

Child Protective Services Structured Intake Form

Section I: Demographics

Date: _____

Time: _____

Received by (Name): _____

County: _____

Screening Decision: _____

Referred Due to Residency: _____

Assigned to: (County/Worker Name) _____

Referred to: (County Name) _____

Date/Time: _____

Confirmed with: _____

Was Safety Assessed Yes Date: _____ By: _____

No Reason: _____

Type of Report: Abuse Neglect Dependency

If referring to another county for assessment, do not complete the information below:

Family Assessment Investigative Assessment

Initiation Response Time: Immediate 24 Hours 72 Hours

Case Name: _____ Case Number: _____

This report involves: Conflict of Interest Out of Home Placement Request for Assistance

Substance Affected Infant notification by a healthcare provider

Please refer to the Child Protective Services Structured Intake Form Instructions (DSS-1402ins) for guidance and additional information on conducting a thorough intake interview and filling out this form.

Section II: Reporter Information

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Reporter waives right to notification? Yes No

Is the reporter available to provide further information, if needed? Yes No

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Section III: Maltreatment Information

Children's Information

Name (include nicknames)	Sex	Race	Age/DOB	School/ Child Care	Relationship to Perpetrator A	Relationship to Perpetrator B
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____	_____

Parent/Caretaker's Information

Name (include aliases/nicknames)	Sex	Race	Age/DOB	Employment/School
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Alleged Perpetrator's Information

Name (include aliases/nicknames)	Sex	Race	Age/DOB	Employment/School
A. _____	_____	_____	_____	_____
B. _____	_____	_____	_____	_____

Other Household Members

Name (include aliases/nicknames)	Sex	Race	Age/ DOB	Employment/ School	Relationship
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Is the alleged perpetrator a relative who lives outside of the home? Yes No

Does the relative entrusted with the care of the child have a significant degree of parental-type responsibility for the child? Yes No

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If yes, what is the duration of the care provided by the adult relative?

If yes, what is the frequency of the care provided by the adult relative?

What is the location in which that care is provided?

What is the decision-making authority that has been granted to that adult relative?

Address and phone number(s) of all household members, including the length of time at current address, include former addresses if the family is new to the area:

Driving Directions: _____

List any information about the family's American Indian Heritage: _____

List any information about the parent(s) or caretaker(s) Military Service: _____

Family's Primary Language: _____

Collateral Contacts: Others who may have knowledge of the situation (include name, address, and phone number):

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Has there been any occurrence of domestic violence in the home? _____

Are you concerned about a family member's drug/alcohol use? _____

Human trafficking occurs when individuals buy, sell, trade, or exchange people for the purposes of sex or labor. To your knowledge, has the child been a victim of trafficking? Yes No

If yes, describe _____

Does the child have any distinguishing characteristics (physical or other)? Yes No

If yes, describe _____

When

Approximately when did this incident occur? _____

When was the last time you saw the child(ren)? _____

Where

Current location of child(ren), parent/caretaker, perpetrator? _____

How

How do you know what happened to the family? _____

How long has this being going on? _____

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Section IV: Family Strengths

What are the strengths of this family? Tell me anything good about this family. _____

How do family members usually solve this problem? What have you seen them do in the past? _____

What is it about this family's culture that is important to know? _____

Section V: Safety Factors

Are you aware of any safety problems with a social worker going to the home? If so, what? _____

Calling DSS is a big step, what do you think can be done with the family to make the child(ren) safer?

Is there anything you can do to help this family? _____

Has anything happened recently that prompted you to call today? _____

Section VI: Health Insurance Information

Does the child(ren) have health insurance? If yes, what type?

Medicaid Private Insurance/HMO Health Choice Other No Insurance

Where does the child(ren) receive regular health care?

Health Department Hospital Clinic Community Health Center Private Doctor/HMO Other

No Regular Care

The following questions are intended as a guide. These questions are not meant to replace the narrative already completed in this report. If the questions that correspond with the specific allegations earlier in this report have already been answered, then that information should not be repeated. When these categories are not relevant to the allegations reported, indicate this by checking the N/A (not applicable) box above the first question in each category.

