. Things that constitute an immediate risk of harm include leaking gas from a stove or a heating unit, lack of food in the home and information that the child has not been fed, substances or objects accessible to the child(ren) that may endanger their health and safety, excessive garbage, human, and/or animal waste which threatens the child(ren)'s health, or serious illness or significant injury has occurred due to living in such conditions and these conditions still exist (lead poisoning, rat bites), and firearms that are easily accessible to children.

Is the child under the age of 6 or limited by a disability unsupervised?

If the child is under the age of 6 or limited by a disability not supervised by the parent/caretaker, and there is no known appropriate alternative plan for supervision, then an immediate response is warranted.

Is the child in a life-threatening situation? Has the child been abandoned?

Based on the child's age and developmental status, if the alleged neglect presents a threat to the child's life, then an immediate response is warranted. Child abandonment is considered an aggravated circumstance and an immediate response must be assigned.

Is this a self-reporting child under 12? Is the child afraid to go home?

A child under the age of 12 who contacts the county child welfare services agency directly as a possible neglect victim is particularly concerning and an immediate response must be assigned. Based on credible threats made by a parent/caretaker, a child's behavioral indicators of fear also suggest a potentially dangerous situation and an immediate response must be assigned.

Is the child in a home where another child has been abused or where a child has died as a result of abuse or neglect?

Based on the potential for risk, for CPS reports with allegations that a child resides in the home where another child has been abused or has died because of abuse or neglect an immediate response must be assigned, regardless of whether the abuse or neglect was known and substantiated.

Is the child in immediate need of medical care?

CPS reports with allegations that the child needs immediate, not necessarily lifesaving medical care an immediate response must be assigned. Examples include allegations that the child is underweight, the child is not being fed, the parent/caretaker refuses to meet the child's medical and/or mental health needs, or the parent/caretaker refuses to treat a serious injury/condition.

Response Priority / Time Frame Decision Trees

Is the child at risk of serious injury?

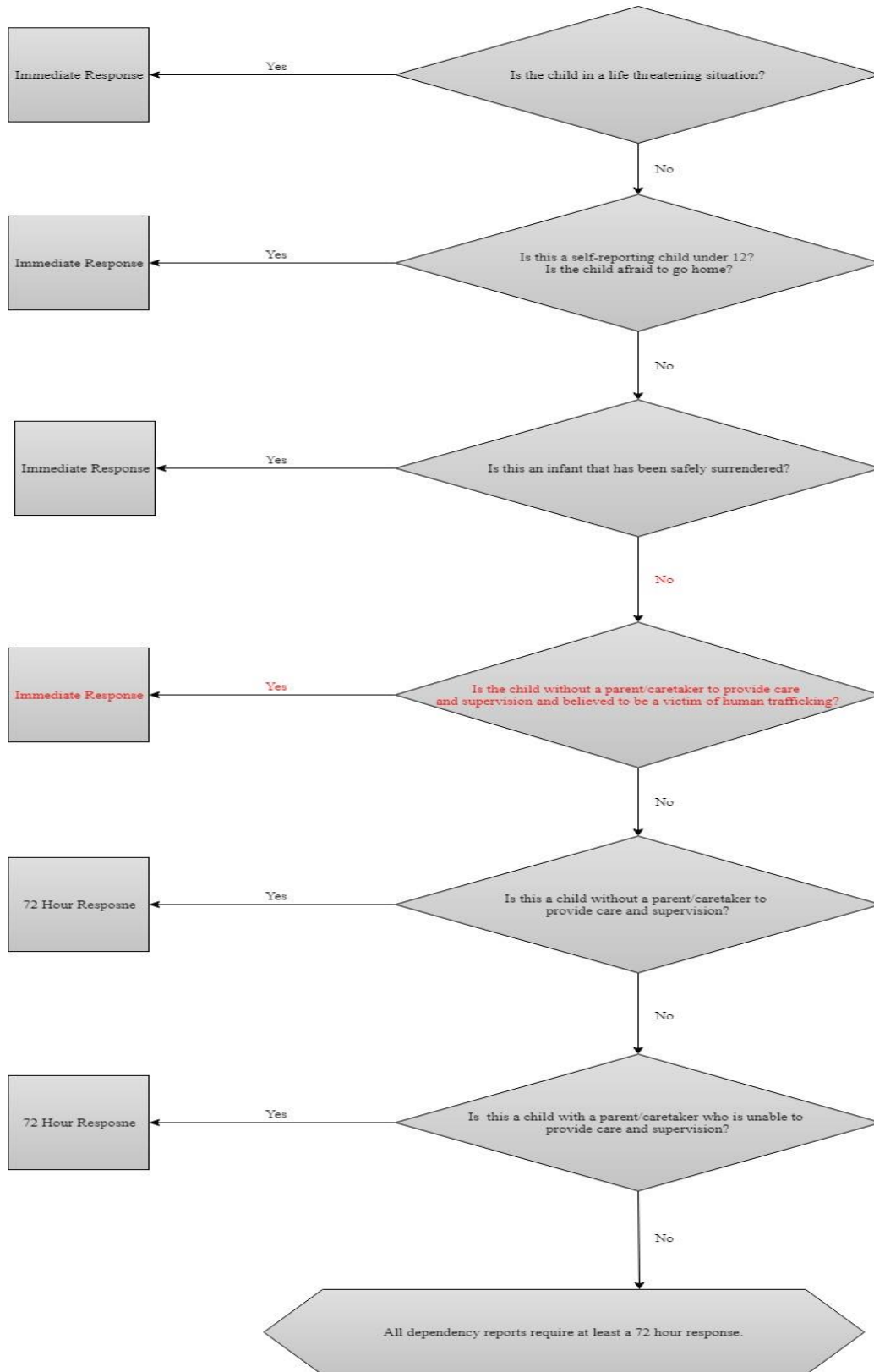
Based on the parent's ability to provide appropriate supervision and care, CPS reports with allegations that a child is at risk of serious injury may require a timelier response.

Has the child received discipline resulting in injury?

For CPS reports that allege improper discipline resulting in injury to the child, a response of 24 hours must be assigned; all other improper discipline reports a response within 72 hours must occur. If the bruises reported are not currently visible, a response within 72 hours must be assigned.

Return to [Response Priority Page 1](#).

Response Priority / Time Frame Decision Trees



DEPENDENCY RESPONSE PRIORITY DECISION TREE DEFINITIONS**Is the child in a life-threatening situation?**

Based on the child's age and developmental status, if the dependency presents a threat to the child's life, an immediate response must be assigned.

Is this a self-reporting child under 12? Is this child afraid to go home?

A child under the age of 12 who contacts the county child welfare services agency directly as a possible dependency victim is particularly concerning and an immediate response must be assigned.

Is the child without a parent/caretaker to provide care and supervision and believed to be a victim of human trafficking?

The response time to CPS reports containing allegations that the child is without a parent/caretaker and is believed to be a victim of human trafficking requires an immediate response.

Is this an infant who has been safely surrendered?

An immediate response time must be assigned to reports alleging that an infant has been safely surrendered.

Is this a child without a parent/caretaker to provide care and supervision?

The response time to CPS reports containing allegations that the child is without a parent/caretaker must be based upon the absence of the parent/caretaker to provide care and supervision.

Is this a child with a parent/caretaker who is unable to provide care and supervision?

The response time to CPS reports containing allegations that the child is with a parent/caretaker who is unable to provide care and supervision must be based upon the parent/caretaker's capacity (or lack thereof) to meet the child's needs.

END OF CPS INTAKE POLICY, PROTOCOL, & GUIDANCE SECTION

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Intensive Family Preservation Services (IFPS Family Service Manual)

Definition	
<p><u>INTENSIVE FAMILY PRESERVATION SERVICES (IFPS FAMILY SERVICE MANUAL)</u></p> <ul style="list-style-type: none"> • Provide intensive, in-home crisis intervention services designed to help families with children at imminent risk of being removed from the home; • Are time-limited (a maximum of six weeks); and • Are characterized by very small caseloads for workers, 24-hour availability of staff, and the provision of services primarily in the child(ren)'s home. 	
Protocol – What you must do	Guidance – How you should do it
<p>To qualify for IFPS, there must be a child at “imminent risk of out-of-home placement” through:</p> <ul style="list-style-type: none"> • Substantiation of child abuse, neglect, and/or dependency or a finding of services needed, and • Risk rating of high (on Risk Assessment, DSS-5226 or Risk Reassessment DSS-5226). <p>When requesting IFPS, the following forms are to be provided:</p> <ul style="list-style-type: none"> • DSS-5230 or DSS-5226, and DSS-5027 <p>During IFPS:</p> <ul style="list-style-type: none"> • The IFPS worker is to be a member of the CFT. This collaboration will assist in prioritizing IFPS activities towards addressing the existing high-risk factors. • The county child welfare worker must maintain weekly contact with the IFPS worker and document discussion regarding progress towards case activities. • The ongoing county child welfare worker and supervisor must staff the case and document the frequency of contact between the county child welfare worker and the family/child(ren). <p>Upon completion of IFPS, the county child welfare worker must facilitate a meeting with the IFPS worker (preferably a CFT) to discuss, with the family, progress achieved toward case objectives. This meeting must occur within seven days of completion of Intensive Family Preservation Services.</p> <p>IFPS is to provide the county child welfare worker written documentation regarding case objectives and family progress on the objectives.</p>	<p>IFPS should be considered as an option for all cases in which there is a risk rating of “high.”</p> <p>Contact between IFPS and the county child welfare worker can either be over the telephone, via e-mail, or in person.</p>

Safety

Policy	Legal Basis
<p>The primary concern of Child Welfare Services is protecting children. When a safety threat (present or impending) is identified, the county child welfare services agency must respond and develop a plan of safety. At no time should a county child welfare worker leave a child(ren) in unsafe circumstances. The intent of safety planning is to reach an agreed upon plan with the family that imposes the lowest level of intrusiveness possible while assuring a child(ren)'s safety.</p>	<p>Non-secure custody will only be granted when one or more criteria exist as specified in N.C.G.S. § 7B-503.</p> <p>North Carolina statute N.C.G.S. § 7B-101 (19) defines a safe home as “a home in which the child is not at substantial risk of physical or emotional abuse or neglect.”</p>

Definitions
<p><u>Safety Threat Defined</u></p> <p>A safety threat exists when there are conditions or actions within the child(ren)'s home that represent the likelihood of imminent serious harm to the child(ren). There are two types of safety threats: present and impending.</p> <ol style="list-style-type: none"> 1) “Present safety threat” refers to an immediate, significant, and clearly observable family condition (severe harm or threat of severe harm) occurring to a child(ren) in the present. Present danger is easier to detect because it is transparent and is occurring now. If present danger is observed, the child(ren) is not safe. 2) “Impending safety threat” refers to threatening conditions that are not immediately obvious or currently active but are out of control and likely to cause serious harm to a child(ren) in the near future. Impending danger is covert. Impending danger is a threat that can be reasonably expected to result in serious harm if safety action is not taken and/or sustained. These threats may or may not be identified at the onset of involvement by a county child welfare services agency but are understood upon a more complete evaluation and understanding of the individual and family conditions and functioning. <p>To be classified as a safety threat, a situation, condition, or behavior must meet the “safety threshold.” The safety threshold is the point when a parent’s behaviors, attitudes, emotions, intent, or circumstances create conditions that fall beyond mere risk of future maltreatment and have become an actual imminent threat to the child(ren)'s safety. These conditions could reasonably result in the serious and unacceptable pain and suffering of a vulnerable child(ren).</p>

Safety

Definitions
<p><u>Safety Agreement Defined</u></p> <p>A safety agreement/plan is made between a parent and a county child welfare services agency when a child(ren) is in immediate danger in their own home because of a safety threat. A safety agreement/plan must be all the following:</p> <ol style="list-style-type: none"> 1) Sufficient to manage safety; 2) Tailored to the address the child(ren)'s safety issues that exist within the family; 3) Immediately available so that it is capable of being in operation the same day it is created; and 4) A plan that includes actions and goals that are specific and measurable. <p><u>Due Process Considerations</u></p> <p>Under the United States Constitution, parents have a fundamental right to the care, custody, and control of their child(ren). Safety actions that require the separation or restriction of a parent's access to their child(ren) affect a parent's custodial rights. When a county child welfare services agency interferes with this right, reasonable procedural protections must be in place. This procedural protection often takes the form of a hearing in juvenile court. In certain situations, to protect a child(ren), a county child welfare worker conducting an assessment may be required to perform actions that affect a parent's custodial rights without first providing procedural due process. These instances should be used only to the extent necessary to protect the child(ren) and should not continue longer than necessary to assure safety. Procedural protection must be provided within a reasonable period, even when a parent agrees to the infringement on the parent's own custodial right.</p> <p>Guardians, custodians, caretakers, and other relatives do not have these same constitutional rights; this due process consideration only applies to birth and adoptive parents.</p>

Protocol – What you must do	Guidance – How you should do it
<p><u>ASSESSING SAFETY</u></p> <p>The Safety Assessment (DSS-5231) must be used during a CPS-A and establishes the safety threats for ongoing service needs. The assessment of safety is an ongoing process that starts at the time a case is accepted for a CPS-A and continues until case closure.</p> <p><u>SAFETY PLANNING</u></p> <p>An individualized safety agreement must be developed when a safety threat has been identified. The Safety Agreement/Plan must be documented through:</p>	<p>The Safety Assessment (DSS-5231) is completed during a CPS-A. However, the Safety Assessment can be referred to for guidance regarding safety concerns identified during ongoing services.</p> <p>SAFETY PLANNING</p> <p>While this is not an exhaustive list, there are four main categories of safety interventions that may be incorporated into a safety agreement:</p>

Safety

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • The Temporary Parental Safety Agreement (TPSA) developed with a CPS Safety Assessment or • The Safety Agreement developed with a family during a CFT during the provision of CPS services (Assessments or In-Home). <p>When a Safety Agreement requires modification (i.e., new concerns arise; some safety issues identified have been addressed and others remain) the Safety Agreement must reflect the changes.</p> <p>As soon as the county child welfare services agency obtains sufficient evidence that the safety threats no longer exist, the agency must dissolve the Safety Agreement.</p> <p>The Safety Agreement must be signed by:</p> <ul style="list-style-type: none"> • A parent (someone with legal authority) and • The county child welfare worker and • The county child welfare supervisor. <p>If applicable, a guardian, custodian, or caretaker, and/or approved TSP must also sign the agreement. The Safety Agreement must be signed the same day it is developed by the parent and county child welfare worker. The county child welfare supervisor must review and approve the Safety Agreement the same day (within 24 hours). This must be evidenced by:</p> <ul style="list-style-type: none"> • A Safety Agreement signed by the county child welfare supervisor or • Documentation that reflects the joint decision-making process between the county child welfare worker and supervisor and the supervisor’s subsequent approval of the plan. <p>A CFT meeting must be held when a safety threat exists and:</p> <ul style="list-style-type: none"> • A Safety Agreement requiring separation or restriction is being proposed or • Non-secure custody is the only means necessary to ensure safety of the child(ren). <p>During this CFT meeting, other safety interventions as well as possible TSP must be discussed.</p>	<ol style="list-style-type: none"> 1) Resource support refers to safety actions that address a shortage of family resources and resource utilization (such as obtaining heat, water, electricity, food, child care, etc.), the absence of which directly threatens the safety of the child(ren). 2) Social support includes actions that reduce social isolation. Social support may be used alone or in combination with other actions to reinforce and support the capacity of the parents or other caretakers. 3) Crisis management is specifically concerned with intervening to halt a crisis and to facilitate problem solving to bring a state of calm to a family. The purpose of crisis management is to quickly control the threat to the child(ren)’s safety. Crisis management will often be employed along with other safety actions. 4) Separation or restriction refers to the removal of any household member from the home for a period or otherwise interfering with a parent’s custodial rights. Separation is viewed as a temporary action. Separation may involve, among other things, the child(ren) temporarily moving to a safe environment, a friend or relative moving into the home, the protective parent moving with the

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<p>If a CFT cannot be held prior to making a Safety Agreement involving separation or restriction or filing a petition for non-secure custody, a CFT must be held as soon as possible.</p> <p>A Safety Agreement must be used when part of the environment must be controlled to determine whether there is sufficient evidence to support a case decision finding that the reported allegations of abuse, neglect, or dependency occurred. In some cases, it may involve one or more family members leaving the home or an agreement that certain family members will not have unsupervised contact with other family members.</p> <p>When a Safety Agreement involves separation or restriction, the county child welfare services agency must complete an Initial Provider Assessment (DSS-5203) and have it approved by the county child welfare supervisor, prior to the child(ren) being in the care of the identified TSP. See Temporary Safety Provider regarding ongoing monitoring.</p>	<p>child(ren) to a safe environment, a parent agreeing not to have unsupervised contact with the child(ren), a parent agreeing to forfeit decision-making authority over the child(ren), or the alleged perpetrator agreeing to leave the home.</p> <p>At any time while a Safety Agreement is in place, the county child welfare services agency may consider involving the court.</p> <p>A CFT meeting may be held at any time during a CPS involvement to address issues of safety planning.</p>
<p><u>WHEN A PETITION IS REQUIRED</u></p> <p>There are some circumstances when juvenile court involvement (through filing a petition) must occur. When risk to the safety of a child(ren) is so great that the agency must protect the child(ren) by removing the child(ren) from the home, the county child welfare services agency must file a petition including non-secure custody. Although the following is not an exhaustive list, it covers many of the circumstances requiring immediate removal.</p> <ul style="list-style-type: none"> • The juvenile has been abandoned; or • The juvenile has serious physical injuries that are not accidental, such as abusive head trauma, internal injuries, or numerous broken bones; or • The juvenile has sexual abuse; or • The juvenile is exposed to a substantial risk of injury or sexual abuse due to the actions or inaction of the parent, guardian, or custodian; or • The juvenile needs medical treatment to cure, alleviate, or prevent suffering serious physical harm which may result in death, disfigurement, or substantial impairment of bodily functions and the parent, guardian, or custodian is either unable or unwilling to provide or consent to treatment; or 	

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<ul style="list-style-type: none"> • A safety threat exists, and a prior Safety Agreement/plan was executed, but the parent did not adhere to the agreement; or • A safety threat exists and the parent’s ability to make changes is limited because of limited intellectual ability or a mental health diagnosis; or • A safety threat exists and there is no identified alternative caregiver that is willing to protect the child(ren); or • A safety threat exists and there is no identified alternative caregiver whose home environment is appropriate; or • The parent consents to continuation of the non-secure custody order; or • The juvenile is a runaway and consents to non-secure custody; and • There is a factual basis to believe that no other reasonable means are available to protect the juvenile. <p>Additionally, filing a juvenile petition during CPS involvement must occur when:</p> <ul style="list-style-type: none"> • A Safety Agreement is not sufficient to ensure the safety of the child(ren) or • There is reason to suspect the parent, guardian, or custodian will not abide by the Safety Agreement. <p>Voluntary Placement Agreements are not appropriate for use in any of the above situations regarding immediate removal.</p> <p>The filing of a juvenile petition requesting non-secure custody must occur in lieu of a Safety Agreement when a child(ren) will move to a home in another state, unless specifically allowed by a border agreement with the other state. The Interstate Compact on the Placement of Children (ICPC) must be followed whenever required by N.C.G.S. § 3800 et. seq. or the ICPC regulations.</p> <p>When a safety threat exists and at least one parent has communicated that they will not agree to a TSPA or other safety agreement, the county child welfare services agency must file a juvenile petition when protective services are refused, regardless of whether the agency requests custody of the child(ren).</p>	
<p><u>VOLUNTARY REQUIREMENT</u></p>	<p>VOLUNTARY REQUIREMENT</p>

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<p>Safety Agreements are only available when the parent voluntarily agrees. Only the court may restrict parents’ access to their child(ren), including supervised visitation between a parent and that parent’s child(ren).</p> <p>Because a Safety Agreement exists only when it is voluntary, it may be revoked at any time.</p> <ul style="list-style-type: none"> • Revocation by a parent must include notification of the county child welfare services agency. • The Temporary Safety Provider must communicate their inability or unwillingness to continue to care for the child(ren) directly to the county child welfare services agency. • If a Safety Agreement is modified or dissolved by the county child welfare services agency, the county child welfare services agency must ensure that everyone included in the Safety Agreement has been notified as soon as possible. <p>Any time a Safety Agreement is revoked or dissolved, the county child welfare services agency must:</p> <ul style="list-style-type: none"> • Inform all individuals involved with the Agreement, and • Assess safety and act to ensure that the child(ren) is safe. 	<p>A county child welfare worker should never attempt to coerce a parent into agreeing to a TSPA with threats or promises that would affect the voluntary nature of the TSPA. An offer of a TSPA, even when the parent does not agree, may be included as an effort to prevent removal when asking the court to find that the agency made reasonable efforts.</p> <p>If a Safety Agreement is revoked or dissolved, the county child welfare services agency should consider:</p> <ul style="list-style-type: none"> • If safety still requires the need for a TSP; • Scheduling a CFT; • Other options to address remaining safety threats, including if necessary • Filing a petition.
<p><u>MONITORING SAFETY</u></p> <p>The county child welfare services agency must monitor all aspects of the Safety Agreement to ensure that the child(ren) continues to be safe and the agreement continues to be necessary and voluntary.</p> <p>The county child welfare worker must meet with the parents and the child(ren) at intervals sufficient to ensure the safety and protection of the child(ren) and to monitor progress toward goals. At each contact, it is important that the county child welfare worker assess safety, risk, and any other concerns that have arisen.</p>	

