NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

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Intake in Child Welfare Services

Training Participant Workbook

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NC DHHS- Division of Social Services-Staff Development

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Competencies & Learning Objectives

Competency	Learning Objectives
A. Can apply the relevant federal, state and local laws, policies, procedures and best practice standards related to their area of practice, and understands how these support practice towards the goals of permanence, safety, and well-being for children.	**A1:** Locate and describe NC laws that apply to intake worker responsibilities. **A2:** Locate and describe laws that are defined in NC Juvenile Code 7B-101. **A3:** Explain how the NC Juvenile code 7B-101 assists in determining a valid CPS report. **A4:** Describe NC law related to reporting child maltreatment. **A5:** Describe the requirements for child maltreatment reporting relative to two-level consultation, jurisdiction, agency records check and Central Registry, documentation, and notification to the reporter and law enforcement.
B. Understands the basis and process of decision making in child welfare services.	**B1:** Explain how the structured intake tools guide intake case decisions. **B2:** Through intake interview practice scenarios, demonstrate how to use structured intake tools and the information gathered in the intake interview to reach a screening decision and a response time. **B3:** Explain the value of the two-level review being a joint screening decision. **B4:** Explain the implications of triage decision-making in after-hours on call. **B5:** Describe the physical and cognitive impact of extended duty and describe strategies that can be used to compensate for these influences on decision-making. **B6:** Describe the review process available to CPS
C. Knows pertinent information to be gathered from persons making referrals to document an intake report and knows when to accept or screen out a report.	**C1:** During a classroom activity, use the strength-based structured intake tool to effectively guide the interview process and document necessary information. **C2:** Using a case scenario, demonstrate techniques for explaining and reviewing to the caller the legalities and process involved when making reports of child maltreatment **C3:** Using a case scenario, demonstrate effective interviewing techniques and strategies to engage and gather important information from the caller.

Competencies & Learning Objectives *(continued)*

C. Knows pertinent information to be gathered from persons making referrals to document an intake report and knows when to accept or screen out a report.	**C4:** Identify the statutory requirements necessary for a valid CPS report. **C5:** Using a case scenario, locate and appropriately consult the maltreatment screening tools. **C6:** Locate and explain the importance of consulting the screen out tool. **C7:** Identify the concerns that community members
D. Can recognize indicators of potential danger and knows strategies to reduce risk of personal harm when making home visits or interviewing hostile or violent clients.	**D1:** Describe preventative measures that workers can employ to improve worker's safety in after hour situations. **D2:** Recognize effective methods to de-escalate challenging clients.
E. Understands the historical, philosophical, and legal basis of child welfare practice.	**E1:** Explain the roles and duties of the intake worker. **E2:** Describe the frequency and types of reports in NC based on Management Assistance statistics.
F. Knows and can apply social work values and principles in child welfare practice.	**F1:** Describe the value of strength-based interviewing. **F2:** Explain the relevance of questions related to culture at intake. **F3:** Explain the harm that can be done when CPS agencies do not practice the most careful screening of reports of child maltreatment. **F4:** Identify local community resources for making appropriate referrals. **F5:** Explain the concepts of confidentiality, liability, and anonymity regarding reporting child

DAY 1 Intake: The Basis

AGENDA

I.	Welcome and Trainer Introduction	10 minutes
II.	Overview	10 minutes
III.	Participant Introductions Activity	45 minutes
IV.	Creating a Safe Environment	25 minutes
V.	Competency Based Learning	10 minutes
VI.	Knowledge Assessment	10 minutes
VII.	Conceptual Framework	20 minutes
VIII.	The Big Picture	15 minutes
IX.	Intake Defined	30 minutes
X.	Laws and Modified Policy	120 minutes
XI.	Transfer of Learning	15 minutes
XII.	Closing	5 minutes

Definition of Intake

- Taking reports of child maltreatment

- Assessing whether the report meets the criteria for child abuse, neglect, and/or dependency.

- Deciding on how the agency will respond and how quickly they will respond.

NC Laws, Policy, Protocol and Guidance

Anonymity 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. The law does not grant the right for the reporter to remain anonymous.

Policy Guidance- If the agency has Caller Identification, the staff should make any caller aware that they have this information especially if the identifying information the caller is giving is different from the information on the Caller Identification. If DSS 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.

Confidentiality The reporter must be informed that their identity will remain confidential unless:

- A court orders otherwise
- A local, state, or federal entity demonstrates a need for the reporter's name to carry out its mandated responsibilities.

Immunity **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.

Liability There are criminal consequences for failing to report suspected abuse, neglect, and dependency. As of October 1, 2013, a person or institution who wantonly or knowingly fails to make a mandated report, or who knowingly or wantonly prevents another person from making a report, is committing a misdemeanor.

Duty to Report:

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.

Rights of Reporter include:

- the right to know whether DSS accepts the report, plans to investigate it, and whether it was reported to law enforcement.
- if DSS does not accept the report, the right to request an agency review of that decision.
- if the report was accepted, if the department found abuse, neglect, or dependency, and if so, what action the department took including whether to file a petition in district court.
- if the reporter thinks that DSS should have filed a petition in court alleging the child was abused, neglected, or dependent but did not, he has a right to have the decision reviewed by the district attorney within five work days of receipt of the notice.

  Note that the first review is by the agency (and is permitted by administrative code, not statute); the second review is by prosecutor and is authorized by statute.

Source: Adapted from: Mason, J. (2013). *Reporting child abuse and neglect in North Carolina*. Chapel Hill, NC: Institute of Government, UNC Chapel Hill.

Source: https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-97/man/Intake_%20Manual.pdf

DAY 2 Intake: The Process

I.	Opening Activity	10 minutes
II.	The Big Picture	5 minutes
III.	The First Contact	
IV.	Step One: Complete the Intake Form	135 minutes
	A. Strength-Based Interviewing	30 minutes
	B. Information Gathering	60 minutes
	C. Intake Interview Practice	60 minutes
V.	Substance Affected Infant	
VI.	Decision-Making at Intake	45 minutes
	A. Importance of Decision Making	30 minutes
	B. Understanding Legal Definitions	15 minutes
VII.	Structured Decision-Making Tools	5 minutes
	A. Step Two: Consult the Maltreatment Tool	30 minutes
	B. Step Three: Determine Responsible County	10 minutes
	C. Step Four: Response Priority Decision Tree	10 minutes
	D. Screening Out Reports	20 minutes
	E. Intake Practice	30 minutes
VIII.	Transfer of Learning	15 minutes
IX.	Closing	5 minutes

Checklist for Intake Interview

Name_____

Complete this form as the intake worker talks to the reporter.
List specific examples in the spaces.

Yes	**No**	
---	---	Answered phone by identifying themselves with their name and unit?
---	---	Asked for caller's name and number at the beginning?
---	---	Thanked reporter for his/her concern for the child and decision to report?
---	---	Sounded supportive/concerned?
---	---	Asked clarification questions?
---	---	Asked for family strengths?
---	---	Ascertained relationship between reporter and family?
---	---	Maintained conversational tone of voice?
---	---	Explained intake report process?
---	---	Asked sequencing questions?
---	---	Determined whether information is firsthand or secondhand?
---	---	Repeated numbers back to the caller?
---	---	Asked about driving directions?
---	---	Discussed confidentiality?
---	---	Encouraged reporter to disclose his/her identity and explained why it is important?
---	---	Informed reporter of five-day letter?

Reporter:

Rank the worker on a scale of 1 to 5, with 1 being "agree" and 5 being "disagree." How did you feel about the following:

_____Your call on behalf of a child was appreciated.

_____You were treated respectfully. (Give an example to show why you agree or disagree.)

_____You understood the intake process.

_____Worker responded in a professional manner. (Give an example to show why you agree or disagree.)

_____You understood what would happen after your call.

_____Length of interview: _____

Case Scenario One

An anonymous reporter who lives in the family's neighborhood has seen children outside of a home several mornings on her way to work between 6:00 and 6:30 am. The children are not dressed, have no shoes, no diapers, are not supervised, and are often playing or walking in the street. Today, she almost hit the two-year old before she saw him in the street. Their mother is well known around the neighborhood to be "doing drugs, drinking alcohol, and prostituting to get money for her habits." Her name is Tonya Joyner. The children beg food from neighbors and are dirty. The reporter has fed them herself on occasion. The reporter has heard from another neighbor that the mother whipped one child for begging for food. All the neighbors talk about how she treats the children. The children often have bruises on their bodies and tell people it is from being hit by the mother or her boyfriend. A number of other adults are living in the home at various times, and there is a continuous flow of traffic in the home due to the mother and boyfriend selling drugs. The boyfriend was seen by the reporter about a week ago slapping the oldest child in the face, shaking her, and cussing her out. The mother watched but did not do anything to stop him.

Caller says the family lives at 310 S. Millard Street in Anytown, NC. She thinks the children's names are Carla (about five years old), Marco (maybe about two or three years old), and Cassandra (about four years old). The reporter would not give her name because she was afraid of the people in the house because they are drug dealers. She wanted to make a report but did not want to be involved. Reporter felt it necessary to make the report to protect the children. Reporter says, "Somebody has to do something to protect those children, otherwise, I am afraid something terrible is going to happen." Reporter knows that the mom and her boyfriend have been involved with the police several times and has seen a patrol car in the yard twice, but she doesn't know if it was for drugs or what. Reporter has heard that mom's boyfriend is very violent and has been charged with assault at least once. Reporter has seen mom with a black eye before and suspects domestic violence. Reporter does not know of any family members in the area.

Reporter says that she has never heard of mom hurting her youngest child and has seen her hug him and hold him affectionately. Mom used to work and was a pretty g o o d mother before she started living with her present boyfriend a couple of years ago. Reporter says mom's drug use started when the boyfriend moved in. Before that, she did not know of mom using drugs or prostituting. Mom used to have a reliable job as a sales clerk before she was laid off.

Case Scenario Two

A grandmother, Shirley Martin, calls to report that her six-year-old granddaughter, Sharon, just called her crying and afraid. Mrs. Martin is frustrated and upset. The child says that she is home alone with her three-year-old brother, Michael. They have no food at home, and she is hungry and wanted Grandma to come and get her and feed her. The grandmother has no transportation. The grandmother says this happens "all the time." She reports stacks of dirty dishes in the sink with old food still on them, cat feces on the floor that doesn't get picked up, and dirty clothes all over the house. Erika Martin, the mother, and the children live at 427 Twelfth Street in town. The grandmother says Erika Martin stays out on the streets "drinking and drugging." She has confronted her about leaving the kids alone and not fixing them meals in the past, but it hasn't done any good. When Erika gets "strung out like this," she "just can't think of nothin' else but getting more." Erika has been in rehab for her addictions twice in the past. She currently has a counselor at mental health and a probation officer for writing bad checks. The six-year old says that her mother left yesterday with a man and was supposed to be back before supper but she did not return and the children were alone all night.