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Section VII: Abuse, Neglect, and Dependency

N/A

Physical Abuse

Where was the child(ren) when the abuse occurred? _____

Describe the injury. For example; Thursday, May 23, 2016, a.m. or p.m., red and blue mark, 1" by 4" shaped like a belt mark, fresh or fading, etc.

What part of the body was injured? _____

Is there need for medical treatment? _____

What is the parent/caretaker's explanation? _____

What is the child(ren)'s explanation? _____

What led to the child(ren)'s disclosure or brought the child(ren) to your attention? _____

Did anyone witness the abuse? _____

Are any family members taking protective action? _____

Have you had previous concerns about this family? _____

Is/are the child(ren) currently afraid of the alleged perpetrator? How do you know this?

Is/are the child(ren) afraid to go home? How do you know this? _____

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N/A **Moral Turpitude**

Does the parent/caretaker encourage, direct, or approve of the child(ren) participating in illegal activities such as shoplifting, fraud, selling drugs/alcohol? If so, what activity or activities is the child(ren) participating in that the parent is allowing?

N/A **Sexual Abuse**

Where was the child(ren) when the abuse occurred? _____

To whom did the child(ren) disclose the abuse? _____

Did the child(ren) disclose directly to the reporter? _____

What is the age of the alleged perpetrator and his/her relationship to the child(ren)? _____

What is the alleged perpetrator's access to the victim and other children? _____

What steps are being taken to prevent further contact between the perpetrator and the child(ren)? _____

Has the child(ren) had a medical exam? _____

N/A **Human Trafficking**

General

Does the child have any distinguishing marks or tattoos? Yes No Unknown

If yes, describe _____

Sex Trafficking and Labor Trafficking

Is the child a victim of sex trafficking or labor trafficking? Yes No Unknown

If so, who are the people involved? _____

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How often have you observed the activities or behaviors that make you suspect trafficking of the child? _____

Do you know where this is happening? Yes No Unknown

If yes, describe _____

Is anyone else involved in the trafficking? Yes No Unknown

If so, who? Who is benefiting from the trafficking? _____

Is a parent or caretaker involved? Yes No Unknown

If yes, how? _____

Is the child being exchanged for something of value or to pay a debt? Yes No Unknown

Tell me what you know about how the child is being trafficked.

Labor Trafficking

Is the child working long hours for little or no pay? Yes No Unknown

If yes, describe _____

Residency and Movement

Has the child been promised things, such as a job, money, or improved circumstances, in exchange for moving from one location to another, whether residence, community, city, state, or country? Yes No Unknown

If yes, what was promised? _____

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Is the child a resident of North Carolina? Yes No Unknown

If no, where is the child from and how did they get to North Carolina? _____

Is the child traveling with an adult to whom they are not related or with whom their relationship is unclear? _____

N/A **Emotional Abuse**

How does the child(ren) function in school? _____

What symptoms does the child(ren) have that would indicate psychological, emotional, social impairment?

Are there any psychological or psychiatric evaluations of the child(ren)? _____

Is the child(ren) failing to thrive or developmentally delayed? _____

Is there a bond between the parent/caretaker and the child(ren)? _____

What has the parent/caretaker done that is harmful? _____

How long has this situation been going on and what changes have been observed? _____

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N/A **Domestic / Family Violence**

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

Has anyone in the family been hurt or assaulted? If so, describe the assault or harm (what and when). If so, who has been hurt? Who is hurting the child and other family members? Please describe the injuries specifically.

Can you describe how the violence is affecting the child(ren)? _____

Is the child fearful for his/her life, for the lives of other family members including pets, or fearful for the non-offending adult victim's life?

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

Have the police ever been called to the house to stop assaults against either the adults or the child(ren)? Was anyone arrested? Were charges filed?

