



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**

Division of Social Services

North Carolina Department of Health and Human Services CPS Assessment in Child Welfare Track Training

Participant's Workbook Day Six

December 2025



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This curriculum was developed by the North Carolina Department of Health and Human Services, Division of Social Services, and revised by Public Knowledge® in 2025.

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Instructions

This course was designed to guide child welfare professionals through the knowledge, skills, and behaviors needed to engage with families in need of child protection services. The workbook is structured to help you engage in the lesson through reflection and analysis throughout each week of training. Have this workbook readily available as you go through each session to create a long-lasting resource you can reference in the future.

If you are using this workbook electronically: Workbook pages have text boxes for you to add notes and reflections. Due to formatting, if you are typing in these boxes, blank lines will be “pushed” forward onto the next page. To correct this when you are done typing in the text box, you may use delete to remove extra lines.

Course Themes

The central themes of the CPS Assessment Track Training are divided across several course topics.

- Purpose and Legal Basis for Child Protection Services in North Carolina
- Essential Function: Communicating
- Diversity, Equity, Inclusion, and Belonging
- Trauma-Informed Care
- Family-Centered Practice
- Essential Function: Engaging
- Safety Focused
- Essential Function: Assessing
- Interviewing Learning Lab
- The Role of Observation in Assessing for Safety
- Structured Decision-Making: Safety Assessment
- Assessment Learning Lab
- Safety Planning
- Safety Planning Learning Lab
- Trauma-Informed Practice
- Considerations for Cases Involving Special Circumstances
- Caseworker Safety
- Engaging the Family in Child Protection Services
- Risk Assessment
- Crucial Conversations
- Quality Contacts
- Assessing Family Strengths and Needs
- Secondary Traumatic Stress and Vicarious Traumatization
- Ongoing Assessment
- Family Engagement and Ongoing Assessment Learning Lab
- Documentation
- Well-Being as an Outcome
- Reasonable Efforts and Removals
- Reasonable Efforts and Removals Learning Lab
- Decision-Making

- Decision-Making and Case Closure Learning Lab

Training Overview

Training begins at 9:00 a.m. and ends at 4:00 p.m. If a holiday falls on the Monday of training, the training will begin on Tuesday at 9:00 a.m. This schedule is subject to change if a holiday falls during the training week or other circumstances occur. The time for ending training on Fridays may vary and trainees need to be prepared to stay the entire day.

Attendance is mandatory. If there is an emergency, the trainee must contact the classroom trainer and their supervisor as soon as they realize they will not be able to attend training or if they will be late to training. If a trainee must miss training time in the classroom, it is the trainee's responsibility to develop a plan to make up missed material.

Pre-Work Online e-Learning Modules

There is required pre-work for the CPS Assessment Track Training in the form of online e-Learning modules. Completion of the e-Learnings is required prior to attendance at the classroom-based training. The following are the online e-Learning modules:

1. North Carolina Worker Practice Standards
2. Safety Organized Practice
3. Understanding and Assessing Safety and Risk
4. Understanding and Screening for Trauma

Transfer of Learning

The CPS Assessment Track Training Transfer of Learning (ToL) tool is a comprehensive and collaborative activity for workers and supervisors to work together in identifying worker goals, knowledge gain, and priorities for further development throughout the training process. In four distinct steps, the worker and supervisor will highlight their goals and action plan related to participating in training, reflect on lessons and outstanding questions, and create an action plan to support worker growth. The tool should be started prior to beginning the CPS Assessment Track Training and revisited on an ongoing basis to assess growth and re-prioritize actions for development.

- Part A: Training Preparation: Prior to completing any eLearning and in-person Track Training sessions, the worker and supervisor should meet to complete Part A: Training Preparation. In this step, the worker and supervisor will discuss their goals for participation in training and develop a plan to meet those goals through pre-work, other opportunities for learning, and support for addressing anticipated barriers.
- Part B: Worker Reflections During Training: The worker will document their thoughts, top takeaways, and outstanding questions regarding each section. This level of reflection serves two purposes. First, the practice of distilling down a full section of training into three takeaways and three remaining questions requires the worker to actively engage with the material, subsequently forming cognitive cues related to the information for future use in case practice. Second, prioritizing takeaways and questions by section allows workers to continually review information to determine if questions are answered in future sessions and supports the development of an action plan by requiring workers to highlight the questions they find most important.

