NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Division of Social Services

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

Participant's Workbook
Day Three

March 2026

PUBLIC KNOWLEDGE®
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This curriculum was developed by the North Carolina Department of Health and Human Services, Division of Social Services and revised by Public Knowledge® in 2024 and 2026.

Table of Contents

Instructions

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

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

Course Themes

The central themes of the Intake in Child Welfare Track Training Day Three are divided across several course topics.

- Purpose and Legal Basis
- North Carolina Practice Model
    - Core Values
    - Essential Functions
- Overview of Intake
- Roles and Responsibilities in Intake
- Legal Definitions and Maltreatment Allegations
- Disproportionality in Child Welfare Services
- Intake Skills
    - Engaging Reporters
    - Gathering Information and Interviewing Skills
    - Collecting Narrative Information
    - Support Networks
    - Documentation
- Provisional Harm and Worry Statements
- SDM® Screening and Response Tool
- Overview of CPS Intake Process
- Intake Skills Learning Lab
- Intake Process
    - Selecting Maltreatment Allegations
    - Response Time and Track Assignments
    - Two-Level Review, Assignments, and Notifications
- Intake Process Learning Lab
- Special Policy Circumstances
- Ambivalence
- Intake Learning Lab
- Worker Safety and Well-being

Training Overview

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

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

Pre-Work Online e-Learning Modules

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

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

Transfer of Learning

Transfer of learning means that learners apply the knowledge and skills they learned during the training back to their daily child welfare work at their DSS agencies. During the track training, learners will complete a transfer of learning tool at various points:

- Pre-training
- During training
- Post-training

The transfer of learning tool will enable learners to create a specific action plan they can use to implement the training content on the job. A key component of successful child welfare practice is the involvement of supervisors in the reinforcement of new knowledge and skills. Supervisors will assist new workers in the completion and review of their transfer of learning tool and will support workers to apply what they have learned in training to their child welfare roles and responsibilities through action planning. Completion of the transfer of learning tool is required to complete the training course.

Training Evaluations

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

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

Day Three Agenda

Intake in Child Welfare Track Training

Welcome and Introductions

NC Essential Functions

NC Practice Model

Essential Functions: Planning and Implementing

Intake Skills

Collecting Narrative Information from the Reporter

Solution-Focused Approaches

Engaging Support Networks

Documentation

Response Time and Track Assignments

BREAK

Intake Skills Learning Lab

Documentation Activity

SDM® Definition Components

Selecting Maltreatment Allegations

LUNCH

Intake Learning Lab

Intake Learning Lab

BREAK

Two-Level Review, Assignments, and Notifications

Two-Level Decision Making

Notifications: Policy Requirements and Process

Intake Process Learning Lab

Intake Process Learning Lab: Scenario Skills Practice

End-of-Day Values Reflection

Self-Reflection Activity

Learning Objectives

Day Three

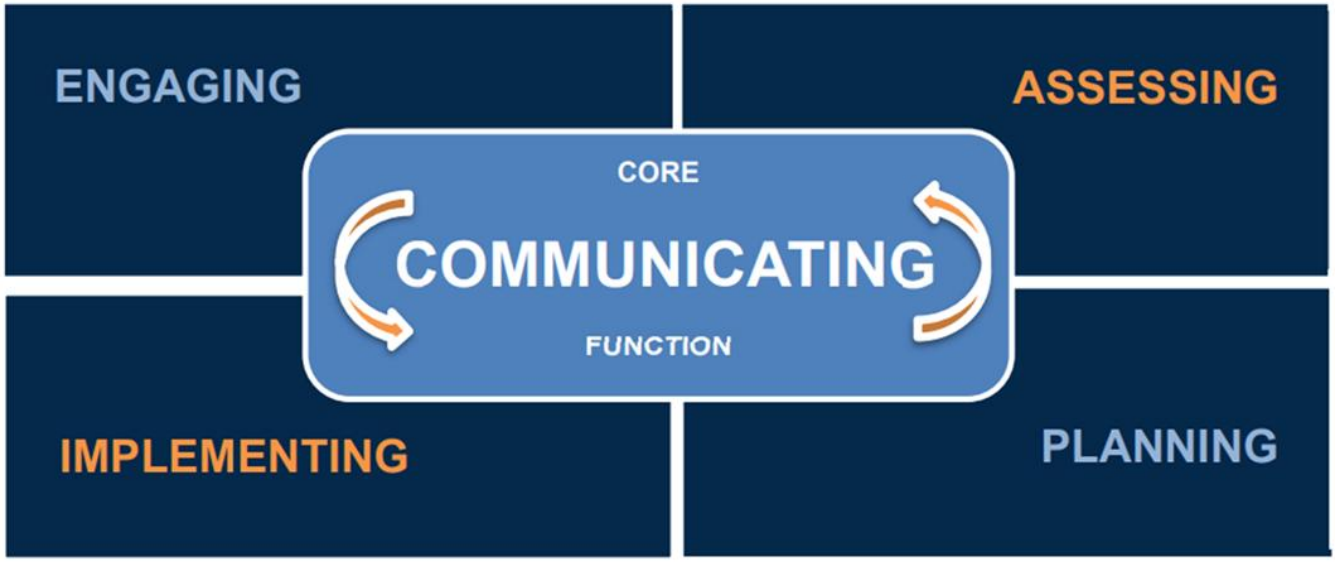
Collecting Narrative Information from the Reporter
• Describe confidentiality polices that apply during the Intake process.
• Identify appropriate threshold-based follow-up questions based on preliminary information in scenarios.
• Explain the requirements for mandatory screen outs.
• Develop solution-focused questions to obtain detailed information from reporters.
• Describe how to use the desk guide while receiving reports.
Engaging Support Networks
• Demonstrate the ability to encourage the reporter to identify relatives and other support for families.
• Explain the reason to identify family support networks during the Intake process.
Documentation
• Distinguish between behaviorally descriptive and subjective language describing children and families.
• Document information from scenarios using behaviorally descriptive language.
Response Time and Track Assignments
• Explain how to use policy to determine response time and assessment track.
• Demonstrate an ability to use the SDM® Screening and Response Tool to determine response time, assessment track, and allegation characteristics.
• Explain how DSS policy applies to the decision matrices in PATH NC.
Intake Skills Learning Lab
• Formulate interview questions based on case scenarios.
• Assess scenario information to determine follow-up questions for reporters.
• Document Intake reports using behaviorally specific language.

• Develop harm and worry statements based on scenarios.
Intake Learning Lab
• Formulate interview questions based on case scenarios.
• Apply SDM screening and response tool to case scenarios.
• Assess scenario information to determine follow-up questions for reporters.
• Document Intake reports using behaviorally specific language in the narrative portion of the SDM screening and response tool.
• Develop harm and worry statements based on scenarios.
Two-Level Review, Assignments, and Notifications
• Demonstrate an understanding of the two-level review process and the need to submit Intake reports for supervisory review and approval.
• Demonstrate an understanding of the assessment assignment process.
• Describe policy requirements for notifications and how to send them.
Intake Process Learning Lab
• Analyze case scenarios to determine if they meet the criteria to be screened in as allegations of abuse, neglect, or dependency.
• Apply policy to case scenarios to determine appropriate response times and assessment tracks.
• Demonstrate understanding of how to document Intake reports using behaviorally-specific language and avoiding “buzzwords.”