Risk & Use of Assessment Tools

Policy
The primary concern of Child Welfare Services is protecting child(ren) from maltreatment.
Definition
<p>Risk is the likelihood that a child(ren) will be harmed (abused or neglected). Safety threats are a subset of risk that represent the likelihood of immediate or imminent serious harm to the child(ren).</p> <p>Risk:</p> <ul style="list-style-type: none"> • Occurs on a continuum from mild to severe; • Includes family situations and behaviors from onset progressing into seriously troubled; • Applies to aspects of family life relevant to understanding the likelihood of maltreatment; • Impacts child(ren) well-being and safety; • Is based on an unlimited time frame (could occur any time in the future); • Is associated with family functioning and behaviors that need to be managed or treated; and • Requires a judgement about the negative effects on the child(ren) from future maltreatment. <p>Risk assessment is an ongoing process to determine the probability of future harm to the child(ren). It does not predict when or how serious the harm may be, but rather the likelihood that harm will occur. Risk assessment, based on an examination of factors, attempts to address whether the harm may continue and whether the harm is acute or chronic in nature. It is used as a vehicle for decision making in child maltreatment cases. The risk scales are based on research on cases with “substantiated” abuse or neglect or “services needed” findings that examined the relationships between family characteristics and the outcomes of subsequent abuse and/or neglect. The scales do not predict recurrence; simply the likelihood that a family will have another incident without intervention by the county child welfare services agency.</p> <p>“Protective capacity” is defined as the ability and willingness to mitigate or ameliorate the identified safety and risk concerns. Protective capacity can be demonstrated by a parent through their statements, actions, and reactions. Protective capacity exists both within the parent/caretaker and within the family environment.</p>

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<p><u>MONITORING AND ASSESSING RISK</u></p> <p>Risk assessment is an ongoing process that starts at the time a case is accepted for a CPS-A and continues until case closure.</p> <p>County child welfare efforts must assess the risk and develop a plan to reduce the risk to an acceptable level with a focus on maintaining the child(ren) in the family home.</p> <p>When assessing for risk, county child welfare workers must observe and document the impact of maltreatment on the child(ren). The worker must use objective language to document the child(ren)'s behavior or condition and relate that behavior or condition to the identified maltreatment.</p> <p><u>ASSESSMENT TOOLS</u></p> <p>The following assessment tools must be completed accurately and thoroughly, approved, and signed within the timeframes indicated in the appropriate functional protocol:</p> <ul style="list-style-type: none"> • Safety Assessment DSS-5231 (Assessments), • Risk Assessment DSS-5230 (Assessments), • Risk Reassessment DSS-5230 (In-Home), 	<p>When assessing risk, a county child welfare services agency should consider:</p> <ul style="list-style-type: none"> • CPS history, how long has risk been occurring; • Parent/caretaker's reaction to and/or explanation regarding the risk (what was the parent/caretaker's intent?); • Related criminal history; • Parent/caretaker's willingness to engage and/or agreement with safety and risk planning, (what is the parent's/caretaker's attitude?); • How severe the potential risk is to the child(ren); • What is the impact of the potential risk on the child(ren)? • What is the degree of change needed by the parent(s)/caretaker(s) to remediate the risk? • What is the timeframe within which the risk is likely to occur? • What is the protective capacity of the parents/caretakers to address the identified risk? <p>Families should be involved in the completion of all the assessment tools used by the county child welfare services agency.</p> <p>While the approach is family-centered, decisions regarding the risk, needs, and strengths are the responsibility of the county child welfare services agency. The outcome of any decision should not be surprising to the family if the county child welfare worker has successfully involved family members.</p> <p><u>IMPACT ON CHILDREN</u></p> <p>When assessing for risk, county child welfare workers should be alert for conditions, behaviors, and reactions in child(ren) that indicate an impact from maltreatment. In some cases, the impact may be directly and clearly related to the maltreatment, including but not limited to:</p> <ul style="list-style-type: none"> • Bruising, burns, bites or broken bones from abuse or neglect; • Medical conditions caused by a lack of medical care; and/or • Exposure to an unsafe condition (e.g., young child running across busy street due to lack of supervision).

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<ul style="list-style-type: none"> • Reunification Assessment DSS-5227 (Permanency Planning), and the • Family Assessment of Strengths and Needs DSS-5229 (Assessments, In-Home, and Permanency Planning). <p>These tools assess safety and risk for all child(ren) living in the home throughout a case, define service needs of the family, and establish the basis for IH-FSA.</p> <p>The tools must be:</p> <ul style="list-style-type: none"> • Based on face-to-face interviews with and/or observation of parents, caretakers, others living in the home, and child(ren), • Based on information gained through collateral contacts, • Be reviewed and updated as necessary when new information is received regarding safety and risk, and • Be signed by the county child welfare worker and supervisor to designate two-level review within timeframes specified by each functional area. <p>Assessments must be completed for the household of the parent(s)/caretaker(s) where the safety or risk of maltreatment was alleged or where services are to be provided. When the parent(s)/caretaker(s) have separate</p>	<p>However, sometimes impact is less obvious, and the agency will have to link the maltreatment to the conditions/impact on the child(ren). The following observations or conditions regarding a child <u>may</u> indicate abuse or neglect:</p> <ul style="list-style-type: none"> • Changes in behavior (e.g., a change in school performance, acting out or irrational behavior, or change in appetite); • Difficulty focusing that cannot be attributed to physical or psychological causes; • Hyperactivity, inability to calm themselves; • Hypervigilance, as if always concerned that something will happen; • Anxiety, with symptoms that may include headaches, stomachaches, nightmares, inability to relax or sleep through the night; • Overly compliant, passive, or withdrawn; • Demanding or aggressive; • Reluctance to interact with or be around a specific adult; • Attaches easily and quickly to strangers or new adults; • Fear, whether stated or demonstrated (e.g., shrinks away from an adult); • Abuses animals or pets; • Poor hygiene, lack of self-care; • Use of alcohol or drugs; • Runs away; • Stealing or other juvenile involvement; • Depression; • Sudden knowledge about drugs or sexual activities; • Lack of follow up care for medical, mental health, or other needs; • Repeated incidents of hunger, tardiness, missed appointments, or school absences; or • Delay in physical or emotional development. <p>The impact on child(ren) from chronic maltreatment can be lifelong. The consequences of experiencing trauma from maltreatment impact a child’s ability to cope, which can lead to cognitive delays and emotional difficulties. Childhood trauma negatively affects the body’s nervous and</p>

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<p>households and each parent/caretaker provides care independently, separate assessments based on their household must be considered. If determined that assessments are not required on parent/caretaker household, the justification must be documented.</p> <p>The North Carolina Family Risk Assessment (Risk Reassessment) of Abuse / Neglect identifies the level of risk of future maltreatment to the child(ren) in the family and determines the level of service to be provided to each family.</p> <p>The Risk Assessment identifies which families have high, moderate, or low probabilities of continuing to abuse and/or neglect their child(ren). Completing the North Carolina Family Risk Assessment of Abuse / Neglect provides an objective appraisal of the likelihood that a family will maltreat the child(ren) in the next 18 to 24 months. The difference between the risk levels is substantial. High-risk families have significantly higher rates than low-risk families of subsequent reports and substantiations and are more often involved in serious abuse and/or neglect incidents.</p>	<p>immune system development, putting those child(ren) at a higher risk of ongoing health problems, even into adulthood. County child welfare workers should keep an open mind about potential symptoms of maltreatment, being careful not to assume the above behaviors or conditions are always indicators of maltreatment.</p> <p><u>PROTECTIVE CAPACITY</u></p> <p>Parent/caretaker protective capacity should be assessed in three domains:</p> <ul style="list-style-type: none"> • Behavior characteristics; • Cognitive characteristics; and • Emotional characteristics. <p>Behavioral characteristics are defined as specific actions and activities consistent with and resulting in parenting and protective vigilance. Questions to consider include:</p> <ul style="list-style-type: none"> • Does the parent/caretaker have the capacity to care for the child? If the parent/caretaker has a disability(ies) (e.g., blindness, deafness, paraplegia, chronic illness), how has the parent/caretaker addressed the disability in parenting the child? • Has the parent/caretaker acknowledged and acted to provide the needed supports to effectively parent and protect the child? • Does the parent/caretaker demonstrate activities that indicate putting aside one’s own needs in favor of the child’s needs (if appropriate)? • Does the parent/caretaker demonstrate adaptability in a changing environment or during a crisis? • Does the parent/caretaker demonstrate actions to protect the child? • Does the parent/caretaker demonstrate impulse control related to a risk factor? • Does the parent/caretaker have a history of protecting the child given any threats to safety of the child? <p>Cognitive characteristics are defined as the parent/caretaker’s specific intellect, knowledge, understanding, and perception that contributes to protective vigilance. Questions to consider include:</p> <ul style="list-style-type: none"> • Is the parent/caretaker oriented to time, place, and space? (i.e., reality orientation)

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<p>The Risk Reassessment identifies changes in risk after a family has been engaged in services.</p> <p>The North Carolina Family Assessment of Strengths and Needs:</p> <ul style="list-style-type: none"> • Evaluates the presenting strengths and needs of the family, and • Identifies family strengths and needs to be utilized in case planning. 	<ul style="list-style-type: none"> • Does the parent/caretaker have an accurate perception of the child? Does the parent/caretaker see the child as having strengths and weaknesses, or do they see the child as “all good” or “all bad”? • Can the parent/caretaker recognize the child’s developmental needs or if the child has special needs? • How does the parent/caretaker process the external stimuli? (e.g., a battered woman who believes she deserves to be beaten, because of something she has done) • Does the parent/caretaker understand their role to provide protection to the child? • Does the parent/caretaker have the intellectual ability to understand what is needed to raise and protect a child? • Does the parent/caretaker accurately assess potential threats to the child? <p>Emotional characteristics are defined as the parent/caretaker’s specific feelings, attitudes, and identification with the child and motivation that results in parenting and protective vigilance. Questions to consider include:</p> <ul style="list-style-type: none"> • Does the parent/caretaker have an emotional bond to the child? Is there a reciprocal connectedness between the parent/caretaker and the child? Is there a positive connection to the child? • Does the parent/caretaker have empathy for the child when the child is hurt or afraid? • Is the parent/caretaker flexible under stress? Can the parent/caretaker manage adversity? • Is the parent/caretaker able to control their emotions? If emotionally overwhelmed, does the parent/caretaker reach out to others or expect the child to meet the parent/caretaker’s emotional needs? • Does the parent/caretaker consistently meet their own emotional needs via other adults, services? <p>A statement by the parent/caretaker that he or she has the capacity to protect should be respected but observations of this capacity are important. Observations and supporting information include:</p> <ul style="list-style-type: none"> • A history of behavioral responses to crises may indicate what may likely happen. Spontaneous behavior will provide insight into how a parent/caretaker feels, thinks, and acts when they are or feel threatened.

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	<ul style="list-style-type: none"> • Recognize that a parent/caretaker may initially react in anger or “righteous indignation” and that this initial reaction may be appropriate and natural. However, once the initial shock and emotional reaction subsides, does the parent/caretaker blame everyone else for the “interference”? • What are the dynamics of the relationship of and between multiple parents/caretakers? Is there domestic violence? What efforts have been made by the victim to protect the child? Does the victim align with the batterer? • Does the parent/caretaker actively engage in a plan to protect the child from further harm? Is the plan workable? • Does the parent/caretaker demonstrate actions that are consistent with verbal intent, or are their words and actions contradictory? <p><u>Environmental Protective Capacities</u></p> <p>While the assessment of the parent/caretaker’s protective capacities is critical, an assessment of environmental capacities may also mitigate the safety concerns/risk of harm to a child. Below are several categories of environmental protective capacities to be considered.</p> <ul style="list-style-type: none"> • Family/kinship relationships that contribute to the protection of the child; • Informal relationships; • Agency supports; • Community supports; • Financial status; • Spiritual supports; • For American Indians, the tribe; and • Concrete needs being met (e.g., for food, clothing, shelter). <p>Scaling is a great way to assess risk with a parent/caretaker. When using scaling questions, the county child welfare worker needs to anchor the scale with specific descriptors for high and low numbers. The county child welfare worker should plan to ask follow-up questions. Identifying the number is just the beginning; the real value of scaling is in the follow-up questions. What does the parent/caretaker think makes it that number? What’s one thing they could do to lower the risk?</p>

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<p><u>RISK PLANNING</u></p> <p>Family Service Agreements (FSA) and safety agreements/plans must be individualized based on the level of risk. Refer also to Safety for requirements for safety planning.</p> <p>When there is severe potential risk to the child(ren) and/or severe potential impact on the child(ren), the county child welfare services agency must determine if an intervention is necessary.</p>	<p>RISK PLANNING</p> <p>For ongoing cases, risk planning should be addressed by the activities in the Family Services Agreement (FSA).</p> <p>An intervention to address a severe potential risk, or risk with severe potential impact, could occur through development of a plan or holding a CFT. A plan may be required to reduce the risk even if a current safety threat is not present. Filing a petition for custody may be necessary in some circumstances for the protection of the child(ren).</p>

Collateral Contacts

Legal Basis	
<p>N.C.G.S. § 7B-302 (c) states: “in performing any duties related to the assessment of the complaint or the provision or arrangement of social services, the director may consult with any public or private agencies or individuals, including the available state or local law enforcement officers who shall assist in the assessment and evaluation of the seriousness of any report of abuse, neglect, or dependency when requested by the director. The director or the director’s representative may make a written demand for any information or reports, whether confidential, that may, in the director’s opinion, be relevant to the protective services case. Upon the director’s or the director’s representative’s request and unless protected by the attorney-client privilege, any public or private agency or individual shall provide access to and copies of this confidential information and these records to the extent permitted by federal law and regulations.”</p>	
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<p>A collateral contact is any person(s) identified as having information relevant to the CPS case or other persons or agencies known to be currently involved with the family or known to have knowledge of the situation. This includes, but is not limited to:</p> <ul style="list-style-type: none"> • Medical and mental health providers. When a child(ren) is alleged to have a medical or mental health condition, disease, or illness relevant to the allegation, the county child welfare services agency must consult the medical or mental health provider treating the condition. This consultation must be focused on determining the family’s assertions about that medical or mental health condition, or there must be justification for why this was not done. • Educational providers. • Collateral sources provided by the family. The county child welfare worker should ask the family for collateral information sources. These contacts should be people who can provide reliable information concerning the child(ren) and family (i.e., not simply character references). This would include, but not be limited to: <ul style="list-style-type: none"> ○ Extended family members, ○ Friends, ○ Community members, and ○ Faith community members. • Reporters/intake form collaterals. 	<p><u>Professional Collateral Contacts</u></p> <p>It is expected that professional service providers and agencies will share concerns about the family with the family members themselves. When a professional collateral is to be contacted, whether provided by the reporter, the family, or the county child welfare worker, the parent/caretaker should be given the option to be present for this collateral contact. In those instances, when the parent chooses not to be present, the county child welfare worker should advise the parent of the information gathered from that collateral source.</p> <p><u>Non-Professional Collateral Sources</u></p> <p>The parent will be with the county child welfare worker when contact is made if the parent chooses, and if the safety of the non-professional collateral information source is</p>

Collateral Contacts

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<p>The following case participants must be contacted but are not considered collateral contacts:</p> <ul style="list-style-type: none"> • Placement provider, including but not limited to: <ul style="list-style-type: none"> ○ Foster care providers, including residential providers, ○ Kinship providers, and ○ TSPs. • Parents or caretakers, including non-residential parents. <p>The county child welfare services agency must exercise discretion in the selection of collateral sources to protect the family’s right to privacy and the confidentiality of the report.</p> <p>Parents must be advised of any professional collateral that will be contacted and their permission obtained to talk to that collateral. If the parent refuses permission, the county child welfare worker must first discuss the reason for the parents’ refusal and try to gain their permission. Parents must be advised of any professional collateral that will be contacted during the assessment. The county child welfare worker should explain the reason why the collateral is necessary based on the reported concerns and the statutory obligation to make a thorough assessment. The parents’ concerns should be noted, and all information gathered in the assessment will be considered in the case decision.</p> <p>The court may designate certain local agencies authorized to share information concerning juveniles. Agencies that are so designated must share, upon request, information that is in their possession that is relevant to any case in which a juvenile petition is filed alleging abuse, neglect, dependent, undisciplined, and/or delinquent and must continue to do so until the juvenile is no longer subject to the jurisdiction of juvenile court.</p> <p>Documentation regarding collateral contacts must include:</p> <ul style="list-style-type: none"> • Whom the county child welfare worker talked with, when, and what observations have been made regarding: <ul style="list-style-type: none"> ○ Safety and risk of maltreatment, and ○ The family’s progress or barriers toward case goals, and • Attempts to contact a collateral contact. 	<p>not compromised as a result. The county child welfare worker should contact the non-professional collateral information source to determine whether that individual has any concern about their own personal safety if the parent and county child welfare worker contact them together. If that collateral expresses no concern for their own personal safety, the parent should be given the option of being present during the contact.</p>

Diligent Efforts

Legal Basis
<p>10A NCAC 70A.0105 regarding children states: “the director shall make diligent efforts to locate the alleged victim child or children until such efforts are successful or until the director concludes that the child or children cannot be located. Diligent efforts shall include, but not be limited to, visits to the child’s or children’s address at different times of the day and on different days. All efforts to locate the child or children shall be documented in the case record.”</p> <p>N.C.G.S. § 7B-505(b) regarding diligent efforts to identify and notify relatives of child in agency custody</p>

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<p><u>LOCATING VICTIM CHILDREN AND VICTIM CHILDREN’S FAMILY</u></p> <p>Diligent efforts to locate must be performed to:</p> <ul style="list-style-type: none"> • Locate all alleged victim child(ren); • Locate parents, including a noncustodial parent; and • Locate the family residence. <p>Diligent efforts are defined as persistent, relevant attempts to locate an individual or family.</p> <p>Diligent efforts must include, but are not limited to:</p> <ul style="list-style-type: none"> • Visits to the child(ren)’s or parent’s address at different times of the day and on different days; • Attempts to call last known phone number(s); • Searches on Accurant, ASSIST, and/or equivalent; • Letters to possible address(es); • Visits to the school or daycare the child(ren) attends; • Contact with extended family members; • Initial and ongoing discussion with child(ren) and known parents regarding any contact with absent parents or missing family members; • Review of past CPS records or another agency history including other services (NC FAST); • Contact with utility providers and landlord(s); 	<p>To locate a parent that is in prison, contact the NC Department of Public Safety Combined Records. Contact numbers and addresses for specific prisons can be found on the NC Division of Prisons website http://www.doc.state.nc.us/dop/index.htm.</p> <p>All inmates have a case manager or county child welfare worker that can assist in contacting a prisoner.</p> <p>County child welfare agencies are expected to be creative and flexible in determining the whereabouts of child(ren), families, and/or parents who are not located by routine means.</p> <p>A diligent efforts guide is available for use.</p>

Diligent Efforts

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • Contact with service providers, public and private; • Contact with reporter or other collateral contacts; • Contact with current or past employer(s); • Contact with Child Support, vital records, check of civil records (including VCAP); • Review of police reports, criminal history (DOC, NC and federal inmates, sex offender registry), court calendars check, contact with parole officers, etc.; • Review of internet searches (WhitePages, Anywho, etc.); and • Review of social media (Facebook, etc.). <p>Diligent efforts to locate a victim child(ren), victim child(ren)’s family member or the victim child(ren)’s family must continue throughout an open case. A case staffing, including supervisor approval, must occur:</p> <ul style="list-style-type: none"> • To determine the frequency of diligent efforts for each case based on the safety and risk, and • Prior to ceasing diligent efforts. <p><u>IDENTIFYING AND LOCATING EXTENDED FAMILY MEMBERS</u></p> <p>Diligent efforts to identify and locate extended family members must occur at least once a month throughout an open case. See Extended Family. The same listing of diligent efforts described above pertains to identification and location of extended family members.</p> <p>Documentation in the case file must include:</p> <ul style="list-style-type: none"> • What diligent efforts were made by the county child welfare services agency to locate the child/family; • What the county child welfare services agency considers as sufficient diligent efforts for each case. The documentation must support the decisions by the agency regarding the frequency and length of time that diligent efforts continue. 	