- Part C: Planning for Post-Training Debrief with Supervisor: The worker considers the takeaways and questions they identified in each section and creates a framework to transfer those takeaways and questions into an action plan.
- Part D: Post-Training Debrief with Supervisor: Provides an opportunity for the supervisor and worker to determine a specific plan of action to answer outstanding questions and to further support worker training.

While this ToL is specific to the Track Training in North Carolina, workers and supervisors can review the takeaways and questions highlighted by the worker in each section of training on an ongoing basis, revising action steps when prior actions are completed, and celebrating worker growth and success along the way.

Training Evaluations

At the conclusion of each training, learners will complete a training evaluation tool to measure satisfaction with training content and methods. The training evaluation tool is required to complete the training course. Training evaluations will be evaluated and assessed to determine the need for revisions to the training curriculum.

All matters as stated above are subject to change due to unforeseen circumstances and with approval.

Learning Objectives

Day Six

Ongoing Assessment
<ul style="list-style-type: none">• Learners will be able to collaborate with law enforcement, medical, educational, and behavioral health community partners to meet child and family needs during assessments.
<ul style="list-style-type: none">• Learners will understand when and how to refer a child for a forensic interview.
<ul style="list-style-type: none">• Learners will be able to explain and recognize the importance of engaging collateral contacts in working with families.
<ul style="list-style-type: none">• Learners will be able to describe the importance of incorporating collateral contact information into ongoing assessments and case planning.
<ul style="list-style-type: none">• Learners will be able to explain and recognize the importance of engaging collateral contacts in working with families.
<ul style="list-style-type: none">• Learners will be able to describe the importance of incorporating collateral contact information into ongoing assessments and case planning.
Family Engagement and Ongoing Assessment Learning Lab
<ul style="list-style-type: none">• Learners will be able to describe the skills needed to engage all family members in identifying strengths and needs in the assessment process.
<ul style="list-style-type: none">• Learners will be able to demonstrate strategies for engaging children and families in the assessment of strengths and needs.
Documentation
<ul style="list-style-type: none">• Learners will be able to explain the importance of clear, concise, and accurate documentation.
<ul style="list-style-type: none">• Learners will be able to identify the importance of objectivity and the use of facts in documentation.
<ul style="list-style-type: none">• The learner will be able to demonstrate the components of documentation.
<ul style="list-style-type: none">• The learner will be able to differentiate between objectivity and subjectivity in documentation.

Day Six Agenda

CPS Assessment Track Training

Welcome

Ongoing Assessment

Essential Function: Implementing

Safety and Risk in Comprehensive Family Assessments

Collateral Contacts

Formal Evaluations

Family Engagement and Ongoing Assessment Learning Lab

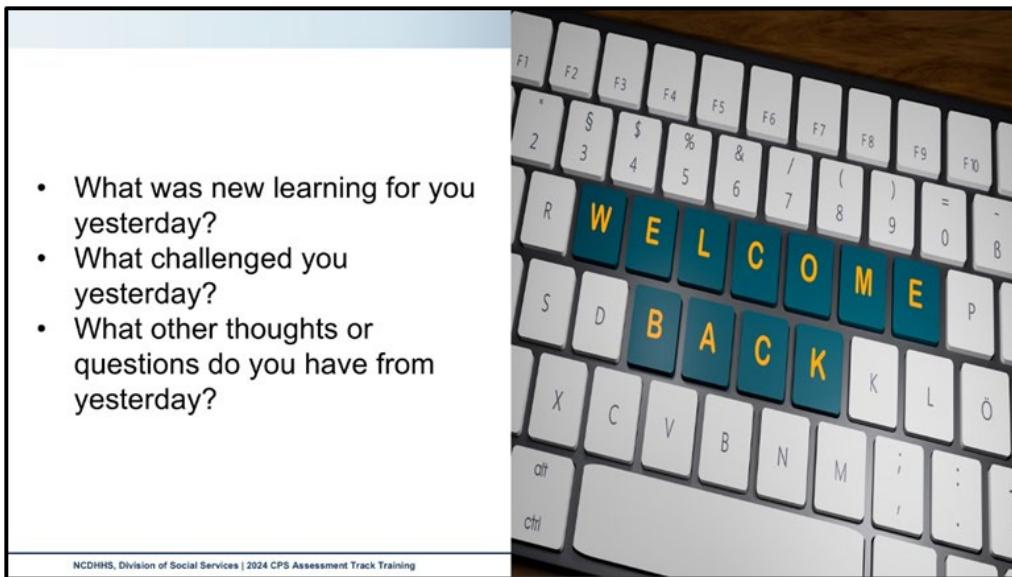
Documentation

Communication in Documentation

End-of-Day Values Reflections

Child Welfare Track Training: CPS Assessment Day 6

Welcome



• What was new learning for you yesterday?
• What challenged you yesterday?
• What other thoughts or questions do you have from yesterday?