Welcome & Introductions

North Carolina Essential Functions

Learning Review: North Carolina Child Welfare Practice Standards



Essential Functions: Planning & Implementing

Planning: Respectfully and meaningfully collaborating with families, communities, tribes, and other identified team members to set goals and develop strategies based on the continuous assessment of safety, risk, family strengths, and needs through a child and family team process

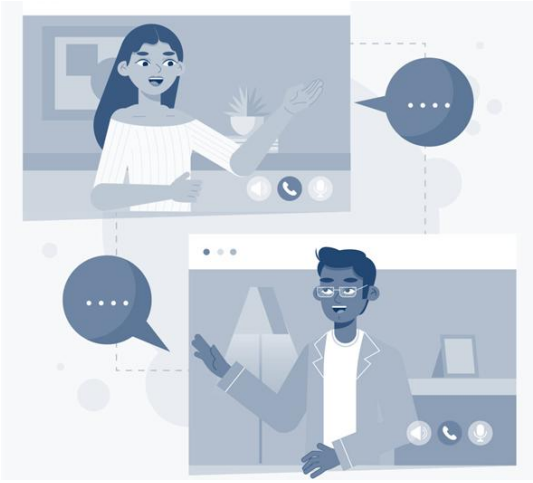
Implementing: Carrying out plans that have been developed. Implementing includes linking families to services and community supports, supporting families to take action agreed upon in plans, and monitoring to assure plans are being implemented by both families and providers, monitoring progress on behavioral goals, and identifying when plans need to be adapted.

How do planning and implementing essential functions support successful Intake processes?

Intake Skills: Collecting Narrative Information

Collecting Narrative Information from the Reporter

Supporting Reporters During the Intake Process



The goal of NC child protective services is to “ensure safe homes for children by identifying the strengths of the family, not by identifying bad parents.” When taking a report, Intake caseworkers should focus on safety.

NC Policy guides Intake caseworkers to:

- Shift the focus from problems to solutions
- Talk with the reporter about what they hope the family can accomplish
- Acknowledge that calling DSS is a big decision
- Engage the reporter in a discussion of what they think will make the child safer

Comprehensive information provided by the reporter supports Intake caseworkers in making the best determination about the appropriateness of the report for CPS Assessment, the level of risk to the child, and the urgency of the response needed. Information gathering should focus on the alleged maltreatment and information about the child, the parents and caretakers, and the family. Narrative interviewing to gather information is a helpful tool to obtain as much information as possible from the reporter for screening purposes.

Use this space to record notes.

Solution Focused Approaches: Empower the Family, Not the Problem

A problem-centered focus empowers the problem, not the families. We want to transition from this mindset to a solution-focused approach because it empowers the family, not the problem. A solution-focused approach enables us to concentrate and build on family strengths and solutions.

What is the importance of how we ask questions?

Solution-Focused Approach

Activity: Solution-Focused Approach Exploration

The purpose of this activity is to explore how solution-focused questions support families and how this connects to the North Carolina Child Welfare Practice Model's core values of family-centered, safety-focused, and trauma-informed.

What to Do:

In your small group, visit all three stations, spending nine minutes at each, and explore each aspect of a solution-focused approach using the provided instructions.

Support building a family's Safety and Support Network

How does asking about a family's safety and support network improve the accuracy of intake decisions?
What wording helps avoid sounding investigative or dismissive?
How do you balance time limits with gathering this information?

Solicit information about what is working well and protective capacities

Why is it important to document protective capacities at intake?
How does this approach support fairness and consistency in screening?
What challenges do you face in identifying strengths when callers are distressed?

Questions as interventions

Which questions helped reduce emotion or confusion?
How do questions support neutrality and objectivity at intake?
What types of questions should intake workers avoid?

How does using solution-focused questions impact what we learn about a family during the Intake process?

What difference does it make for a family when we take a solution-focused approach with the reporter?

How does a solution-focused approach support better screening decisions, not fewer reports?

What changes, if any, would you make to your intake questioning after this activity?

Engaging Support Networks

The Safety and Support Network

A family's safety and support network consists of:

- Family, which includes the nuclear family, extended family, and family of choice
- Friends, including neighbors, non-relative kin (familiar friends who are chosen family), or coworkers
- Service providers, which could be medical professionals, mental health providers, early education providers, or childcare providers
- Faith community, like Pastors, church elders, church-based after-school programs, religious organizations, Alcoholics Anonymous, Narcotics Anonymous
- School-based supports include teachers, counselors, coaches, aides, librarians, and principals
- Activity-based supports, for instance, Leaders from Boys and Girls Clubs of America, sports clubs, Big Brothers Big Sisters, mentoring groups, and community-based camps
- And consider engaging other collateral contacts

What other types of support networks or people not mentioned can you think of?

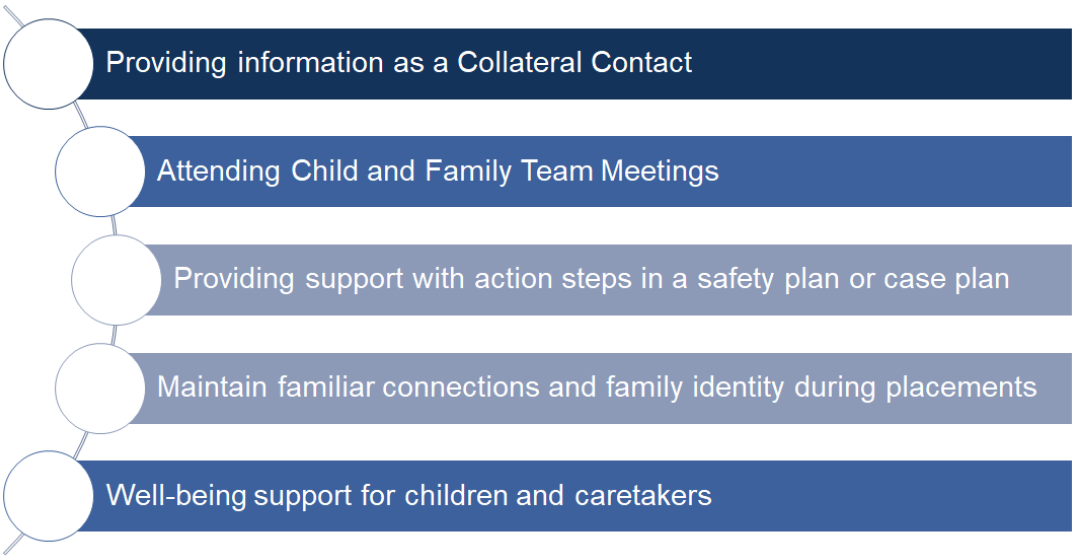
How Safety and Support Networks Keep Children and Families Safe and Stable

Safety and support networks can include family members, relatives and kin, friends, service providers, school staff, faith community members, activity-based supports, and other collateral contacts. These are people who already exist in a family's life and often know the family well. Engaging them early allows us to build on existing strengths rather than relying solely on formal systems or services. As an Intake caseworker, you can expand this discussion to explore a family's safety and support network.