Grandmother says all this started when her husband left her to run off with another woman. She has had no help raising the children and money is very tight. Erika works in fast food but really doesn't make enough to get by. Erika has been reported a couple of times to DSS but always "puts on a good show" when the social worker arrives. The workers usually come during the week when she is clean and she does most of her drug use at nights and on weekends.

Grandmother says that Erika doesn't hit the children and as far as she knows, has never hurt them. She just doesn't think straight when she is using drugs. During the week, she works regularly and tries to care for the children. Grandmother is older, in poor health, and without transportation. Anywhere she goes, she has to find a ride. She is at her wit's end with her daughter leaving the children alone. She does not know what else to do but call DSS.

Case Scenario Three

JoAnn Long calls the DSS intake worker about Alice Smith. She reports that she has struggled for a long time about doing something about this and is just tired of seeing this situation. James, an eleven-year-old friend of her son, comes from a family that has a lot of problems. He rides his bike all the time alone on Buckman Road, a very busy, dangerous street with a lot of blind spots. Mrs. Long had some clothes her son had outgrown and went to offer them to James's mother. No one came to the door at first when she knocked but then James opened the door. He told her he was heating up some macaroni and cheese in the microwave and invited her inside. She went in with the child and described it as "nasty"—roaches all over, dirty, boarded up windows, toys and junk strewn everywhere. James is often left at home alone at night while his mother works at a bar. James always looks a little dirty, his hair is not always clean, and his clothes are wrinkled and messy. One night, James spent the night with her son, and when he took his shoes off, there were maggots in them. He was very ashamed. They had to scoop the maggots up and throw them outside. James says he pulled the shoes out of a closet where they had been all summer and didn't look in them before he put them on.

The family lives on 100 Old Jones Road in Raleigh in a run-down blue house on the right after the sharp curve just past the Burger King. There is an old, junk car in the yard. The front steps and porch are "rickety," and rotten in places. There is an old refrigerator on the front porch.

James says he is not afraid to be at home alone even though it is 2 AM sometimes before his mother comes home most nights. He has no known disabilities. After talking for a while, the reporter blurts out that she doesn't think Mrs. Smith should be working in a bar. It is not respectable and she is setting a bad example for James. Reporter thinks James would be better off with his father who she thinks lives in South Carolina. She knows that James's maternal grandmother, Mary Jones, lives in Raleigh in a retirement home and that Mrs. Smith has a sister in town somewhere also. Mrs. Long states that James would be better off with any of his relatives than living where he is.

Mrs. Long cannot think of any strengths in this family. She does not approve of how Mrs. Smith keeps house, how she cares for James, or where she works. Mrs. Long is not aware of any drug use on Mrs. Smith's part but "feels sure" she drinks occasionally after all she works in a bar. She has never seen any bruises or marks on James and he has not reported ever being hit by his mother. Mrs. Long's final comment is that she does not think Mrs. Long is a fit mother and James as suffering as a result.

NC General Statute 7B-101
Legal Definitions

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.
Parent	A child's biological or adoptive parent.
Guardian	Someone appointed by the court to have the care, custody, and control of a child (or to arrange an appropriate placement for the child), with authority to consent on the child's behalf to medical care and other things for which a parent's consent ordinarily would be required.
Custodian	A person or agency that has been awarded legal custody of a juvenile by a court
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, an adult member of the juvenile's household, an adult relative entrusted with the juvenile's care, a potential adoptive parent during a visit or trial placement with a juvenile in the custody of a department, 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.
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.

Legal Definitions: General Statute 7B-101 (continued)

Abused 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(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 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.

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.

Sources: https://www2.ncdhhs.gov/info/olm/manuals/dss/csm-97/man/Intake_%20Manual.pdf
https://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_7B/GS_7B-101.html

DAY 3 Intake: The Practice

I.	Opening Activity	10 minutes
II.	Intake Procedures- Special Reporting	30 minutes
III.	Intake Practice	120 minutes
IV.	Notifications	10 minutes
V.	Documentation	30 minutes
VI.	Step Five: CPS Assessments	5 minutes
VII.	On-Call for Intake Workers	65 minutes
	A. Extended Duty	10 minutes
	B. Biological Clock Issues	15 minutes
	C. Conducting Triage	25 minutes
	D. Safety Issues	15 minutes
VIII.	Referrals	
IX.	Complaints and Outreach	
X.	Closing	15 minutes

Practice Scenarios
Screening, Level, and Urgency

Use the Maltreatment Screening Tool and the Maltreatment Response Priority screening trees to review the following Intake scenarios. For each example, decide (1) whether the report should be screened in or out, (2) if screened in, which definition (abuse, neglect, or dependency) does the report meet, (3) the level of urgency (should it be responded to Immediately, in 24 hours, or in 72 hours), and (4) assessment track (5) if screened out, why the allegation does not meet the criteria (be specific).

I, O A, N, D I, 24, or 72 FA or IA

1. Woman reports that during an argument last night, her sister's husband got drunk, grabbed a gun, and threatened his wife and child by putting a gun to his wife's head in front of the child and threatening to pull the trigger. This is not the first time it has happened. In fact, this is the second time this month the reporter is aware of. The man has been arrested for assault on his wife twice in the past year, but she keeps dropping the charges. He is very violent toward his wife and child. The caller has seen been bruises on the child in the past that she suspected was inflicted by his father, but the mother claimed the child fell and hurt himself. The boy is only 5 years of age and always trying to stop his dad from hitting his mother. Caller is afraid the man is going to shoot his wife or son either on purpose or accidentally especially when the fighting occurs after he has been drinking. She has encouraged her sister to leave her husband and has provided a safe house for them on several occasions, but her sister always returns to her husband.

2. A hospital reports a newborn with a positive toxicology screen will be discharged in two days. Hospital does not know of parent's history with DSS. Hospital is concerned that parents show little interest in caring for the newborn. Hospital reports that parents do not hold the baby, shows no interest in feeding the baby or changing the baby's diaper. They know nothing more about the family.

3. A dentist reports that he saw a 5-year-old child in his office this morning whose tooth had been knocked out. He says the parent claims she was attempting to spank child when the child ran away to avoid punishment, fell, and knocked out the tooth. The dentist was suspicious of her story.

I, O A, N, D I, 24, or 72 FA or IA

4. An uncle reports his nephew and nephew's girlfriend for not taking proper care of their two-month-old baby. He looks in on the family every other day. Since he was last there two days ago, the couple ran out of formula and so they gave the baby whole milk. The baby is crying constantly and he believes the baby is constipated and having stomach pains. The couple shows no indication of going to get more formula because it is too expensive and they think the baby will adjust to the regular milk in a few days. He reported that the mother was also giving the baby over the counter medicine that is inappropriate for the baby's age to stop her from crying and make her sleep. Uncle says parents do not appear bonded with the baby, they do not hold her or comfort her, and seem unconcerned about her care. The baby was crying and lethargic when he visited today and he is concerned for the child's safety.

5. A father called in reporting about his three-year-old son who lives with his ex-wife and her new husband. Last night, the child slipped out of the house without his mother or his stepfather's knowledge when his stepfather left to go to the store for milk. The child ran to the car and the stepfather hit the child and ran over the child's leg with the car in the driveway. The child was immediately taken to the hospital, treated, and released. The father did not find this out until the next day, from a friend of the mother's. The father feels the child is not being adequately supervised. There are no previous reports known to the agency and the father does not have any knowledge of previous problems or concerns about the care or supervision of the child. He knows of no substance abuse issues or domestic violence. When asked how the situation was handled by the mother, the father said that he was told the family had installed a high door lock so that the child could not leave the house undetected again.

6. A citizen observed and reported a four- or five-year-old child seen in a grocery store with a man yelling and cursing at the child; the child was cowering and obviously afraid. She gave a physical description of the man and the child, and she got the license number and make of the car but has no other information. Incident occurred about 20 minutes ago.

I, O A, N, D I, 24, or 72 FA or IA

7. Mother reports daycare center for putting "pull-ups" on her son even though he is potty-trained, and her 16-month-old came home with scratches on her face and three bite marks on her arm. Daycare workers told her the child was in a fight with another child. This is the third time this has happened. She also reports daycare workers smoke in the building. She called as soon as she got home.

8. An emergency room nurse reports that two children, ages 13 months and 22 months, were brought in by their mother who stated that they may have eaten hair relaxer gel. The doctor advised the mother to remain at the hospital for three to four hours in case the chemical had been ingested as it could cause the esophageal muscle to constrict and cause possible death. The mother left the hospital with the children, and the reporter is concerned about the health of the children.

9. A neighbor reports a very young child unattended on the steps of an apartment swimming pool. He estimates the child's age to be about 3 years. He has been with the child for about 10 minutes and no adult has appeared.

10. Mother reports that she is entering a substance abuse treatment unit in three days for a 28-day or longer stay, and she needs someone to care for her nine-year-old daughter while she is in treatment. Mother has no friends or relatives to keep the child. The child can be violent because she feels her mother cares more about drugs and men than about her. The child's step-father is in prison for assaulting his own mother and violating probation. He has also been in court for assaulting the child in the past.

11. Homeless shelter staff reports the single mother of a three-year- old staying there has been hospitalized, and there is no kin known.

12. A citizen driving down the street nearly hits a child left alone, roller-blading near a busy intersection and in the street. The caller
thinks the child is around 9-10 years of age. He is calling from his car phone.

I, O A, N, D I, 24, or 72 FA or IA

13. Hospital social worker reports a 13 year old child, hospitalized for injuries from a fight with another child, ready for discharge whom the parents refuse to take home. The parents have not visited the child in the hospital and have stated they did not want the child to come home due to his bad behavior and their inability to control him.

14. School bus driver reported a five-year-old child who has cerebral palsy. Doctors put casts on both of the child's legs, and he was supposed to wear them for at least eight weeks. After that, the child would be wearing braces to help him to be able to walk. When the bus driver picked the child up today, he did not have the casts on. He has only had them on for four weeks. The mother told the driver that she had used a hacksaw to cut them off because they were bothering him.

15. Seventeen-year-old girl was vomiting up blood and came to the emergency room today. She was uncooperative and is refusing treatment. The mother was called, but she told the hospital staff that she is tired of worrying about her daughter and that she is not coming up to the hospital to sign anything. According to the child, she is living with another relative. Doctors have stated that they do not believe that the situation is life threatening but they are very concerned about a child throwing up blood.

16. A woman was in her car in the parking lot at the credit union. Even with the windows rolled up she hears a mother screaming and cursing at a child. She sees the mother jump out of the car and run around to the back passenger-side of the car and begin hitting the child, continuing to scream and cuss at the child, calling the child a "motherfucker" and "bitch." Mother told the child while she was hitting her that she was sick of her. Caller could not see where on the body the child was being hit but did see the child lying down while hit 10 or more times, and the witness could see mother's hand flying. Caller got out of her car and went into the credit union to call DSS. A credit union employee also verified that the mother had gone inside while leaving the child alone in the car. When caller returned to the parking lot, the car was gone.