NCDHHS, Division of Social Services | 2024 CPS Assessment Track Training

Use this outlined space to record notes from the introduction activity.

Ongoing Assessment

Essential Function: Implementing

Implementing Core Activities



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Reviewing Safety

Resolved

Ruled Out

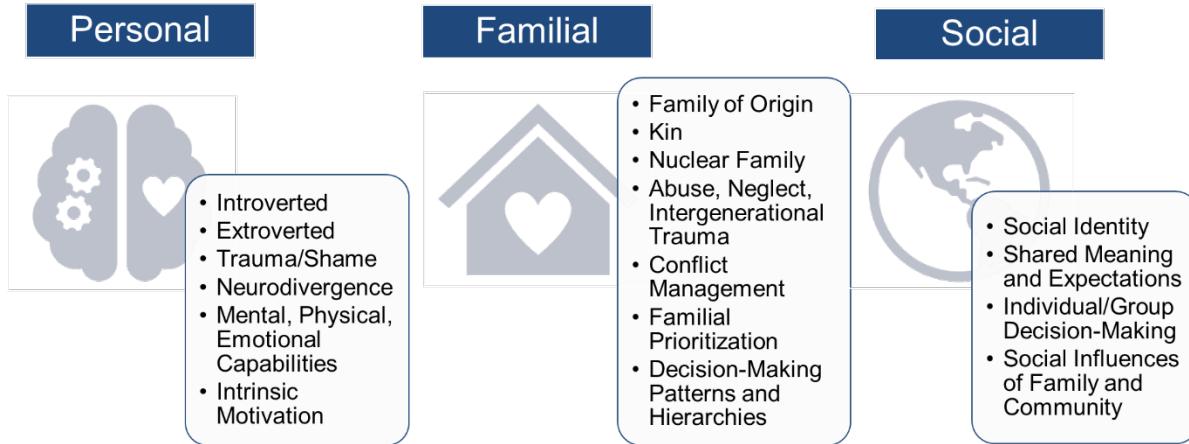
Controlled

Discovered

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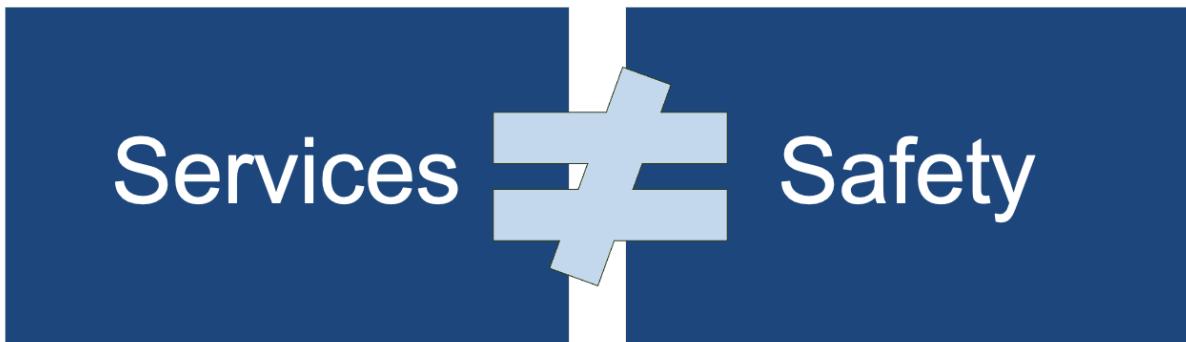
Safety and Risk in Comprehensive Family Assessments