Filing a Petition

Policy	Legal Basis
<p>The agency must make reasonable efforts to protect the child(ren) in their own home and to prevent placement.</p> <p>A county child welfare services agency must file a petition requesting adjudication of abuse, neglect, and/or dependency:</p> <ul style="list-style-type: none"> • When safety related circumstances necessitate the need for immediate removal; • Due to the family’s unwillingness to accept critically needed services and those services are necessary to keep the family intact; or • When despite agency efforts to provide services, the family has made no progress towards providing adequate care for the child(ren) and those services are necessary to keep the family intact. <p>For the 2nd and 3rd bullet above, the petition may be filed with or without requesting non-secure custody, depending on the circumstances that exist in the family at the time.</p>	<p>Under N.C.G.S. § 7B-302(c), a county child welfare services agency is required to file a petition for the protection of the child when the parent, guardian, custodian, or caretaker refuses to accept the protective services provided or arranged by the county child welfare services agency. This petition may be filed with or without requesting non-secure custody, depending on the circumstances that exist in the family at the time.</p> <p>When preparing the Juvenile Petition alleging abuse, neglect, and/or dependency, N.C.G.S. § 7B-402 states, “The petition shall contain the name, date of birth, address of the juvenile, the name and last known address of the juvenile’s parent, guardian, or custodian, and allegations of facts sufficient to invoke jurisdiction over the juvenile.” N.C.G.S. § 7B-404 allows for the authorization of a magistrate by a judge when the clerk’s office is closed.</p> <p>N.C.G.S. § 7B-406 reads, “Immediately after a petition has been filed alleging that a juvenile is abused, neglected, or dependent, the clerk shall issue a summons to the parent, guardian, custodian, or caretaker requiring them to appear for a hearing at the time and place stated in the summons.”</p> <p>In extreme safety situation, N.C.G.S. § 7B-500(a) provides the county child welfare worker authority to take temporary physical custody without a court order if there are reasonable grounds to believe that the juvenile is abused, neglected, and/or dependent and that the child would be injured or could not be taken into custody if it were first necessary to obtain a court order.</p> <p>In cases in which custody of the child has to be removed from the caretaker due to the immediate safety needs of the child, the agency is authorized to obtain an order for non-secure custody under N.C.G.S. § 7B-502. Non-secure custody will only be granted when one or more criteria exist as specified in NCGS § 7B-503.</p> <p>N.C.G.S. § 7B-504 explains that the Order for Non-Secure Custody shall be in writing (form AOC-J-150) and directs a local law enforcement officer the authority to assume custody of the juvenile and to give a copy of the custody order to the juvenile’s caretaker.</p>

Filing a Petition

Policy	Legal Basis
	<p>Under N.C.G.S. § 7B-505, the court may place the child in a foster home or facility, with a relative, or with nonrelative kin. The Adoption and Safe Families Act (and § 7B-505(b)) includes the following statement: “In placing a juvenile in non-secure custody, the court shall first consider whether a relative of the juvenile is willing and able to provide proper care and supervision of the juvenile in a safe home. If the court finds that the relative is willing and able to provide proper care and supervision in a safe home, then the court shall order placement of the juvenile with the relative unless the court finds that placement with the relative would be contrary to the best interest of the juvenile.”</p> <p>The county child welfare services agency may request custody under N.C.G.S. § 7B-903 at the dispositional hearing following adjudication.</p> <p>N.C.G.S. § 7B-904 statute specifically sets the procedure governing the contempt proceedings. Failure to comply with the order of the court may lead to the parent being found in civil or criminal contempt.</p> <p>All state and county agencies must comply with the Multiethnic Placement Act (MEPA) of 1994, as amended by the Interethnic Adoption Provisions of 1996 (MEPA-IEP). The Multiethnic Placement Act is designed to “prevent discrimination in the placement of children in foster care and adoption on the basis of race, color, or national origin; decrease the length of time that children wait to be adopted; and facilitate the identification and recruitment of foster and adoptive parents.” The Act prohibits states or agencies from delaying or denying the placement of any child based on race, color, or national origin. Further, any consideration of race or ethnicity must be done in the context of individualized needs of the child, with the rationale specifically documented in the placement record.</p> <p>N.C.G.S. § 7B-101 statute defines reasonable efforts as: “The diligent use of preventive or reunification services by a department of social services when a juvenile’s remaining at home or returning home is consistent with achieving a safe, permanent home for the juvenile within a reasonable period of time. If a court of competent jurisdiction determines that the juvenile is not to be returned home, then reasonable efforts means the diligent and timely use of Permanency Planning Services by a department of social services to develop and implement a permanent plan for the juvenile.”</p>

Filing a Petition

FILING A PETITION

This section specifies how to file a petition for adjudication for abuse / neglect / dependency with or without filing for non-secure custody. See CPS Assessment policy for petitioning regarding [Refusal to Cooperate with / Obstruction of a CPS Assessment](#).

When a county child welfare services agency determines that a petition is needed for the protection of a child(ren) alleged to be abused, neglected, or dependent, the petition must be drawn by the director or their designee, verified before an official authorized to administer oaths, and filed by the clerk, recording the date of filing. Whether removal of the child(ren) is required, the Juvenile Petition (form [AOC-J-130](#)) is filed with either the local clerk of court's office or, when the clerk's office is closed, with the local magistrate's office. Using the Administrative Office of the Courts (AOC) Juvenile Petition (form [AOC-J-130](#)) ensures that all of the information required is captured.

When a child(ren) is placed outside their county of residence as the result of a TPSA or Conflict of Interest (COI), whether during a CPS-A or In-Home Services, this does not change the original venue (resident county) when filing a Juvenile Petition.

Along with Juvenile Petitions, a Juvenile Summons and Notice of Hearing must also be filed (form [AOC-J-142](#)). The Juvenile Summons also contains the following information:

- A parent's rights to legal representation;
- In many districts, information relative to the date, time, and location of a prehearing conference or child planning conference;
- If the agency has assumed custody of the child(ren) when filing a petition, information related to the hearing on need for continued non-secure custody (7-day hearing);
- Information that the dispositional order (or any subsequent order) may require certain activities of either the parent or the juvenile or may even remove the juvenile from the parent's custody;
- Information related to the local law enforcement officer's ability or inability to serve the summons, petition, affidavit as to the status of a minor child, and order for non-secure custody (if applicable) on the persons identified within the summons;
- A notice to parents, guardians, or caretakers that they may be held in contempt of court if they fail to show, without reasonable cause, at the hearing specified; and
- An additional notice that with the service of the summons on the parents, guardians, or caretaker the court system has obtained jurisdiction over them and that their failure to comply with any court order may result in the court issuing a show cause order for contempt.

Filing a Petition

Juvenile Petitions should also include information relative to the agency’s knowledge about issues including:

- Paternity or information on absent / missing parent(s);
- Known relatives able and willing to provide care for the child(ren);
- Child(ren)’s Mexican heritage;
- ICWA related issues;
- MEPA related issues;
- **Information regarding the parent’s military affiliation** (<http://www.nccourts.org/Forms/Documents/1664.pdf>) Service Members Civil Relief Act Affidavit; and
- Siblings or other juveniles remaining in the home and any specific findings of the assessment of the juveniles or any actions taken to secure the protection of the juveniles.

Protocol – What you must do	Guidance – How you should do it
<p>Any petition initiated by a county child welfare services agency must:</p> <ul style="list-style-type: none"> • Clearly state all the conditions that would invoke the court’s jurisdiction; and • Contain sufficient information to make a legally valid case. <p>A county child welfare supervisor (or another county manager position) must approve the decision to file a petition prior to filing a petition.</p>	<p>Parental behavior alone does not constitute a basis for a petition or non-secure custody. There is a basis for agency intervention only when the parent’s behavior causes harm or risk of harm to a child(ren).</p> <p>County child welfare workers should consider the situation and its effect on the child(ren) before exercising the right to intervene, and most especially the need to remove a child(ren). County child welfare workers should consider the possibility of first reducing the risk of harm to the child(ren) through the provision of services in the home. In making the decision whether to remove a child(ren), county child welfare workers should evaluate the risk of harm to the child(ren) in the home compared to the harm that will be caused by the removal.</p> <p>County child welfare workers should consider staffing the case with the county child welfare services agency’s designated attorney prior to the decision to file a petition.</p>

Filing a Petition

Protocol – What you must do	Guidance – How you should do it
<p><u>SAFETY CIRCUMSTANCES REQUIRING NON-SECURE CUSTODY</u> See Safety for list of circumstances requiring non-secure custody.</p> <p><u>Temporary Custody in Extreme Safety Situations</u> In an extreme safety situation, the county child welfare worker must take temporary physical custody without a court order if there are reasonable grounds to believe that the juvenile is abused, neglected, and/or dependent and that the child(ren) would be injured or could not be taken into custody if it were first necessary to obtain a court order. The county child welfare worker must arrange for the placement, care, supervision, and transportation of the juvenile while in the temporary custody of the county child welfare worker.</p> <p>Upon notification by the county child welfare worker of the extreme safety situation, the agency director or their designee determines whether to file a petition for non-secure custody. If no petition is filed, the child(ren) must be returned to the parent from whom he or she was removed. When taking a juvenile into temporary custody, the agency must:</p> <ul style="list-style-type: none"> • Notify the parent, guardian, or custodian that the juvenile has been taken into custody and advise the caretaker of the right to be present with the juvenile until a determination is made of the need for non-secure custody (county child welfare worker must make every reasonable effort to notify the caretaker; however, failure to notify the caretaker that the juvenile is in temporary custody is not grounds for release of the juvenile); • Release the juvenile to the parent, guardian, or custodian when the need for custody no longer exists; and • File a petition within twelve (12) hours and obtain an order from the district court judge for non-secure custody if the need for non-secure custody exists. 	<p>SAFETY CIRCUMSTANCES REQUIRING NON-SECURE CUSTODY The initial decision to remove the child(ren) should be based on whether it is safe for the child(ren) to remain in the home. Criteria determining safety should be objective and behaviorally specific and documented. The documentation should include terms that describe specific behaviors and patterns of parental care which have resulted in, or are likely to result in, harm to the child(ren).</p> <p>Removal of a child(ren) from his home has negative consequences for the child(ren), even when necessary to protect the child(ren)'s safety. Therefore, removal should be approached with great caution. Removal will never be in the child(ren)'s best interest unless the removal is part of an overall plan, not only for safety but also for a timely, appropriate and permanent resolution.</p> <p>County child welfare agencies are strongly encouraged to record the allegations of fact regarding the caretaker's neglectful and/or abusive behavior along with allegations of fact of the harm this neglectful and/or abusive behavior has caused to the child(ren). Both should be stated in a plain, concise, and objective manner. Petitions should also state the severity of harm and explain how the behavior of the caretaker has resulted in the child(ren)'s condition. The petition should also state the ability and willingness of the caretaker to adequately care for the child(ren) and, if appropriate, any services the parents have been offered but have refused. Petitions should also specifically state the efforts the agency made with the family to prevent the need for removal of the child(ren). Finally, the petition should state clearly that the</p>

Filing a Petition

Protocol – What you must do	Guidance – How you should do it
	<p>child(ren) need the court’s protection by citing any relevant statutes.</p> <p>These petition statements should be broad enough to allow introduction of all evidence that the agency considers important to the case. Statements should only include what the agency believes to be facts in the case, not observations or opinions held by others. County child welfare workers should be aware that while only those allegations that rise to level of abuse, neglect, and/or dependency are to be included on the petition, some allegations might support more than one category. County child welfare workers should, in consultation with their agency’s legal counsel, thoughtfully examine the benefits and the drawbacks to whether to petition for abuse, neglect, and/or dependency.</p>
<p><u>PETITION REQUIREMENTS REGARDING PARENT/CARETAKER SERVICES</u></p> <p>Whenever a juvenile is removed from the home of a parent, guardian, custodian, stepparent, or adult relative entrusted with the juvenile's care due to physical abuse, the director must conduct a thorough review of the background of the alleged abuser or abusers. This review must include a:</p> <ul style="list-style-type: none"> • Criminal history checks and • Review of any available mental health records. <p>If the review reveals that the alleged perpetrators have a history of violent behavior against people, the director must petition the court to order the alleged perpetrator to submit to a complete mental health evaluation by a licensed psychologist or psychiatrist.</p>	

Filing a Petition

Protocol – What you must do	Guidance – How you should do it
<p><u>UNWILLINGNESS TO ACCEPT CRITICALLY NEEDED SERVICES OR DESPITE AGENCY EFFORTS TO PROVIDE SERVICES OR NO PROGRESS HAS BEEN MADE TOWARD PROVIDING ADEQUATE CARE FOR THE CHILD</u></p> <p>The Juvenile Petition (form AOC-J-130) filed by county child welfare agencies in situations above is the same petition filed when the agency is seeking custody. The petition can be filed without an Order for Non-secure Custody (form AOC-J-150) if the county child welfare services agency determines that removal of the child(ren) from the home is not required due to safety.</p> <p>Upon an adjudication finding that the juvenile is abused, neglected, and/or dependent, a dispositional hearing is held. At the dispositional hearing, the court can require the caretaker to engage or comply with actions or services to remediate or remedy behaviors or conditions that led or contributed to the juvenile being adjudicated as abused, neglected, and/or dependent.</p> <p>Filing a petition requesting adjudication of abuse, neglect, and/or dependency due to a lack of progress or engagement does not have to involve non-secure custody. An individualized decision must be made for each case about the need for court involvement with or without custody based upon whether removal of the child(ren) from the home is necessary for their protection.</p> <p>If the child(ren) has been adjudicated abused, neglected, and/or dependent and, at a later date, the agency decides that non-secure custody is necessary to protect the child(ren), the agency must ensure that the non-secure custody order removing the child(ren) contains language stating that the removal is in the child(ren)'s best interest or that the child(ren) remaining in the home is contrary to the welfare of the child(ren). This involves removing the child(ren) after a hearing on custody or, if non-secure custody grounds exist, obtaining an ex-parte non-secure custody order.</p>	

Filing a Petition

Protocol – What you must do	Guidance – How you should do it
<p><u>NOTIFICATION</u></p> <p>The county child welfare services agency must notify the following when a juvenile petition is filed. This includes, but is not limited to:</p> <ul style="list-style-type: none"> • All named respondents (parents, caretakers); • Within 30 days, adult relatives (grandparents, great-grandparents, siblings, nieces, nephews, aunts and uncles). See Permanency Planning policy. This notification must occur even if the child(ren) is placed with a relative or fictive kin at the time when the county child welfare services agency petitions for custody. <p><u>Notification of Mexican Parentage</u></p> <p>The county child welfare services agency must inquire at the time the decision is made to take custody whether a child has any Mexican parentage. The county must notify the Mexican Consulate within 10 days of the decision to take custody the following information:</p> <ul style="list-style-type: none"> • The full name of the child; • The child’s date of birth; • The full name of the parent or custodian; and • A name and phone number of the county child welfare worker directly responsible for the case. <p><u>ICWA</u></p> <p>See ICWA for additional notification requirements for American Indian children.</p>	
<p><u>COURT HEARING</u></p> <p>A hearing must occur within seven days when a child(ren) is removed from home by a non-secure order and may be postponed for no more than 10 business days with the parent's consent. The non-secure order must give specific sanction for a placement other than a licensed placement provider.</p>	

Placement (or Placement Change) Preparation and Follow-Up

Protocol – What you must do	Guidance – How you should do it
<p><u>PREPARING PARENTS AND CHILDREN</u></p> <p>The parents must be appropriately prepared for placement of their child(ren) into agency custody by explaining:</p> <ul style="list-style-type: none"> • The reason for the removal; • Appropriate details about the placement provider; • What to expect from the placement provider and county child welfare worker; • How to reach the county child welfare worker and/or agency; • When the next contact with the child(ren) will occur; and • The legal process. <p>The <i>Understanding Foster Care – A Handbook for Parents</i> (DSS-5201) must be provided to the parents.</p> <p>The child(ren) must be prepared for placement into agency custody based on their level of understanding by explaining:</p> <ul style="list-style-type: none"> • The reason for the removal; • Appropriate details about the placement provider; • What to expect from the placement provider and county child welfare worker; • How to reach the county child welfare worker and/or agency; • When the next contact with their parents will occur; and • When the next contact with their siblings will occur. <p>For youth ages 12-17 entering county child welfare custody, a copy of the <i>Understanding Foster Care – A Handbook for Youth</i> (DSS-1516) must be provided to the youth.</p>	<p>PREPARING PARENTS AND CHILDREN</p> <p>Preparing child(ren) and parents for placement can be accomplished even when the removal is an emergency. County child welfare workers need to enlist the cooperation of the parent in helping the child(ren) understand the need for a new living arrangement. If the parent cannot do this, the county child welfare worker must take this role with the child(ren). Even very young child(ren) can understand that a change is being made and that the parent cannot care properly for the them at this time.</p> <p>It is generally helpful if the county child welfare worker can provide pictures of the placement provider when the child(ren) do not know the provider. This can be done on the way to the foster home and can help the child(ren) begin to master the move.</p> <p>Young child(ren) have a different concept of time and they have vivid imaginations. In strange surroundings, they imagine that terrible things have happened to the parent or that they will never see members of the family again. The county child welfare worker is the child(ren)'s link to his family in the first few hours of the move.</p> <p>Through the eyes of the child(ren), it is traumatic to be removed from parents and home. To be separated from siblings adds to the impact of loss and trauma. When siblings can remain together in an out-of-home placement, there can be a greater sense of continuity of family. Frequently, older children will have had some responsibilities for caring for younger siblings when in their own home, and they may feel worried and protective regarding these siblings if separated from them. Likewise, the younger siblings may have looked to their older siblings for comfort and guidance.</p>

Placement (or Placement Change) Preparation and Follow-Up

Protocol – What you must do	Guidance – How you should do it
<p><u>PREPARING PLACEMENT PROVIDERS</u></p> <p>The placement provider must be appropriately prepared for the placement by providing the following:</p> <ul style="list-style-type: none"> • Medical information about the child(ren); • Any medications, glasses, hearing aids, etc.; • Any upcoming appointments the child(ren) will need to attend; • Necessary information regarding the child(ren)'s educational needs; • Specific information regarding the child(ren)'s behaviors; • Any other strengths and needs of the child(ren); and • Any other information that will make the transition less traumatic for the child(ren). <p>Placement providers must be provided county child welfare services agency contact information.</p> <p>Placement providers have a need to know the HIV status of the child(ren) in their care. Infections or viruses that are less serious in a non-infected child(ren) can be fatal to an HIV-infected child, and placement providers must be aware of symptoms that require immediate medical attention. However, prior to disclosure of a child's HIV status, county child welfare agencies must consider and protect the child's right to confidentiality. While concern for confidentiality exists throughout the service delivery system, information regarding persons infected with HIV requires special consideration. This is due to the potential social and psychological damage that can be caused by inappropriate sharing of such information.</p>	<p>PREPARING PLACEMENT PROVIDERS</p> <p>Before a child(ren) is placed with prospective placement providers, the provider should be adequately prepared and have appropriate knowledge and skills to provide for the needs of the child(ren).</p> <p>Any information regarding the child(ren)'s bedtimes, routines, favorite foods, etc. that was gathered from the parent(s) should be shared with the placement provider at the time of placement. Knowledge of such things can help the child(ren) feel more comfortable.</p> <p>It is important for the placement provider to know what may be expected from the child(ren) behaviorally to respond appropriately to those behaviors.</p> <p>The county child welfare worker should also inform the placement provider of the concurrent permanency planning process for the child(ren) and of possible concurrent plans for achieving permanence for the child(ren). The foster parent should be informed of their role in planning for the child(ren) in partnership with the agency and the birth family.</p> <p>At the time of placement, when the county child welfare services agency provides agency contact information, the placement provider should be reminded to contact the agency when, but not limited to:</p> <ul style="list-style-type: none"> • Any child injury or medical issue; • Any child significant behavioral issue; • Any disclosure by the child regarding incidents of abuse and/or neglect;

Placement (or Placement Change) Preparation and Follow-Up

Protocol – What you must do	Guidance – How you should do it
<p>If the child is in the legal custody of the county child welfare services agency, the county child welfare worker must provide the placement provider with the Health Summary Form – Initial (DSS-5206) at the time of placement.</p>	<ul style="list-style-type: none"> • Any scheduled or canceled child appointments; and/or • Any challenge that could have an impact on the stability of the placement.
<p><u>PLACEMENT OF CHILDREN</u></p> <p>When removal from the home is required, the agency must arrange for and maintain a single, stable living arrangement for the child(ren). The agency must first assess:</p> <ul style="list-style-type: none"> • Whether any relatives are willing and able to care for the child(ren), and • The extent to which the placement with a relative is in the best interest of the child(ren). <p>The Initial Provider Assessment (DSS-5203) and the Comprehensive Assessment (DSS-5204) and the Comprehensive Assessment Instructions (DSS-5204ins), along with criminal and other background checks, must be used to assess relatives/kinship care providers. See Using Kinship Provider.</p> <p>The assessment of any identified placement must be sufficiently thorough to allow the court to make an informed decision. The judicial process must be directed toward the goal of ensuring a safe, permanent home for the child(ren) within a reasonable time.</p> <p>Prior to placement with a relative outside North Carolina, the placement must be in accordance with the ICPC.</p> <p>If a relative cannot be identified as an appropriate placement for the child(ren), a placement resource must be chosen for the child(ren) that ensures that the child(ren) is placed:</p> <ul style="list-style-type: none"> • In the least restrictive setting; 	<p>PLACEMENT OF CHILD(REN)</p> <p>Carefully choosing the best placement resource is critical to the goal of one single, stable, safe placement within the child(ren)’s own community.</p> <p>When the child(ren) cannot be assured safety in their own homes, the best alternative resource can often be found within the extended family and other “kin.” Kinship is the self-defined relationship between two or more people and is based on biological, legal, and/or strong family-like ties. Parents and guardians facing the risk of child placement should be given a reasonable opportunity to identify and come together with their kinship network to plan for and provide safety, care, nurture, and supervision for the child(ren). The agency has the responsibility of assessing the suggested resource to assure that the child(ren) will receive appropriate care.</p> <p>At the first conversation with relatives or kin about having a child(ren) placed with them, it is critical that a thorough discussion about all options occurs. A critical piece of information for the relative or kin considering taking the child(ren) into their home at the time of non-secure custody is the possibility of becoming a licensed foster parent or for adoption should the plan for reunification not be achieved. This conversation should occur during the kinship care assessment as well as when any changes in the planning occur.</p> <p>Whether licensed as a foster home or not, kinship care providers should be valued and treated as partners with the birth family and the</p>