When we talk with reporters, exploring safety and support networks serves two critical purposes. First, reporters often have valuable information about who is involved in the family's life and who may already be providing support or oversight. Second, engaging reporters in this conversation reinforces that child welfare is not about identifying bad parents—it is about ensuring safe homes for children by identifying strengths and supports that can help families succeed.

By intentionally exploring safety and support networks during Intake, we lay the foundation for stronger assessments, better safety planning, and more sustainable outcomes for children and families.

How Safety Networks Can Assist Families



When we explore safety and support networks during Intake, we are not just collecting names. We are thinking critically about who might help keep the child safe, who could participate in safety planning, and who may serve as a collateral contact if the report is screened in. This information supports stronger screening decisions and better preparation for CPS Assessment.

Use this space to record notes.

Documentation

Impact of Words

Video: North Carolina Child Welfare Lived Experiences: The Youth Perspective

North Carolina Child Welfare Lived Experiences: The Youth Perspective

Listen as Ares and Mikaila describe their experiences in North Carolina and describe the impact of words in case documentation.

What are your initial reactions to this video?

Why do you think we showed you this clip in a section about documentation?

Quality Documentation

The purpose of quality documentation is to provide accountability for both what the agency does and the results of its actions. Documentation also provides a way for the caseworker to critically reflect on how to facilitate purposeful, focused interactions with children and families. Records should accurately and completely document all stages of the child welfare process.

Utilize this checklist to ensure you are creating quality documentation:

- Be Accurate: Statements, conclusions, and opinions must be based on facts that are clearly described.
- Be Clear: Jargon should be avoided, and the descriptions of circumstances should be written using behavioral descriptors based on observations and specific statements of involved parties.
- Be Concise: Records should only contain information that is relevant and necessary to the CPS program's purposes.
- Be Relevant: Documentation of decisions with respect to substantiation of the alleged maltreatment, risk and safety assessments, and basis for any placements in out-of-home care or court referral, if necessary.
- Be Timely: Documentation, including narrative, must be current within seven days of every activity or action.
- Be Complete: documentation contains all the information needed to take action; for example, contact names, dates, times, and locations.

Use this space to record notes.

Response Time and Track Assignments

Response Times

Activity: Response Times Matching Game

The purpose of this activity to test knowledge of policy requirements regarding response times for screened-in Intake reports

What to do:

- The trainer will provide each group with a game board and envelope with activity slips.
- Your group will have four minutes to match the allegation slips to the corresponding response time category.
- When time is up, check your work while the trainer reviews the correct placement of each activity slip.

What are the factors to consider when determining response time and assessment track?

What is your comfort level applying this policy without the decision support of the system?

Under what circumstances would you consider changing the response time suggested by the Screening and Response Tool?

Intake Skills Learning Lab

Documentation Skills Practice

Activity: Documentation Skills Practice

The purpose of this activity is to review documentation and edit it to meet the expected standards for quality child welfare documentation.

What to do:

Take seven minutes to edit the “Example Intake Narrative Information” worksheet to meet quality child welfare documentation standards (behaviorally specific, non-judgmental).

Worksheet: Example Intake Narrative Information

Abby smells bad when she gets to school. The teachers must wipe her down and get clean clothes from the closet because she smells so bad. This has gotten worse lately. Abby is in a wheelchair because of neurological concerns, including seizures. She wears diapers and has a bad rash from not being properly cleaned. Abby has missed doctors' appointments recently. She has had five absences in the last month. Abby's dad is a great dad. He knows exactly what to do for Abby. Abby's mom is in a wheelchair, and Abby's dad has to take care of her. The family needs help as they are struggling financially and physically.

Using the example intake narrative above, make edits to meet our expected standards for quality documentation. When making edits, consider why that edit is to be made, such as removing irrelevant information or clarifying with more behaviorally specific language.

Abby smells bad when she gets to school. The teachers must wipe her down and get clean clothes from the closet because she smells so bad. This has gotten worse lately. Abby is in a wheelchair because of neurological concerns, including seizures. She wears diapers and has a bad rash from not being properly cleaned. Abby has missed doctors' appointments recently. She has had five absences in the last month. Abby's dad is a great dad. He knows exactly what to do for Abby. Abby's mom is in a wheelchair, and Abby's dad has to take care of her. The family needs help as they are struggling financially and physically.

SDM® Definition Components

Activity: SDM® Definition Components

The purpose of this activity is to explore how SDM definitions support the decision-making process during intake.

What to do:

- With your partner, visit the SDM® Screening and Response Tool Policy and Procedures Manual [https://policies.ncdhhs.gov/wp-content/uploads/SDM-Screening-and-Response-Instructions-Manual-January-2026-1.pdf] to review maltreatment definitions.
- Discuss how the SDM definitions support the decision-making process.
- You have five minutes for this activity.

Selecting Maltreatment Allegations

Activity: Selecting Maltreatment Allegations

The purpose of this activity is to strengthen your ability to make accurate, policy-aligned screening decisions by practicing how to identify and apply the appropriate maltreatment allegations based on information obtained from reporters.

What to do:

- With your small group, identify the maltreatment allegation and make a screening decision for each assigned scenario:
  - Group One: Scenarios 1, 2, 3
  - Group Two: Scenarios 4, 5, 6
  - Group Three: Scenarios 7, 8, 9
  - Group Four: Scenarios 10, 11, 12
- Refer to the SDM® Screening and Response Tool Policy and Procedures Manual [https://policies.ncdhhs.gov/wp-content/uploads/SDM-Screening-and-Response-Instructions-Manual-January-2026-1.pdf] to review maltreatment definitions.
- You have 25 minutes for this activity
- Be prepared to share:
  - A summary of the circumstances in the scenario
  - The maltreatment allegation
  - The screening decision
  - Any discussion highlights that you think are important

Scenario One:

Family	Narrative
• Grandmother • Mother • Father • Boy, age 4 months	The reporting party is an emergency room nurse. An infant who is 4 months old was picked up by his paternal grandmother from his mother's house. The caretakers share custody. The grandmother was concerned that the baby was physically injured while in his mother's care, so she took him to the emergency room. The ER nurse said the infant has two small bruises on his forehead and scratches on his right thigh. The nurse observed that the infant appeared comfortable in his paternal grandmother's care. The nurse said the infant's father had arrived at the hospital. The infant's father and paternal grandmother are worried that the mother has a drinking problem and is abusing the child. The nurse reported that the mother told the grandmother the infant had fallen off the couch during naptime. The grandmother said that the infant is not rolling over yet.
Maltreatment Type:	

Screening Decision:		**Screen In**		**Screen Out**

Scenario Two:

Family	Narrative
• Mother • Girl, age 3 • Girl, age 4	Two girls, ages 3 and 4, were with their mother when she was pulled over by police on allegations of driving while impaired (her blood alcohol content was 0.08), driving more than 60 mph on a residential street (posted speed limit was 20 mph), and having her two children in the vehicle without any safety seats. The mother called a friend to the scene. The children greeted the friend and were put in age-appropriate car seats in the friend's car. The mother was issued citations and left the scene in the friend's car. The mother has no previous child welfare history.
Maltreatment Type:	

Screening Decision:		**Screen In**		**Screen Out**

Scenario Three:

Family	Narrative
• Mother • Boy, age 9	A hospital social worker called to report that a 9-year-old boy was taken to the emergency room via ambulance after he tried to jump off a school bus. The boy's mother arrived at the ER about 30 minutes after the child arrived and was overheard making inappropriate comments, including saying she wished her son had died when he tried to jump off the bus. The child also said that he was going to stab himself with a knife; she told him to go ahead. When hospital staff talked with the boy, he said his mother calls him a lot of names and often sends him to bed without dinner for no reason. ER staff described the mother as acting hateful toward him, and she told hospital staff that they were rewarding him for his bad behavior by being nice to him.
Maltreatment Type:	

Screening Decision:		**Screen In**		**Screen Out**

Scenario Four:

Family	Narrative
• Mother • Girl, age 16	The reporter is concerned about his 16-year-old cousin. The reporter stated that the girl's mother does not sell drugs, but she is helping the girl to do so. The reporter stated the girl told him she has made $500 so far from selling drugs that her mother helped her obtain. The reporter said the mother requires the girl to give her half the money earned from selling drugs, and the girl is okay with that because she wants to help her mom out. When asked if there were any other concerns for the girl in her home, the reporter said, "Isn't that enough? Someone needs to go check on her!
Maltreatment Type:	

Screening Decision:		**Screen In**		**Screen Out**

Scenario Five:

Family	Narrative
• Father • Child, age 8 • Child, age 5 • Child, age 4 months	A police officer responded to a call that three children—ages 8, 5, and 4 months—were seen in a park unsupervised for about 25 minutes. As the officer approached the children, their father jogged across the baseball fields toward the playground where they were. The officer noticed the children's father approaching from about three blocks away. The officer said he was concerned because the children were near a busy area with heavy traffic and noticed the 5-year-old playing near the street. The father told the officer that he had left to buy cigarettes and asked the 8-year-old to watch her siblings. The father did not appear to be under the influence. The father was engaged and appropriate with the children when he arrived. There were no other kids or adults in the park. The police offer provided the father's name and address, as noted on the father's driver's license.
Maltreatment Type:	

Screening Decision:		**Screen In**		**Screen Out**

Scenario Six:

Family	Narrative
• Mother • Girl, age 15 • Boy, age 9 • Girl, age 7	A friend of the mother called in the report. The caller was in the mother's house last night and reported that the house is disgusting and dangerous. A total of 16 cats live in the house. The home smells of cat urine and has cat feces on the floors and some furniture, including the beds where the children sleep. There are dirty, mold-covered dishes everywhere, and roaches are climbing on some of the dishes. There is no food because the mother sells her food stamps for pills (Percocet, methadone, and morphine) and marijuana. The children are often hungry and sometimes don't eat all day. They often get their meals at school or at the fast-food place where the oldest daughter has a part-time job. More often than not, when the 15-year-old is working, the younger children are home alone.
Maltreatment Type:	

Screening Decision:		**Screen In**		**Screen Out**

Scenario Seven:

Family	Narrative
• Father 1 • Father 2 • Child, age 2 • Child, age 5	Two children live in a household with two fathers. While out walking her dog, the caller (a neighbor of the family) looked through the family's living room window and saw fathers yelling at Father 2, and Father 1 backhanded Father 2 in the face. The caller said the children witnessed the incident and seemed traumatized. The caller shared that there was one other time when the fathers were observed fighting in the yard, and she had to call the police. The caller couldn't remember whether that argument got physical, but she added that the children "shouldn't be with those kinds of parents." Father 1 has a CPS history as a child and was in care. There is no other CPS history on the family.
Maltreatment Type:	

Screening Decision:		**Screen In**		**Screen Out**

Scenario Eight:

Family	Narrative
• Mother • Boy, age 9	The school nurse reported concerns about a 9-year-old boy. The boy has chronic asthma that requires him to use a nebulizer daily. The mother sent a portable nebulizer machine to school, and it is very dirty, with mold in the tubing. This can delay medication delivery and lead to other complications. The boy told the nurse he had trouble using his nebulizer for the past week because the tube is clogged from all the mold. The nurse cleaned the equipment and assisted the boy in taking treatment. The boy said that something in the room where he sleeps causes him to wheeze a lot when he wakes up. He said he was wheezing last night and this morning. He also said his mother and her friends smoke "funny-smelling cigarettes." He said that his mother thinks he does not know what they are, but he has heard her friends talk about "rolling joints," and he learned in school that this is how people smoke marijuana. He said that his mother was smoking last night. The nurse stated that the child has wheezing and crackles in all lung fields this morning; he should be seen by a doctor as soon as possible.
Maltreatment Type:	

Screening Decision:		**Screen In**		**Screen Out**

Scenario Nine:

Family	Narrative
• Mother • Father • Girl, age 14	During a routine medical checkup this morning, a 14-year-old girl told her doctor that she wishes she could go to school, but her parents aren't letting her. The girl said she knows that the school has called her house and left messages asking about her attendance. She also heard her mother hang up the phone when the school called to ask to talk with her. When asked, the mother told the doctor that her daughter is enrolled in school, and she gave the school's name and address. The clinic social worker called the school and was told that the girl is currently enrolled but has not been attending. The school reported that the girl has missed 16 days of school so far this year, and it is only November. The school also reported that the child has not returned any of the assignments sent to her home; as a result, she has fallen significantly behind. The school has not yet contacted child protection, but it has made several phone calls to the family, sent two letters, and attempted a home visit without success in seeing the girl or speaking with her mother. According to the clinic social worker, the school thought the family moved without providing forwarding information. The clinic social worker verified the address and contact information with the girl, and it matches the address the school has.
Maltreatment Type:	

Screening Decision:		**Screen In**		**Screen Out**

Scenario Ten:

Family	Narrative
• Mother • Father • Girl, newborn	A hospital social worker called about a mother who gave birth to a baby girl this morning. The social worker said the mother was suspected of smoking marijuana because she had a positive drug screen early in the pregnancy. She denied any use after that, and she did not have any additional positive screens. Upon being admitted to the hospital to deliver her baby, the mother had a drug screen; she and her baby tested negative. The baby is doing well medically, and the plan is to discharge them tomorrow afternoon. This is the mother's first child, and she provided appropriate care to her baby while in the hospital. The mother said she is well-prepared to bring her daughter home. The father was at the hospital throughout the labor and delivery. The couple seemed to have a stable and positive relationship. The father was gentle with the baby and attentive to both the mother and the baby during their time in the hospital so far.
Maltreatment Type:	

Screening Decision:		**Screen In**		**Screen Out**

Scenario Eleven:

Family	Narrative
• Mother • Boy, age 8	A doctor called to report that he saw an 8-year-old boy who came in for treatment of a head injury, bruised shoulder, and possible broken ribs. The doctor said that the boy indicated that he hurt himself that afternoon while riding his bike in the neighborhood and attempting a trick he saw on YouTube. The mother does not speak English, and the doctor could not confirm how the injury occurred. When asked if he had a concern for maltreatment, the doctor replied that the mother seemed attentive and caring toward the boy, and the boy could have gotten these injuries as reported. The doctor said he was reporting to the county DSS per hospital protocol.
Maltreatment Type:	

Screening Decision:		**Screen In**		**Screen Out**

Scenario Twelve:

Family	Narrative
• Mother • Girl, age 8	The caller is a mental health counselor who reports the following: Counselor reports that he's been seeing an 8-year-old girl for 5 months. Her mother brought her in after she started having some regression (toileting accidents, temper tantrums, night waking) and attention difficulties. The parents separated about a year ago, and it was a very contentious divorce, per the mother, who says there was ongoing domestic violence. The father has unsupervised visits with the girl and her 11-year-old brother on weekends. This afternoon, they were talking about "feeling nervous," and the girl said she feels nervous when she has to go to her dad's house. She said she doesn't like it when she's alone at her dad's and her brother is doing something else, because her dad makes her "do a naked game." She said it hurts, and she doesn't want to, but isn't supposed to tell about it. She didn't want to talk about this any further. The counselor spoke to mom after the session, who "became extremely emotional" and said repeatedly that she didn't want to send the girl back there this weekend (it is Monday). She said that there have been "legal issues" since their separation regarding custody, and her requests for the girl's dad to have no visitation have routinely been denied. Counselor reassured her that he would call CPS and that they might be able to help her.
Maltreatment Type:	

Screening Decision:		**Screen In**		**Screen Out**

Intake Skills Learning Lab

Intake Skills Learning Lab

Activity: Intake Skills: Report Call

The purpose of this activity is to practice forming and asking questions of a reporter to gather information. One trainer will play the role of the reporter, the other will guide the activity, and the group will ask the reporter questions. The goal is to make this mimic a real interview.

What to do:

- The group will “popcorn” around the room, with each person asking a question until the group agrees they have sufficient information to conclude the call.
- Please raise your hand to speak and ask at least one question during the activity.
- The group needs to create provisional harm and worry statements with the reporter during the call.
- Document the call throughout the activity using the Worksheet: Part I: Intake Report Call.

Worksheet: Part I: Intake Report Call

Use this space to document the report.

Documentation Discussion

Activity: Report Documentation

The purpose of this activity is to explore how different people document reporter call details.

What to do:

Answer the following questions with your group:

What points did everyone in your group capture?

What other documentation was different?

What additional information do you want to know about this family before making a screening decision?

Activity: Official Intake Report

The purpose of this activity is to practice listening to a verbal report to identify significant information and identify questions that might provide more clarity and/or understanding of the circumstances known to the reporter.

What to do:

- Note any additional information you find significant
- Record questions you want to ask based on what you hear in the report

Use this space to record notes on additional information you hear in the report.

Use this space to record any additional questions you want to ask.

Part II:

With your group, compare notes on the additional findings.

Use this space to formulate questions you now have.

What allegation(s) are you considering?

How has your perception of this report changed throughout this activity?

It is understandable that the initial information in the report was cause for worry. On a scale of 1 to 10, how worried were you about Tandy after the first set of information (1 being not at all worried, 10 being very worried)?

By the end, had that number changed? Why or why not?

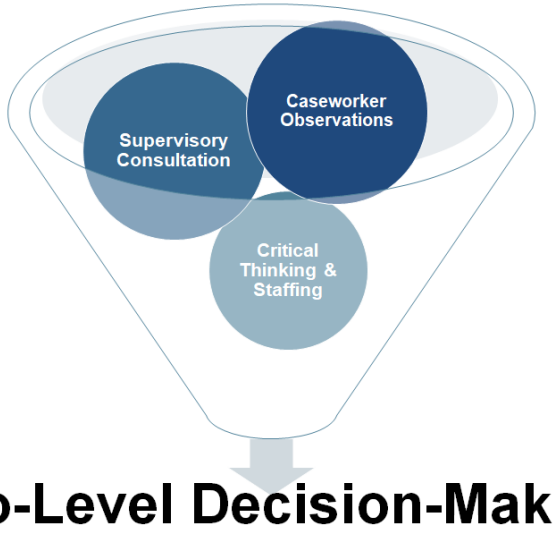
Do you have enough information to make a screening decision at this point?

Take some time to reflect on the initial interview. What opportunities did we miss in the initial interview?

Use this space to record your key takeaways and "aha" moments from this exercise.

Two-Level Review, Assignments, and Notifications

Two-Level Decision-Making



Generally, two-level decisions involve the assigned caseworker and that worker's supervisor. However, there may be circumstances that require another caseworker, another supervisor, or a higher-level manager in the agency to participate in the decision-making.

The purpose of a two-level decision process is to ensure that the child welfare caseworker follows NC Child Welfare policy, has obtained the required information from the reporter, has documented it clearly, and has appropriately applied the policy to make screening and response decisions. While the system automatically assigns response time and track, there may be circumstances in which the reporter's information escalates the concern, and you believe a faster response time or an investigative response is more appropriate to ensure the safety of the alleged victim. You should be prepared to present the information and your reasoning in the two-level staffing. Your supervisor can override the response time or track in the system if appropriate to assign a faster response or investigative track. It is not possible to override the system decision to assign a longer response time or change from investigative to family assessment.

It is also an opportunity to discuss any required notifications related to the report or follow-up for the worker. Supervision also provides coaching and support to the worker.

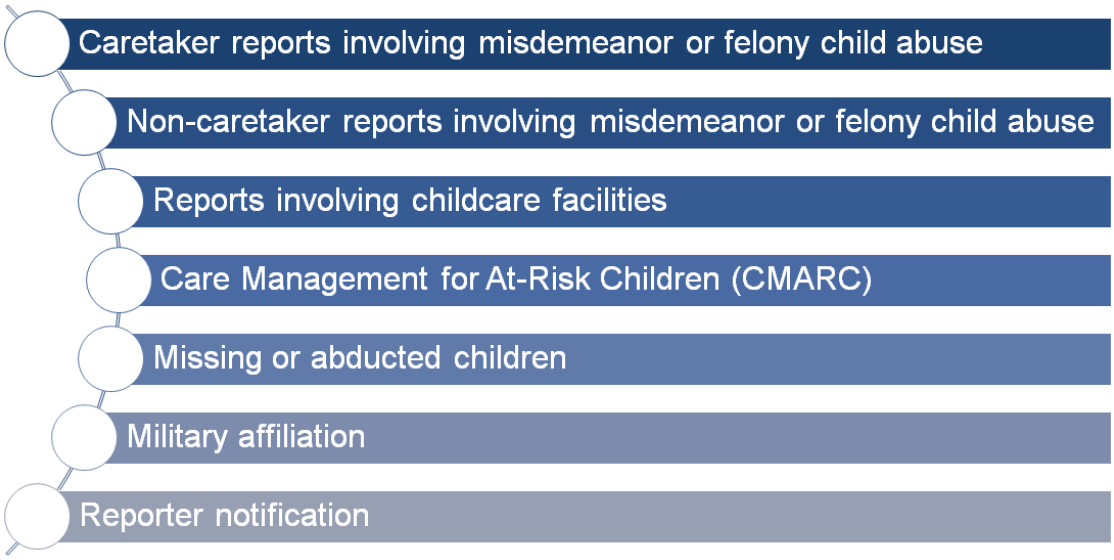
Activity: Two-Level Decision-Making

The purpose of this activity is to discuss when you have engaged in two-level decision-making.