Considerations



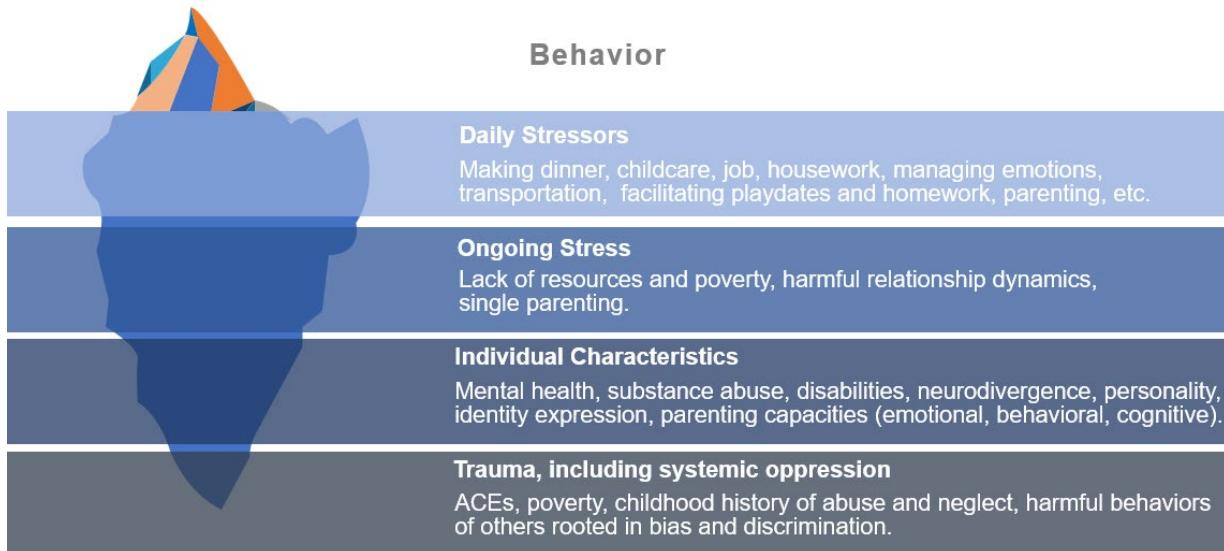
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Services Are Not Safety



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Customizing the Plan: Looking Beyond the Behavior



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Collateral Contacts

Family Support Networks

Activity: Family Support Networks

When you think about all the people who were involved in your life when you were being raised and all the people who are engaged in raising the next generation, beyond just parents:

Who else is involved with or supports the well-being and development of children?

How might they feel about keeping a family together, and supporting a family in becoming safer and healthier?

Who on this list do you think should be part of a formal safety network for a child and family?

What might the people on this list have to say about a family who is struggling to maintain integrity and stay together?

Information-Sharing and Confidentiality

Ensure parents and children have a full understanding of what will be shared

Appropriate information sharing

Informed consent

Confidentiality forms

North Carolina's General Statute 7N-2901(b) states that "information contained in social services' records of children in protective custody is confidential, and that, in the best interests of the juvenile, such information should be protected from public inspections."

Continual check-ins with the parents and children, as well as staffing with your supervisor, will support navigating information sharing with a family-centered, trauma-informed, safety-focused practice grounded in professional curiosity and humility.

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Collateral Contacts

Who and when?

- Who is in regular contact with the family?