APPENDIX

A. Transfer of Learning Tool (TOL)

B. CPS Intake Tool- DSS 1402 (two copies)

C. CPS Intake Tool Instructions-DSS 1402ins

D. Strengthening Child Protective Services Intake (Practice Notes article)

Transfer of Learning Tool (TOL)

Instructions: Part A is completed before the child welfare worker attends the training event. Part B is completed during the training and Part C is completed soon after the training event.

Tool goals:

1. Ensure child welfare workers get as much as possible from training;
2. Support child welfare workers in transferring learning and skills from training to the workplace.

Course Title: **Intake in Child Welfare**

Training Dates: _____

Competencies

- Understands the basis and process of decision making in child welfare services.
- Knows pertinent information to be gathered from persons making referrals to document on an intake report and knows when to accept or to screen out a report.
- Can recognize indicators of potential danger and knows strategies to reduce risk of personal harm when making home visits or interviewing hostile or violent clients.
- Can apply the relevant federal, state and local laws, policies, procedures and best practice standards related to their area of practice, and understands how these support practice towards the goals of permanence, safety, and well-being for children.
- Understands the historical, philosophical, and legal basis of child welfare practice.
- Knows and can apply social work values and principles in child welfare practice.

Part A: Training Preparation *Complete before training*

Date of pre-training meeting between supervisor and social worker (Part A): _____

A1. **Social Worker's goals for the training** (*What do you hope to get out of this training? What do you want to walk away from the training knowing or doing?)*

A2. **Supervisor's goals for the training** (*What does the supervisor want the worker to walk away from the training knowing or doing?)*

A3. **List specific <u>questions</u> the social worker would like answered about the topic:**

A4. **List <u>current opportunities</u> the social worker might want to apply learning during and after this training**:

A5. **List any <u>steps</u> the social worker will take <u>to prepare</u> for the course (e.g., review NC child welfare team policies**

A6. **What are <u>potential barriers</u> to course attendance and full participation? What <u>supports</u> will be provided to address barriers (e.g., no calls during training days, etc.)?**

Supervisor's initials:_____Date: _____

Worker's initials: _____ _____Date: _____

Part B: During the Training

At the end of each training day, you will be asked to complete TOL activities to apply your learning. Please only answer these questions when prompted by the trainers. You will share your responses and ideas with your supervisor in your follow up meeting after the training.

Day One Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three "takeaways" for today?

Day Two Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three "takeaways" for today?

Day Three Reflections

1. What about today's activities and material did you find most helpful?

2. What about today's activities and material did you find most challenging?

3. What are your top three "takeaways" for today?

Summary of Reflections

Review your notes from all training days and consider the following:

1. Consider the Transfer of Learning plan you negotiated with your supervisor and your reflections during the training, identify a few action items you want to discuss with your supervisor in your post training follow up meeting.

2. What are the merits of the action items you selected? How will they strengthen your practice, benefit the agency and/or enhance the safety and well-being of children?

3. What resources or supports will you request?

4. What barriers or pitfalls do you anticipate? How can you address these? What supports do you need?

Part C: Post-Training Debrief *Complete within 30 days after training*

Date of debrief meeting with supervisor: _____

C1**. What are the <u>top three things</u> you learned from the training?**

C2. **Describe your action plan in response to this training.**

C3. **What might be some <u>potential barriers</u> to applying the skills and knowledge obtained from the training (e.g., time, resources, etc.)? How might these barriers be overcome?**

C4. **What do you need from your supervisor to apply what was learned in this training?**

Supervisor's signature: _____Date: _____
Social Worker's signature: _____Date: _____

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

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

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):

_____

_____

Do you have any information about the children's other maternal or paternal relatives (include name, address, and phone number)?

_____

_____

Has the family ever been involved with this agency or any other community agency? Do you know of other reports about the family?

_____

_____

What

What happened to the child(ren), in simple terms?

Did you see physical evidence of abuse or neglect? If yes, please describe. _____

_____

_____

Is there anything that makes you believe the child(ren) is/are in immediate danger? _____

_____

_____

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? _____

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.

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? _____

_____

☐ 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? _____

_____

_____

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? _____

_____

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? _____

☐ 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? _____

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? _____

_____

_____

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?

_____

_____

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)? _____

_____

_____

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? _____

_____

_____

☐ 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)? _____

_____

_____

☐ 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?

_____

_____

_____

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

_____

_____

_____

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

And/Or
- ☐ Substance Abuse
- ☐ Domestic Violence

☐ **Dependency**

Response Time

☐ Immediate ☐ 24 Hours ☐ 72 Hours

Report Not Accepted

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

_____

_____

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: _____

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

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

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):

_____

_____

Do you have any information about the children's other maternal or paternal relatives (include name, address, and phone number)?

_____

_____

Has the family ever been involved with this agency or any other community agency? Do you know of other reports about the family?

_____

_____

What

What happened to the child(ren), in simple terms?

Did you see physical evidence of abuse or neglect? If yes, please describe. _____

_____

_____

Is there anything that makes you believe the child(ren) is/are in immediate danger? _____

_____

_____

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? _____

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.

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? _____

_____

☐ 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? _____

_____

_____

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? _____

_____

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? _____

☐ 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? _____

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? _____

_____

_____

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?

_____

_____

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)? _____

_____

_____

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? _____

_____

_____

☐ 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)? _____

_____

_____

☐ 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?

_____

_____

_____

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

_____

_____

_____

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

And/Or
☐ Substance Abuse
☐ Domestic Violence

☐ **Dependency**

Response Time

☐ Immediate ☐ 24 Hours ☐ 72 Hours

Report Not Accepted

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

_____

_____

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: _____

North Carolina Department of Health and Human Services, Division of Social Services

Instructions for Completing the CPS Structured Intake Form

The quality and consistency of the information gathered during Child Protective Services (CPS) Intake impacts the interventions throughout the child welfare system. The Intake social worker must be mindful of building and maintaining a cooperative relationship with the reporter. Each reporter should be given support and encouragement for the decision to make a report. The reporter's fears and concerns should be elicited and addressed. There are questions that need to be asked; however, listening is of great importance. Give the reporter time to disclose all of the information they have been considering. It is a difficult decision to contact CPS, and simple verbal reassurances can help express the agency's gratitude that the reporter took the initiative to call.

During the Intake process, the social worker will explain to the reporter the crucial role that collateral information sources have in the agency's possible future service provision to the child and family and ask if any collateral contacts can be identified. All collateral information sources identified by the reporter will be documented on the Structured Intake Report Form. The reporter should be informed that the agency will be contacting the individuals or agencies named as collateral information sources during the CPS Assessment process.

A strengths-based approach should be used during CPS Intake; as opposed to a forensic, "just get the facts" interview format. The Intake social worker will use interviewing skills to engage the reporter which could lengthen the Intake interview, but not significantly. Taking the time with the reporter provides more details and sets a stage where safety and risk are at the forefront.

The Structured Intake Form is organized in such a way that the Who, What, When, Where, and How questions are answered along with eliciting information from the reporter regarding family strengths and safety factors. Every reporter will be asked about domestic violence, substance use, human trafficking, and possible occurrence within the family. Every reporter will be asked about the family's current health insurance coverage; whether the family has any American Indian heritage; and if the family is affiliated with a branch of the United States Armed Forces. The Structured Intake Report Form is then separated into the following categories: physical abuse, moral turpitude, sexual abuse, human trafficking, emotional abuse, domestic/family violence, substance abuse, abandonment, drug exposed infant, supervision, injurious environment, illegal placement for adoption, improper discipline, improper care/improper medical/improper remedial care, and dependency. When these categories are not relevant to the allegations reported, indicate this by noting N/A (not applicable) by each category. When the reporter is alleging maltreatment that corresponds with the specific categories, there are questions provided to guide the interview.

The following pages cover each section of the CPS Structured Intake Form and review the type of information each section should contain. These instructions are intended as a guide and should be used in combination with Structured Intake policy, Chapter VIII: Protective Services, DSS-1407 Structured Intake. CPS Intake social workers might find that additional or alternative questions may be necessary in order to ensure that an appropriately informed screening decision can be made.

Sections II-VI must be filed out completely with the reporter. The appropriate questions in Section VII should also be completed with the reporter based on the type of maltreatment indicated. Sections I and VIII through Section X must also be completed by the Intake social worker.

Section I: Demographics

The first page of the CPS Structured Intake Form serves as the face sheet for the document; as it contains information that is essential to the entire child welfare case.

Date and Time CPS Report was received.
Indicate who, as well as the county that, received the report.
Indicate the screening decision.
If the CPS Report was referred to another county due to residency issues, indicate the proper county.
If the CPS Report has been deemed to pose a Conflict of Interest (Chapter VIII: Protective Services, DSS-1410 Conflict of Interest) for the county, indicate the county who will be responsible for the CPS Assessment.
The question, "Was Safety Assessed?", should be completed when the CPS Report is a Conflict of Interest but immediate safety had to be assessed. Use this section to indicate who assessed the immediate safety or if not assessed, the reason.
Identify the type of report.
Indicate the assessment type and assigned response time.
Complete the case name and case number when acquired.
Indicate if the CPS Report involves a Conflict of Interest, Out of Home Placement, Request for Assistance, Substance Affected Infant notification by a healthcare provider.

Section II: Reporter Information

Name, address, telephone number and relationship, indicate if the reporter wants notification, if the reporter is willing to be contacted again for further information, if needed.

G.S. §7B-301 requires that the person making the report give their name, address, and telephone number. However, refusal of the person making the report to identify themselves does not relieve the agency's responsibility for conducting a CPS Assessment. This statute does not grant the right for the reporter to remain anonymous. County child welfare agencies often need to contact a reporter to clarify or follow up on other issues. Anonymous callers should be encouraged to provide their identity by letting him/her know of the requirement that agencies keep his/her identity confidential. If needed, refer to G.S. 7B-302 Assessment by director; access to confidential information; notification of person making the report for information about the exceptions to reporter confidentiality. Anonymous callers should be informed that their phone number (if shown in Call ID) is being captured and will be documented on the report.

Section III: Maltreatment Information

This section contains basic demographic information, as well as the highlights of the reported abuse, neglect, and/or dependency concerns.

Who:

Children's Information: Name (include nicknames), Sex, Race, Age/Date of Birth, School/Child Care, and Relationship to Alleged Perpetrator(s). Include information regarding the hours the child attends school, grade level and teacher's names if the reporter has that information.

Parent/Caretaker's Information: Name (include aliases/nicknames), Sex, Race, Age/Date of Birth, Employment/School Information. Include information regarding the hours the parent/caretaker works or attends school.

Alleged Perpetrator's Information: Name (include aliases/nicknames), Sex, Race, Age/Date of Birth, Employment/School Information. Include information regarding the hours the alleged perpetrator works or attends school.