Placement (or Placement Change) Preparation and Follow-Up

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • In the most family-like setting; • In proximity to the parent’s home; and • In a setting that is consistent with the safety and best interests, strengths, and special needs of the child. <p>Documentation must reflect the diligent efforts made to provide a placement that meets the above criteria or reasons why this is not possible. Carefully choosing the best placement resource is critical to the goal of one single, stable, safe placement within the child(ren)’s own community.</p> <p>Out-of-state placements must comply with the ICPC. County child welfare agencies must:</p> <ul style="list-style-type: none"> • Consider in-state and out-of-state options when making reasonable efforts to place the child(ren) in accordance with the permanent plan and to finalize the permanent plan; and • Consider in-state and out-of-state permanent placement options at permanency hearings. (If the child(ren) is in an out-of-state placement at the time of the hearing, the permanency hearing must determine whether the out-of-state placement continues to be appropriate and, in the child(ren)’s, best interests.) <p>The child(ren) must only be moved when it is in their best interest and the rationale is documented to support the necessity of the move.</p>	<p>agency. This includes notifying relatives providing care for the child(ren) of any court review or hearing to be held about the child(ren) and of their opportunity to be heard in court.</p> <p>Kinship care providers may not be aware of the impact of abuse and may be reluctant to agree to a non-corporal punishment policy. The agency should discuss and formalize a child-specific alternative discipline plan for child(ren) in agency custody.</p> <p>County child welfare workers should use family-centered practice tools that focus on a mutual sharing of information among agency staff, other professionals, the family, and their kinship network. Families, along with their kinship network, should be fully involved in the decision-making process from the point of initiation of services so that the resources and wisdom of the family and its culture can be tapped. The family’s understanding incorporates an historical perspective of the problems faced by the family, as well as their efforts to remedy those problems. They can confront the problems and help provide realistic supports needed to help the child(ren) and their family of origin move toward healing.</p> <p>Placement of child(ren) under 12 years of age in group care should only be considered after other, less restrictive and/or more family-like options have been seriously pursued. Residential/group care should only be used when it clearly meets the well-being needs of the child(ren) and no other family setting is available for that child.</p> <p>In addition, the federal Child and Family Services Review assesses (in Permanency Outcome 2) the state’s performance in (1) placing child(ren) in county child welfare custody in close proximity to their</p>

Placement (or Placement Change) Preparation and Follow-Up

Protocol – What you must do	Guidance – How you should do it
<p><u>EDUCATIONAL STABILITY</u></p> <p>Placement of the child(ren) must consider the appropriateness and proximity of the current educational setting. To comply with this requirement the county welfare agency must:</p> <ul style="list-style-type: none"> • Coordinate with the local educational agency to ensure that the child(ren) remains in their current school, or • If remaining in that school is not in the child(ren)'s best interest, assure immediate enrollment of the child(ren) in a new school with all educational records provided. <p>When a county child welfare services agency takes custody of the child(ren), a Best Interest Determination (BID) meeting regarding the child's school placement must occur prior to a change in school. If the BID meeting does not occur prior to the child(ren)'s new placement, a BID meeting must be scheduled within five school days after the child(ren)'s placement.</p> <p>The Foster Child Notification of Placement (Change) Form (DSS-5133) must be provided to the child(ren)'s current school. See DSS-5133ins.</p>	<p>parents and close relatives; (2) placing siblings together; (3) ensuring frequent visitation between child(ren) and their parents and siblings in county child welfare custody; (4) preserving connections of child(ren) in county child welfare custody with extended family, community, cultural heritage, religion, and schools; (5) seeking relatives as potential placement resources; and (6) promoting the relationship between child(ren) and their parents while the child(ren) are in county child welfare custody.</p> <p>EDUCATIONAL STABILITY</p> <p>The BID meeting regarding a school change for a child(ren) should be coordinated with the pre-petition CFT meeting, whenever possible and appropriate.</p>

Placement (or Placement Change) Preparation and Follow-Up

Protocol – What you must do	Guidance – How you should do it
<p>When an emergency placement requires a school change prior to holding a BID meeting, the Foster Child Immediate Enrollment Form (DSS-5135) must be provided to the new school. See DSS-5135ins.</p>	
<p>SHARED PARENTING The county child welfare worker must facilitate an initial shared parenting meeting between the parent(s) and placement provider(s) no later than 14 days after the child(ren)'s placement out of the home.</p>	<p>SHARED PARENTING A shared parenting meeting between the parent(s) and placement provider(s) should occur as soon as possible to ensure that the partnership has a strong beginning and is supported by the county child welfare services agency. When the parent and placement provider meet the day the child(ren) enters county custody, the adults can share information about the child(ren) that will make the transition for the child(ren) must less difficult. The county child welfare worker should coach the parent through this first interaction to maintain focus on the needs of the child(ren). The foster parent and county child welfare worker should partner with the birth parent to maintain the parent's connection to the child(ren) while continually focusing on the welfare of the child(ren). This connection can preserve and/or rebuild the relationship, leading to long-term good outcomes for the child(ren) and families. Shared parenting emphasizes foster parents as being a support to birth families instead of substitute caretakers.</p>

Placement (or Placement Change) Preparation and Follow-Up

Protocol – What you must do	Guidance – How you should do it
<p><u>AFTER PLACEMENT</u></p> <p>Within 7 calendar days following out-of-home placement the county child welfare services agency must:</p> <ul style="list-style-type: none"> • Have face-to-face contact with the child(ren) to assess their adjustment to the placement, or • Document diligent efforts and a plan to address these requirements. <p>The 7-day contact with the child(ren) is in addition to any contact or interaction with the child(ren) at time of placement.</p> <p>Within 7 days the county child welfare services agency must also:</p> <ul style="list-style-type: none"> • Provide to the placement provider the Child Education Status (DSS-5245); • Ensure a medical exam occurs for the child(ren)—use the Health Summary Form - Initial (DSS-5206); • Have face-to-face contact with at least one placement provider (if more than one adult caretaker resides in the home) must occur within 7 days after the day of placement. the placement provider in the provider’s home; and/or • Document diligent efforts and the plan to address these requirements. <p>See Permanency Planning for additional After Placement requirements.</p>	

Temporary Safety Providers & Kinship Providers

Policy
<p>When during provision of child welfare services the child(ren) is placed in the care of a provider other than the parent or caretaker, the county child welfare services agency must remain involved and maintain the required contacts with the child(ren), the family providing placement, and the family until safety can be assured and the child(ren) can be reunified with the family or until the child(ren) is in a legally secure placement, whether it be custody or guardianship or adoption. Parents must be involved, as well as the safety provider, with the county child welfare services agency in planning at every stage of the case.</p>
Definitions
<p><u>Safety Provider</u>: Any person or persons (either Temporary Safety Provider or Kinship Provider) that is not the parent or caretaker but is providing care for a child(ren) and is required for child safety.</p> <p><u>Temporary Safety Provider (TSP)</u>: A voluntary, temporary intervention made between a parent and a county child welfare services agency during the delivery of child protective services. TSPs are used to address immediate safety threats to a child(ren) when a child(ren) is found unsafe in the care of their parents/caretakers during child protective services. TSP's must only be used when less intrusive safety interventions are not sufficient. TSPs may care for the child(ren) outside of their home or provide supervision of the parent's contact with the child(ren) in or outside of their home.</p> <p><u>Kinship Provider</u>: A relative or fictive/nonrelative kin identified or in place during Permanency Planning Services. Kinship is the self-defined relationship between two or more people and is based on biological, legal, and/or strong family-like ties. Identification of a Kinship Care Provider by a parent is desired; however, a parent may not always agree with the decision to evaluate or place the child(ren) with a specific kinship care provider. Placement with a Kinship Care Provider often lasts for months or years, must have court oversight, and addresses safety and/or risk factors.</p> <p><u>Nonrelative Kin</u>: An individual having a substantial relationship with the juvenile. In the case of a juvenile member of a state-recognized tribe as set forth in G.S. 143B-407(a), nonrelative kin also include any member of a state-recognized tribe or a member of a federally-recognized tribe, whether or not there is a substantial relationship with the juvenile. http://www.ncga.state.nc.us/enactedlegislation/statutes/pdf/bychapter/chapter_7b.pdf</p>

Temporary Safety Providers & Kinship Providers

Protocol – What you must do	Guidance – How you should do it
<p><u>INITIATING USE OF A SAFETY PROVIDER, TEMPORARY SAFETY PROVIDER, OR KINSHIP PROVIDER</u></p> <p>When a TSP or Kinship Provider is identified, the following must occur prior to the child(ren) being left in the care of the provider:</p> <ul style="list-style-type: none"> • Background checks, including: <ul style="list-style-type: none"> ○ Criminal check. A review of ACIS for any criminal charges or convictions in North Carolina through the AOC database or equivalent; ○ Check of Civil Case Processing System (VCAP) for civil actions such as domestic violence protective orders; and ○ Review of county child welfare services, or services history through NC FAST, agency records and RIL records. • Initial Provider Assessment, DSS-5203, which includes a home visit, as evidenced by county child welfare worker and provider signatures. • Approval of the Initial Provider Assessment by the county child welfare services agency supervisor. Approval at the time of the assessment may be verbal. The Initial Provider Assessment must be signed by the supervisor within 3 days. • Documentation of all the above. <p>CPS Central Registry check for previous CPS involvement must be completed prior to use of a TSP (for open CPS Assessment cases).</p> <p>When a TSP will be supervising contact of the parent with their child(ren) and not providing care in the Safety Provider’s residence, some aspects of the Initial Provider Assessment are not required as defined in the instructions. All background checks must still be completed.</p>	<p>INITIATING USE OF A SAFETY PROVIDER, TEMPORARY SAFETY PROVIDER, OR KINSHIP PROVIDER</p> <p>ASSIST can be used to complete provider background checks, but results should be validated.</p> <p>Critical information for the relative or kin considering taking the child(ren) into their home is the potential for adoption down the road, even if that is not the plan at the time. If the child(ren) has never been in the custody of a county child welfare services agency before being adopted, Adoption Assistance is not an option. If that relative or kin later adopts the child(ren), they cannot receive Adoption Assistance. Relatives need to understand that the county child welfare services agency may be involved and not have custody; therefore, it is critical because of future implications as described above, that the county child welfare services agency is very clear about this when working with relatives.</p> <p>In some cases, the county child welfare services agency may file a petition for abuse or neglect and obtain a non-secure custody order. At the adjudication/disposition, the county child welfare services agency may recommend custody be awarded to the relative or kinship caregiver. Adoption Assistance later would be an option because the child(ren) was in the custody of a county child welfare services agency, though briefly.</p>

Temporary Safety Providers & Kinship Providers

Protocol – What you must do	Guidance – How you should do it
<p>A review of 911 call logs for the address of all TSP or Kinship Providers must also occur. As this cannot always be completed within the timeframe necessary to assess and approve use of a TSP or Kinship Provider, it must be completed within one week.</p>	<p>At the first conversations with relatives or kin about having the child(ren) placed with them, either by the parent with county child welfare involvement, or by the county child welfare services agency through court order, all options must be explained. This should occur throughout the case when changes in the planning occur.</p>
<p><u>USE OF TEMPORARY SAFETY PROVIDERS (CPS ASSESSMENTS & IN-HOME SERVICES)</u></p> <p>The county child welfare services agency must assess the TSP and their residence (assessment of the provider’s residence is not required when the TSP moves into the family home or supervises contact with a parent at a location not within the TSP’s residence) when it is determined that a TSP is necessary to ensure safety, either through:</p> <ul style="list-style-type: none"> • The child(ren) staying in the residence of the TSP or • A TSP moving into the family home to supervise parental contact. <p>The TSP must be someone that both parents and the county child welfare worker agree will safely care for the child(ren).</p> <p>Use of a TSP must be a last resort and must not be done if an intervention can be identified that will keep the child(ren) safe without separation or restriction of a parent’s access.</p> <p>Use of a TSP must be voluntary. A county child welfare worker must never attempt to coerce a parent into agreeing to a TSP.</p> <p>When use of a TSP is proposed, a CFT meeting must be held. If it is not possible to hold the CFT meeting prior to the separation or restriction due to an urgent need to maintain safety, the CFT meeting must be held as soon as possible. For protocol</p>	<p>USE OF TEMPORARY SAFETY PROVIDERS</p> <p>Whenever a TSP is used, the county child welfare services agency should consider the additional trauma that the child(ren) will experience. The county child welfare services agency should prepare the child(ren) for the transition to the TSP and for the return to their home.</p> <p>The option to use a TSP, even when the parent does not agree, may be included as an effort to prevent removal when asking the court to find that the agency made reasonable efforts.</p> <p>If the proposed TSP lives in another county and is within driving distance, the county child welfare worker (either the CPS-A or In-Home Services worker) should conduct the Initial Provider Assessment, including making a visit to the home of the TSP, or assistance should be requested from the safety provider’s county of residence.</p>

Temporary Safety Providers & Kinship Providers

Protocol – What you must do	Guidance – How you should do it
<p>regarding what to do before child(ren) are placed with a TSP, see Initiating Use of a Safety Provider.</p> <p>If at any time a parent is not in agreement with the use of a TSP and the county agency determines that use of the TSP is necessary to ensure safety, the county child welfare services agency must file a petition and request non-secure custody.</p> <p>If use of the TSP includes a provision that the TSP will supervise contact of the parent(s) with the child(ren), it must be clear that the arrangement remains voluntary on the parent’s part. If at any time the parent is not in agreement with the need for the contact to be supervised, the county child welfare services agency must file a petition in juvenile court.</p> <p>If the proposed TSP lives in another county, the county child welfare worker must ask the TSP’s county for permission to enter the county for the purposes of conducting the home visit and Initial Provider Assessment.</p> <p>Whenever the Safety Assessment determines an intervention requiring separation or restriction of a parent’s access to their child(ren) is necessary and the family names a TSP that resides in another state, the agency conducting the CPS-A must file a juvenile petition and request non-secure custody and comply with Interstate/Intercountry Services for Children ICPC policy. The only exception is for CPS-A cases for families that reside in counties that have a border agreement with a neighboring state.</p> <p><u>MONITORING USE OF A TEMPORARY SAFETY PROVIDER</u></p> <p>Contacts with each child in the care of a TSP must:</p> <ul style="list-style-type: none"> • Occur in the home at least once a month and • Occur at the frequency required to monitor safety and risk. Refer to the appropriate function (CPS- A or In-Home) for the requirements regarding the frequency of contacts. 	<p>If the TSP lives in another county and does not live within driving distance of the county child welfare services agency conducting the CPS-A, the county child welfare worker conducting the CPS-A should contact the agency where the TSP lives to arrange for a county child welfare worker from the county where the TSP lives to make an immediate home visit and conduct the Initial Provider Assessment.</p> <p>When a parent identifies a relative/kin for use as a TSP, the same protocol for approval and monitoring that placement is used as for all TSP. The term Kinship Provider is only applied to relative/kin placement providers when a child is open for Permanency Planning Services.</p> <p>MONITORING USE OF A TEMPORARY SAFETY PROVIDER</p> <p>Monitoring of the parent/caretaker’s progress to address the safety threat that requires use of the TSP should be case specific. The number of visits to the home to which the child(ren) will return, in addition to the one required visit, should be case specific.</p>

Temporary Safety Providers & Kinship Providers

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • Identify progress by the parent(s) to address the safety threat; • Confirm with the parent(s) that use of the TSP remains voluntary; • Include visits to the home where the child(ren) will return that is consistent with the risk level of the home; and • Be staffed by the county child welfare worker with the case supervisor to determine what progress is required and the number/frequency of visits to the home to which the child(ren) will return prior to their return. <p>The county child welfare services agency must remain involved with the TSP and the birth family until:</p> <ul style="list-style-type: none"> • The child(ren)’s ongoing safety is assured, and the child(ren) can return to the home of the birth family and the placement is legally secure, or • The county child welfare services agency files petition for custody. If the child(ren) cannot be returned to the home from which they were removed because of safety, the case cannot be closed until legal permanence has been obtained for the child(ren). <p>TSPs are NOT legally secure for the child(ren) or for the caregiver. A case must not be closed until legal security for the child(ren) has been established through return to the parents or custody or guardianship to the relative or kin.</p> <p><u>TERMINATION OF A TEMPORARY SAFETY PROVIDER</u></p> <p>Use of a TSP must end once the safety threat has been addressed. When terminating a TSP, the county child welfare services agency must:</p> <ul style="list-style-type: none"> • Hold a CFT, • Develop a plan for return of the child(ren) to the care of their parent, and • Perform a home visit in the parent(s)’s home within 24 hours after the child(ren)’s return to the home. An interview with the child(ren), separate from the parent, must occur within 24 hours after the child(ren)’s return to the home. 	

Temporary Safety Providers & Kinship Providers

Protocol – What you must do	Guidance – How you should do it
<p><u>USE OF KINSHIP PROVIDERS (DURING PERMANENCY PLANNING SERVICES)</u> Placement with relatives or kin must be considered for child(ren) who are removed from their homes and in the custody of a county child welfare services agency.</p> <p>To maximize the possibility of a positive kinship placement, a thorough assessment must be conducted to evaluate the suitability of the placement. See Initiating Use of Safety Provider.</p> <p><u>Monitoring Kinship Providers</u> For Permanency Planning cases, the Comprehensive Provider Assessment (DSS-5204) must be completed for Kinship Providers:</p> <ul style="list-style-type: none"> • When use of the Kinship Provider continues over 29 days after the case is transferred to Permanency Planning, or • When use of the Kinship Provider initiates during Permanency Planning Services and continues in use over 29 days after it was initiated. <p>The Comprehensive Provider Assessment must be completed within 30 days of the child(ren) entering custody if the child(ren) is already placed out of the home, or within 30 days of the child(ren)'s placement in the home of the kinship provider (if placed after entering custody).</p> <p>In addition to completing the initial and comprehensive assessment, agency staff must maintain sufficient contact with the kinship care provider and the child(ren) to assure that the basic physical and emotional needs of the child(ren) are being met and that the kinship care provider is receiving adequate informal and formal support to meet those needs. Whether the home is licensed as a foster home, county child welfare workers must maintain contact as designated in Permanency Planning protocol.</p> <p>County child welfare agencies must discuss with kinship providers the option to become a licensed foster parent and consider licensing a kinship provider as a foster parent if they want to be licensed and meet licensing requirements.</p>	<p>USE OF KINSHIP PROVIDERS Providing all information to a kinship provider is a very important part of concurrent planning and provides the kinship care provider with valuable information that has implications later, especially as plans for permanency change for the child(ren) as time goes on.</p> <p>It is critical that the agency demonstrate sensitivity to the unique issues that are present when relatives and other kin are assessed for their suitability to parent child(ren). Assessment should be based on an understanding of the kinship family's culture and community, child rearing approaches, and family dynamics, and should focus on the ability of the family to meet the immediate and ongoing needs of the child(ren).</p> <p>If kin are determined to be suitable for the care and nurturing of the child(ren), but the home cannot meet all foster care licensing requirements, the agency may submit justification for a waiver to the Regulatory and Licensing office, NCDSS. In North Carolina, many licensure requirements may be considered for waiver if approval is in the best interest of the child(ren), if the health, safety and protection of the child is assured, and if the county child welfare services agency recommends that the waiver(s) be granted. There are no waivers for training requirements, for well inspection requirements, or for placements that have outside toilet facilities.</p>

Temporary Safety Providers & Kinship Providers

Protocol – What you must do	Guidance – How you should do it
<p><u>SERVICES FOR SAFETY PROVIDERS, TEMPORARY SAFETY PROVIDERS, OR KINSHIP PROVIDERS</u></p> <p>For all safety providers, services must be identified and provided to assure that the safety provider can meet the child(ren)’s needs.</p> <p>The safety provider must be invited to participate in planning at every stage of the case, including but not limited to:</p> <ul style="list-style-type: none"> • Development and reviews of Family Services Agreements; • Medical, mental health, educational, and other appointments regarding the child in their care; and • CFTs and PPRs. 	<p>SERVICES FOR TEMPORARY SAFETY PROVIDERS OR KINSHIP PROVIDERS</p> <p>Agency staff should help the safety provider locate and develop support and resources needed in caring for the child(ren).</p> <p>Some services frequently requested by safety providers are:</p> <ul style="list-style-type: none"> • “Grandparent” support groups open to all kinship caregivers regardless of age; • Legal assistance in obtaining permission to enroll the child(ren) in school, to obtain medical attention or to obtain legal custody or guardianship; • Assistance navigating the social services system to get approved for food stamps, Work First Family Assistance, Medicaid, or state supported insurance coverage for the child(ren), child support, or day care services; and • Information and referral services to connect with informal and formal service providers in the local community.

Domestic Violence

Purpose

Following are the six principles developed through the Child Well-Being and Domestic Violence Task Force to address the intersection of child safety, permanence, well-being, and domestic violence.

- Enhancing a non-offending parent/adult victim's safety enhances their child(ren)'s safety.
- Domestic violence perpetrators may cause serious harm to the child(ren).
- Domestic violence perpetrators, not their victims, should be held accountable for their actions and the impact on the well-being of the non-offending parent/adult victim and child victims.
- Appropriate services, tailored to the degree of violence and risk, should be available for non-offending parent/adult victims leaving, returning to, or staying in abusive relationships. These services should also be available for child victims and perpetrators of domestic violence.
- Child(ren) should remain in the care of the non-offending parent/adult victim whenever possible.
- When the risk of harm to the child(ren) outweighs the detriment of being separated from the non-offending parent/adult victim, alternative placement should be considered.

The primary focus in cases involving domestic violence is the assessment of risk posed to the child(ren) by the presence of domestic violence. The goals of CPS interventions in cases involving domestic violence are:

- Ensure the safety of the child(ren).
- All family members will be safe from harm.
- The non-offending parent/adult victim will receive services designed to protect and support them.
- The child(ren) will receive services designed to protect, support, and help them cope with the effects of domestic violence.
- The alleged perpetrator of domestic violence will be held responsible for their abusive behavior.
- The incidence of child maltreatment co-occurring with domestic violence will be reduced.

The challenge in providing CPS interventions in domestic violence situations is to keep the child(ren) safe without:

- Penalizing the non-offending parent/adult victim and
- Escalating the violent behavior of the alleged perpetrator of domestic violence.