What to do:

- Think about a time you have participated in two-level decision-making with rour supervisor
- With your partner, talk about the experience of engaging in two-level decision-making with a supervisor:
    - Describe the situation
    - Discuss the supervisor's input and feedback
    - Discuss the final decision
    - Discuss how two-level decision-making impacted the children and family

Notifications: Policy Requirements



What are some of the required notifications?

Which of these is required in all cases?

What is the required timeframe for sending a reporter notification letter?

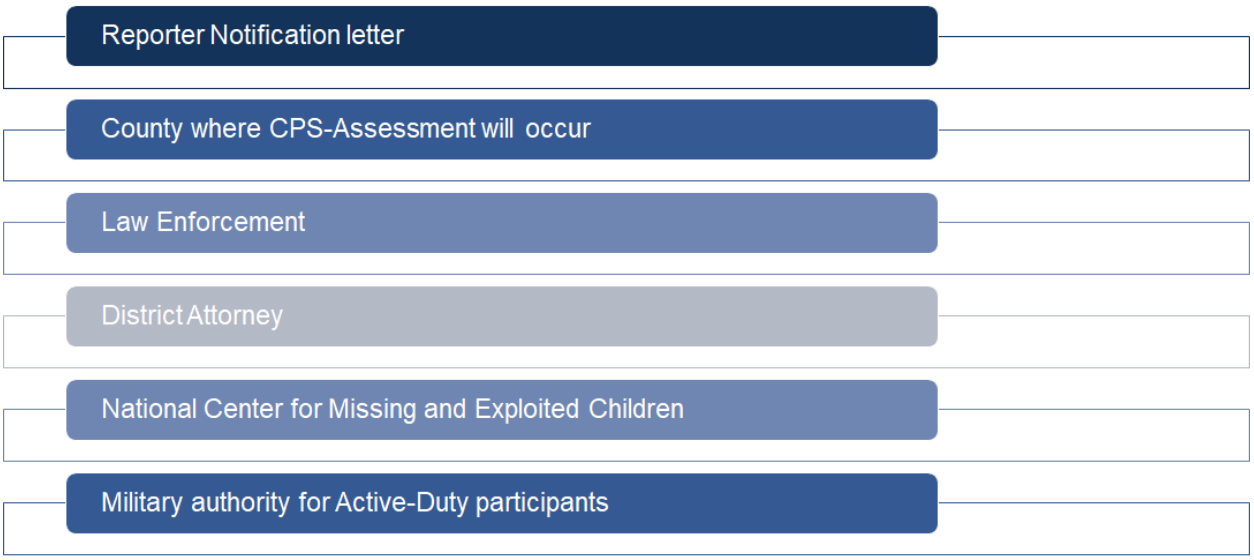
Handout: Notifications Policy Guidance

Protocol: What You Must Do	Guidance: How You Should Do It
DISTRICT ATTORNEY / LAW ENFORCEMENT NOTIFICATION REPORTS OF ABUSE Reports of abuse by a parent, guardian, custodian, or caretaker that may meet the criminal definitions of child abuse must result in a notification to the District Attorney and Law Enforcement. G.S §7B-307 directs that when there is evidence that • the child may have been abused as defined by G.S. § 7B-101 by the parent, guardian, custodian or caretaker, The county child welfare agency must: • Give immediate verbal notifications to the District Attorney or designee; • Send subsequent written notification to the District Attorney within 48 hours • Give immediate verbal notification to the appropriate local law enforcement agency; and • Send subsequent written notification to the appropriate local law enforcement agency within 48 hours. • Notification to the appropriate military authority that there is evidence of abuse of a juvenile by a parent, guardian, custodian, or caretaker with that military affiliation.	The receipt of a report is considered evidence of abuse and or violation criminal misdemeanor or felony child abuse. An example of a neglect report that is reported to the District Attorney and Law Enforcement would be discipline that violated the criminal statute and was done by a non-caretaker. Notification to the military authority of the alleged perpetrator only takes place there is evidence of abuse of a juvenile by a parent, guardian, custodian, or caretaker with that military affiliation
REPORTS OF NEGLECT (Unsafe Discipline) In instances of parental child neglect/inappropriate discipline where the injuries amount to misdemeanor child abuse according to statute, the county child welfare agency must: • Give immediate verbal notification to the appropriate local law enforcement agency; and • Send subsequent written notification to the appropriate local law enforcement agency within 48 hours	
NON-CARETAKER REPORTS G.S. §14-318.6 requires that any person 18 years of age or older who knows or should have reasonably known that a child has	Examples of situations in which non-caretaker reports are to be made to the District Attorney and Law Enforcement include

Protocol: What You Must Do	Guidance: How You Should Do It
been or is the victim of criminal misdemeanor child abuse defined under G.S. 14-318.2 or felony child abuse §14-318.4 must notify the local law enforcement agency. In instances of physical harm to a child that violates any criminal statute by a Non-Caretaker, including instances of inappropriate discipline that amount to misdemeanor child abuse, the local child welfare agency must: • Give immediate verbal notification to the appropriate local law enforcement agency; and • Send subsequent written notification to the appropriate local law enforcement agency within 48 hours; • Give immediate verbal notifications to the District Attorney or designee; • Send subsequent written notification to the District Attorney within 48 hours Notification Requirements: Notification Requirements: • Juvenile Victim: Name, Age, Address, Current whereabouts • Parent, Guardian, Custodian, Caretaker: Name, Address • Alleged Offender: Name, Age, Address • Other Juveniles present or in danger: Name and Age • Nature, extent or conditions of offense	reports alleging assault on a child by educational personnel; reports alleging sexual molestation of a child by a stranger; reports alleging maltreatment of a child by staff of an acute physical care hospital. In some cases, local law enforcement may be investigating the actions of the person who is reported to be directly responsible for the harm to the child while the county child welfare services agency assesses the parent or caretaker's behavior that contributed to the alleged abuse or neglect. Other situations are clearly the responsibility of law enforcement as far as investigation and court action are concerned.
REPORTER NOTIFICATION For all CPS Intake reports, there must be documentation that: a) Written notice was sent to the person making the report within 5 calendar days after receipt of the report; b) The person making the report waived their right to notice; or c) The person making the report refused to provide identifying information. The notice to the reporter must include: a) A statement about whether the report was accepted for CPS Assessment based on statutory definitions and citing the relevant statutes, and identify the type of CPS Assessment that includes a brief description b) The date the report was made;	The requirement for written notification does not negate the county child welfare services agency's ability to share the screening decision with the reporter through other means prior to receipt of the 5-day letter if the inquiry is an effort to provide protective services to the family. Examples of such situations include a hospital social worker wanting to know the screening decision prior to a child's discharge, or a police officer who is waiting for a