Hold pieces to a family's puzzle

Create a deeper understanding

Documentation and diligent efforts

- Confidentiality

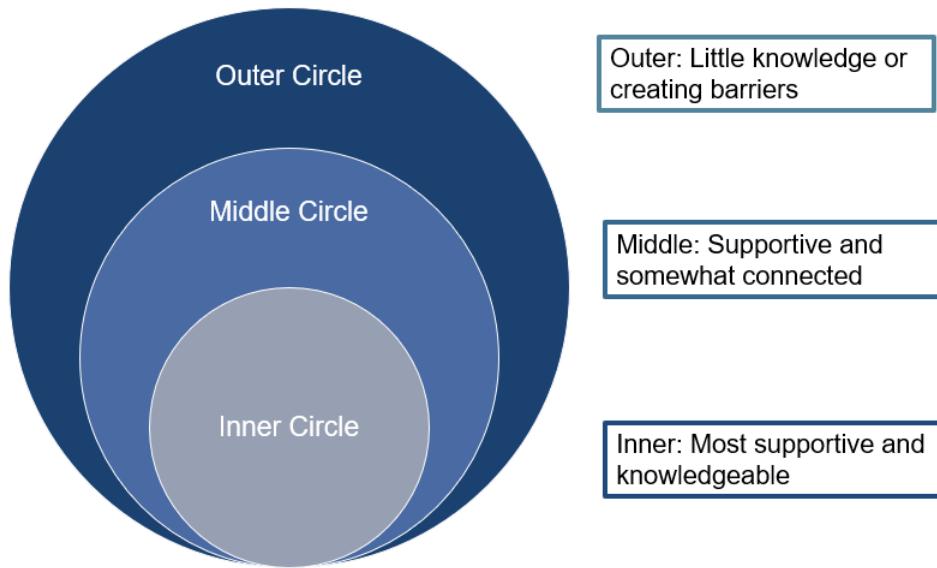


A minimum of two collateral contacts is required in every CPS Assessment. As a part of a thorough CPS Assessment, you must:

- Contact all the collateral information sources identified by the family prior to making a case decision.
- Contact any collaterals identified on the SDM Screening and Response Tool. These contacts must be made prior to making the case decision. An interview with all persons named at the time of the report as having information relevant to the CPS Assessment must occur. and
- Contact other persons or agencies known to be currently involved with the family or known to have knowledge of the situation.
- If any of the above required contacts did not occur, there must be documentation regarding why the contacts did not occur.

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Engaging Family into the Safety Network

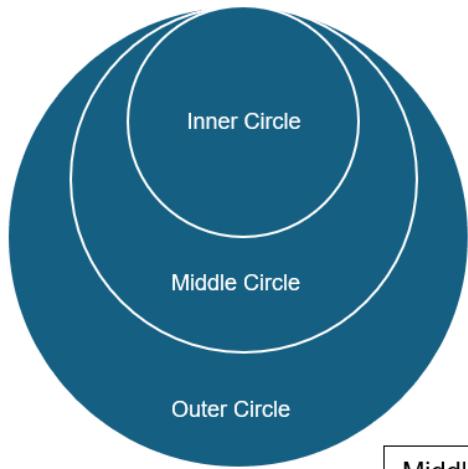
Circles of Safety and Support

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Handout: Engaging Families in the Safety Network

Circles of Safety and Support

The Safety-Organized Practice tool is used to support families in identifying people in their network. This tool can be used with adults, youth, and children. The Circles of Safety and Support tool can be used on the very first visit with a family or at the point when you are starting to talk with a family about the importance of involving a network of family and friends and involved professionals. Circles of Safety and Support helps workers to introduce and explore the idea of involving a network.

**Inner Circle: Most supportive and knowledgeable**

- Who knows everything about what we are worried about here?
- With whom do the children feel the most connected?
- Who are the first people you call when you are in need?

Be sure to acknowledge the family's ability to access support. Perhaps say "how did you find the strength to reach out to them about this?"

Middle Circle: Those who are supportive and somewhat connected

- Who knows some things about these worries?
- Who support you a little?
- With whom do your children feel some connection?
- Who knows a little about what is going on?

Outer Circle: Those who have little knowledge or create barriers

- Who knows nothing about what is going on?
- Who creates challenges or barriers for your family?
- Who have you not reached out to, but could see yourself reaching out to in the future?
- Who is willing to support you but you don't feel comfortable asking them?
- Who is in your phone/contact list or on your social media?

Engaging parents/caregivers using the Circles of Safety and Support tool is a good first step to helping them understand what a safety network is and who needs to be a part of the safety planning process. Share with parents that the network is built by them and can include family, tribes, friends, neighbors, service providers, and others that they believe will be beneficial.

If the family struggles to identify support, consider the following:

- If you were in an accident and were taken to the hospital, who would you call to pick up your children from school?
- If your house was on fire and burned to the ground, who would you call?
- If you won the lottery, who would be the first person you call?

- Who would your children say they want to spend the night with if you needed to go out of town and couldn't take them with you?
- If you died tomorrow, who would you want to take your children in and care for them until they are adults?
- Who is someone who has shown a lot of interest and support to your children now or in the past? (teacher, neighbor, counselor, church member, someone you work with?)
- Who can help you move closer to your goals? (Boss, co-worker, counselor, neighbor, friend of a friend)
- Do you belong to a church, club, support group, or sports team? If so, who are some people who have been there for you and your children?
- Who do you look up to? Who encourages you when you are having a bad day?
- Has there ever been a time you felt no one cared about you and your feelings? Who is someone who stepped up and made you feel better?
- Tell me about a time when things were working well for your family, what did that look like and who helped you and your children at that time?
- Who in your life has had a tragedy and you helped them through that difficult time?
- Create a family tree with the parent/caretaker and ask about the communication and location of these individuals.