Domestic Violence

Definition	Legal Basis
<p>Domestic violence is defined as the establishment of control and fear in an intimate relationship using violence and other forms of abuse including but not limited to:</p> <ul style="list-style-type: none"> • Physical abuse, • Emotional abuse, • Sexual abuse, • Economic oppression, • Isolation, • Threats, • Intimidation, and • Maltreatment of the children to control the non-offending parent/adult victim. <p>While victims and families may experience and be affected by domestic violence in different ways, there are still core aspects of domestic violence that are consistent across racial, socio-economic, educational, and religious lines:</p> <ul style="list-style-type: none"> • The primary goal of a domestic violence perpetrator is to obtain and maintain power and control over their partner. • While domestic violence may “present” as an incident of violence or neglect, it is rather a pattern of abuse, which may include violent incidents. • Domestic violence is not simply discord between intimate partners but rather a progressive, intentional, patterned use of abusive behaviors. 	<p>The N.C.G.S. § Chapter 50-B also defines domestic violence according to the relationship between the parties and behaviors or actions that constitute domestic violence, as well as its available relief. North Carolina General Statutes also identify certain misdemeanor and felony criminal offenses that often occur in the context of domestic violence, such as assault, stalking, violation of a Domestic Violence Protection Order, domestic criminal trespass, harassing telephone calls, communicating a threat, and strangulation.</p>

Domestic Violence

Protocol – What you must do	Guidance – How you should do it
<p><u>INTERACTION WITH NON-OFFENDING PARENT/CARETAKER</u></p> <p>The non-offending parent/adult victim must never be placed in danger by having to be interviewed, develop safety plans, or meet with the perpetrator of violence against them.</p>	<p>Each parent or caretaker is only responsible for their own actions to provide safe, nurturing care for their child(ren).</p> <p>INTERACTION WITH NON-OFFENDING PARENT/CARETAKER</p> <p>The Non-Offending Parent/Adult Victim Domestic Violence Assessment Tool (DSS-5235) contains scaled assessment questions and should be used to support the determination of safety and risk factors.</p> <p>The inability to speak with the non-offending parent/adult victim alone may be an indication of the level of control the perpetrator of domestic violence exerts over the family, and an indication of high risk. The presence of relatives or friends may also affect disclosure and safety.</p> <p>Information concerning resources and referrals to services should immediately be given to the non-offending parent/adult victim and child(ren) (as appropriate).</p> <p>With cases involving domestic violence, the safety of child(ren) is closely linked to the safety of the non-offending parent/adult victim. So, domestic violence cases also include a secondary focus on the safety of the adult victim. The non-offending parent/adult victim of domestic violence is the expert at predicting the domestic violence perpetrator’s reactions. Therefore, development of the family safety plan or services agreement is driven by the non-offending parent/adult victim based on what they think they are capable of and willing to do to ensure safety for their child(ren) and themselves.</p> <p>A Safety Plan is a tool used by domestic violence advocates in providing services to non-offending parents/adult victims. The Personalized Domestic Violence Safety Plan (DSS-5233) contains suggested steps that may be useful for county child welfare agencies in:</p> <ul style="list-style-type: none"> • Safety planning with the non-offending parent/adult victim and • Assisting in the development of service agreements.

Domestic Violence

Protocol – What you must do	Guidance – How you should do it
<p><u>INTERACTION WITH THE CHILD(REN)</u></p> <p>The child(ren) must not be interviewed in the presence of the alleged perpetrator of the domestic violence incident. It is appropriate to interview the child(ren) in the presence of the non-offending parent/adult victim as circumstances allow, and when the safety of the child(ren) is not compromised.</p> <p>Information obtained from the non-offending parent/adult victim or child(ren) that may jeopardize their safety must not be shared, <u>especially with the alleged perpetrator of domestic violence</u>. Sharing</p>	<p>Keep in mind that a perpetrator (or their legal representative) can subpoena the contents of a case file. For the protection of the victim, the county child welfare services agency should make decisions on where and how domestic violence safety plans are maintained.</p> <p>To develop and monitor a coordinated services plan for every case with domestic violence, the county child welfare worker should:</p> <ul style="list-style-type: none"> • Seek out and utilize the consultation of a domestic violence expert throughout the life of the case. • Communicate with a domestic violence perpetrator’s probation or parole officer regarding any current abuse. • Reach out and make connections with school social workers and teachers to gain information about the child(ren)’s day-to-day functioning. • Work closely with Work First to create plans together. This is especially true when Work First may already be providing or can assist in referring a family for domestic violence services. <p>INTERACTION WITH THE CHILD(REN)</p> <p>The Children’s Domestic Violence Assessment Tool, DSS-5237, contains scaled assessment questions and should be used to support the determination of the safety and risk factors.</p> <p>Every child reacts differently when exposed to domestic violence. Some child(ren) develop debilitating conditions, while others show no negative effects from the exposure to violence. As a result, it is important to interview the child(ren) regarding their involvement and/or exposure to domestic violence, as well as their general safety and well-being. It is important to recognize that older child(ren) are more likely to minimize reports of parental fighting. Younger child(ren) may be more spontaneous and less guarded with the information they share. See Impact on Children section of the Cross-Function topic of Risk.</p>

Domestic Violence

Protocol – What you must do	Guidance – How you should do it
<p>information that may seem inconsequential—specifically information about the non-offending/adult victim’s whereabouts and/or schedule if they have left the home/relationship—can place the child(ren) and non-offending parent/adult victim in danger.</p>	<p><u>INTERACTION WITH THE ALLEGED PERPETRATOR</u></p> <p>The Domestic Violence Perpetrator Assessment Tool (DSS-5234) contains scaled assessment questions and should be used to support the determination of the safety and risk factors.</p> <p>Interaction with the alleged perpetrator of domestic violence provides the opportunity to observe and document behaviors relative to the allegations, both positive and “concerning.”</p> <p>This observation supplements information obtained from:</p> <ul style="list-style-type: none"> • Police reports; • Criminal records; • Hospital/medical records; • The child(ren); and • The non-offending parent/adult victim. <p>It is important to note that the alleged perpetrator of domestic violence may attempt to:</p> <ul style="list-style-type: none"> • Present themselves as the “victim”; • Charm the county child welfare worker; • Gain control of the interview; and/or • Deny any domestic violence, insisting that the relationship is “perfect.” <p>During interaction with the perpetrator, the county child welfare worker should:</p> <ul style="list-style-type: none"> • Focus on information from third party reports such as law enforcement, medical providers, or the Administrative Office of the Courts. • Follow up on legal accountability and/or treatment and other service referrals for the alleged perpetrator of domestic violence. • Convey to the alleged perpetrator of domestic violence that based on what happened (citing as much information as possible without compromising confidentiality or safety of the child(ren), non-offending parent/adult victim, and/or the reporter) they will be required to take steps to stop the violence and ensure that the child(ren) are safe.

Domestic Violence

Protocol – What you must do	Guidance – How you should do it
	<ul style="list-style-type: none"> • Avoid debates and arguments with the alleged perpetrator of domestic violence. This is crucial. The focus of CPS is not to convince the alleged perpetrator of domestic violence to admit violent behavior but discuss how to ensure the child(ren)’s safety with them. • Set limits within the interaction with the alleged perpetrator of domestic violence and document the behaviors that make setting limits necessary and their capacity to respect those efforts. <p><u>COLLATERAL CONTACTS</u></p> <ul style="list-style-type: none"> • It should be remembered that domestic violence usually occurs in private and collaterals may not always be aware of the violence. • Collateral contacts being unaware of the occurrence of violence does not mean that it is not happening.
Forms	Children’s Domestic Violence Assessment Tool (DSS-5237), Non-Offending Parent/Adult Victim DV Assessment Tool (DSS-5235), DV Perpetrator Assessment Tool (DSS-5234), Personalized DV Safety Plan (DSS-5233)

Child Well-Being

Protocol – What you must do	Guidance – How you should do it
<p><u>CHILD WELL-BEING</u></p> <p>All child well-being needs or any lack of medical, dental, mental health, or other care of the child must be:</p> <ul style="list-style-type: none"> • Assessed during the provision of all child welfare services, • Addressed by the county child welfare services agency or through service referrals, • Reviewed during development and review of Family Services Agreements, and • Documented (all the above). <p>Any physical, dental, developmental, psychological, and educational needs must be addressed, and appropriate assessments scheduled within one week from the identification of the need.</p> <p>To facilitate meeting the above, all open In-Home and Permanency Planning Services cases must include, at a minimum, current copies of:</p> <ul style="list-style-type: none"> • Medical exam(s) current within the last year, • Dental exam(s) current within the last year, • Mental health or substance abuse treatment plan(s) current within the last year if the child has an associated need, • Educational reports (academic and behavior) within the last year if the child is of school age, and/or • Diligent efforts to obtain the above documentation. <p>Requests for this documentation must occur within the first month of ongoing (In-Home and Permanency Planning) cases. Confirmation of these documents and review of the documents, as appropriate, must occur during all updates of Family Services Agreements. There are additional requirements for open Permanency Planning Services cases regarding Education and Health. Also, refer to Permanency Planning and LINKS for additional requirements for youth over age 14.</p>	<p>CHILD WELL-BEING</p> <p>Assessment and identification of child well-being needs are important aspects of child welfare services.</p> <p>Involvement with child protective services can be traumatic to child(ren) and families. Most child(ren), with or without a CPS intervention, have experienced incidents of trauma. Assessment of trauma and the impact on each child(ren) should be a part of the child’s well-being assessment.</p> <p>If the family needs assistance in meeting any of the child(ren)’s well-being needs, the county child welfare worker should provide information, services, or referrals to meet the needs.</p> <p>Court proceedings against a parent/caretaker are not appropriate when there is a lack of adherence to child well-being issue(s) if the well-being issue(s) is not a risk/safety concern. Well-being issue(s) alone do not provide sufficient justification to keep a case open when it would otherwise be closed for services.</p> <p>All open In-Home and Permanency Planning Services cases should request current copies of the following documentation every six months:</p> <ul style="list-style-type: none"> • Medical exam(s), • Dental exam(s), • Mental health or substance abuse treatment plan(s) if the child has an associated need, • Educational reports (academic and behavior) if the child is of school age, and/or • Other documentation regarding services to meet a child’s well-being needs.

Child Well-Being

Protocol – What you must do	Guidance – How you should do it
<p>Child educational/developmental/cognitive needs include:</p> <ul style="list-style-type: none"> • Special education classes; • Normal grade placement, if child is school age; • Services to meet the identified educational needs, unless no unusual educational needs are identified; • Early intervention services; • Advocacy efforts with the school, unless the child is not school age or there have been no identified needs that are unmet by the school; and • How the educational needs of the child have been included in the case planning. <p>Child physical/medical health needs include:</p> <ul style="list-style-type: none"> • Whether the child has received preventive health care and if not, the efforts the agency will take to ensure that this care is obtained; • Whether the child has received preventive dental care and if not, the efforts the agency will take to ensure that this care is obtained; • Whether the child has up-to-date immunizations and if not, what efforts the agency will take to obtain them; • Whether the child/family is receiving treatment for identified health needs and if not, what efforts the agency will take to obtain the treatment; and • Whether the child is receiving treatment for identified dental needs and if not, what efforts the agency will take to obtain the treatment. <p>Child behavioral/mental health/emotional needs include:</p> <ul style="list-style-type: none"> • Whether the child is receiving appropriate treatment for any identified mental health/behavior/emotional needs/substance abuse needs and if not, what efforts the agency will take to obtain such treatment; and • Assessment of trauma and the impact on a child’s well-being. <p>Child social/cultural/community relationship needs include:</p>	

Child Well-Being

Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • Whether the child has social/community connections and if not, what social/community connections could support the child; • Whether the child is engaged in community (school, church, social groups) activities and if not, identify community activities that the child may benefit from; and • Whether the child has a network for emotional, social, cultural, and/or other needs and if not, how one could be developed. 	
<p><u>EARLY INTERVENTION</u></p> <p>A referral must be made to the local Children's Developmental Services Agency (CDSA) for early intervention when:</p> <ul style="list-style-type: none"> • There is the appearance or presence of any of the North Carolina Infant Toddler Program eligibility conditions of “Established Conditions” or “Developmental Delay”, or • There is the likelihood that a child has a mild developmental delay in the areas of: <ul style="list-style-type: none"> ○ Cognitive development; ○ Physical development, including fine and gross motor function; ○ Communication development; ○ Social-emotional development; or ○ Adaptive development. <p>Any child under age three who has been identified as a substance affected infant (SAI) must be screened for referral to the North Carolina Infant Toddler Program (NC ITP) through the local CDSA for early intervention services. Refer to the North Carolina Family Assessment of Strengths and Needs (DSS-5229) S6 - Child Characteristics to screen a child for referral to a CDSA.</p>	<p>EARLY INTERVENTION</p> <p>Whenever a county child welfare worker or a parent expresses concern about how a child’s development, CDSA can be contacted for consultation.</p> <p>Definition for “Established Developmental Conditions” or “Developmental Delay” can be found at Eligibility and Referral https://beearly.nc.gov/</p> <p>Use the DSS Referral Form for Early Intervention Services (CDSA) (DSS-5238).</p> <p>Parental consent is not required to make this referral.</p> <p>Acceptance of Early Intervention Assessment and Services is totally voluntary for the family, unless a safety issue has been identified that would necessitate a referral to Early Intervention Services.</p>

Child and Family Team (CFT) Meetings

Purpose
<p>Child and Family Teams (CFT) are family members and their community support that come together to create, implement, and update a plan for the child(ren), youth, and family. The purpose of a CFT meeting is to:</p> <ul style="list-style-type: none"> • Reach agreement on which identified child welfare issues will be addressed and how they will be addressed throughout the life of the case; • Develop a Family Service Agreement or safety plan that is created using the best ideas of the family, informal, and formal supports that the family believes in, the agency approves of, and lessens risk and heightens safety for the child/youth and family; and • Plan for how all participants will take part in, support, and implement the Family Service Agreement or safety plan developed by the team. <p>A CFT meeting is a way to engage and partner with all the people who surround a family and to support the family in building a support network that will eventually sustain it after the case is closed. A CFT meeting is a way for county child welfare agencies to share responsibility for protecting children/youth with their families and the community.</p>
Definition
<p>CFT meetings are structured, guided discussions with the family, their natural supports, and other team members about family strengths, needs, and problems and the impact they have on the safety, permanence, and well-being of the family's child(ren) and youth. The meetings share the following components:</p> <ul style="list-style-type: none"> • A clear but open-ended purpose; • An opportunity for the family to be involved in decision-making and planning; • Options for the family to consider and decisions for the family to make; • The family's involvement in the development of specific safety or permanent plans and in the development of services and supports; and • The outcome of the meeting will be reflected in the development or revision of a Family Services Agreement or a safety plan. <p>The primary focus must always be the safety and well-being of the child(ren) and youth.</p> <p>A meeting is not a CFT meeting:</p> <ul style="list-style-type: none"> • When a decision or plan has been made and there is no room for input from family and natural supports; • When the family (either biological or fictive) are not present; and • When the goal of the meeting is primarily information gathering, rather than case planning. While these fact-finding meetings are important and useful, they are not CFT meetings, and they may hinder the family's trust in county child welfare staff and services and ultimately negatively affect child welfare outcomes.

Child and Family Team (CFT) Meetings

Protocol -What Must Occur	Guidance – How it Should be Done
<p>All CFTs must have a clear purpose and provide an opportunity for the family to be involved in decision-making and planning.</p> <p>The county child welfare worker and/or the facilitator must assure that the ideas of the family and its natural supports are considered with the same weight as those of the professionals in the room.</p> <p>Non-resident parents (who may or may not be non-custodial parents) must be involved in the CFT meeting unless there is a valid conflict or safety issue, and this must be clearly documented in the case record.</p> <p>Children and youth must be involved in the CFT meeting. Participation of the child(ren) and/or youth and/or their input to the CFT must be clearly documented in the case record.</p> <p>The county child welfare worker, supervisor, and facilitator (if there is one) must ensure that physical and psychological safety is not compromised by the CFT meeting process. If the county child welfare services agency determines that a CFT cannot be held safely, there must not be a CFT meeting.</p> <p>A facilitator, who is neither the county child welfare worker for the family nor the supervisor of that county child welfare worker, must be used in cases with a current risk rating of high.</p>	<p>“Family” is a term that should be defined by the members. This is especially true when working with cases where the birth parents are no longer involved. When this is the case, there should be an in-depth conversation with the child(ren) and/or youth about whom they consider as family. Knowing that the people chosen for the team are likely to sustain the child(ren) and/or youth after the agency is no longer involved, it is important to keep an open mind and be creative in finding ways to support not only the child(ren) and/or youth but also those seen as family.</p> <p>While parental wishes about who is invited to the CFT are to be considered and respected, it is important that the county child welfare worker be diligent in helping the family to expand the circle that will sustain them. When parents or caretakers are reluctant to hold a family meeting or invite critical participants, county child welfare workers must seek to understand the source of the reluctance and how the safety and comfort of the parents or caretakers can be achieved while still ensuring the presence of people critical to the lives of the child(ren) and youth. The child(ren)’s wishes are also to be considered. There may be times when the parent is uncomfortable with inviting someone the child(ren) may desire to have present. A balance should be found between the parents’ wishes, the child(ren)’s wishes, and what is necessary to achieve the purpose of the meeting.</p> <p>Critical participants in addition to the family members at a CFT meeting should include but not be limited to:</p> <ul style="list-style-type: none"> • Involved professional providers, • Relatives, and • Safety providers. <p>It is not a question of whether the child(ren) and youth should be involved in the process, but rather how they should be involved in the process. While it is natural to want to protect child(ren) and youth from hearing traumatic details, they have already lived through much of what will be discussed. There are several things to consider when deciding how the child(ren) and youth will be involved in a CFT meeting. These include:</p>

Child and Family Team (CFT) Meetings

Protocol -What Must Occur	Guidance – How it Should be Done
<p>The CFT meeting, or the decision to not hold a CFT meeting due to safety concerns, must be documented.</p> <p>Use of CFT meetings is a key tool that must be applied to support family engagement. If a meeting is scheduled and CFT participants have been invited, the county child welfare services agency must still hold the meeting if a decision is needed regarding a child’s safety, risk, and/or wellbeing.</p> <p><u>LACK OF PARENT/LEGAL CUSTODIAN</u></p> <p>If a parent does not attend a scheduled CFT meeting, the meeting will not meet the criteria to be a CFT. However, the agency must still determine the level of safety and/or risk, identify options to address the safety and/or risk, and make decisions regarding the required next steps.</p>	<ul style="list-style-type: none"> • The child(ren) and youth’s own wishes. • The child(ren) and youth’s developmental and cognitive abilities. • If the child(ren) and youth is in counseling, the therapist should be consulted about what kind of involvement is best. <p>Having the child(ren) and youth take part in a CFT meeting will not look the same in every meeting. Below are a few suggestions:</p> <ul style="list-style-type: none"> • Full participation in the entire meeting – preferably with a support person and/or mentor; • Partial participation in the beginning or the end; • Attendance, but with little participation; some children and youth may want to be present but may not be comfortable speaking; • Participation without attendance could be achieved through a spokesperson, reading a letter they have written, recording a message or by phone; • For very young, pre-verbal children, having their picture in the room can be a powerful way to keep the meeting focused on the child. <p>When a child and/or youth participates in a CFT meeting, it will be very important to prepare them.</p> <p>Use of a neutral facilitator is best practice for all CFT meetings. Below is a list of circumstances in which a facilitator might be especially helpful:</p> <ul style="list-style-type: none"> • Cases in which there is conflict or volatility; • Large or complicated family systems; • Difficult issues in accessing family members due to distance, incarceration, disability, or other factors; • Strained relationships between family members and county child welfare workers; • Complex situations such as those involving multi-generational abuse, neglect, sexual abuse, substance abuse, domestic violence, or mental illness; and • Extensive cultural and language differences between the county child welfare worker and the family or within the family system.

Child and Family Team (CFT) Meetings

Protocol -What Must Occur	Guidance – How it Should be Done
	<p>The following are some guidelines for assuring everyone’s safety before, during, and after a CFT meeting:</p> <ul style="list-style-type: none"> • Be sure the planning process for CFT meetings discusses the history of both conflict and violence with the family members prior to the meeting. Consider factors such as, but not limited to: <ul style="list-style-type: none"> ○ Have there been any threats of harm, use of weapons, escalation or increase in frequency of the threats or conflict, or criminal involvement? ○ Is there a history of mental illness? ○ Is there a history of substance abuse? • Be sure the planning process for CFT meetings includes the question of whether there are any court-sanctioned protective orders between family members. Do not conduct a meeting that violates protective orders. It may be helpful to consult an attorney about whether a person who is the subject of a protective order may participate by phone. Cases with domestic violence or family violence may require separate CFT meetings. • Where there is a history of violence or a concern for potential violence, consider, but don’t limit considerations to: <ul style="list-style-type: none"> ○ Choose a safe, neutral location; ○ Have support people or mentors for threatened or potentially volatile family members; ○ Have some members participate through pre-meeting interviews, written statements, or conference calls; ○ Arrange for a private check-in after the meeting with any vulnerable participants; ○ Arrange for vulnerable family members or those in conflict with one another to arrive at and leave the meeting separately, or to be escorted by staff or security personnel; and/or ○ Arrange for the presence of security and/or law enforcement.