Other Household Members: Name (include aliases/nicknames), Sex, Race, Age/Date of Birth, Employment/School information. Include information on all other household members with any specifics the reporter has regarding those household members.

If the alleged perpetrator is a relative who lives outside of the home, there are questions to ask of the reporter related to the relationship to the child; caretaking responsibility; frequency and duration of that responsibility; location in which the care is provided; and the overall decision-making authority granted to that adult for that child. Complete these questions with as much information as the reporter has so a decision can be made as to whether or not this alleged perpetrator meets the statute definition of a caretaker.

Address and phone number of all household members, including the length of time at current address, include former addresses when family is new to the area *or has moved within the last two years.*

Driving directions to the family's residence.

List any information about the family's American Indian heritage. Efforts should begin during CPS Intake to gather information regarding any knowledge of a child's American Indian tribe membership and whether it is to a state or federally recognized tribe.

List any information about the parent(s) or caretaker(s) service or affiliation with the United States Armed Forces, including branch, station, deployment status, etc.

Family's primary language. Indicate if the reporter believes there will be a need for interpreter services.

Collateral Contacts: Others who may have knowledge of the situation (include name, address and phone number). Include information regarding the time of day when these collateral contacts will be accessible, and whether they will be accessible by telephone.

Do you have any information about the children's other relatives? (Include name, address, telephone number) Include information on maternal and paternal relatives whether they are subjects of the allegations or not. Efforts

should begin during CPS Intake to collect information regarding any family members or kin who have a significant relationship with the child(ren).

Has the family ever been involved with this agency or any other community agency? Do you know of other reports made about the family?

What: What happened to the child(ren), in simple terms?

Did you see physical evidence of abuse or neglect?

Is there anything that makes you believe the child(ren) is in immediate danger?

Has there been any occurrence of domestic violence in the home? *(Inform reporter this is a routine question asked of every reporter)*

Are you concerned about a family member's drug/alcohol use? *(Inform reporter this is a routine question asked of every reporter)*

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 *(Inform reporter this is a routine question asked of every reporter)*

If yes, describe

Does the child have any distinguishing characteristics (physical or other)? Yes/No *(Inform the reporter this is a routine question asked of every reporter) Examples may include the child or youth is very tall, has purple hair, a distinctive birth mark.*

If yes, describe

Collect as much specific information as possible from the reporter; this is the reporter's opportunity to tell the story, so listening to the reporter is important.

When: Approximately when did the incident occur?

When is the last time you saw the child(ren)?

Talk with the reporter about the most recent events, as well as establishing a timeline of events which have occurred within the family.

Where: Current location of child(ren), parent/caretaker, alleged perpetrator.

How: How do you know what happened with the family?

How long has this been going on?

The responses to these questions provides information regarding the reporter's level of involvement with the family and whether he/she witnessed the maltreatment.

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?

Can you tell me what is happening when the situation is okay?

What is different about those times?

Are there times when the parent is attentive instead of neglectful? Tell me more about those times?

What did the parent and child do instead?

What do you think contributed to the parent responding differently?

If the reporter has difficulty identifying strengths within the family, it may be helpful to ask some exception and strength questions to explore the family situation. Exception and strengths questions may cause the reporter to think more carefully about the situation. This also communicates to the reporter that the agency is seeking a balanced approach; that ensuring safety through a family-centered approach is the goal.

Section V: Safety Factors

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

Talk with the reporter regarding the presence of guns, knives, or other weapons in the home and whether anyone in the home is known to behave in a violent, threatening manner. Talking with the reporter about the presence of other possible safety issues in the family's home or neighborhood is important for the safety of the family and the worker; for example, are there stray or untethered dogs, is there any suspicion of a methamphetamine laboratory, etc.

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

Is there anything you can do to help the family?

Has anything happened recently that prompted you to call today?

*Many of the above questions may be questions that the reporter would not expect. Using strengths and exceptions questions, as well as engaging the reporter in a safety approach during CPS Intake may require the social worker to acknowledge to the reporter that these questions may take more time and may be unfamiliar. The social worker may have to further explain the questions. Some reporters may not be willing to talk regarding what should be done with the family because they feel they have done their part by calling**;** other reporters will be interested in talking about safety.*

Section VI: Health Insurance Information

Does the child(ren) have health insurance?

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

Complete this section with as much information as the reporter has regarding the child(ren)'s health care.

Section VII: Abuse, Neglect, and Dependency

The interview with the reporter thus far should indicate what type of maltreatment the reporter is concerned about with this family. This section of the CPS Structured Intake Form specifies the types of maltreatment and provides questions which may be helpful in obtaining clarifying information. The questions in this section are intended as a guide and are not meant to replace the narrative already completed in this report. If questions in this section have already been answered, then those questions should not be repeated during the interview with the reporter. If a type of maltreatment and the associated question are not relevant to the allegations reported, indicate this by checking the N/A (not applicable) box above the first question in each category, skip those questions, and go to the next type of maltreatment. However, it is expected that the Intake social worker will enter information in Section VII for all maltreatment types that have been alleged prior to completing the Maltreatment Screening Tools in Section VIII.

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)

What part of the body was injured?

Is there a need for medical treatment?

What is parent/caretaker's explanation?

What is the child's explanation?

What led to the child'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 the child(ren) currently afraid of the alleged perpetrator? How do you know this?

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

Moral Turpitude

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

Sexual Abuse

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

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

Did the child 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 alleged perpetrator and the child(ren)?

Has the child(ren) had a medical exam?

When allegations are received about sibling sexual activity or other risky sexual activity the Intake social worker must obtain information about the parent/caretaker's knowledge that the child engaged in sexual activity and/or permitted/encouraged this activity. Reports alleging sexual activity between children under age 16 may be a lack of appropriate supervision (see Supervision later in the Intake Form) by their parents/ caretakers. If the parent/ caretaker responded in a protective manner a CPS Assessment may not be required.

Intake social workers should capture any information that a parent had knowledge of and gave permission for sexual activity of an incompetent juvenile regardless of the age of the juvenile, as an incompetent juvenile is not able to consent.

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?

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

Is anyone else involved in the trafficking? Yes/No/Unknown If so, who? Who is benefiting from the trafficking?

Is the parent or caretaker involved? Yes/No/Unknown

If yes, how?

If the child or youth's parent, guardian, custodian, or caretaker has not been identified as the perpetrator, the intake worker must engage the reporter in obtaining information about the specific circumstances of the child or youth, whether the parent/caretaker is involved in the trafficking and how, and the parent's protective capacity including, but not limited to:

- *Whether the parent has knowledge of the child or youth engaging in risky behavior;*
- *Whether the parent has knowledge of the trafficking or of a relationship the child or youth may have with another individual that poses a threat or risk of trafficking; and,*
- *What, if any, protective action the parent has taken to prevent or stop trafficking from occurring.*

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.

If the reporter believes the child is being trafficked for the purposes of sex or labor, regardless of whether the parent or caretaker has given or received anything of value, intake workers must gather as much information about the circumstances as possible, including but not limited to:

- *When and where the trafficking is happening;*
- *How often the child is being trafficked;*
- *Who is involved in the trafficking (including name and other identifying information and a physical description);*
- *If the child is being trafficked to satisfy a debt, what are the circumstances of the debt; and,*
- *If the parent has trafficked the child for the purposes of sex or labor to satisfy a debt, what is the nature of the debt.*

Labor Trafficking

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

If yes, describe

Intake workers must ask the reporter to describe the child's work, and the surrounding circumstances. Such as:

- *What type of work is the child performing*
- *How often and for how long*
- *Whether the child is being compensated*
- *If the parent or caretaker has used force, fraud, coercion, or deception to induce the child to perform labor, or*
- *If the parent or caretaker has allowed or has knowledge that force, fraud, coercion, or deception against the child to perform labor*

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?

Is the child from 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 the relationship is unclear?

Intake workers must gather information from the reporter including:

- *where the child is traveling from*
- *where the child is traveling to,*
- *who the child is traveling with and their relationship to this person; and,*
- *any other information that leads the reporter or the intake worker to believe this child has been trafficked or is at risk of being trafficked.*

The following chart provides other possible indicators of human trafficking. Except for the indicator in the "Other" category which states, "anyone under the age of 18 years old involved in a commercial sex act," the observation of one or more of these indicators does not conclusively determine whether a child or youth is being trafficked. A child/youth who exhibits one or more of these indicators may be a victim of trafficking or at risk of being trafficked. However, it is also recognized that it is possible the child/youth may be experiencing some other form of maltreatment or life circumstances that are unrelated to trafficking. These indicators are meant solely to provide child welfare workers information about situations that, if

described during a Child Protective Services Intake, warrant deeper, more focused questions to determine whether trafficking or another form of maltreatment is present.

Possible Indicators of Human Trafficking

Behavioral:

- Child/youth has significantly older, controlling, or abusive boyfriend/girlfriend/significant other;
- Child/youth is fearful, anxious, depressed, submissive, tense or nervous;
- Child/youth avoids eye contact, has numerous inconsistencies in their story;
- Child/youth exhibits a sudden or dramatic change in behavior;
- Multiple delinquent charges, school attendance issues;
- Chronic runaway episodes;
- Substance abuse issues

Environmental – Working/Living Conditions:

- Multiple people living in one house;
- Child/youth is isolated, not allowed to participate in community activities, or interact with others;
- Homelessness;
- Child/youth's communication is restricted;
- Child/youth does not/cannot speak for themselves;
- Child/youth works excessively long hours, is unpaid, paid very little, or only paid through tips;
- At work, the child/youth is not allowed to take breaks or suffers under unusual restrictions

Physical:

- Signs of trauma (physical or other);
- Special indelible marks or tattoos;
- Child/youth lacks healthcare, appears malnourished, or shows signs of torture, physical restraint, confinement, or deprivation;
- Untreated sexually transmitted infections or other untreated medical concerns

Other:

- Anyone under the age of 18 years old involved in a commercial sex act;
- Child/youth travels with an adult person who is not a parent, guardian, custodian, or caretaker;
- Child/youth owes a debt and is unable to pay it off;
- History of trauma, or history of involvement with the child welfare system;
- Reporter indicates the child/youth has a "boyfriend", "girlfriend", or "significant other" that they make money for, or makes any reference to a "pimp";
- Reporter uses words like "slave" or "slave like" or "the child is treated like a slave" or talks about the child being "sold"

Emotional Abuse

How does the child(ren) function in school?

What symptoms does the child(ren) have that would indicate psychological, emotional, or 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)? How does the child respond to/act in the presence of the parent?

What has the parent/caretaker done that is harmful? Describe how the parent's behavior is affecting the child.

How long has the situation been going on, and what changes have been observed?

Domestic 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, please 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.

Describe how the violence is affecting the child.

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 child? 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?

Does the batterer interfere with the non-offending 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 battered parent/caretaker alone?