Are there weapons present or have weapons been used? _____

Are there power and control dynamics that pose risk to a child's well-being? _____

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Does the batterer interfere with the non-offending parent/adult victim's ability to meet the child's well-being needs?

Where is the child(ren) when the violent incidents occur? _____

Has any family member stalked another family member? Has a family member taken another family member hostage?

Do you know who is caring for and protecting the child(ren) right now?

What is the non-offending parent/adult victim's ability to protect him/herself and the child(ren)? _____

What steps were taken to prevent the perpetrator's access to the home? (shelter, police, restraining order)

Can you provide information on how to contact the non-offending parent/adult victim alone? _____

N/A **Substance Abuse**

What specific drugs are being used by the parent/caretaker? _____

What is the frequency of use? _____

Do the child(ren) have knowledge of the drug use? _____

How does their substance abuse affect their ability to care for the child(ren)? _____

Are there drugs, legal or illegal, in the home? If so, where are they located? _____

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Do the children have access to the drugs? _____

Has the parent ever experienced blackouts? _____

Is there adequate food in the house? _____

Have the children been exposed to a Methamphetamine or other drug manufacturing laboratory? Are chemicals accessible to the children? Have the children been present during a cook? What have you seen that makes you think there is a Methamphetamine or other drug manufacturing laboratory in the home?

N/A **Substance Affected Infant**

Has the infant been identified as substance affected by the health care provider involved in his/her delivery or care?

Did the infant have a positive drug toxicology? If yes, for what substances? _____

Is the infant experiencing drug or alcohol withdrawal symptoms? What is the present physical condition of the infant?

Is the infant's exposure to substances related to the mother's prescribed and appropriate use of medications? If yes, what is the medication and for what condition is it treating? Have you verified with the prescribing provider?

Has the infant been diagnosed with Fetal Alcohol Syndrome (FAS), Partial FAS, Neurobehavioral Disorder Associated with Prenatal Alcohol Exposure (NDPAE) or an alcohol related birth defect?

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Did the mother have a positive drug or alcohol toxicology screen during the pregnancy or at the time of the birth? Was there a medical evaluation or behavioral health assessment that indicated she had an active substance use disorder during the pregnancy or at the time of birth?

Is the substance use having an impact on the mother's ability to care for the infant? If so, what behaviors have you seen that demonstrate this?

What is the attitude of the mother or other caretakers toward the infant? _____

Are you aware of the family having any history that indicates there is an unresolved substance use disorder related to a prior case of child abuse and neglect?

If the infant is in the hospital, when is he/she scheduled to be released? _____

Based on what you know about the infant and family, would they benefit from any of the following services/resources?

- Evidence-Based Parenting Programs
- Mental health provider (LME/MCO)
- Home visiting programs, if available
- Housing resources
- Food resources (WIC, SNAP, food pantries)
- Assistance with transportation
- Identification of appropriate childcare resources
- Other: _____

N/A

Abandonment

How long has the parent/caretaker been gone? _____

Did the parent/caretaker say when they would return? _____

Did the parent/caretaker make arrangements with someone to care for the child(ren)? _____

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Are the alternative caretakers adequate? Do they wish to continue to provide care for the child(ren)?

Have they been in recent contact with the parent/caretaker? _____

Is your concern that the child(ren) were abandoned or that the caretaker is not an adequate provider?

N/A

Supervision

Is the child(ren) left alone? If yes, how long is the child(ren) unsupervised, what is the age and developmental status of the child(ren), what is the child(ren)'s ability to contact emergency personnel, is the child(ren) caring for siblings or other children, is the child(ren) afraid to be left alone, what time of day is the child(ren) left alone?

How is the parent/caretaker's ability to provide supervision compromised? Including information regarding the use of substances and mental health issues.

What are your supervision concerns? _____

N/A

Injurious Environment

What is it about the child(ren)'s living environment that makes it unsafe? _____

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N/A **Illegal Placement for Adoption**

Is the parent/caretaker placing the child for adoption in exchange for money or other compensation?