Parent Engagement (including Non-Resident Parents) and Needs Assessment

Policy																	
Efforts to locate and engage all maternal and all paternal parents must occur during all phases of child welfare, unless the court has terminated parental rights.																	
Definitions																	
<p><u>Birth Parent</u>: genetic, biological, or natural parents.</p> <p><u>Residential Parent</u>: In child welfare it is the parent with whom the child(ren) primarily resides.</p> <p>See Chapter X, The Juvenile Court and Child Welfare for definitions regarding juvenile court. Also, refer to the course “Legal Aspects of Child Welfare in North Carolina” for information regarding both NC Statute Chapter 7B and North Carolina Administrative Code 10 N.C.A.C.70A through 10 N.C.A.C.700 for the rules most relevant to child welfare.</p> <p>Keep in mind that definitions in North Carolina statute can vary from statute to statute, depending on the context with which the term is applied. For example, in North Carolina guardianship law, Chapter 35A, the clerk of the court will decide if the person is incompetent and requires a guardian. This is a different context of the term guardianship than what is used in juvenile court in awarding guardianship. For this reason, county child welfare workers must be careful in their use of terminology and consult with their county attorney as needed. During provision of Permanency Planning Services, Chapter 7B should be the primary statute for consideration. During provision of CPS-A or In-Home Services, county child welfare workers may need to refer to Chapter 50 regarding child custody and/or domestic violence court.</p> <p><u>NC Statute Chapters</u>:</p> <table border="1"> <thead> <tr> <th>Chapter Number</th> <th>Title</th> </tr> </thead> <tbody> <tr> <td>7B</td> <td>Juvenile Code</td> </tr> <tr> <td>35A</td> <td>Incompetency and Guardianship</td> </tr> <tr> <td>48</td> <td>Adoptions</td> </tr> <tr> <td>50</td> <td>Divorce and Alimony</td> </tr> <tr> <td>50A</td> <td>Uniform Child-Custody Jurisdiction and Enforcement Act (UCC JEA)</td> </tr> <tr> <td>50B</td> <td>Domestic Violence</td> </tr> <tr> <td>110</td> <td>Child Welfare – Child Care Facilities & Child Support,</td> </tr> </tbody> </table>		Chapter Number	Title	7B	Juvenile Code	35A	Incompetency and Guardianship	48	Adoptions	50	Divorce and Alimony	50A	Uniform Child-Custody Jurisdiction and Enforcement Act (UCC JEA)	50B	Domestic Violence	110	Child Welfare – Child Care Facilities & Child Support,
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Parent Engagement (including Non-Resident Parents) and Needs Assessment

The following definitions are not covered in Chapter X and the location of that definition in statute are provided only for reference.

Custodian: The person or agency that has been awarded legal custody of a juvenile by a court.

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/HTML/BySection/Chapter_7B/GS_7B-101.html

Physical Custody: The physical care and supervision of a child.

http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_50A/GS_50A-102.html

Stepparent: An individual who is the spouse of a parent of a child, but who is not a legal parent of the child.

http://www.ncga.state.nc.us/EnactedLegislation/Statutes/PDF/BySection/Chapter_48/GS_48-1-101.pdf

Protocol	Guidance
<p><u>PARENT ENGAGEMENT</u></p> <p>Both parents must be involved in all aspects of child welfare to include, but not limited to:</p> <ul style="list-style-type: none"> • CFTs and PPRs, • Shared parenting meetings, • Family Time and Contact Plans, • Safety Agreements, and • Family Services Agreements. <p>Absent parents must be involved in the CFT meeting unless there is a valid conflict or safety issue, and this must be clearly documented in the case record. See CFT for alternate methods to involve the absent parent in case planning if it is determined that the parent cannot participate in the CFT meeting due to a conflict or safety issue.</p>	<p>PARENT ENGAGEMENT</p> <p>Successfully involving parents in case planning may be the most critical component in child welfare practice. When parents are engaged and have a significant role in case planning, they are more motivated to actively commit to achieving the case plan. Engaged parents are more likely to recognize and agree with the identified needs and problems to be resolved, perceive goals as relevant and attainable, and be satisfied with the planning and decision-making process.</p> <p>The following are principles and beliefs that support parent engagement.</p> <p>MRS and System of Care (SOC) principles emphasize:</p> <ul style="list-style-type: none"> • Every individual has strengths and has the right to be heard without judgments being made, • Families have the most information about themselves and that information is critical for decision-making, and • The importance of the family in meeting the needs of its members.

Parent Engagement (including Non-Resident Parents) and Needs Assessment

Protocol	Guidance
<p>The county child welfare services agency must engage in diligent efforts to locate and contact all parents.</p> <p><u>INITIAL AND ONGOING DETERMINATION OF FAMILY STRENGTHS AND NEEDS</u></p> <p>The determination regarding a family’s strengths and needs starts during the CPS-A and must be completed through use of SEEMAPS or an equivalent method. See 5010 instructions page 1.</p> <p>Ongoing services must build upon the information identified during the CPS-A to ensure that the Family Services Agreement identifies services that are appropriate to address family needs.</p> <p>To ensure that child welfare services are addressing family needs that impact risk, safety, and child well-being, interviews and assessments of each family member regarding the family, their concerns, and their environment, must occur and be reviewed regularly. These assessments must include, but not be limited to, a review of:</p> <ul style="list-style-type: none"> • Household economic status; • Family/household social network, including household make-up, relationships with extended family members, and community engagement (including faith and/or cultural community); • Parent/caretakers’ mental and/or behavioral health; • Parent/caretakers’ physical health; 	<p>Six Family-Centered Principles of Partnership:</p> <ol style="list-style-type: none"> 1. Everyone desires respect. 2. Everyone needs to be heard. 3. Everyone has strengths. 4. Judgments can wait. 5. Partners share power. 6. Partnership is a process. <p>Underlying Beliefs of a Family-Centered Approach to Child Welfare:</p> <ul style="list-style-type: none"> • 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. <p>INITIAL AND ONGOING DETERMINATION OF FAMILY MEMBER’S STRENGTHS AND NEEDS See DSS-5010 instructions for guidance in use of SEEMAPS. Use of SEEMAPS should not be limited to CPS-As. SEEMAPS is a tool that can utilized throughout service provision to reassess a family’s/family member’s needs and/or when working with a nonresident parent.</p> <p>Use of other tools such as Genograms or Ecomaps should be considered.</p>

Parent Engagement (including Non-Resident Parents) and Needs Assessment

Protocol	Guidance
<ul style="list-style-type: none"> • Parent/caretakers’ educational, cognitive, communication, and decision-making capacity; • Parent/caretakers’ relationship status (including an assessment of any history of relationship conflict or domestic violence); • Parent/caretakers’ knowledge of child development and parenting skills; • Trauma history for all family members; • Parent/caretakers’ substance abuse history; and • Other household conditions, to include but not limited to: <ul style="list-style-type: none"> ○ Household physical and environmental conditions, ○ Household routines, and ○ Transportation availability. <p>These assessments can be formal or informal but must be documented in the case file.</p>	<p>ABSENT, NON-RESIDENTIAL PARENTS</p> <p>A parent that has been referred to as absent, non-custodial, or non-residential may have information regarding their child(ren). Working to develop an early partnership that includes that parent may provide an excellent foundation for them to not only become more involved in their child(ren)’s life, but also may be a resource the child(ren) can reunify with and/or be a long-term support.</p> <ul style="list-style-type: none"> • Ask: How can the county child welfare services agency obtain the absent parent’s involvement? • If the parents have a tenuous relationship, consider facilitating separate meetings between each parent with the foster parent. • If one parent is unable to travel a long distance for a meeting, consider facilitating a phone conference call or web meeting to begin developing a relationship between the parent and foster parent. <p>If an absent or noncustodial/non-residential parent is not involved in the planning, ask what it would take to become involved, as well as if there are any relatives that may be a resource in supporting the child(ren).</p> <p>The following county child welfare worker behaviors support a collaborative relationship and increased family engagement:</p> <ul style="list-style-type: none"> • Listening to and addressing issues that concern the family; • Having honest discussions about the agency’s authority and how it may be used (required by CAPTA); • Sharing openly with family members what to expect, particularly regarding court and timelines; • Balancing discussions of problems and needs with the identification of strengths and resources; • Incorporating the family’s terminology regarding needs (rather than the caseworker’s words); • Setting goals that are mutually agreed upon and, when possible, primarily created by the family and stated in their words;

Parent Engagement (including Non-Resident Parents) and Needs Assessment

Protocol	Guidance
<p>Even if a parent is incarcerated, (in-state or out-of-state), they must be contacted to determine if they can assist in identifying any strengths or needs of the family, give input on the Family Services Agreement, determine if there are any possible relatives that may be a resource in supporting the child(ren), and determine what level of involvement they can maintain, particularly around the planning for and contact with the child(ren).</p>	<ul style="list-style-type: none"> • Focusing on improving family members’ skills rather than providing insights; • Providing family members with choices whenever possible; • Getting a commitment from family members that they will engage in mutually identified tasks; • Spending time with the family discussing goals and progress; and • Recognizing and praising progress. <p>To locate a parent that is in prison, contact the NC Department of Corrections Records Office. Contact numbers and addresses for specific prisons can be found on the NC Division of Prisons website. All inmates have a case manager or social worker that can assist in contacting a prisoner.</p>

Parent Engagement (including Non-Resident Parents) and Needs Assessment

PATERNITY

All the following information comes from [Child Support Services Manual](#) and is provided as information only. Child Support policy and Child Welfare policy (and Juvenile Court) vary on key aspects, especially in defining when paternity testing is required. When collaborating with Child Support Services, this information may be of value.

ESTABLISHING PATERNITY

If paternity has not been determined (either voluntarily or by court order) and no judicial action to establish paternity has been filed with the court, paternity testing can be initiated by agreement of the parties involved.

Testing by agreement is NOT appropriate if:

- An Affidavit of Parentage has been signed and has not been rescinded;
- A judicial action for paternity has been filed; or
- A court order of paternity has been entered.

For more information, specifically regarding establishment of paternity and paternity testing, see also [CSS Paternity Policy](#).

PATERNITY TESTING RESULTS

These results have the following effect if ordered under N.C.G.S. § 8-50.1:

- Probability of paternity is less than eighty-five percent (85%) - The alleged father is presumed NOT to be the parent.
- Probability of paternity is between eighty-five (85%) and ninety-seven percent (97%) - The results have same weight as other evidence.
- Probability of paternity is ninety-seven percent (97%) or higher - The alleged father is presumed to be the parent.

USING PREVIOUSLY COLLECTED TEST SAMPLES

Paternity test samples and test results for individuals who are tested under the state contract that are maintained by the testing laboratory can be used in subsequent testing conducted under this contract. Rather than collecting new samples, using existing samples or results can reduce the time and cost of subsequent testing. DNA samples or results obtained for testing under the state contract can be reused for subsequent tests, including:

- New testing for the same mother/ child/ father group.
- Testing of an individual in a different mother/ child/ father group.
- Testing that was conducted by the county which requested the initial test sample.
- Testing that was conducted by a different county than the initial requesting county.

Parent Engagement (including Non-Resident Parents) and Needs Assessment

EXCLUSION OF ALLEGED FATHER

Paternity testing that results in the exclusion of a man as the biological father of a child does not constitute a legal determination of non-paternity. However, test results are evidence that the court can consider in making such a determination.

If paternity testing excludes the alleged father as the biological father of a child, the appropriate course of action is based on whether a judicial or voluntary determination of paternity has been made, a marital presumption of paternity exists, or the child has no legally responsible father.

If a judicial or voluntary determination of paternity has been entered:

- Exclusionary test results do not void that determination.
- Test results can be used as evidence in a motion or independent action to disestablish paternity.
- The paternity determination remains in effect until a court makes a ruling.

If a marital presumption of paternity exists:

- Exclusionary test results do not invalidate the presumption of paternity.
- Test results can be presented as evidence in a judicial challenge of the presumption by the legal father.
- The presumption of paternity remains in effect until a court makes a ruling.

Identifying, Locating, & Engaging Extended Family Members

Legal Basis

[42 U.S. Code § 671\(a\)\(19\)](#) provides that the state shall consider giving preference to an adult relative over a non-related caregiver when determining a placement for a child(ren), provided that the relative caregiver meets all relevant state child protection standards.

[42 U.S. Code § 671\(a\)\(19\)](#) provides that, within 30 days after the removal of a child from the custody of the parent or parents of the child, the state shall exercise due diligence to identify and provide notice to the following relatives: all adult grandparents, all parents of a sibling of the child, where such parent has legal custody of such sibling, and other adult relatives of the child (including any other adult relatives suggested by the parents), subject to exceptions due to family or domestic violence, that:

- a. Specifies that the child has been or is being removed from the custody of the parent or parents of the child;
- b. Explains the options the relative has under federal, state, and local law to participate in the care and placement of the child, including any options that may be lost by failing to respond to the notice;
- c. Describes the requirements to become a foster family home and the additional services and supports that are available for children placed in such a home; and
- d. If the state has elected the option to make kinship guardianship assistance payments, describes how the relative guardian of the child may subsequently enter into an agreement with the state to receive the payments.

[N.C.G.S. §7B-505](#), Requirements for Placement with Relatives:

- (b) The court shall order the department to make diligent efforts to notify relatives and other persons with legal custody of a sibling of the juvenile that the juvenile is in non-secure custody and of any hearings scheduled to occur pursuant to G.S. 7B-506, unless the court finds the notification would be contrary to the best interests of the juvenile. In placing a juvenile in non-secure custody under this section, the court shall first consider whether a relative of the juvenile is willing and able to provide proper care and supervision of the juvenile in a safe home. If the court finds that the relative is willing and able to provide proper care and supervision in a safe home, then the court shall order placement of the juvenile with the relative unless the court finds that placement with the relative would be contrary to the best interests of the juvenile.
- (c) If the court does not place the juvenile with a relative, the court may consider whether nonrelative kin or other persons with legal custody of a sibling of the juvenile are willing and able to provide proper care and supervision of the juvenile in a safe home. The court may order the department to notify the juvenile's state-recognized tribe of the need for non-secure custody for the purpose of locating relatives or nonrelative kin for placement. The court may order placement of the juvenile with nonrelative kin if the court finds the placement is in the juvenile's best interests.

Identifying, Locating, & Engaging Extended Family Members

Legal Basis
<p>N.C.G.S. §7B-903 Requirements for Placement with Relatives</p> <p>(a1) In placing a juvenile in out-of-home care under this section, the court shall first consider whether a relative of the juvenile is willing and able to provide proper care and supervision of the juvenile in a safe home. If the court finds that the relative is willing and able to provide proper care and supervision in a safe home, then the court shall order placement of the juvenile with the relative unless the court finds that the placement is contrary to the best interests of the juvenile.</p>

Protocol	Guidance
<p>County child welfare agencies must make diligent efforts to identify and locate extended maternal and paternal family members as soon as a county child welfare services agency becomes involved with a child/youth and continue throughout the case.</p> <p>At least once a month throughout the case, county child welfare workers must inquire with parents and child(ren)ren about extended family members to include:</p> <ul style="list-style-type: none"> • Knowledge of (names, when last seen); • Location (address, contact information); • Contact with (telephone, Facebook, etc.); or • Relationships (history with that relative, support that relative may be able to provide, etc.). <p>For states to meet the requirements of IV-E federal funding for foster care and adoption assistance, states must “consider giving preference to an adult</p>	<p>County child welfare workers should consider their beliefs on what is possible for youth through connections with extended family members. Finding extended family members encourages workers to view case planning to address safety, risk, and permanence beyond one route.</p> <p>Identification – Requirements to Find and Locate</p> <p>The goal of identification of an extended family member or other “kin” is to promote connections for child(ren)ren/youth and to create more options for support and planning for the family, parent(s) or child(ren). Techniques to use include:</p> <ul style="list-style-type: none"> • Record Review: Closely review case record to identify and record names; • Interview all known family members, maternal and paternal, including child(ren), and fictive kin and/or close friends; and • Internet and social media searches: <ul style="list-style-type: none"> ○ www.Zabasearch.com ○ www.msn.com (White Pages) ○ www.USSEARCH.com ○ https://www.facebook.com/

Identifying, Locating, & Engaging Extended Family Members

Protocol	Guidance
<p>relative over a nonrelated caregiver when determining placement for a child(ren), provided that the relative caregiver meets all relevant state child protection standards.” IV-E requires states to apply due diligence to identify and provide notice to all grandparents and other adult relatives of the child(ren) regarding:</p> <ul style="list-style-type: none"> • The fact that the child(ren) has been or is being removed from the custody of their parents; • The options the relative available to participate in the care and placement of the child(ren); and • The requirements to become a foster parent to the child(ren). <p>See Permanency Planning, Relative Notifications.</p>	<p><u>RECONNECTING WITH A RELATIVE</u></p> <p>Consideration must be given to the impact of any new or renewed connection to an extended relative. Although this connection is in general a positive event, there may be other extenuating circumstances that should be understood, including the following:</p> <ol style="list-style-type: none"> a. Families have a primary need to know what happened to “lost” relatives. While youth in foster care are not considered to be lost child(ren), the child(ren), their relatives, or individuals who had a close relationship to the child(ren) continue to have a desire to know how their loved ones are doing. A majority of youth who’ve been adopted report a desire to find or be found by their birth parents and/or other extended family members. b. Identification and location of extended family won’t solve the psychological problems that can affect youth in foster care. Being in foster care has a life-altering effect on youth and families. The loss of connections, disruption to the life cycle, and number of transitions can be very traumatic even to resilient child(ren)/youth. Maintaining or reestablishing family connections may provide support to help youth and families heal. c. The process of locating and engaging families can open family wounds, rekindling the problems surrounding the child(ren)’s birth or removal. Numerous issues and questions may arise. It is the role of the county child welfare services agency to facilitate all contact to avoid situations involving blame, to ensure that all interaction acknowledges the youth’s current situation and need for wraparound support. d. Each person, conservatively, has about 100-300 living relatives. e. Permanence for youth in care is more than a legal goal. It involves the stability and continuity of relationships that are meaningful to individuals. Permanence incorporates a sense of belonging and cultural and social connections to a child(ren)/youth’s background and permanent home.

Identifying, Locating, & Engaging Extended Family Members

Special Legal Considerations (MEPA, ICWA, Mexican Heritage)

Multiethnic Placement Act

Policy and Definitions	Legal Basis
<p><u>MEPA</u></p> <p>All state and county agencies that use federal funds must comply with the Multiethnic Placement Act of 1994 as amended by the Interethnic Adoption Provisions of 1996 (MEPA/IEP).</p> <p>The Act prohibits states or agencies that receive federal funds from delaying or denying the placement of any child for adoption or into foster care based on the race, color, or national origin of the individual, or the child involved. Therefore, failing to place a child with a prospective parent because the parent is a specific, or different race, color, or national origin from that of the child; or removing a child from a prospective parent because the parent or child is a specific race, color or national origin is a direct violation of MEPA. 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 individual, or of the child involved. Therefore, training shall be offered to all individuals in consideration of foster home licensure.</p> <p>Agencies are prohibited from acting on a child or parent’s preference for a same race placement. Any consideration of race, color, or national origin must be done in the context of individualized needs of the child and must advance the best interest of the child, with the rationale specifically documented in the placement record.</p> <p>All state and county agencies using federal Title IV-E funds must comply with MEPA as amended by the Interethnic Adoption Provisions of the Small Business Job Protection Act of 1996. This includes contract and sub-recipient child-placing agencies who receive federal funding for the placement of child in foster care.</p>	<p>MEPA</p> <p>MEPA is designed to “prevent discrimination in the placement of child(ren) in foster care and adoption on the basis of race, color, or national origin; decrease the length of time that child(ren) wait to be adopted; and facilitate the identification and recruitment of foster and adoptive parents.” The best strategy for full compliance with the MEPA is a comprehensive recruitment strategy that targets the general public and also specifically targets those communities that reflect the racial and ethnic diversity of your foster care population.</p> <p>An agency may not rely on generalizations about the needs of child(ren) of a particular race or ethnicity, or on generalizations about the abilities of prospective parents of one race or ethnicity to care for a child(ren) of another race or ethnicity. Any violation of MEPA-IEP will be deemed a violation of Title VI of the Civil Rights Act.</p>

Special Legal Considerations (MEPA, ICWA, Mexican Heritage)

Protocol – What you must do

MEPA PLACEMENT REQUIREMENTS (INITIAL AND PLACEMENT CHANGES)

Every agency must have a **diligent recruitment and retention** plan to comply with MEPA-IEP. The major thrust of MEPA's recruitment requirements is that agencies provide for the diligent recruitment of potential foster and adoptive families that reflect the ethnic and racial diversity of children in the state or county for whom foster and adoptive homes are needed. Federal guidelines specifically call for a thorough diligent recruitment and retention plan that includes both general and targeted campaigns and encompasses the following features:

- A description of the characteristics of waiting children (i.e., age, race, time in care, special needs, etc.);
- Specific strategies to reach all community members through a general media campaign such as radio, television, and print;
- Diverse methods of disseminating both general and child-specific information to targeted communities through community organizations such as churches and other religious institutions.
- Strategies for assuring that all prospective foster and adoptive families throughout the community have equitable access to the home study process, including location and hours of services that facilitate access by all members of the community.
- Strategies for training foster and adoptive staff in cultural, racial and economic diversity.
- Strategies for dealing with linguistic barriers.
- Assurance of non-discriminatory fee structures.
- Procedures ensuring a timely search for prospective parents awaiting a child, including the use of exchanges and other inter-agency efforts, provided that such procedures ensure that the placement of a child in an appropriate household is not delayed by the search for a same race or ethnic placement.

To comply with MEPA requirements, each **county's diligent recruitment and retention plan** must include the above-listed features. **In addition, each plan must also include the following information:**

- Partnerships with agencies and individuals from the communities in which foster children come from to help identify and support potential foster and adoptive families, to enhance the agency's ability to reach various populations, and to conduct activities which make waiting children more visible.
- Strategies to ensure community members have access to information about waiting children and supports that are available to foster and adoptive families.