Domestic violence is a serious issue with potentially fatal implications for children and the non-offending parent/adult victims. However, a CPS report in which the only allegation is domestic violence does not in itself meet the statutory criteria for child abuse, neglect, and dependency unless there is a safety risk to the child(ren).

In situations where a domestic violence report does not meet the criteria for child abuse, neglect or dependency, referral information to community outreach services that could include a domestic violence program should be given to the reporter.

Situations of "relationship discord" like arguing or instability do not meet the criteria of domestic violence related child abuse or neglect so should not be accepted for CPS assessment if there is no other reported concern.

Substance Abuse

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

What is the frequency of use?

Do the children have knowledge of the drug use?

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

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

Do the children have access to the drugs?

Has the parent ever experienced black outs?

Is there adequate food in the home?

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?

*Has the parent/caretaker been criminally charged with driving while intoxicated with the child(ren) in the car? If a parent or caretaker is criminally charged with a DWI offense while a child is in the car, the report **shall** be accepted for assessment. The county child welfare agency maintains discretion in the classification of this allegation; this type of report may be accepted as an abuse report or as a neglect report. Any information that indicates criminal charges regarding a caretaker's use/abuse of a substance in the presence of a child that puts a child at risk of harm should be documented.*

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?

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

*The child welfare agency must develop a Plan of Safe Care using only the information learned at intake and refer the infant to the county Care Coordination for Children (CC4C) program **prior** to making a screening decision. The county child welfare agency must not share any information protected by federal regulations*. See Chapter X: The Juvenile Court and Child Welfare section OBTAINING SUBSTANCE ABUSE RECORDS BY COURT ORDER for information on 42 C.F.R Part 2 regulations.

A CPS report in which the only allegation is prenatal substance use does not in itself meet the statutory criteria for child abuse, neglect, and/or dependency. It is the effect that the substance use has had on the infant and the infant's safety that guides decision making rather than purely the prenatal

use of the substance. Agency intervention without such justification is inappropriate.

Abandonment How long has the parent/caretaker been gone?

Did the parent/caretaker say when he/she would return?

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

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

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

Is your concern that children were abandoned or that the caretaker is not an adequate provider?

A situation where a parent/caretaker left a child with a relative who is willing to continue to provide care for the child should not be accepted for CPS Assessment under the abandonment category. The relative should be referred to community resources to assist with obtaining legal custody.

Supervision Is the child left alone?

If yes, how long is the child(ren) unsupervised or improperly supervised?

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 alone?

What time of day is the child(ren) left alone?

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

What are your supervision concerns?

Reports involving sexual activity by a child or a child's participation in a juvenile delinquent activity may lead to concern regarding a parent's supervision. The Intake social worker should ask additional questions to determine the parent/caretaker's knowledge of the behavior and/or response to learning about the behavior and if the child's past behaviors indicated that a more stringent supervision plan was needed. Lastly, questions about the

parent's supervision plan should be asked to determine if age appropriate safe guards were in place.

Injurious Environment

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

When allegations are reported regarding a child living in the home with a sex offender, the Intake social worker should ask questions to determine the level of risk of harm to the child(ren). Anyone who has a suspicion of risk when a substantiated perpetrator or an individual convicted of a sexual offense against a child has established residence where juveniles reside is obligated to report. The Intake social worker can access the sex offender registry (a public document) prior to screening the report. The intake screening decision is based on current risk.

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?

"Re-homing" is used to describe the behavior of parents who relinquish care of their adopted child(ren) (frequently internationally adopted children) outside the courts and child welfare agencies. These parents were unable to meet the emotional and behavioral needs that emerged post-adoption so they placed their children without background checks or a home study. Often the authority to make education and health decisions on behalf of the child(ren) was given through power of attorney documents and there may not have been an exchange of money.

Improper Discipline

If the child(ren) is injured from the discipline, please describe the injuries in specific detail.

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)?

Improper Care/Improper Medical/ Improper Remedial Care

Does the parent/caretaker provide adequate food, clothing and 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) receives necessary medical/remedial care?

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

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

This would include the parent/caretaker's refusal or failure to seek, obtain, and/or maintain services for necessary medical, dental, or mental health care, including prescribed medications, rehabilitative care such as speech therapy and physical therapy, and remedial care such as treatment for a hearing defect or developmental delay.

If there are allegations regarding ongoing, parent-allowed chronic truancy, the Intake social worker should inquire about attempts by school officials to engage the parent/caretaker in efforts to improve the child's attendance. The Intake social worker should also attempt to determine if the child(ren) are refusing to attend school. Educational neglect may also be occurring if a parent is refusing to allow or failing to obtain recommended special education or remedial education services. The Intake social worker may need to ask about any developmental or special needs that a child may have and if those needs are being met.

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?

What other circumstances make the child dependent?

CPS Intake workers should ask reporters to provide details about what makes the child dependent. A child can be dependent for a variety of reasons, including caretaker absence due to hospitalization, incarceration, or any situation in which the parent/caretaker is absent or the parent's ability to provide proper care is impacted and there are no alternative arrangements to provide proper care. Dependency refers to a lack of capacity of the parent/caretaker, not necessarily an unwillingness to provide care. CPS Intake social workers should probe for information concerning the parent's capacity to provide proper care, as well as whether appropriate alternative arrangements for the child's care are available.

Children and 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 exploiter 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 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.

Section VIII: Maltreatment Screening Tools

The Intake social worker will check agency records to determine if the family or child has been reported/known to the agency previously. If the allegations are exactly the same, regarding the same incident, as a previous report, the report should not be accepted for assessment and the Intake social worker should indicate why the report was screened out. The Central Registry can only be checked once a report has been accepted for CPS Assessment. The next section of the form documents the use of screening tools and decisions made based on the information obtained about the family and use of the screening tools.

If the Intake social worker determines that the allegations are regarding a person who does not meet the definition of a parent, guardian, custodian, or caretaker (G.S. 7B-101 Definitions), the report should not be accepted for assessment. The Intake social worker should indicate why the report was screened out and refer to Section IV to determine if referrals should be made to another agency.

The information captured in this section indicates which Maltreatment Screening Tool(s) was consulted, as well as under which category the CPS Report is being accepted for assessment, or reasons for the screening out of the report. **The appropriate questions in Section VI must be completed by the Intake social worker for any maltreatment type that is screened in Section VIII**. The appropriate response time, as per the Response Priority Decision Tree, is indicated.

The CPS Intake social worker will have collected as much information from the reporter as possible. The CPS Intake social worker will consult all maltreatment screening tools (Chapter VIII: Protective Services, DSS-1407 Structured Intake) which correspond with the allegations made by the reporter, and will indicate on the report which of the maltreatment screening tools were used by checking the corresponding boxes. Often times, more than one screening tool is completed. The use of maltreatment screening tools increases consistency throughout the decision-making process. It is a requirement that the screening tools utilized are identified.

When either Substance Abuse or Domestic Violence are selected, at least one of the maltreatment types must also be selected. The existence of Substance Abuse or Domestic Violence without a type of maltreatment does not meet statutory requirements for accepting a report for CPS Assessment.

Response Priority Decision Tree

After consulting the appropriate Maltreatment Screening Tool(s) and making the decision to accept the report for CPS Assessment; consult the appropriate Response Priority Decision Tree. Indicate by checking which of the trees were consulted.

This report is accepted for:

Indicate under which category the CPS Report is being accepted for CPS Assessment.

Response Time

Indicate the appropriate response time for the CPS Report.

Report Not Accepted

Indicate the specific reason(s) the report was not accepted for CPS Assessment. A statement that the report did not meet the definition of abuse, neglect or dependency is insufficient.

Include information regarding any referrals that were offered including human trafficking resources.
Indicate whether report information was transferred to another county due to residency issues.

Section IX: Mandated Reports

This part of the form is used to document any additional agencies that need to be contacted as a result of this CPS Intake.

Indicate whether report information was referred to Division of Child Development and Early Education, Division of Health Service Regulation, Division of Social Services, or law enforcement.

When a report (accepted or not for CPS Assessment) includes information that a child may have been physically harmed in violation of any criminal statute by a non-caretaker, the agency shall:

(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.

Section X: Signatures

All reports require a two-level review; indicate who reviewed the report.

Children's Services
PRACTICE NOTES
For North Carolina's Child Welfare Workers
From the NC Division of Social Services and the Family and Children's Resource Program

Volume 16, Number 2
April 2011

This publication for child welfare professionals is produced by the North Carolina Division of Social Services and the Family and Children's Resource Program, part of the Jordan Institute for Families within the School of Social Work at the University of North Carolina at Chapel Hill.

In summarizing research, we try to give you new ideas for refining your practice. However, this publication is not intended to replace child welfare training, regular supervision, or peer consultation—only to enhance them.

Let us hear from you!
To comment about something that appears in *Practice Notes*, please contact:

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STRENGTHENING CHILD PROTECTIVE SERVICES INTAKE

Intake is an essential part of our efforts to protect children. Everyone in child welfare should know how CPS intake works and be deeply interested in our performance in this area, both at the state and local levels.

Why? Because intake is where we begin collecting information and making initial decisions about child safety. It's the first opportunity CPS agencies have to work in partnership with the community (i.e., reporters). Documentation begun at intake continues throughout the family's involvement with the agency and can play a critical role in the court process. In a tangible way, intake lays the groundwork for our success with children and families.

In this issue we will look at intake from different angles. We'll examine administrative and outcome data related to intake, offer suggestions for educating and engaging reporters, explore family-centered intake practice, and consider intake challenges and ways to overcome them. We hope you find it helpful. ◆

CPS INTAKE IN NORTH CAROLINA: BY THE NUMBERS

To get a sense of just how important child protective services (CPS) intake is to the child welfare system, let's look at the numbers.

NC'S WORKFORCE

In federal fiscal year (FFY) 2009, North Carolina's 100 county departments of social services employed **990** staff involved in CPS intake and assessment: 167 whose primary role was CPS intake/screening and 823 whose primary role was conducting CPS assessments (USDHHS, 2010).*

NC's approach to CPS staffing is consistent with other states that use an alternative CPS response. A 2005–06 survey found 71% of agencies in these states had workers routinely conduct both screening/intake and alternative response (Westat, 2009).

REFERRALS

When someone contacts a CPS agency to allege a child has been maltreated, it is called a **referral**. During FFY 2009, an estimated 3.3 million referrals were received by CPS agencies nationwide (USDHHS, 2010).

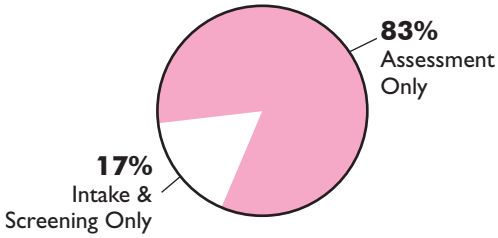
In our state, CPS referral data is collected from an annual staffing survey, which asks county DSS agencies how many referrals they receive each month between June and November. Based on this, we estimate that in 2009 there were about 119,000 CPS referrals in NC, or about 9,900 a month statewide (Stewart, et al., 2011).