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

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

N/A **Improper Discipline**

If the child(ren) is injured from discipline, please describe the injuries in specific detail; also describe any instrument used to discipline.

Does the parent/caretaker have a pattern of disciplining inappropriately? _____

Is the child(ren) fearful of the parent/caretaker? _____

Do you know what prompted the parent/caretaker to discipline the child(ren)? _____

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N/A **Improper Care / Improper Medical / Improper Remedial Care**

Does the parent/caretaker provide adequate food, clothing, or shelter? If you feel the parent/caretaker is failing to provide the child(ren) with proper care, describe in detail what the child(ren) is lacking.

Is the parent/caretaker ensuring the child(ren) received necessary medical/remedial care? _____

Is the parent/caretaker ensuring the child(ren) receives a basic education? _____

Is the parent/caretaker providing drugs/alcohol to the child(ren)? _____

N/A **Dependency**

Is the child without a parent/caretaker? _____

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

Is the child unaccompanied? Yes No Unknown

Can you provide the location of the parent/caretaker? Yes No

If yes, please provide _____

What other circumstances may make the child(ren) dependent?

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Section VIII: Maltreatment Screening Tools

Indicate which of the following screening tools were consulted in the screening of this report:

Abuse:

- Physical Injury
- Emotional Abuse
- Cruel/Grossly Inappropriate Behavior Modification
- Sexual Abuse
- Moral Turpitude
- Human Trafficking

Neglect:

- Improper Care
- Improper Supervision
- Improper Discipline
- Improper Medical/Remedial Care
- Illegal Placement/Adoption
- Injurious Environment
- Abandonment

Dependency

And/Or

- Substance Abuse
- Substance Affected Infant
- Domestic Violence

Response Priority Decision Tree

After consulting the appropriate Maltreatment Screening Tool(s), if the decision is to accept the report, then consult the Response Priority Decision Tree(s). Indicate which of the following Response Priority Decision Tree(s) were consulted and the response required (immediate, 24 hours, 72 hours).

- Physical Abuse
- Sexual Abuse
- Human Trafficking
- Moral Turpitude
- Neglect
- Dependency
- Emotional Abuse

This report is being accepted for:

Abuse:

- Physical Injury
- Sexual Abuse
- Emotional Abuse
- Moral Turpitude
- Human Trafficking:
 - Sex Trafficking
 - Labor Trafficking

Neglect:

- Improper Care
- Improper Supervision
- Improper Discipline
- Improper Medical/Remedial Care
- Illegal Placement/Adoption
- Injurious Environment
- Abandonment

Dependency

And/Or

- Substance Abuse
- Domestic Violence

Response Time

- Immediate
- 24 Hours
- 72 Hours

Report Not Accepted

If the report was not accepted, explain the reason(s): _____

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If referrals were made for outreach, services or other agencies: _____

Section IX: Mandated Reports

This report involves a child care setting. Allegations were reported to the Division of Child Development and Early Education (staff) _____ on (date) _____.

Division of Child Development and Early Education (DCDEE) contact information:

Phone: 919-527-6500 Fax: 919-715-1013

This report involves a residential facility. Allegations were reported to the Division of Health Services

Regulation (staff) _____ on (date) _____.

Division of Health Services Regulation (DHSR) contact information:

Phone: 1-800-624-3004 Fax: 919-715-7724

This report involves a foster parent licensed by a county child welfare agency or a private foster care agency. Allegations were reported to the Division of Social Services, Regulatory and Licensing Office

(staff) _____ on (date) _____.

Phone: 828-669-3388 Fax: 828-669-3365

Allegations of criminal maltreatment reported to the DA and law enforcement on the following dates:

Oral Report: _____ Written Report: _____

Section X: Signatures

A two-level review was given by (include name, position, and date):

Name/Signature: _____ Position: _____ Date: _____

Name/Signature: _____ Position: _____ Date: _____