Special Legal Considerations (MEPA, ICWA, Mexican Heritage)

INDIAN CHILD WELFARE ACT OF 1978 (ICWA)

Policy	Legal Basis
<p>The Indian Child Welfare Act (ICWA) of 1978 established nationwide procedures for the handling of Indian child placements and authorized the establishment of Indian child and family service programs. The act requires specific actions on behalf of a child who is a member of a federally recognized Indian Tribe, Aleuts, or members of certain native Alaskan villagers. Whenever it is suspected that a child may fit into any of these populations, the procedures outlined in this Act must be followed.</p> <p>Nothing in ICWA is to be construed as preventing the emergency removal of an Indian child to prevent imminent physical damage or harm to that child(ren). If a county child welfare worker believes that a child(ren) is in imminent danger, the same procedures are followed as in any other emergency removal.</p>	<p>ICWA specifies that tribal courts have exclusive jurisdiction of child(ren) who reside on the reservation. If the child(ren) is a ward of a tribal court, but does not reside on a reservation, the jurisdiction of the case must be transferred to the tribal court. In any action leading to a foster care placement or in any termination of parental rights action affecting an American Indian child who does not reside on the reservation, the parents, guardian or custodian of the child(ren) may petition for transfer of jurisdiction to a tribal court.</p> <p>At any time during proceedings of a foster care placement the American Indian custodian and American Indian tribe have the right to intervene in the proceedings at any time. Tribal courts have the same authority as any state court and any decisions made by them that follow the ICWA guidelines have the effect of any other court decision.</p> <p>N.C.G.S. § 7B-505(c) (http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_7B/GS_7B-505.html) was added in 2013 to provide changes to the placement of child(ren) while in non-secure custody. It enacted a new subsection to expand types of placements available to a child(ren) in non-secure custody by identifying individuals who may not be relatives but have a substantial relationship with the child(ren). These individuals are defined as “non-relative kin”. It also gives additional placement options for American Indian child(ren) who are members of a state recognized tribe by defining non-relative kin to include members of state or federally recognized tribes regardless of the relationship with the child(ren). One purpose of this change is to allow placement of child(ren) from state recognized tribes with American Indian families when in their best interest, given that state tribes are not protected by ICWA. This change also encourages these placements be made at the onset of the case and only when the placement is in the child(ren)’s best interest.</p> <p>The Act does not apply to a placement based on an act which, if committed by an adult would be deemed a crime (as in any situation in which a child was adjudicated delinquent and placed in foster care or a group home), or upon an award, in a divorce proceeding, of custody to one of the parents. MEPA-IEP specifically provides that it has no effect on the Indian Child Welfare Act of 1978.</p>

Special Legal Considerations (MEPA, ICWA, Mexican Heritage)

Definitions	
<p>Indian: An Indian is defined as any person who is a member of an Indian tribe, or who is an Alaskan Native and a member of a Regional Corporation, as defined in the Alaska Native Claims Settlement Act.</p> <p>Indian Child: An Indian child means any unmarried person who is under 18 and is either (a) a member of an Indian tribe; or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe. Tribes determine their own standards for membership eligibility.</p> <p>Indian Tribe: Any Indian tribe, band, nation, or other organized group of Indians recognized as eligible for the services provided to Indians by the Secretary of the Interior because of their status as Indians, including any Alaskan Native villager as defined in section 3(c) of the Alaska Native Claims Settlement Act.</p> <p>Indian Child's Tribe: An Indian child's tribe is defined as (a) the Indian tribe in which an Indian child is a member or eligible for membership or (b) in the case of an Indian child who is a member of or eligible for membership in more than one tribe, the Indian tribe with which the Indian child has the most significant contacts.</p> <p>Indian Reservation: Indian country as defined in Section 1151 of Title 18, United States Code and any lands, not covered under such section, title to which is either held by the United States in trust for any Indian tribe or individual subject to a restriction by the United States against alienation.</p> <p>The Act applies to Indian child custody proceedings and includes:</p> <ul style="list-style-type: none"> • County child welfare custody, when the parent or custodian cannot have the child returned on demand (as in Voluntary Placement Agreements), but where parental rights have not been terminated; • In termination of parental rights proceedings; • In pre-adoptive and adoptive placements; and • Proceedings regarding juvenile court assigned custody or guardianship of the person of the juvenile. 	<p>Cherokee Family Support Services is the agency of the Eastern Band of the Cherokee that handles the cases that involve the Indian Child Welfare act.</p> <p>If there is belief that the child(ren) is a Cherokee Indian child, the county child welfare services agency can contact Cherokee Family Support Services at P.O. Box 507 Cherokee, North Carolina 28719. They can assist in checking with the enrollment office to determine whether the child(ren) is an "Indian child." If the child(ren) is an "Indian child," then Cherokee Family Services will be the representative of the tribe that will be involved in the case. Members of other federally-recognized tribes who live and work in North Carolina are afforded the protections of this Act. The Bureau of Indian Affairs (BIA) has a listing updated each year of the appropriate tribal person to receive questions about membership and ICWA proceedings https://www.bia.gov/.</p> <p>The North Carolina Commission of Indian Affairs can help regarding local tribes and can also facilitate contact with tribal leadership for tribes located in other parts of the country. Many North Carolina Indians are members of state-recognized tribes:</p> <ul style="list-style-type: none"> • Coharie Tribe (Harnett and Sampson Counties); • The Haliwa-Saponi Tribe (Halifax and Warren Counties); • The Lumbee Tribe of North Carolina (Hoke, Robeson and Scotland Counties); • The Meherrin Indian Tribe (Hertford County);

Special Legal Considerations (MEPA, ICWA, Mexican Heritage)

<p>The only federally-recognized tribal grounds in North Carolina are those of the Eastern Band of the Cherokee.</p> <p>STATE-RECOGNIZED TRIBES</p> <p>While the Indian Child Welfare Act protects members of federally-recognized tribes, child(ren) in state-recognized tribes merit similar consideration. N.C.G.S. § 143B-139.5A was enacted in 2001 to support collaboration between the Division of Social Services, the NC Directors of Social Services Association, and the Commission of Indian Affairs.</p> <p>The goal of this legislation is to create relationships, so tribes can receive reasonable notice when Indian child(ren) are placed in county child welfare custody or for adoption, recruitment of North Carolina Indians as foster and adoptive parents can be increased, and training on Indian culture and history can be provided to county child welfare workers and foster and adoptive parents. It is important to remember that the Multi Ethnic Placement Act (MEPA) applies to the placement of Indian child(ren) who are not covered by ICWA. When considering placement for any Indian child(ren), every effort should be made to involve the tribal community in planning for the child(ren) in a setting that reflects their Indian culture.</p>	<ul style="list-style-type: none"> • Occaneechi Band of Saponi Nation (Alamance and Orange Counties); • Sappony (Person County); and • Waccamaw-Siouan Development Association (Bladen and Columbus). <p>Organizations:</p> <ul style="list-style-type: none"> • The Cumberland County Association for Indian People (Fayetteville); • The Guilford Native American Association (Greensboro); • Metrolina Native American Association (Charlotte); and • Triangle Native American Society (Raleigh).
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Indian Child Welfare Act of 1978

Protocol	Guidance
<p>INDIAN CHILD WELFARE ACT (ICWA)</p> <p>Throughout the provision of child welfare services, including child protective services, agencies must complete the ICWA Compliance Checklist (DSS-5291) whenever a family member indicates any American Indian heritage.</p> <p>For all cases found to be Substantiated or Services Needed, when there is information about American Indian heritage, whether in a federally- or state-recognized tribe, one of these</p>	<p>INDIAN CHILD ACT (ICWA)</p> <p><i>Having knowledge of a child’s American Indian tribe membership, whether a state-recognized or federally-recognized tribe, is important for assurance of culturally competent practice, as well as for possible future placement planning.</i></p>

Special Legal Considerations (MEPA, ICWA, Mexican Heritage)

Protocol	Guidance
<p>two forms must be completed, sent to the appropriate tribe/agency, and maintained in the file.</p> <ul style="list-style-type: none"> • DSS-5335 - completed with a parent/caretaker who has indicated that he/she has heritage in an American Indian tribe. • DSS-5336 – completed when the parent/caretaker is either absent or unwilling to cooperate with the agency <i>and</i> the agency has collateral information that the child(ren) may have heritage in an American Indian tribe. 	
<p><u>PLACEMENT PROVIDER REQUIREMENTS (INITIAL AND PLACEMENT CHANGE)</u></p> <p>Tribal courts have exclusive jurisdiction of child(ren) who reside on the reservation. If the child(ren) is a ward of a tribal court, but does not reside on a reservation, the jurisdiction of the case must be transferred to the tribal court.</p> <p><u>ICWA Placement Notification Requirements</u></p> <p>The parents of the child(ren) must be notified of the pending proceedings. The parent, Indian custodian, and Indian tribe must be informed by registered mail, return receipt requested, of the proceedings and of their right to intervene at any point in the proceedings. The notice must include the following information:</p> <ul style="list-style-type: none"> • The name of the Indian child(ren) and tribal affiliation; • Name and address of the petitioner and petitioner’s attorney; • Location, mailing address, and telephone number of the court; • Statement of the right of the Indian custodian and tribe to intervene and petition for transfer to tribal court; • Statement that if the parent or Indian custodian is unable to afford counsel, the court will appoint counsel; • Statement that the parent, custodian, or tribe may request 20 days to prepare for the proceeding; • Statement of the potential legal consequences of an adjudication on future custodial rights of the parent or Indian custodian; and 	<p>In any action leading to a child(ren) entering the custody of a county child welfare services agency or in any termination of parental rights action affecting an Indian child(ren) who does not reside on the reservation, the parents, guardian, or custodian of the child(ren) may petition for transfer of jurisdiction to a tribal court.</p> <p>During proceedings of a Permanency Planning case, the Indian custodian and Indian tribe have the right to intervene in the proceedings at any time. Tribal courts have the same authority as any state court and any decisions made by them that follow the ICWA guidelines have the effect of any other court decision.</p> <p>Parents and Indian custodians have the right to a court appointed lawyer in custody proceedings whenever indigence is a factor; the court may also appoint an attorney for the child to ensure their interests are protected.</p>

Special Legal Considerations (MEPA, ICWA, Mexican Heritage)

Protocol	Guidance
<ul style="list-style-type: none"> Statement that the proceeding is confidential and should not be revealed except to authorized tribal members. <p>If the agency is unable to locate the parent or Indian custodian or cannot determine the Indian tribe, then the agency must notify the Secretary of the Bureau of Indian Affairs (BIA) at the appropriate office by registered mail, return receipt requested, of the child(ren)'s pending court proceedings. There is no provision for service by publication. The Secretary has fifteen (15) days after receipt of this notice to inform the parent, Indian custodian, and Indian tribe of the proceedings.</p> <p>If ICWA requirements are not met, the tribe, Indian custodian, or parent can move to vacate the proceeding and begin again.</p> <p>Refer to the ICWA Compliance Checklist (DSS-5291) for more information regarding the many procedures to comply with ICWA.</p> <p><u>ICWA “Active” Efforts Requirements for Obtaining Legal Custody</u></p> <p>Though procedures for obtaining legal custody and placement responsibility of an Indian child(ren) are similar to those regarding any other child(ren), there are some major differences. All agencies must demonstrate to the court that “active” efforts were made to maintain the child(ren) in their own home. In the case of an Indian child(ren), the agency must also specifically detail what remedial efforts and rehabilitative programs were provided to the family to keep it intact and how these efforts were unsuccessful. These are efforts that consider the social and cultural conditions of the tribe and use the resources of the extended family, tribe, and Indian social service agencies. Thus, active efforts can be more extensive than reasonable efforts. In addition, the agency must prove by clear and convincing evidence that staying in the home would <u>result in serious emotional or physical damage</u> to the child(ren). That finding must be based on testimony from a “qualified expert witness” who is, in priority order;</p>	<p>Under ICWA, “parent” does not include the unwed father where paternity has not been acknowledged or established.</p> <p>For North Carolina proceedings, BIA notice should be sent to:</p> <p style="padding-left: 40px;">Gloria York Indian Child Welfare Services BIA Regional Office 545 Marriot Drive, Suite 700 Nashville, TN 37214 (615) 564-6740</p> <p>Parents have 10 days beyond the 15-day period before any proceeding can take place. However, the parent, Indian custodian, or the tribe may request and be granted up to a 20-day extension to prepare for the proceedings. The county child welfare services agency may have to ask the court to continue a 7-day or other hearing to comply with ICWA.</p>

Special Legal Considerations (MEPA, ICWA, Mexican Heritage)

Protocol	Guidance
<p>1. A member of the child(ren)'s tribe recognized by tribe knowledge in tribal custom,</p> <p>2. A lay expert witness with substantial experience in the delivery of family services to Indians and knowledge of tribal child rearing practices, or</p> <p>3. A professional person having substantial educational and experience in his specialty.</p> <p><u>ICWA Placement Provider Requirements</u></p> <p>The placement for a child in county child welfare custody who may be eligible for the Indian Child Welfare Act must be:</p> <ul style="list-style-type: none"> • The least restrictive setting which most approximates a family and in which their special needs, if any, may be met. • Within reasonable proximity to their home. Placement resources for the child(ren) must be based on the following preferences: <ul style="list-style-type: none"> ○ A member of the Indian child(ren)'s kinship network; ○ A foster home licensed, approved, or specified by the Indian child(ren)'s tribe; ○ An Indian foster home licensed or approved by an authorized non-Indian licensing authority; or ○ An institution for child(ren) approved by an Indian tribe or operated by an Indian organization which has a program suitable to meet the Indian child(ren)'s needs. <p>Good cause to deviate from these preferences exists if:</p> <ul style="list-style-type: none"> • The parents or child(ren) “of sufficient age” so request, or • The extraordinary needs of the child(ren) require another placement or no families meeting the preference criteria can be found after a diligent search. 	<p>The BIA can assist in identifying a qualified expert witness, if requested to do so by a party or the court. If placement is to be made using state laws, each party to the case has the right to examine the documents filed with the court which serve as the basis of a decision by the court. In addition, the agency must demonstrate that it has offered remedial services to maintain the child(ren) with the family and that these efforts have failed.</p>
<p><u>ICWA and Use of Voluntary Placement Agreements</u></p> <p>For child(ren) that fall under the special provisions of the Indian Child Welfare Act, Voluntary Placement Agreements (DSS-1789) between the agency and parent or guardian have additional requirements. A Voluntary Placement Agreement will not be considered valid unless the agreement is:</p> <ul style="list-style-type: none"> • Signed before a judge of competent jurisdiction and 	

Special Legal Considerations (MEPA, ICWA, Mexican Heritage)

Protocol	Guidance
<ul style="list-style-type: none"> Accompanied by a judge's certificate stating that the terms and conditions of the agreement were fully explained and understood by the parent or Indian custodian of the child(ren). The certificate must also state that the parent or Indian custodian had the agreement explained either in English or through an interpreter in a language that the parent or Indian custodian understood. <p>Any consent given prior to or within ten (10) days of the birth of the Indian child is not valid.</p> <p>When a Voluntary Placement Agreement is in place at any time that the parent or Indian custodian of the child(ren) requests that the child(ren) be returned, the agency must return the child(ren). If the agency feels that the child(ren) would be harmed, it must petition the court ensuring that all the rights and duties of an agency are followed in relation to the Indian child(ren).</p>	
<p><u>ICWA and Termination of Parental Rights</u></p> <p>To terminate parental rights, the state court must make the same findings as previously discussed using expert testimony; the likelihood of damage must be established beyond a reasonable doubt. Absent good cause to the contrary, the child(ren) must be placed for adoption with a member of his extended family, other members of his tribe, or other Indian families.</p>	

Special Legal Considerations (MEPA, ICWA, Mexican Heritage)

MEXICAN HERITAGE

Legal Basis	
<p>A Memorandum of Agreement was established on March 30, 2017 between the Consulate General of Mexico in North Carolina and the Government of the State of North Carolina through the Department of Health and Human Services, Division of Social Services. This agreement recognizes the significance of preserving the cultural traditions and values of child(ren) with Mexican heritage. The purpose of this agreement is to ensure that child(ren) and their families are afforded the opportunity to receive necessary services beneficial to them. The services guarantee the protection offered by the Vienna Convention, Bilateral Convention, and all other applicable treaties and laws. This agreement provides specific details for child welfare agencies when considering securing custody of a child who has Mexican heritage. It is imperative that the identification of Mexican heritage is explored throughout the longevity of the case.</p>	
Protocol	Guidance
<p>Upon assuming legal custody of a child, county child welfare agencies must inquire as to whether the child has any Mexican parentage.</p> <p>Ongoing efforts to identify Mexican parentage must continue throughout the life of the case.</p>	
<p><u>NOTIFICATION TO THE MEXICAN CONSULATE</u></p> <p>County child welfare agencies must notify the Mexican Consulate in writing of the following:</p> <ul style="list-style-type: none"> • When the county child welfare services agency identifies a Mexican minor in its custody; or • When a parent or custodian of the Mexican minor requests that the Mexican Consulate be notified. <p>The written notification must be made within 10 working days of the minor entering agency custody. If the county child welfare services agency learns later that the juvenile has Mexican parentage, notification must be sent without delay to the appropriate parties.</p> <p>County child welfare agencies must notify the Mexican Consulate and provide additional information:</p> <ul style="list-style-type: none"> • When a parent or custodian of a Mexican American minor has requested that the Consulate be notified; or 	<p>Counties should provide notice to the Mexican Consulate regarding court hearings involving Mexican minors, so the Consulate may attend these hearings.</p>

Special Legal Considerations (MEPA, ICWA, Mexican Heritage)

Protocol	Guidance
<ul style="list-style-type: none"> When the county child welfare services agency learns that a non-custodial parent(s) resides in Mexico. 	
<p><u>INITIAL INFORMATION TO BE PROVIDED TO THE MEXICAN CONSULATE</u></p> <p>County child welfare agencies must provide the Mexican Consulate with at least the following information, if available:</p> <ul style="list-style-type: none"> The full name of the Mexican minor(s); The date of birth of the Mexican minor(s); The full name of the parent(s) or custodian(s); and A name and phone number of the county child welfare worker directly responsible for the case. <p>As authorized, county child welfare agencies may provide the Mexican Consulate any of the information listed above pertaining to a Mexican American minor.</p> <p>For additional information, please refer to the Memorandum of Agreement.</p> <p>For information regarding the services provided by the Mexican Consulate, please refer to Services Provided by the Consulate General of Mexico and International Process Service.</p>	

Documentation

Definitions
<p>Documentation: Case documentation is comprised of all information in the case file. Documentation is critical in child welfare work as it establishes the basis for all decision making, including the critical decision to file a petition for removal of a child(ren) from their parent’s care. Documentation includes, but is not limited to:</p> <ul style="list-style-type: none"> • Narrative (written by county child welfare worker to capture actions and activities completed) • North Carolina child welfare forms and other forms. Examples include but are not limited to: <ul style="list-style-type: none"> ○ Intake form (DSS-1402) ○ Assessment (DSS-5010) with case decision ○ Safety Assessment (DSS-5231) ○ In-Home Services Home Visit Record ○ Risk Assessment (DSS-5230) ○ Family Assessment of Strengths & Needs (DSS-5229) ○ Family Services Agreements ○ Monthly Permanency Planning Contact Record (DSS-5295) • Documents from service providers and collaterals. Examples include are but not limited to: <ul style="list-style-type: none"> ○ Criminal reports ○ School records ○ Medical records ○ Treatment plans • Court reports and court orders. <p>Case File: Includes all case documentation and provides a way to manage and organize the documentation.</p> <p>Narrative: The case notes written by the county child welfare worker to describe activities and actions performed on a case.</p>

Protocol – What you must do	Guidance – How you should do it
<p>Documentation is critical in child welfare work.</p> <p>Documentation, starting at the point where a report is received, must include but is not limited to:</p> <ul style="list-style-type: none"> • Facts – what, when, where, etc. • Information obtained from professionals – medical, educational, mental health information 	<p><u>CASE FILES</u></p> <p>The county child welfare services agency should develop a consistent organizational format to be used in all cases. A consistent, organized format allows the county child welfare worker to locate necessary information readily; helps new county child welfare workers become familiar with their assigned cases more quickly; and enables child welfare supervisors to review cases more easily.</p> <p>Multiple copies of forms, reports, court documents, and correspondence should be removed and destroyed. Maintaining only one original copy of a document in the case record cuts down on the volume and allows for more ready access to needed information.</p>

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Protocol – What you must do	Guidance – How you should do it
<ul style="list-style-type: none"> • Family background – CPS history, criminal history, other service history • Assessments • Observations • Plans – what will achieve desired change, what will reduce risk and/or address safety threat (usually in the form of a Safety Agreement or Family Services Agreement) • Progress – what changes have occurred, what has a family accomplished, what services were effective • Decisions and/or findings • Summaries (for case transfer or case closing) <p>The case documentation must provide an ongoing chronological record of activities and track every action completed during an open case to:</p> <ul style="list-style-type: none"> • Ensure safety, • Perform ongoing monitoring of risk of maltreatment, • Capture efforts to achieve permanence for each child, and • Determine child well-being needs and activities to address those needs 	<p><u>NARRATIVE</u></p> <p>The case narrative identifies all actions, including the completion, receipt, or review of forms and other documentation. The information in those other forms of documentation should not be repeated in the narrative, except when specific information is cited as the basis of a decision or action taken. Following are the different types of narrative (objective, subjective, assessment and/or decision making, and planning or next steps) and what those narrative types should include.</p> <p><u>Objective Narrative</u></p> <p>Objective case narrative describes every aspect of each activity completed by the county child welfare worker. Most case narrative is objective narrative that includes the following:</p> <ul style="list-style-type: none"> • Who (who participated)? Include the county child welfare worker, all family members, all professionals, family supports, and others who were a part of the action; • Why? What is the purpose of the action, what need, or concern will be addressed during the action, why must the action occur? • Where? What was the location of the action? • How? For interactions, state if the contact was by telephone, face-to-face, in a meeting, etc. • When? What was the date and other pertinent information regarding time of action? • What (what occurred)? Describe what occurred, including but not limited to: <ul style="list-style-type: none"> ○ The interaction witnessed between participants, ○ Capture statements word for word when appropriate, ○ Describe the body language, ○ Describe observed behaviors, reactions, and conditions (including tone of voice), ○ Include diagnosis, treatment recommendation, or outcome from meeting or appointment, ○ Describe each service task provided. <p>The above listed questions should be captured using simple, descriptive, and nonbiased language. The “What?” portion of the narrative will often determine when the risk to a child(ren) has become significant and requires action by the county agency.</p>