Protocol: What You Must Do	Guidance: How You Should Do It
c) The identity of the alleged victim child; for instance, if the reporter specifically identifies the name of a child, use that name; however, if the name is unknown, use the descriptor given by the reporter; d) Information regarding the process by which the reporter may obtain a review of the agency's decision not to accept the report for CPS Assessment; e) A statement about whether the report was referred to the appropriate state or local law enforcement agency; f) The identity of the county responsible for conducting the CPS Assessment, if different than the county that received the Intake; g) Information and resources on human trafficking, if the report is screened out; h) A statement that encourages the reporter to contact the agency if more information or concerns regarding the child or family surfaces; and The name and contact information for the assigned county child welfare worker, the supervisor, or other identified person. If a reporter describes the exact same allegations and incidents that are currently being assessed, the county child welfare services agency must still provide the notification, even if they may not have been the initial reporter.	county child welfare worker to arrive on the scene. Reference G.S. 7B-309 for specific information about the immunity of persons reporting and cooperating in an assessment. This can be found in the policy and legal basis section of the CPS Intake Manual. Appropriate information and resources to the reporter may include, but are not limited to: • National Human Trafficking Hotline Number (1-888-373-7888); • Contact information for local agencies serving survivors of human trafficking; and, • Contact information for statewide agencies serving survivors of human trafficking.

Notifications: Process



The PATH NC system will automatically generate notification letters to the reporter and to other agencies, as required by policy, such as letters to the district attorney and law enforcement when a referral describes a crime against a child. Notifications are not just administrative tasks—they involve sharing sensitive family information, and we are legally and ethically responsible for sharing only what is required, and nothing more. When a notification is sent—whether to a reporter, law enforcement, the district attorney, or another agency—the content must be limited to what policy specifically allows. Families have a right to privacy, and oversharing information, even unintentionally, can violate state and federal confidentiality laws.

Before sending notifications to local partners, check with your county supervisor to understand any county-specific processes or protocols. While policy dictates which notifications are required, counties may have established practices for coordinating those notifications. This includes who sends the notification, whether there are preferred formats or points of contact, and how notifications are documented. These details can vary across counties and partners, including law enforcement, the district attorney's office, and community agencies.

What notifications must be sent once a referral has been accepted for CPS Assessment?

Finalizing Intake in PATH NC

Use this space to record notes.

Intake Process Learning Lab

Screening and Response Decisions

Activity: Screening and Response Decisions

The purpose of this activity is to provide an opportunity to assess scenarios and make screening and response decisions.

What to do:

- Using the scenarios provided, assess the information and make screening and response decisions.
- Write provisional Harm and Worry Statements for each scenario.
- Record your decisions in the box below each scenario.

Scenario 1:

Demographic Information

Mother: Maria Cortez, approximately 29 years old

Father: Unknown

Child: Alejandro Cortez, 8 years old, 2nd Grade at Westlawn Elementary

Reporter: Alejandro's second grade teacher

Address: 117 Shadow Rd. New Site, NC. Apt 1B.

No known CPS history.

Report information

Reporter stated that Alejandro came to the school in the middle of the year, and she has worked all year to get him to open up to him. He finally has shared that he and his mom moved her to get away from a bad situation. The reporter did ask Alejandro what he meant by bad situation, and he said just bad. He shared he wasn't supposed to talk about it. The report stated that her observation of Alejandro is that he is small for his age. He eats breakfast and lunch at school. He is often late for school and misses breakfast, and she tries to keep something in the room for him to eat when he gets there. His hair is very thin and straw like feeling. His skin has a yellowish, gray color to it and his eyes appear off color and dull. His fingernails are jagged and broken with dirt and grime under them. His clothes smell sour. They do not smell like urine. They just smell sour. The reporter called now because she perceives that something has changed with him this week. He has been late every day this week and has acted like he does not want to go home after school. He has lingered in the classroom almost missing the bus several times. This afternoon, the reporter was helping Alejandro with his writing and noticed some bruises on his left wrist. She stated that the bruises looked like they could be fingerprints to her, but he had on a long-sleeved shirt, and she could not see all of them. The reporter did not ask Alejandro about the bruising because she knew she was going to have to report it and did not want him to know it was her. She feels she has just begun to earn his trust. The reporter stated that her understanding is that his father is not in the picture, but she does know he has a grandmother and grandfather in TN that he likes to visit. The reporter does not know the mother's employment status.

Complete the following for Scenario 1:

Screening Decision:		Screen In		Screen Out
Track:		Response Time:		

Provisional Harm Statement:
Provisional Worry Statement:

Partner Discussion Questions for Scenario 1:

- Did you both make the same screening decision?
- Did you both assign the same response time and assessment track?
- Review and provide each other feedback on the reasoning for the decisions and the provisional harm and worry statements.
- How are the reasons you identified similar?
- What did one person consider, or how did they emphasize a different part of the report or definition when documenting reasoning?
- Were your harm and worry statements capturing the same concerns?

Please note the similarities and differences in the documentation and harm and worry statements.

What additional information would you like to have from the reporter?

Scenario 2:

Demographic Information

Mother: Angela Smith, she/her, 35 years old, White

Father: John Smith, he/him, 37 years old, White

Child: Abby Smith, she/her, 9 years old, White, 4th Gr.at Creekland Elementary

Reporter: School-based occupational therapist

Address: 1551 State Street, New Site, NC

North Carolina CPS History:

- Two years ago, Screen Out: Report alleged Abby was coming to school smelling like urine, her hair was not properly attended to with a sour smell, and her mother not attending school meetings.
- One year ago, Screen Out: Report alleged that Abby was hungry when she arrived at school.

Report Information

Reporter stated that Abby smells bad when she gets to school, and the teachers must wipe her down and get clean clothes from the clothing closet. The smell and hygiene issues have gotten worse in the last few months. Abby uses a wheelchair most of the time due to neurological challenges, including seizures and wears diapers because she doesn't have good bladder or bowel control. She has a urine burn on her buttock and lower back that is red and blistered and sometimes bleeds. This burn causes Abby to be uncomfortable in her wheelchair and it is painful when she is doing her therapies. The burn is from not being cleaned properly.

Abby has missed five scheduled appointments. Two of those appointments were with the neurologist and there is worry that Abby's seizure medications are not going to be refilled. Abby has had five absences in the last month, which means she isn't getting her PT, OT, and special education services. During her last PT assessment, it showed that Abby regressed in her muscle tone which is likely a result of not having her therapies.

The father, John, is excellent at responding to Abby's seizures. He knows exactly what to do. He waits outside for the school bus to bring Abby home and is there with her every morning at pick-up.

The mother, Angela, is also in a wheelchair and John is having difficulty caring for her and Abby. It is too much for one person and the family is near collapse. He seems sad and withdrawn lately when getting Abby from the bus and has not been greeting Abby with his usual excitement and hug. The bus driver has said that in the last month, there were two times John wasn't outside waiting when the bus arrived. The bus driver had to blow the horn, and it was ten minutes before John came outside. Abby cannot be left at the bus stop due to her physical limitations. John's behavior has been erratic and withdrawn at times.