SCREENING

If a referral meets the definition of abuse, neglect, or dependency as these terms are defined in NC's General Statute 7B-101, the referral is "screened in," meaning it becomes a **report** and the agency conducts an assessment to ensure the safety of the child(ren). If a referral does not meet the state standard it is "screened out."

Fig. I

CPS Intake & Assessment: NC's Workforce, 2009*



Source: USDHHS, 2010

**This information was revised on 1-8-15 to correct a data interpretation error.*

CPS INTAKE BY THE NUMBERS from p. 1

Compared to the rest of the country, CPS referrals in North Carolina are somewhat more likely to be screened in. In FFY 2009, CPS agencies in the U.S. screened out 38% of referrals (USDHHS, 2010). In 2009, approximately 31% of North Carolina child maltreatment referrals were screened out (Stewart, et al., 2011).

Since 31% is a statewide average, the screen-out rate was above or below this in most counties. Although rates outside the norm can be warranted, every county DSS should monitor its screen-out rate and try to understand why it is what it is, and to make changes if needed to ensure full compliance with law and policy.

REPORTS

Over the last ten years the average number of CPS reports received monthly in North Carolina has increased slightly. In SFY 2009-10, CPS agencies received 68,735 reports of child maltreatment concerning 124,894 children (Duncan, et al., 2011).

The volume of CPS reports fluctuates throughout the year in North Carolina. Typically, the number received monthly peaks around May, falls in June and July, rises slightly through October, then declines through December (Stewart & Duncan, 2010).

REPORT SOURCES

Though reporter information is confidential, North Carolina collects demographic data about the people who call a CPS agency to allege child maltreatment.

Fig. 2 NC Sources of Reports, SFY 09-10

Law/Court	16.13%
Education Personnel	14.85%
Human Services	14.57%
Anonymous	12.89%
Relative	12.40%
Non-Relative	11.24%
Medical Personnel	8.82%
Parental	7.30%
Care Provider	1.19%
Victim	0.61%

Source: Duncan, et al., 2011

The pattern of reporting shown above is typical: most reports come from those who encounter the alleged victim as part of the report source's occupation. In SFY 2009-10, 56% of reports in NC came from professionals.

In the last ten years the annual percentage of reports received in NC from human services professionals has declined slightly, from 16.6% of all reports in SFY 1998-99 to 14.6% in 2009-10. Meanwhile, the percentage of reports from law/court professionals increased from 10% in SFY 1998-99 to 16% in 2009-10 (Duncan, et al., 2011). This rise is consistent with a national trend: the percentage of U.S. CPS agencies who said law enforcement was their most common source of reports rose from 7% in 2002 to 23% in 2005-06 (Westat, 2009).

CPS ASSESSMENT TRACKS

Once a report is accepted, CPS intake staff determine whether to respond with an investigative assessment or a family assessment. They choose whichever CPS approach will best provide for the child's safety, permanence, and well-being. However, agencies must respond to all reports of abuse and certain types of neglect reports—such as those involving a child fatality or where there is medical neglect of a disabled infant—with the investigative track. For most types of neglect and all dependency reports, the family assessment response should be used.

In SFY 2009-10, CPS agencies in North Carolina used the family assessment approach about 75% of the time (Duncan, et al., 2011).

RESPONSE TIMES

After a report is accepted, the law requires CPS to make face-to-face contact within a certain time period with all children living in the home. Response times vary by report type: the response must be initiated within 24 hours for abuse and 72 hours for neglect. Some types of neglect reports, such as those in which a child has received injuries, require a response within 24 hours. If a report is deemed high risk, the response must be immediate.

In North Carolina's 2007 federal Child and Family Services Review, CPS response time was rated as an "Area Needing Improvement." Reviewers found agencies initiated a CPS assessment in accordance with the required time frames 81% of the time, less than the 90% required for a "Strength" rating (USDHHS, 2007).

CPS FINDINGS

Findings of an investigative assessment are classified as either substantiated or unsubstantiated. As Figure 3 shows, substantiations of abuse, neglect, abuse and neglect, and dependency in North Carolina have declined since 2001. The decline generally corresponds to the start of the Multiple Response System (MRS), which introduced the family assessment response and, with it, four new CPS findings:

- Services needed
- Services provided, protective services no longer needed
- Services recommended
- Services not recommended

Unsubstantiations have also decreased since cont. p. 3

from p. 2

2001. This decline is likely due to a decrease in the number of investigative assessments and the growth in family assessments (Stewart & Duncan, 2010).

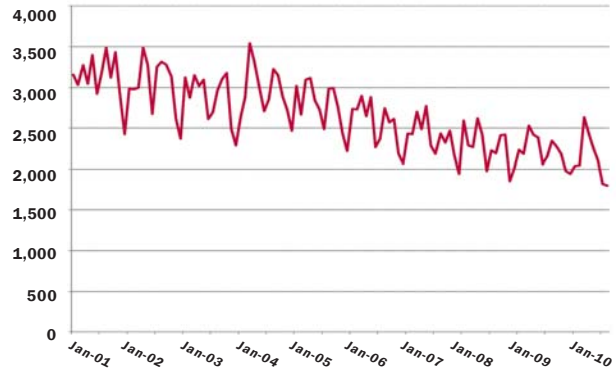
Over the last ten years the profile of CPS findings in North Carolina has changed. After the expansion of MRS statewide in 2006, the number of findings of "services recommended" has continued to grow, meaning that more families and children are being recommended for services, over and above the number of children determined to be victims of maltreatment (Stewart & Duncan, 2010).

This may be a good thing. A recent evaluation of MRS (Duke, 2009) found that families who received more frontloaded services during the CPS assessment phase were less likely to return to the attention of CPS in the next six months.

CURIOUS ABOUT YOUR COUNTY'S PERFORMANCE?

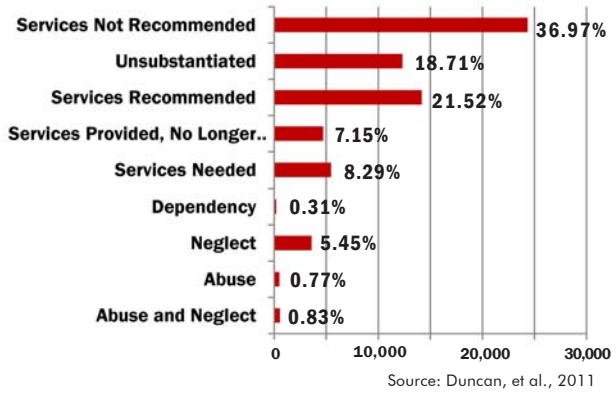
Consult the "Management Assistance" site <http://ssw.unc.edu/ma/>, which is maintained by the UNC-CH School of Social Work in partnership with the NC Division of Social Services. ◆

Fig. 3 **NC Children with Substantiated Reports of Maltreatment**



Source: Stewart & Duncan, et al., 2010

Fig. 4 **NC CPS Assessment Findings/Decisions, SFY 2009-10**



Source: Duncan, et al., 2011

Safety and the Family Assessment Response

Evaluators in NC have found that the family assessment response does not compromise child safety.

The number of substantiations of child maltreatment has significantly declined in NC over the last ten years. This information, as well as the fact that DSS agencies often use a "new" CPS approach (the family assessment response introduced as part of MRS), leads some reporters and community partners to ask: Is DSS doing everything it should to keep children safe?

It's a reasonable question, one that everyone who works in child welfare services—especially CPS intake—needs to be prepared to answer well. Here's what the research says.

North Carolina. From the start of MRS, North Carolina has assessed the reform effort's ability to improve the child welfare system while keeping children safe. Evaluators from the Center for Child and Family Policy at Duke University played a key role, producing county-specific MRS fact sheets, a report to the legislature (2004), and evaluation reports in 2004, 2006, and 2009. Duke consistently concluded that the family assessment response and other aspects of MRS do not compromise child safety.

One measure used to assess child safety is the rate of repeat maltreatment assessments for children with previous CPS involvement. If MRS is not effectively addressing the safety and security needs of children and families, families may be expected to return to the attention of CPS. NC evaluators found that compared to a control group, the rate of repeat assessments decreased in counties after MRS implementation.

National Findings. Approximately 17 states are either using a statewide CPS approach akin to NC's family assessment response or have implemented it in specific localities. Some use a different name for the approach (e.g., differential response, alternative response, etc.).

Those that have evaluated their systems have generally found that a less adversarial, more service-oriented front-end response to certain families has had positive outcomes without compromising child safety (Gilbert, 2010). In its review of the literature, the National Quality Improvement Center on Differential Response in Child Protective Services (2009) found that this fundamental result was found in Alberta, Canada; Alaska; Arizona; Kentucky; Massachusetts; Minnesota; Missouri; North Carolina; Texas; Virginia; Washington; and West Virginia.

EDUCATING COMMUNITY PARTNERS ABOUT CPS INTAKE/SCREENING

North Carolina county DSS agencies have an ongoing need to communicate with community members, especially those who make a high percentage of CPS referrals. Many professionals across the state are still unfamiliar with the family assessment response and the increased focus on family-centered, strengths-based practice that has characterized our child welfare system since MRS began.

Here are some ideas for targeting your community education efforts, especially as they relate to CPS intake and screening:

Review and understand your data. County DSS agency records should include the *referral* source for all calls to CPS. This can help you understand referral patterns over time. The Division's site at http://ssw.unc.edu/ma/ contains information on the referral sources for accepted *reports*. (Look under "Abuse and Neglect," "Longitudinal Data," and then "Reports of Abuse and Neglect.")

Once they have the data in hand, CPS supervisors and their units should explore it guided by questions such as:

- What surprises you?
- Are there parts of the community that report more or less often than you would have thought?
- Are there sources who make referrals that are more likely to be screened out?
- What common messages can we put out in our community about CPS, and what messages might we tailor to specific groups?
- If you look at reports by race of child, are there any sources who are more likely to report children of color?
- What can we do to educate our referral sources?

Use notice to reporters to educate callers. Gates County DSS uses family-centered language and provides a brief explanation of family assessments and investigative assessments in the notice it gives to reporters. It is part of the supervisory toolkit: http://www.ncdhhs.gov/dss/best_practices_pilot/index.htm.

Public education must be ongoing. A single meeting or communication blitz won't do the trick.

Provide written material to community partners to prepare them for the Intake call. It helps when professionals who make CPS referrals know in advance the types of questions they will be asked. In addition to the need for basic information on the child, the living situation, and the reason for the call, include questions that surprise some callers. For example: What are the strengths of this family? How do family members usually solve this problem? What do you think can be done to make this child safer? Is there anything you can do to help the family? Be proactive in letting other professionals know that DSS operates from a position of partnership and building on strengths.