Source: Using Circles of Safety and Support to Build Safety Networks with Families, Child Welfare Practice Manual Resources (December 2021). https://policies.ncdhhs.gov/wp-content/uploads/Resource_Using-Circles-of-Safety-and-Support-to-Build-Safety-Networks_June2024.pdf

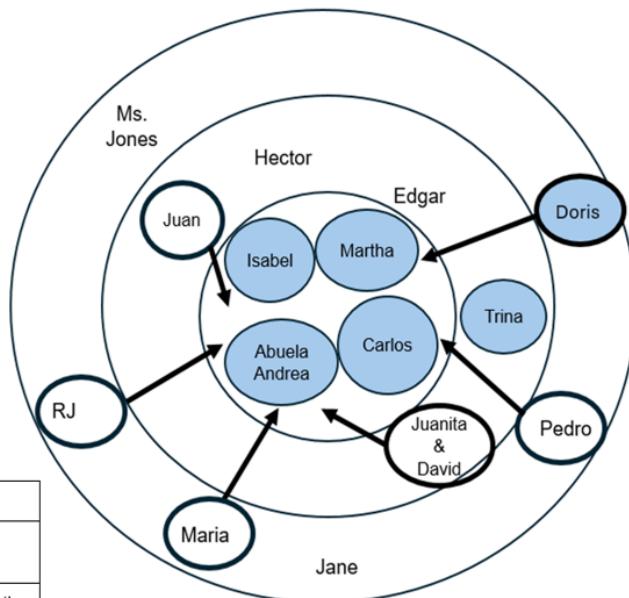
Worksheet: Circles of Safety and Support

Use the space below to capture the Circles of Safety and Support for Olivia and Franklin based on the interview.

- Consider designating people who feel safe and secure with a circle.
- Consider designating people moving from one circle to the next with an arrow.

Debrief: Avilla Chavis Circle of Safety and Support

Compare the circles of safety and support you created with this image to see if you arranged information similarly.



Use this space to record notes.

Circles of Safety and Support Conversation

Activity: Circles of Safety and Support Conversation

When exploring with families about expanding their safety network, the following questions can be useful:

- What would it take to move someone from the outer circle to the inner circle?
- Who needs to move to an inner circle?
- Who would grandma/the children/the caseworker want to see move to the inner circle?
- Is there anyone you thought of telling but just haven't reached out to yet?

In pairs, role play engaging one of the parents, Olivia or Franklin, in a discussion about:

Moving people from the outer and middle circles to the inner circle.

Inviting people from the inner circle to be a part of the safety network and safety planning process.

Formal Evaluations

Working with Law Enforcement



Use this space to record notes.

Working with Advocacy Centers



Use this space to record notes.

Additional Resources to Support Assessment

Healthcare Consultation

North Carolina Child Medical Evaluation Program

Consultation with healthcare providers is required when injuries are alleged or found on a child who is under three years of age and/or non-verbal.

- Consultation for the child must be sought from a healthcare provider.
- Consultation may be obtained virtually, by phone, or in person.
- Consultation must occur before completion of the Safety Assessment
- This is not required when the screened-in report comes from a healthcare provider or agency

The Child Medical Evaluation Program has four main components:

- Administrative office staffed by caseworkers and medical providers who are a resource for accessing available consultations during CPS Assessments.
- Child Medical Evaluation consultations: An outpatient medical evaluation of suspected child maltreatment completed by rostered providers
- Regional Abuse Medical Specialists (RAMS): consultation for cases with specific concerns for children three and under where there are concerns for unexplained or poorly explained injuries, sexually transmitted infections, lives in a home another child has died in as a result of abuse or neglect, cases with concern for medical child abuse, or where medical neglect is alleged for a child who is medically complex and meets other criteria.
- Clinical Assessment of Protective Parenting (CAPP) completed by rostered providers: an empirically-supported program that assesses the current risk and potential of future harm that a caretaker may pose to a child and assists in identifying services that will enhance a parent's capacity to provide for their child's needs

Use this space to record notes.