The family needs help, as they are struggling financially and physically. Many things are broken or need to be fixed at the house, and the family cannot afford it. The water heater, washer, dryer, and the van need repair. Abby is very attached to her mother and father. They are her favorite people in the world, and she lights up when around them. Abby is generally happy. She laughs a lot, and her smile is contagious.

Complete the following for Scenario 1:

Screening Decision:		Screen In		Screen Out
Track:		Response Time:		

Provisional Harm Statement:
Provisional Worry Statement:

Partner Discussion Questions for Scenario 2:

- Did you both make the same screening decision?
- Did you both assign the same response time and assessment track?
- Review and provide each other feedback on the reasoning for the decisions and the provisional harm and worry statements.
- How are the reasons you identified similar?
- What did one person consider, or how did they emphasize a different part of the report or definition when documenting reasoning?
- Were your harm and worry statements capturing the same concerns?

Please note the similarities and differences in the documentation and harm and worry statements.

What additional information would you like to have from the reporter?

Scenario 3:

Demographic Information

Mother: Monica Lewis, she/her, 42, Black

Father: George Jackson-Bailey, he/him, 45, Black

Stepfather: William Bailey-Jackson, he/him, 46, White

Child: Van (legal Vanessa) Jackson, they/them, 14, 8th Gr. at Johnson Middle School

Child: Raymond Jackson, he/him, 10, Black, 4th Gr. at Johnson Elementary School

Reporter: School counselor

Address: 881 Main Street, New Site, NC. .

Report Information

Report alleges that Raymond came to school today complaining of back pain. Raymond told his teacher that he got into trouble the night before for “talking back” to his father. The teacher sent Raymond to the school counselor who observed redness, light purple bruising, and swelling on Raymond’s buttocks, visible just above the waistband of his shorts which sit lower on his hips and bruising that could be fingerprints on Raymond's left arm. When the school counselor asked Raymond about what happened, Raymond said “I don’t want to get Dad into trouble.” He wouldn’t speak about the matter any further.

Complete the following for Scenario 3:

Screening Decision:		Screen In		Screen Out
Track:		Response Time:		

Provisional Harm Statement:

Provisional Worry Statement:

Partner Discussion Questions for Scenario 1:

- Did you both make the same screening decision?
- Did you both assign the same response time and assessment track?
- Review and provide each other feedback on the reasoning for the decisions and the provisional harm and worry statements.
- How are the reasons you identified similar?
- What did one person consider, or how did they emphasize a different part of the report or definition when documenting reasoning?
- Were your harm and worry statements capturing the same concerns?

Please note the similarities and differences in the documentation and harm and worry statements.

What additional information would you like to have from the reporter?

Scenario 4

Demographic Information

Mother: Arianna Walker, she/her, 46, Black

Father: Charles Walker, he/him, 48, Black (does not live in the home)

Child: Destiny Walker, she/her, 17, 12th Grade at Town High School

Child: Charles Walker Jr., he/him, 13, Black, 7th Grade at Town Middle School

Child: Jonas Walker, he/him, 9, 4th grade at Town Middle School

Reporter: Mental Health Therapist

Address: 653 Dogwood Trail, New Site, NC. .

Report Information

Destiny came to her bi-weekly counseling appointment this afternoon very upset. She shared that yesterday her brother Charles got in trouble at school for fighting (at the Junior High School). Her mother got called to pick him up from school as he was being suspended for fighting. Destiny stated her mother picked them all up from school and she was very angry. She picked up Charles at the junior high and then came and checked out Destiny at the high school and then they picked up Jonas at the elementary school. Destiny said her mother was so angry she was shaking when she came in to check Destiny out of school. When Destiny got in the car, she said she saw her brother sobbing in the back seat. Her mother started screaming at him that he was just like his father, and he was going to end up in jail for fighting and acting like a fool. Her mother was screaming at Charles that he was going to be the reason she gets fired from her job and then they would all be taken away from her. Destiny said her mom called the office at Jonas' school and got permission to send Destiny in to check Jonas out of school. Jonas was upset about leaving school early according to Destiny. Destiny said she was upset too because she was absent from a test she had prepared for and now she would have to make-up the test, and everyone said make-up tests are harder.

Destiny said when she got back in the car with Jonas, Charles was still crying and their mother was telling him to "just keep it up, she had had it with him."

Charles went straight to his room when they got home. Jonas went straight to the kitchen and Destiny said she went with Jonas. Destiny said her mother followed Charles to his room. Destiny said her mother continued yelling at Charles and threatened to kick him out of the home due to his behaviors. Charles was yelling back at his mother, saying he hated her. As the yelling escalated, her mother picked up a sandal and struck Charles several times on his arms, and legs. Destiny said she saw her mother hitting Charles with the sandal. Destiny said Jonas ran to his room and got under his covers.

Destiny said this morning, her mother left for work and told Charles to stay in his room all day. She said Charles packed his backpack and left the house walking to a friend's home. Destiny said Charles told her not to tell anyone where he was going, that he doesn't want to live with his mother anymore and that he wants to live with his father. Destiny said Charles was going to try to get in contact with their father. When asked, Destiny shared that Charles did not have any marks or bruises on him and that she asked him if he was hurt or in pain. Charles told her that he was not hurt and that he just couldn't stay there anymore.

Destiny said that Charles is at Ben Wheelers house. She said he goes there a lot to get away from home. She shared that home is not a happy place for Charles since their parents got a divorce. Destiny said Charles is sad and misses their father and that this seems to make their mother angry. Destiny said their father is not working and hasn't been giving her mother any money. This is stressing their mother out because she figured out her budget and how to meet their needs counting that money from their father.

Complete the following for Scenario 4:

Screening Decision:		Screen In		Screen Out
Track:		Response Time		

Provisional Harm Statement:
Provisional Worry Statement:

Partner Discussion Questions for Scenario 4:

- Did you both make the same screening decision?
- Did you both assign the same response time and assessment track?
- Review and provide each other feedback on the reasoning for the decisions and the provisional harm and worry statements.
- How are the reasons you identified similar?
- What did one person consider, or how did they emphasize a different part of the report or definition when documenting reasoning?
- Were your harm and worry statements capturing the same concerns?

Please note the similarities and differences in the documentation and harm and worry statements.

What additional information would you like to have from the reporter?

Group Debrief Activities:

Take a moment to make note of specific information contained in each report that helped you determine if the threshold for an allegation was met. Please make a separate list for each scenario.

Scenario 1
Scenario 2
Scenario 3
Scenario 4

Additional information you'd want from the reporter and what questions you would ask to obtain that information.

Scenario 1
Scenario 2
Scenario 3
Scenario 4

Self-Reflection Training Wrap-Up

Self-Reflection Activity

Worksheet: Reflection and Check-In

Reflection and Check-In	
 Strengths Reflection	
Opportunities for Growth Reflection	
 "Aha" Moments	

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