Use in-person training for key referral sources. While getting out into the community takes time away from other pressing duties, face-to-face contact with key report sources can save time down the road. Include staff that perform intake and the supervisors who help make screening decisions in your community education efforts. Just as you do with families, start from a strengths-based perspective by focusing on past successes with the partner, and brainstorming together to overcome common barriers. Sharing the specific state statutes that guide screening decisions will help you explain the limits of DSS intervention.

Reinforce joint ownership/joint solutions. The entire community shares responsibility for helping families: there is no such thing as a "DSS family." Community partners may need a gentle, inspiring reminder that successfully preventing and intervening in child maltreatment cannot be done by one agency, but takes the will and attention of professionals and community members alike. ◆

Notice Is a Key Means of Education, Communication

North Carolina policy requires CPS agencies to give written notice to reporters, unless waived or anonymous, within 5 business days after receipt of the report. Notice sends the message that the reporter is a respected partner of DSS and helps reporters know children are safe.

- The notice must include a statement about whether the referral was accepted for assessment. Cite relevant statutes and provide a brief description of the type of CPS response used (investigative or family assessment).
- The notice should refer to the child victim using the descriptor given by the reporter when making the referral. Thus, if the reporter specifically identifies the child's name, use that name. If the reporter does not know the child's name, use whatever descriptor for the child the reporter used.
- List the identity of the county conducting the CPS assessment.
- Include a statement encouraging the reporter to contact the agency if more information or concerns about the child or family surface.

To read the full policy regarding notification of reporters, go to (http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/CS1407.htm#TopOfPage).

OVERCOMING LEGAL AND POLICY CHALLENGES OF CPS INTAKE

Legal mandates and policies direct all aspects of the child protective services intake process, everything from decision-making tools, to documentation, to the way DSS agencies work together when a report involves multiple counties. The legal and policy language is specific and clearly assigns roles and responsibilities. But what seems straightforward in writing is not always clear cut in the real world. Let's consider some of the challenges.

ASSESSING FUTURE RISK OF HARM

At CPS intake DSS agencies in North Carolina must decide whether, if the allegation is true, it meets the statutory definition of abuse, neglect, or dependency. As they assess referrals, the law requires agencies to consider not only the alleged child maltreatment but also "future risk of harm"—that is, whether the child is in an environment that is likely to lead to being hurt.

The following excerpts from statute make it clear that future risk of harm is a key part of the definitions of abuse and neglect in our state:

- **Abuse**. A child is considered abused if the caretaker "creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means" (NC GS_7B-101 1b).
- **Neglect**. A child is considered neglected if he or she "lives in an environment injurious to the juvenile's welfare" (NC GS_7B-101 1b).

Yet how does an intake worker decide what constitutes future risk of harm? Here are some suggestions intake professionals and their agencies can use in the difficult task of assessing future risk of harm.

Know the law. A firm working knowledge of the statutes that guide CPS intake is essential. Find them on the General Assembly's website: <http://tinyurl.com/5whddok>.

Attend training. If you work in intake, attend *Intake in Child Welfare Services*, a training sponsored by the NC Division of Social Services that helps child welfare social workers and supervisors practice applying the statutes to realistic case scenarios. Child welfare staff must take this course within their first year of working in CPS intake.

Interview carefully. While interviewing a caller, consider the information. Have you gathered enough data to determine whether the child is safe or at risk of harm? What more do you need to know? Probe for specific details in response to caller comments. For instance, to help assess future risk of harm you might ask "What physical dangers exist at the home?" or "What do you think would make this child safer?"

Consult agency records. Counties should maintain a log of all CPS referrals and accepted reports. Once the report is taken, consult your agency's records—they may reveal patterns signaling the potential for future risk.

Research by Westat (2009) suggests this practice can help agencies uncover child maltreatment that might otherwise go undetected: in its study of national CPS agencies, it found that agencies that always reviewed prior CPS records during investigations had higher rates of maltreatment in their jurisdictions on a number of measures including higher rates of sexual abuse, neglect, medical neglect, and child victims with multiple forms of maltreatment.

Use the tools. As outlined in policy, intake workers use the maltreatment screening tools to decide whether to accept a referral based on statutory criteria. These valuable tools can help you make legally sound and consistent decisions about what warrants agency contact with a family, including future risk of harm.

Share decisions. Case consultation opens the door for sharing judgments and making the best decision. When supervisor and worker disagree whether future risk of harm exists, it can be helpful to assess the referral against legal definitions and mandates to answer the question, "If the reported information were true, does it minimally meet the statutory guidelines of child abuse, neglect, or dependency?" Other factors to consider include whether the alleged perpetrator meets the definition of parent, guardian, custodian or caretaker, and whether the alleged victim meets the definition of a juvenile.

INTER-COUNTY ISSUES

When county DSS agencies are called upon to coordinate CPS intake across county lines, challenges can arise.

Screening reports for other counties. Reporters sometimes call the DSS in one county about a child who resides in another county. In these situations North Carolina law and policy are clear: the DSS that receives the call must take the referral and screen it based on the available information, just as it would any other referral. It is never appropriate to decline the call and ask the caller to contact another agency to make a report.

If the county that receives the referral screens it in, it sends the report to the DSS in the child's county of residence, which must conduct a CPS assessment. The county conducting the assessment determines response times, prioritization, and whether to use the family or investigative assessment response.

The idea behind this policy is that our child welfare system exists to protect all North Carolina children, and that to do this consistently and well, the parts of the system (i.e., different county DSS agencies) must work together. Although this is laudable, inter-county referrals can be problematic because, even with clear policies and *cont. p. 6*

OVERCOMING LEGAL AND POLICY CHALLENGES OF INTAKE from p. 5

common tools (e.g., decision trees), counties can still vary in their screening decisions. Thus, a county may be required to follow-up on a report accepted by another county but be baffled as to why it was screened in.

When this occurs, communicating with the referring agency is best. The supervisor in the county responsible for assessment should call the referring county to ask, "Can you help me understand why this case was screened in? It doesn't appear to meet the definition of abuse and neglect." When agencies' perspectives differ, sometimes one has additional information that makes the judgment clearer. Asking for clarification and jointly referring to the mandates often makes the appropriate course of action clear. When a DSS notes trends in involving a "sister" DSS agency it can be helpful to meet to discuss these, perhaps in consultation with one of the Division's Children's Program Representatives (CPRs).

Communication and timeframes. Timeframes for responding to reports of abuse, neglect, and dependency begin at the time the reporter contacts the agency. With inter-county intake, the law requires a verbal exchange between the counties about the report, plus transmittal of the written report and screening decision.

Agencies sometimes find it hard to meet this communication requirement. In some instances, the DSS that took the report must make multiple attempts before it can speak to someone at the DSS in the county where the child lives. For this and other reasons, some agencies receive only a faxed report and no phone call from the referring agency. Other times, contact is made but the quality of the communication is poor.

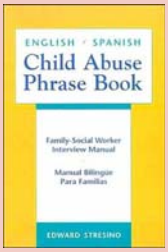
Challenges related to communication and timeframes around inter-county intake can hurt agency performance on measures relating to the timeliness of CPS response. To avoid difficulties in this area, intake line staff and supervisors should put themselves in the shoes of the person receiving the report and aim to pass on to them something that is easy to read, clear, and familiar in structure. Ensure that the following hold true for all inter-county reports:

- Documented on the Structured Intake Form (DSS-1402)
- Basic information is easy to locate
- Clearly identifies both the reporter and the family that is the subject of the report
- The county with jurisdiction is clearly stated

WORKING WITH INSTITUTIONAL REPORTERS

North Carolina law and policy require CPS agencies to give written notice to reporters, unless waived or anonymous, within 5 business days after receipt of the report. DSS agencies commonly send this notification to the person who made the call. However, this approach does not work well for some community reporters.

Resource for Spanish Language CPS Referrals



Designed by Edward Stresino as a resource for social workers, the *English/Spanish Child Abuse Phrase Book: Family-Social Worker Interview Manual* aims to remove communication barriers encountered during CPS referrals. It has been used in California for years. While conversational knowledge of each language is assumed, the book is useful for both fluent and non-fluent speakers. The book is divided into sections that correspond to the steps in the referral process; it also defines child abuse regulations and key vocabulary. For more info or to order visit http://www.unmpress.com

Many schools and medical systems use a designated reporter to communicate child maltreatment referrals to DSS on behalf of other staff members. Sometimes when the doctors or teachers whose concern prompted a report through these systems try to follow up with DSS they are told that since they did not make the report, DSS cannot discuss it with them; in some instances they are even asked to make a second, duplicative report. Responses of this kind can unnecessarily frustrate community partners who share our deep concern for child safety.

When it comes to institutional reporters, state law and policy allow and encourage communication between DSS and individuals with firsthand knowledge of the alleged maltreatment. If, after speaking with an organization's designated reporter, DSS wishes to contact a person with firsthand knowledge of the alleged maltreatment, they should do so. Similarly, if DSS is contacted by the teacher, doctor, etc. with firsthand knowledge of a report filed by an institutional reporter, DSS is free to speak with them. For example, DSS might say, "I can't confirm whether a report's been made, but if you have more information about this situation I'd be happy to talk with you." Any new information can then be incorporated into the CPS screening and assessment process.

If you or your agency have questions about working with institutional reporters, please refer to the applicable statute (7B-301) and to North Carolina policy.

CONCLUSION

The legal mandates and policies that characterize the CPS intake process help agencies respond to the public and ensure the safety and well-being of children. Yet even the most clearly written directives sometimes are difficult to carry out, or are confusing in a particular context. When challenges arise, communication and support within and between county DSS agencies can help identify an appropriate and legal course of action. ◆

FAMILY-CENTERED CPS INTAKE

CPS intake is a big job. To do it well you must be able to manage intense, emotional calls and make critical decisions about child safety. You must be tactful, patient, and persistent, gathering information and guiding callers through the interview without being too controlling.

And, because you set the tone for the agency's future work with the family being referred, you must do all this in a way that lays the foundation for family-centered practice and respectful partnership.

PRINCIPLES OF PARTNERSHIP

North Carolina's Principles of Partnership have often been applied to enhance family-centered practice with families involved with child welfare. Let's consider what it means to apply them to CPS intake.

Principle: Everyone desires respect. Calling DSS can be a difficult step, even for those who have done it before. Reporters may worry about many things: damaging their relationship with the family, possible reprisal by the family, or the impact of a CPS assessment on the children (Brittain & Hunt, 2004). Experienced intake workers understand the need to show appreciation for the caller's concern and respect for their decision to ask for help on behalf of the family. Even if the allegations seem less than credible, family-centered intake staff strive to understand the caller's perspective and motivations.

While establishing rapport with the caller, the intake worker must also maintain objectivity toward the family being reported. Rather than silently going along with what the caller says, the intake worker introduces the concept of respect for the family by asking strengths-based questions such as "What is good about the family?" and "How has this family handled problems in the past?" It takes great skill to discuss family strengths and protective capacities without losing caller buy-in.

Most callers would strongly support this approach if the referral were about *their* family.