Self-Awareness Check-In

Worksheet: Self-Awareness Check-In

Emotional responses to the material we have covered may be a sign that you are experiencing bias and might be vulnerable to vicarious trauma. Slowing down and contemplating your own experience is an important step in managing bias and mitigating the effects of trauma.

Spend a few minutes reflecting on how you feel about assessing a family who is experiencing some of the situations that require child welfare intervention such as involvement of CMEP, a forensic interview, or a criminal investigation.

How do you feel at this moment?

What thoughts came up during this section that are worth exploring further?

What is one thing you can do to feel more settled and calmer in this moment?

Family Engagement and Ongoing Assessment Learning Lab

Anchor Family Updates

Worksheet: Case Review Sheet

For this activity, we will utilize three-column mapping.

- Review the materials in the Anchor Family Update envelopes provided by the trainer.
- Utilize the three-column map below to organize your findings.
- Consider elements that will need clarification by interview with:
 - Additional Collateral Contact with neighbor
 - Leidi, 12-year-old
 - Olivia, mother

The three columns correspond with the three essential questions.

- **What are you worried about?** captures safety concerns and risk factors.
- **What is working well?** highlights strengths, protective capacities, and protective factors.
- **What needs to happen next?** List actions that the family, the caseworker, or other safety network or CFT members must take to resolve the concerns.

What are you worried about?	What is working well?	What needs to happen next?

Skills Practice: What's the Next Question?

Imagine you are the caseworker interviewing members of the Avilla Chavis family.

- Listen as the statement or scenario is read
- As the interviewing caseworker, consider how you would follow up on this statement
- Write down your response, including the next question you would ask
- Be prepared to share your response with the group

Scenario One	
Response	
Notes, thoughts, or other ideas based on group discussion	

Scenario Two	
Response	
Notes, thoughts, or other ideas based on group discussion	

Skills Practice: Interviewing for Ongoing Assessment

The trainer will provide a scenario and observation form.

As the caseworker, your goal is to use family-centered strategies as you practice your interview. During this time, you need to meet legal standards, engage the interviewee, gather information about how they are keeping the Safety Plan, and explore any new information the interviewee might share. You are to demonstrate engagement and interviewing strategies to understand this family's strengths and needs. Remember that you must assess for safety and risk, as well as behavioral changes that provide ongoing safety.

As the interviewee, your goal is to respond as you believe your scenario interviewee might and to seek understanding through questions. If the interviewer engages you and asks open-ended questions, share more detailed information with them.

As the observer, your goal is to support your peers in their skills development by making note of and sharing strengths-based observations. Please use the CPS Assessments Peer Observation form for this task, as you will give your written feedback to the interviewing volunteer when the practice is done.

What did you learn from this skills practice?

What will you remember to do when you are next knocking on a family's door?

Debrief: Family Engagement and Ongoing Assessment

How are we feeling about the safety of the Avilla Chavis family at this point?

Are there worries that do not feel as though they are resolved or addressed? Do these worries rise to the level of a danger indicator? How would you manage these worries that exist and do not rise to the danger indicator level?

Documentation

Communication in Documentation

Case Record Documentation



Use this space to record notes.

Characteristics of Quality Documentation

Overall, our documentation should:

- Be Accurate: Statements, conclusions, and opinions must be based on facts that are clearly described.
- Be Clear: Jargon should be avoided, and the descriptions of circumstances should be written using behavioral descriptors based on observations and specific statements of involved parties.
- Be Concise: Records should only contain information that is relevant and necessary to the Assessment.
- Be Relevant: Document decisions with respect to risk and safety assessments, and other information gathered during the Assessment process.
- Be Timely: Documentation, including narrative, must be current within seven days of every activity or action.
- Be Complete: Documentation contains all the information needed to take action, for example, contact names, dates, times, and locations.
- Be Objective: Documentation reflects unbiased facts.

Use this space to record notes.

Objective vs. Subjective

Activity: Objective vs. Subjective

Review the statements to identify if they are objective or subjective. If you identify that the statement is subjective, use the space below to rewrite the statement using more objective language.