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<p>These actions include face-to-face or telephone contacts that occur at the office and in the community, completing assessments or interviewing a family member, staffing between the county child welfare worker and supervisor, performing case management tasks, and more.</p> <p>Documentation, including narrative, must be current within 7 days of every activity or action.</p> <p>Documentation must be clear, concise, and organized.</p> <p><u>DOCUMENTATION OF DECISIONS</u></p> <p>The case narrative regarding any case decision must concisely articulate:</p> <ul style="list-style-type: none"> • What decisions were made, • Who was involved in the decision making, • What information, condition, or factors the decision was based on, and • The basis for all decisions. <p>Unless this information is not captured on another document (or NCDSS form).</p> <p>Documentation must include information to support decisions made, including reports,</p>	<p>Objective narrative is typically what will be used for ongoing activities, including but not limited to:</p> <ul style="list-style-type: none"> • Home, school, office or community visits, • Email or telephone contacts, • Staffing with the supervisor, • Case meetings (treatment or family meetings), • Court hearings, • File review, and • Completing referrals or North Carolina child welfare forms. <p><u>Example of Home Visit Documentation</u></p> <p>Don't: At the home visit with the Jones family on 10/16/16, Mr. Jones was drunk and belligerent. The children laughed at Mr. Jones as if they were used to this type of activity.</p> <p>Do: A home visit on 10/16/16 was performed by county child welfare worker to monitor the children's safety and Mr. Jones' compliance with alcohol treatment. At the visit were Mr. Jones, Ashley, Monica, and Jacob. When the county child welfare worker arrived at the home, Jacob answered the door and invited the worker into the home. Mr. Jones was sitting in the living room. When the worker approached Mr. Jones, she could smell alcohol on his breath and saw a bottle of beer on the table. Mr. Jones the worker why she was at the home, even though the visit was scheduled for this time, and told worker he was tired of her coming to the home. During this time, Ashley and Monica were playing a game on the floor and they looked up and laughed when Mr. Jones told worker he was tired of her ongoing visits. All three children appeared to be dressed in their school clothes (pants and short sleeve shirts). However, when asked, Jacob stated that they had not yet started to prepare food for dinner. The living room was cluttered with . . .</p> <p>NCDSS has developed forms that can be used in place of case narrative that support both objective narrative and subjective narrative (discussed below), including but not limited to the:</p>

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<p>other documentation, and/or county child welfare worker narrative regarding observations or interviews, and that indicates any impact on the child(ren) from the abuse and/or neglect. See Impact on Children for behaviors and conditions that may indicate maltreatment.</p> <p>Case narrative must indicate how a decision will be implemented if not covered in other documentation. Specifically, case narrative must identify next steps, who is responsible, and by when they must be completed, if not covered on a form or other documentation.</p> <p>Case documentation must include case staffing notes and decision but must NOT include information regarding county child welfare worker performance (positive or negative) that is function of supervision.</p>	<ul style="list-style-type: none"> • Monthly In-Home Services Contact Record • Monthly Permanency Planning Contact Record <p>Additional case narrative may be required if the above forms do not cover all aspects of the home visit/contact. If all actions are captured on the form, no additional narrative is needed.</p> <p><u>Subjective Narrative</u></p> <p>Subjective narrative captures responses from case participants about how they are feeling, how the case is progressing, how unsafe they may be feeling, etc. To assess a family member’s status or change in status, the county child welfare worker should ask subjective questions and document the response. Examples include:</p> <ul style="list-style-type: none"> • Describe how you feel when this occurs. • How often does this happen or how long has this been going on? • What makes it better or worse? • What helps you to feel safe? <p>To understand family history, these subjective inquiries are often very important. This information, along with scaling questions and “what if” questions, can help county child welfare workers develop a better understanding of family circumstances. This understanding will enable the county child welfare worker to identify jointly with family members ideas to address concerns and strengths to build upon.</p> <p>Subjective narrative should be completed in the same manner as objective narrative, in that the county child welfare worker must capture what information was shared, where, and how. To demonstrate emotions and/or impact of the feelings, the observed body language should also be captured in the narrative.</p> <p>The county child welfare worker should describe communication and observations using words such as <i>loudly, shouting, whispering, looking at worker in the eye, eyes looking back and forth, smiling, crying</i>, etc. The county child welfare worker should not use words which impart the worker’s feeling or opinion about the communication or observation (e.g., words such as <i>appeared to be happy, sad,</i></p>

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	<p><i>upset, etc.</i>). County child welfare workers’ subjective thoughts or reactions do not belong in the case narrative.</p> <p><u>Assessment and/or Decision Narrative</u></p> <p>During many interactions with a family, the county child welfare worker will have to assess the situation to determine if action is required. One of the most important aspects of the county child welfare worker’s job is to monitor family situations and assess the safety and/or risk to child(ren). Assessment should be based on professional knowledge and experience, not opinion. Referring to the case example above, the worker will assess if the child(ren) are at risk in the care of Mr. Jones who appears to be under the influence of alcohol. Several factors will be considered (age and maturity of the child(ren), the presence of anyone else in the home or due home shortly, the history regarding Mr. Jones’s actions when under the influence, etc.).</p> <p>Assessment or decision narrative is captured:</p> <ul style="list-style-type: none"> • When a situation requires an immediate response and • For decisions made in meetings or during case staffing with the agency supervisor. <p>The case narrative about a case staffing should cover what decisions were made; who was involved in the decision making; what information, condition, or factors the decision was based on; and the basis for all decisions. When decisions are made during a CFT meeting, the same information will be documented within the form used to facilitate and document the meeting; additional case narrative may not be needed.</p> <p>North Carolina has developed forms that can be used in place of case narrative to support assessment and decision making, including but not limited to:</p> <ul style="list-style-type: none"> • Safety Assessment (DSS-5231) • Permanency Planning Review (part of the DSS-5240) • CFT Safety Planning form (pre-petition form) • Case decision portion of the Assessment Documentation tool (DSS-5010) <p>Model Court Report forms provide a template for reporting recommendations, based on child welfare decisions, to the court.</p>

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	<p><u>Planning or Next Steps Narrative</u></p> <p>Decisions not thoroughly captured in another form or document will be covered in the case narrative. For example, when the decision for a CPS-A is Services Needed, the next step will be to transfer the case for ongoing services. For the example with Mr. Jones above, if the decision was that the child(ren) could not remain in the care of Mr. Jones, next steps would be identified, and the case narrative would list those next steps, who is responsible, and by when they will be completed.</p> <p>North Carolina has developed forms that can be used in place of case narrative to support planning. These include but are not limited to:</p> <ul style="list-style-type: none"> • Family Services Agreements for In-Home Services and Permanency Planning Services • CFT Safety Planning form (pre-petition form) • Temporary Parental Safety Agreements <p><u>CASE SUMMARIES</u></p> <p>There are times when, in addition to the ongoing case documentation and/or completion of forms, a summary is required. A summary should be created for situations that include (but are not limited to) the following:</p> <ul style="list-style-type: none"> • Transfer: When a case is transferring to another worker or county, except when a summary exists, and • Closing: When a case is terminated with a family, except when a summary exists. <p>For both transfers and closings, the assessment documentation (DSS-5010) includes a case summary.</p> <p>Transfer summaries should include, but not be limited to:</p> <ul style="list-style-type: none"> • Reason for the case opening, • Reason for transfer, • Current case participants (including nonresident parents and providers), • Current safety and risk concerns, • Strengths and needs for family members, • Status of child(ren) and family, • Status of family service agreements or safety plans,

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	<ul style="list-style-type: none"> • List of upcoming appointments and meetings (who, where, when, why), and • Other pertinent information regarding the family, services, well-being, and/or cultural considerations. <p>Closing summaries should include, but not be limited to:</p> <ul style="list-style-type: none"> • Reason for case opening, • Status of child(ren) and family, specifically regarding safety and risk, • Justification for case closure (to include behaviorally-specific information about how the family has stabilized and achieved case plan objectives), • Services provided during the case, and • Recommendations for ongoing services or aftercare. <p>For Permanency Planning Services, transfer and closing summaries should also include:</p> <ul style="list-style-type: none"> • Status of permanency planning, • Placement status, including strengths and/or issues, • Family Time and Contact Plan and how it is progressing, • Sibling interaction (if siblings not placed together), • Court status, and • Aftercare services, if closing the case.
<p><u>NC FAST</u></p> <p>Case narrative will be entered into NC FAST as Case Log or Case Notes. Case Notes will only be used to capture county child welfare worker input regarding activities that did NOT involve decision-making and had no impact on safety, risk, and/or well-being. Case Notes functionality was provided to capture short (typically one-line) status updates, including but not limited to:</p> <ul style="list-style-type: none"> • “Informed supervisor that worker completed follow up with service provider as agreed to during staffing” (the narrative regarding the contact with the service provider will be entered into the Case Log). • “Received medical report on the child” (when the report is reviewed, and the information gained from the report that impacts the case decision or recommendations will be entered in the Case Log). 	

Human Trafficking

Policy	Legal Basis
<p>A child who is sold, traded, or exchanged for sex or labor is an abused and neglected juvenile, regardless of the relationship between the victim and the perpetrator.</p> <p>Child welfare agencies must identify, document in case records, and determine appropriate services for child(ren) and youth who are believed to be, or at risk of being, victims of human trafficking.</p> <p>This includes child(ren) and youth for whom the agency has an open CPS-A or an open CPS In-Home Services case, but who have not been removed from the home, child(ren) who are involved with Permanency Planning, and youth who are receiving LINKS services.</p>	<p><u>Public Law 106-386 Victims of Trafficking and Violence Protection Act of 2000, Division A - Trafficking Victims’ Protection Act of 2000</u> defines severe forms of trafficking in persons and commercial sex act and outlines U.S. Government efforts to protect victims of trafficking.</p> <p><u>Public Law 113-183 – Preventing Sex Trafficking and Strengthening Families Act</u> includes provisions to improve identification of and assistance for child(ren) who are victims or at risk of trafficking, system response for runaways from foster care, and normalcy for youth in foster care.</p> <p><u>Public Law 114-22 – Justice for Victims of Trafficking Act</u> amended the definition of “child abuse” under the Victims of Child Abuse Act of 1990 to include human trafficking and the production of child pornography; amended the Child Abuse Prevention and Treatment Act to require states to develop and implement protocols and procedures to identify and assess reports involving child(ren) known or suspected to be victims of human trafficking; and clarified that a child is considered to be a victim of “child abuse and neglect” and of “sexual abuse” if the child is identified by a state or local agency as being a victim of sex trafficking or victim of severe forms of trafficking in persons.</p> <p><u>N.S.G.S. §7B-101</u> provides the definitions of an abused or neglected juvenile to determine a county child welfare services agency’s authority to intervene.</p> <p><u>N.C.G.S. Chapter 14 Article 10A Human Trafficking</u> defines what actions by an offender equate to criminal human trafficking.</p>

Human Trafficking

Definitions

Federal Law

The Trafficking Victims Protection Act (22 U.S.C. 7102) defines

“severe forms of trafficking in persons”:

- Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion or in which the person induced to perform such an act has not attained 18 years of age; or
- The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services using force, fraud, or coercion for subjection to involuntary servitude, peonage, debt bondage, or slavery.

“commercial sex act” as any sex act because of which anything of value is given to or received by any person.

State Law

G.S. 14-43.11 **Human Trafficking**

A person commits the offense of human trafficking when that person (i) knowingly or in reckless disregard of the consequences of the action recruits, harbors, transports, provides, or obtains by any means another person with the intent that the other person be held in involuntary servitude or sexual servitude or (ii) willfully or in reckless disregard of the consequences of the action causes a minor to be held in **involuntary servitude or sexual servitude**.

G.S. 14-43.10(a)(3) **Involuntary Servitude** – The term includes the following:

- The performance of labor, whether for compensation, or whether or not for the satisfaction of a debt; and
- By deception, coercion, or intimidation using violence or the threat of violence or by any other means of coercion or intimidation.

G.S. 14-43.10(a)(5) **Sexual Servitude** – The term includes the following:

- Any sexual activity as defined in G.S. 14-190.13 for which anything of value is directly or indirectly given, promised to, or received by any person, which conduct is induced or obtained by coercion or deception or which conduct is induced or obtained from a person under the age of 18 years; or

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Definitions

- Any sexual activity as defined in G.S. 14-190.13 that is performed or provided by any person, which conduct is induced or obtained by coercion or deception or which conduct is induced or obtained from a person under the age of 18 years.

G.S. 7B-101(1) **Abused Juveniles.**

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

- Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means;
- Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means;
- Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior;
- Commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile; first degree rape, as provided in N.C.G.S. §14-27.2; rape of a child by an adult offender, as provided in N.C.G.S. §14-27.2A; second degree rape as provided in N.C.G.S. §14-27.3; first degree sexual offense, as provided in N.C.G.S. §14-27.4; sexual offense with a child by an adult offender, as provided in N.C.G.S. §14-27.4A; second degree sexual offense, as provided in N.C.G.S. §14-27.5; intercourse and sexual offenses with certain victims; consent no defense, as provided in N.C.G.S. §14-27.31 and N.C.G.S. §14-27.32; unlawful sale, surrender, or purchase of a minor, as provided in N.C.G.S. §14-43.14; crime against nature, as provided in N.C.G.S. §14-177; incest, as provided in N.C.G.S. §14-178 and N.C.G.S. §14-179; preparation of obscene photographs, slides, or motion pictures of the juvenile, as provided in N.C.G.S. §14-190.5; employing or permitting the juvenile to assist in a violation of the obscenity laws as provided in N.C.G.S. §14-190.6; dissemination of obscene material to the juvenile as provided in N.C.G.S. §14-190.7 and N.C.G.S. §14-190.8; displaying or disseminating material harmful to the juvenile as provided in N.C.G.S. §14-190.14 and N.C.G.S. §14-190.15; first and second degree sexual exploitation of the juvenile as provided in N.C.G.S. §14-190.16 and N.C.G.S. §14-190.17; promoting the prostitution of the juvenile as provided in N.C.G.S. §14-205.3(b); and taking indecent liberties with the juvenile, as provided in N.C.G.S. §14-202.1, regardless of the age of the parties; or
- Creates or allows to be created serious emotional damage to the juvenile. Serious emotional damage is evidenced by a juvenile's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others;
- Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile; or
- Commits or allows to be committed an offense under N.C.G.S. §14-43.11 (human trafficking), N.C.G.S. §14-43.12 (involuntary servitude), or N.C.G.S. §14-43.13 (sexual servitude) against the child.

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Definitions
<p>G.S. 7B-101(15) Neglected Juvenile.</p> <p>Any juvenile less than 18 years of age (i) who is found to be a minor victim of human trafficking under G.S. 14-43.15 or (ii) whose parent, guardian, custodian, or caretaker does not provide proper care, supervision, or discipline, or who has been abandoned; or who is not provided necessary medical care; or who is not provided necessary remedial care; or who lives in an environment injurious to the juvenile’s welfare; or who has been placed for care or adoption in violation of the law. In determining whether a juvenile is a neglected juvenile, it is relevant whether that juvenile lives in a home where another juvenile has died because of suspected abuse or neglect or lives in a home where another juvenile has been subjected to abuse by an adult who regularly lives in the home.</p>

Protocol – What you must do	Guidance – How you should do it
<p>Identifying a Victim of Human Trafficking</p> <p>A child(ren) who is sold, traded, or exchanged for sex or labor is an abused and neglected juvenile.</p>	<p>There may be times when it is not clear that a child is victim of human trafficking. County child welfare workers must be aware of the known risk factors and indicators of human trafficking.</p> <p>Risk factors:</p> <ul style="list-style-type: none"> • History of running away or getting kicked out of home; • History of homelessness or housing instability; • History of sexual abuse; • History of physical abuse; • History of sexual offense; • History of delinquent or reckless behavior (involvement with law enforcement or juvenile justice); • History of neglect or basic needs not having been met; • History of alcohol or substance use disorder; • Current or past involvement in the child welfare system; • History of depression/mood disorder; • Exposure to domestic violence; • Family instability; • Excessive absences from school

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	<ul style="list-style-type: none"> • Identifies as lesbian, gay, bisexual, or transgender (LGBT); • Has disabilities, especially intellectual disability; • Immigration status; • Poverty; • Unemployment; • Lack of transportation. <p>Indicators:</p> <ul style="list-style-type: none"> • Visible signs of abuse such as unexplained bruises, cuts, marks; • Fear of person accompanying them; • Wearing new clothes of any style or getting hair or nails done with no financial means to do this independently; • Exhibits hyper-vigilance or paranoid behavior; • A young person with a tattoo which he or she is reluctant to explain; • Frequent or multiple sexually transmitted diseases, STIs, or pregnancies; • Truancy or tardiness from school; and • Unaccounted for times, vagueness concerning whereabouts, and/or defensiveness in response to questions or concerns. <p>The following risk factors, indicators, and vulnerabilities should be considered for foreign nationals:</p> <ul style="list-style-type: none"> • History of trauma, including civil unrest or prolonged community violence; • Social isolation; and • Lack of legal status (documentation). <p>These lists may not be inclusive of all risk factors, indicators, and vulnerabilities.</p>

Human Trafficking

Protocol – What you must do	Guidance – How you should do it
<p>Required Notifications and Verifications</p> <p>Within 24 hours of accepting a report with allegations involving human trafficking or when the county child welfare services agency becomes aware that a child(ren) may have been trafficked, it must:</p> <ul style="list-style-type: none"> • Check the National Center for Missing and Exploited Children to see if the child(ren) or youth has been reported missing; • Check the North Carolina Center for Missing Persons to see if the child(ren) or youth has been reported missing; • Check with the appropriate local law enforcement agency to see if the child(ren) or youth has been reported missing/runaway; • Notify the U.S. Department of Health and Human Services Office on Trafficking in Persons (OTIP) to facilitate the provision of interim assistance if the child(ren) is a foreign national. The county child welfare worker must contact OTIP Child Protection Specialists at childtrafficking@acf.hhs.gov or (202) 205-4582 and provide: <ul style="list-style-type: none"> – Child’s name, age, location, and country of origin; 	

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<ul style="list-style-type: none"> – Location of exploitation and suspected form of trafficking; and – County child welfare worker’s contact information or other preferred point of contact (e.g., the worker’s supervisor). <p>Safety Considerations County child welfare workers must collaborate with human trafficking victim organizations and advocates to address the unique circumstances and safety issues for child(ren) who are victims of human trafficking.</p> <p>Determining and Utilizing Appropriate Resources When a county child welfare services agency has an open CPS-A, CPS In-Home Services, or Permanency Planning case where trafficking of the child(ren) is suspected or confirmed, the county child welfare worker must provide appropriate</p>	<p>Immediate safety issues may include, but are not limited to:</p> <ul style="list-style-type: none"> • Access of the trafficker to the child(ren); • Child(ren) or youth’s lack of safe housing or a safe place to stay; • Safety issues in the home of the parent, guardian, custodian, or caretaker; and • Risk of child(ren) or youth running away. <p>County child welfare workers should consider the unique needs for victims of human trafficking when making decisions about:</p> <ul style="list-style-type: none"> • Placement; • Healthcare; • Visibility in the community; • Visitation with family members; and • Releasing information. <p>Appropriate information and resources may include:</p> <ul style="list-style-type: none"> • National Human Trafficking Hotline Number (1-888-373-7888); • Contact information for local agencies serving survivors of human trafficking; and • Contact information for statewide agencies serving survivors of human trafficking. <p>See list of Service Providers and Other Referrals in Human Trafficking Cases by County.</p>

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<p>information and resources to the family. Referrals to other agencies and resources are instrumental in the identification and screening of victims and in the provision of ongoing services. These referrals must be made in accordance with the needs of the child(ren).</p> <p>Role of the Parent, Guardian, Custodian, or Caretaker</p> <p>In cases where the perpetrator of human trafficking is not the parent, guardian, custodian, or caretaker, the county child welfare worker must assess and address the parent’s ability and/or willingness to keep the child(ren) safe.</p>	<p>The county child welfare worker should consider and/or ask questions about:</p> <ul style="list-style-type: none"> • The child or youth’s decision to leave home, if applicable; • Whether the parent/caretaker allowed access by the alleged perpetrator; • If there was active or passive participation in the trafficking by the parent/caretaker; • The ability of the parent/caretaker to care for the child(ren); • The ability of the parent/caretaker to prevent the child(ren) or youth from running away; and • The legal connection of any individual claiming to be a parent, relative, caregiver, or legal custodian to the child(ren). In many cases traffickers will present themselves as a parent, relative, or legal custodian.

END OF CROSS FUNCTION TOPICS

CROSS FUNCTION TOPICS
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