Principle: Everyone needs to be heard. The most important skill the intake worker has is the ability to listen. Only by letting the reporter talk somewhat freely can the intake worker get a full sense of the concerns, motivations, and circumstances prompting the call. A skillful intake worker can gather a good deal of critical information just by listening and asking the occasional clarifying question, rather than mechanically completing the Structured Intake (DSS-1402) like a checklist.

Because callers seldom tell the story in chronological order, it can be necessary to repeat the sequence of events back to the caller to ensure you have it right. At some point during every call the intake worker must go back for missed information. It may even be necessary to ask for the caller's cooperation in letting you direct the conversation so that you get all the information you need.

Filling in the gaps in the information is also a chance to explore the positive side of the family's story. In a sense, the strengths-based questions built into North Carolina's intake process are an opportunity for the intake worker to speak on behalf of the family—for the family's perspective to be heard and considered.

Principle: Everyone has strengths. The DSS-1402 takes a strengths-based approach to both reporters and families. Some reporters bristle when asked, "Is there anything you can do to help the family?" Yet in the context of family-centered work, this question is really a way of validating the caller's concern, compassion, and ability to make a difference. Intake workers sometimes preface the question by saying, "I can hear how worried you are about this child, and I can tell you really want things to get better."

Asking callers to reflect on a family's past successes, support system, and culture can cause them to see the family differently. They might even pause and wonder what part of the picture they are missing. *cont. p. 8*

Embracing Family-Centered Beliefs

Intake workers needn't be defensive or embarrassed about the strengths-based approach of the intake process, even when callers seem frustrated or impatient. Most callers would whole-heartedly support the family-centered beliefs outlined below if their own family were the subject of a referral.

- 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.
- A crisis is an opportunity for change.
- Inappropriate intervention can do harm.
- Families who seem hopeless can grow and change.
- Family members are our partners.
- It is our job to instill hope.
- Families are diverse and have the right to be respected for their traditions; children can flourish in different types of families.

FAMILY-CENTERED CPS INTAKE *from p. 7*

Of course, some callers focus only on what the family is doing wrong. That's okay. In asking about strengths the intake worker has planted a seed and sent a clear message about the approach DSS takes with families.

Principle: Judgments can wait. CPS involvement is a serious, invasive process and a step not to be taken lightly. From the first moment of the call, DSS must make it clear there will be no rush to judgment. Even when callers become impatient, we have to engage and encourage them to continue the conversation until we know enough to make an informed decision.

Intake workers must also guard against judging callers unfairly. For example, one might be tempted to dismiss a caller who mentions a custody issue as trying to discredit one of the parents, but that would overlook the fact that a high-conflict divorce might involve child maltreatment (Karski, 1999). As one county DSS program manager stated, there are new and complex situations to be assessed every day. Few calls are clear-cut.

Principle: Partners share power. Sometimes reporters can be actively enlisted as partners in the shared goal of safety, well-being, and permanency for all children. Of course, for partnership to be more than a marketing concept, DSS must empower reporters to work jointly towards that shared goal. An important way to do this is consistent, timely, and respectful notification to reporters, and through public education efforts. For more on this, see the box on page 4.

Families who are the subjects of reports are also partners in need of empowerment. Knowledge is power: if extended families don't know about a member's involvement with DSS, they are powerless to participate or intervene. That's why it is critical to identify family and kin networks from the very first call by asking about non-resident parents, maternal and paternal relatives, and any possible tribal affiliation. Of course, federal legislation requires child welfare agencies to ask early and often about relatives (Fostering Connections) and tribal affiliation (Indian Child Welfare Act). If staff see these questions as merely another bureaucratic mandate, they may miss a simple, free, and powerful tool for case planning and permanency.

Principle: Partnership is a process. Even with our best efforts, in the real world partnerships are not created with every reporter and every call. It often takes time to build relationships with professionals and citizens, and to build the agency's reputation in the community. True partnership happens as community members see DSS reaching out to explain their policies, communicate their decisions, and embody a family-centered philosophy.

It also takes time to build effective partnerships with families. We all carry implicit biases that can make us jump to conclusions about certain people or situations. Intake is the first chance to identify and gently challenge the bias that a reporter or worker might bring to a referral. Part of the intake process is recognizing that DSS doesn't have all the answers, and must rely on the community and on families themselves to fill in the blanks and devise the best solutions to their challenges. ◆

Working with Military Families

Reprinted from USDHHS, 2010b

Child welfare professionals should be aware of the unique experiences and situations of military families that may affect the prevention of and response to child maltreatment. In addition to stress factors experienced by many civilian families (e.g., finances, careers), military families may be affected by the deployment of members to combat duty, as well as their reintegration. Deployment is associated with increased stress in nondeployed parents and stress and behavioral problems in children—all of which increase the risk of child maltreatment. Recent studies have shown that levels of child maltreatment among military families increase during deployments and that nonmilitary caretakers were most often the perpetrator.

The military provides prevention, treatment, and outreach services specifically for military families at risk for child maltreatment. In 1984, the Department of Defense (DOD) established the Family Advocacy Program (FAP) to address child maltreatment and domestic violence in military families. Each military branch has its own FAP, and local FAPs are located on military bases. FAPs work closely with military command, military law enforcement, medical staff, family center personnel, chaplains, and civilian organizations (such as CPS) to assist children and families. FAPs may provide a variety of services, including stress management, parent education, conflict resolution, safety education, and victim advocacy and support.

Military families can report suspected child maltreatment to the DOD Child Abuse Safety and Violation Hotline (800/336-4592), to their local FAP (visit MilitaryHOMEFRONT at www.militaryinstallations.dod.mil to find local FAP contact information), or to CPS. If FAP is contacted first, it will alert the local CPS agency and work with it to investigate the alleged maltreatment.

For additional information about military support for children and families, visit www.militaryhomefront.dod.mil/.

SUPERVISORS STRENGTHENING CPS INTAKE

Supervisors play a key role in CPS intake. Every referral requires the intake worker who takes the call and the intake supervisor to decide together whether to accept the referral and, if so, how CPS should respond. What can supervisors do to ensure intake workers are successful and the CPS intake process works as it should?

PROFESSIONAL DEVELOPMENT

Emphasize and invest in professional development for those you supervise, and for yourself. Openness to learning sends the message that growth and self-development are valuable to the agency. Showing you care about improving your own practice may encourage staff to approach you when they have questions about their own competencies.

In addition, supervisors should strive to focus on the following core intake skills with intake workers:

Interpersonal skills. Since all decisions at intake are based upon information gathered, workers must be extremely skilled in interviewing and interacting with callers. To model this with workers, base your interactions on a genuine interest in being helpful. Use effective listening skills and show appreciation for staff efforts. Use feedback from direct observation to share strengths ("I noticed the reporter wasn't prepared to give examples when you asked about things the parent has done well in the past; you didn't rush the answer, and gave lots of time for the caller to think of and share an example.").

Information-gathering. Workers must understand the value of each screening question and be consistent in asking all universal screening questions of reporters (i.e., substance abuse, domestic violence, medical home information). A caller may not have an answer for each question, but asking opens doors for reporters to share information they might not have considered relevant.

In direct observation and regular review of documentation, look for consistency in interviewing questions. Do workers probe for strengths? Do they ask about substance abuse? During case consultation, ask questions that mirror those on the intake form: what are the strengths of this family? Can you tell me anything good about this family? What about this family's culture is important to know?

Investing time. Devote substantial time to discussing with workers information they have gathered, and their plan for gathering more if needed. How will staff interpret limited supervisory involvement—that is on the fly or not at all? When supervisors express commitment by investing time in workers, they present a model workers can apply to their work with reporters and families (ACP, 2004).

Building Workers' Interpersonal Skills

Supervisors who are good at strengthening workers' interpersonal skills often:

- Are highly competent and value the perspectives, professional motivations, and growth of their staff
- Have high expectations for themselves with respect to knowing, being able to demonstrate, and teach interpersonal skills and techniques
- Can clearly and precisely communicate to workers why, when, and how to use interpersonal skills
- Have specific expectations for quality practice
- Use consultation with workers as a way to define expectations for practice, to teach and build competency, to emphasize individual accountability, and to motivate staff
- See coaching as their primary role when consulting with workers
- Stay informed about complexities and demands through direct exchanges with workers and firsthand observation
- Make themselves accessible and approachable

Source: ACTION for Child Protection, 2010

Documentation. Documenting information from reporters and collateral sources is the basis for key CPS decisions. It is also important for agency accountability and provides a way for the quality of the agency's work to be highlighted. Partner with workers to review and evaluate documentation for consistency and completeness. Give corrective feedback and point out concrete examples that demonstrate workers have sharpened their skills.

Communication with peers. Encourage intake staff to continually seek information that will help them improve their work. CPS assessors and other DSS child welfare staff are an invaluable source of this information. Because they are further "downstream" in the process, they may be able to provide ideas or examples that intake staff can use to strengthen their practice. Supervisors should look for and create opportunities to facilitate this kind of communication and learning.

OTHER STRATEGIES

How else can a supervisor support CPS intake?

Be a true partner in decision-making. As one who shares responsibility and accountability for intake decisions, your knowledge of agency mandates and implications for families is a key resource. Meeting to review reported information and explore options increases the confidence you and other staff have in endorsing decisions. *cont. p. 10*

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Use open-ended questions to invite staff to share their thinking, such as, "What do you think about the different options we identified?" and "What other information do we need?'" Using "we" and "us" emphasizes the partnership in the CPS intake decision-making process.

Support staff by introducing and modeling ways they can take care of themselves during and after work.

Provide accessible support. There are bound to be crises. Strong supervisors understand workers need support before, during, and after a potentially volatile or urgent situation. One way to prepare workers for initial contact with a family during the assessment process is to explore the supervisee's emotions and any perceived challenges prior to the contact (ACP, 2004). This preparation sends the message that employees are valued and respected and that you have heard their concerns. Debriefing after a disturbing or confusing situation also supports worker well-being.

The ability to build a supportive relationship with intake staff and a caring organizational climate ultimately affects the quality of the decisions at intake and the way families experience the child welfare system. Your efforts can make the difference in workers' feelings about and competency in their work, and how others in the organization perceive and value the intake function. ◆

Training for Intake Supervisors

CPS intake supervisors may be interested in the following classroom-based courses from the NC Division of Social Services:

Intake in Child Welfare Services, a 3-day curriculum that prepares workers and supervisors to receive and screen CPS referrals.

Intro to Supervision, a 9-day course that helps new supervisors understand their role within the agency, their strengths as a child welfare supervisor, and ways to manage change. Participants leave with concrete tools to use as they interact with staff, other supervisors, and agency administrators.

Staying Power! A Supervisor's Guide to Coaching and Developing Child Welfare Staff, a 3-day training that teaches advanced concepts, tools, and practices to enhance staff motivation and effectiveness.

For more information, class times and locations, or to register, visit the Division's learning portal at www.ncswlearn.org.

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