1. Mom prefers abusing drugs and alcohol over spending her time looking for gainful employment.

Objective Statement

Subjective Statement

2. Dad whupped Son, leaving marks and bruises on his arm, lower back, and buttocks.

Objective Statement

Subjective Statement

3. Son is prescribed Adderall to treat ADHD symptoms.

Objective Statement

Subjective Statement

4. A 12-year-old is not a good babysitting option.	
<input type="checkbox"/> Objective Statement	<input type="checkbox"/> Subjective Statement

5. Grandma is crazy, and the apple doesn't fall far from the tree.	
<input type="checkbox"/> Objective Statement	<input type="checkbox"/> Subjective Statement

Caseworker Vernacular



Family Accessible

Internal Casework Communication

Case Record Documentation

NC Practice Standards define communication as the timely and consistent sharing of spoken and written information so that meaning and intent are understood by all parties

Caseworkers must communicate using vernacular for the audience

- Accuracy, clarity, conciseness, relevance, timeliness, completeness, and objectivity remain constant
- Word choice and expression changes based on the audience
- Communication should adapt to ensure understanding across different audiences

Proficiency in family-accessible language is essential for trauma-informed, family-centered, safety-focused communication

Use this space to record notes.

Switching Vernaculars

Activity: Switching Vernaculars: Part One

- Work in trios
- Each trio member will summarize the scenario for their assigned audience:
 - Parents
 - Supervisor
 - Case Decision Documentation
- Work silently and do not share your work with your group members

Anchor Family Scenario

There are concerns about the supervision of the Avilla Chavis children. Ricardo and Diego walked to the park unsupervised and were returned home by a neighbor who is not close to the family. At the time, it didn't seem like a big deal to the family that Ricardo was responsible for Diego at the park.

Olivia is diagnosed with depression. Olivia is exhausted and caring for the children during the day is taxing. Amelia and Diego used to go to daycare and now they are home with Olivia. Amelia is young and is about to become mobile. Diego is also young and may have some communication issues. There is concern about the children being at home with her all day when she is so depressed. There is no information to indicate that the children are going without their needs met during the day when with Olivia.

Leidi typically babysits the younger children a few days a week. When the family first came to the attention of DSS with this report, Leidi was caring for the children on her own at least two days a week and several days a week with Olivia home, although sleeping in the bedroom. At initiation, Leidi didn't seem able to identify an emergency or know who to call if there was an emergency. Leidi didn't seem like she could handle the fighting between Diego and Ricardo.

Some collaterals have concerns about the children being cared for by Leidi. They worry that it's too big a responsibility for someone Leidi's age and the needs of the children she is watching. Other collaterals have no concerns. Leidi says she likes watching her siblings, being the "big helper" and contributing to her family. School reports indicate that she excels at school.

Olivia is going to therapy and has started medication. She attends a mother's group for support.

Franklin works during the day and checks in on the family before going to his sister's house to do home repairs. This is important to Franklin.

Since DSS became involved, it seems the family has followed the safety plan. The children report changes to the expectations for when Leidi is caring for them. JuanCarlos has started watching the children as well. Franklin was responsive to the incident where the food burned by adding a no cooking on the stovetop rule when Leidi is home alone, watching the children. There is no information to say that Ricardo and Diego have left the house unsupervised.

Franklin said it is important that the older children care for the younger children. His preference would be not to have people outside the family watching the children. There are neighbors and extended family members willing to watch the children.

JuanCarlos has been helping out more. There is worry that he is experiencing grief after the death of his mother and may need support handling the dynamics of the family.

At initiation, there was concern about Olivia and Franklin's alcohol use, although not enough to include in the safety plan. No additional information was provided that would indicate that alcohol use negatively impacts children. It is concerning that they drink daily, since Olivia's depression since she is already exhausted.

You are preparing to staff the case with your supervisor, follow up with the family, and begin drafting the case decision summary.

Worksheet: Switching Vernaculars: Part One

In your triad, decide the audience for each member.

Working independently, summarize the information above for documentation to your audience.

Your assigned audience:

Summary:

Worksheet: Switching Vernaculars: Part Two

Share your summary with your trio.

Notice the following:

- Did you highlight the same elements of the scenario?
- Do you notice a different feeling or quality to the documentation for different audiences?
- Why do you think you did or did not have differences in what is highlighted or the feeling of the documentation?

Use this space to record notes and observations.

End-of-Day Values Reflections

Questions and Reflections

Use this space to record reflections and questions about what you have learned today.

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Day Six

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