

1407 – STRUCTURED INTAKE

CHANGE # **05-2008**

June 2008

I. OVERVIEW

A. Legal Requirements for the Department of Social Services

The director of each county Department of Social Services (DSS) is required by law to establish protective services for children alleged to be abused, neglected, or dependent. [North Carolina General Statute \(N.C.G.S.\) §7B-300](#) states:

"The director of the department of social services in each county of the State shall establish protective services for juveniles alleged to be abused, neglected, or dependent. Protective services shall include the screening of reports, the performance of an assessment using either a Family Assessment response or an investigative, casework or other counseling services to parents, guardians or other caretakers as provided by the director to help the parents, guardians, or other caretakers and the court to prevent abuse or neglect, to improve the quality of child care, to be more adequate parents, guardians, or caretakers, and to preserve and stabilize family life. The provisions in this Article shall also apply to child care facilities as defined in [N.C.G. S. §110-86](#)."

DSS must receive and screen all reports of abuse, neglect, or dependency, **regardless of residency**. The intake social worker shall use the Division's Structured Intake Form, [DSS-1402](#), to document information about the report of suspected abuse, neglect or dependency. The intake social worker and supervisor determine whether the facts alleged in the report are sufficient to warrant intervention on the basis of suspected abuse, neglect, or dependency. The intake decision not only determines if there is a valid CPS report, but also which **county DSS shall be responsible for conducting the** CPS assessment. **Initiation response times and prioritization shall be determined by the county conducting the assessment. The county DSS responsible for conducting the CPS assessment shall determine the CPS assessment response.** The two CPS assessment responses are the Family Assessment response and the Investigative Assessment response. The intake social worker and supervisor must sign the completed intake form.

[N.C.G. S. §7B-302](#) states: "When a report of abuse, neglect, or dependency is received, the director of the department of social services shall make a prompt and thorough assessment, using either a Family Assessment response or an Investigative Assessment response, in order to ascertain the facts of the case, the extent of the abuse or neglect, and the risk of harm to the juvenile, in order to determine whether protective services should be provided or the complaint filed as a petition." When a report of abuse, neglect, or dependency is received regarding a non-institutional setting, all children living in the home shall be considered and assessed as victim children, whether or not they are named in the report. If a report is received on an institutional setting, the circumstances of other children who were subjected to the alleged perpetrator's care and supervision shall be assessed to determine whether they require protective services or immediate removal.

In the course of providing child protective services, the director of the county DSS and staff should have a clear understanding of the legal basis for intervention on an involuntary basis and to accept the responsibility for offering services to non-voluntary clients. The agency should minimize the intrusion into the family without increasing the risk of harm for children.

B. Duty to Report - Legal Requirements for the Public

[N.C.G. S. §7B-302\(b\)](#) is North Carolina's mandatory reporting law that states " Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined by [N.C.G.S. §7B-301](#), 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 intent of this legislation is to encourage reporting to the proper authority situations in which children may be at risk. It does not require that the reporter possess any information beyond a cause to suspect abuse or neglect. The reporter is not required to have witnessed the abuse or neglect or to have firsthand knowledge.

A person who makes a report of suspected child abuse, neglect, or dependency is immune from civil or criminal liability, if the report was made in good faith according to [N.C.G.S. §7B-309](#). This statute also guarantees immunity to anyone who cooperates with DSS in its CPS assessment, testifies in any court action resulting from the report, or participates in authorized procedures or programs for screening and responding to reports of abuse, neglect, or dependency.

II. INTAKE AND SCREENING

The county Department of Social Services (DSS) has the statutory responsibility to screen reports and to intervene in situations meeting the legal definitions of:

- Abuse
- Neglect, and/or
- Dependency.

A. Establishment of Agency Jurisdiction

Screening in child protective services is the action of receiving reports of abuse, neglect, or dependency and, through the process of gathering preliminary information from the reporter, determining what further action is required. A critical part of the screening process involves knowing the statutory definitions of child abuse, neglect, dependency and caretaker. The agency has the authority to intervene only when the allegation, if true, would meet legal definitions.

1.) **Definitions** ([N.C.G.S. §7B-101](#))

The North Carolina Juvenile Code sets forth the following definitions:

Abused Juveniles - Any juvenile less than 18 years of age 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; or
- (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 G.S. 14-27.2; second degree rape as provided in G.S. 14-27.3; first degree sexual offense, as provided in G.S. 14-27.4; second degree sexual offense, as provided in G.S. 14-27.5; sexual act by a custodian, as provided in G.S. 14-27.7; crime against nature, as provided in G.S. 14-177; incest, as provided in G.S. 14-178 and 14-179; preparation of obscene photographs, slides or motion pictures of the juvenile, as provided in G.S. 14-190.5; employing or permitting the juvenile to assist in a violation of the obscenity laws as provided in G.S. 14-190.6; dissemination of obscene material to the juvenile as provided in G.S. 14-190.7 and G.S. 14-190.8; displaying or disseminating material harmful to the juvenile as provided in G.S. 14-190.14 and G.S. 14-190.15; first and second degree sexual exploitation of the juvenile as provided in G.S. 14-190.16 and G.S. 14-190.17; promoting the prostitution of the juvenile as provided in G.S. 14-190.18; and taking indecent liberties with the juvenile, as provided in 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; or
- (f.) Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile.

Neglected Juvenile - A juvenile who does not receive proper care, supervision, or discipline from the juvenile's parent, guardian, custodian, or caretaker; 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 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 abuse or neglect or lives in a home where another juvenile has died as a result of suspected abuse or neglect or lives in a

home where another juvenile has been subjected to abuse or by an adult who regularly lives in the home.

Dependent Juvenile - A juvenile in need of assistance or placement because he 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.

Juvenile - Any person who has not reached the person's eighteenth birthday and is not married, emancipated, or a member of the armed forces of the United States.

Caretaker - Any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting. A person responsible for a juvenile's health and welfare means a stepparent, foster parent, an adult member of the juvenile's household, an adult relative entrusted with the juvenile's care, or any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile's health and welfare in a residential child care facility or residential educational facility, or any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services. 'Caretaker' also means any person who has the responsibility for the care of a juvenile in a child care facility as defined in Article 7 of Chapter 110 of the General Statutes and includes any person who has the approval of the care provider to assume responsibility for the juveniles under the care of the care provider. 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.

NOTE: Because the statute is specific to include certain relationships (such as stepparents) that meet this definition, these relationships should be liberally construed and inclusive of persons connected by blood as well as by marriage. Thus, it is the position of both the North Carolina Division of Social Services and our child welfare attorneys that extended step-relatives such as step-grandparents, step-aunts, step-uncles, and step-cousins entrusted with responsibility for the health and welfare of the child should be considered caretakers. Therefore, when reports are made alleging child maltreatment that meet the statutory definition of abuse, neglect and dependency and include information that an extended step-relative acted in the capacity as caregiver, county departments of social services should accept these reports for assessment.

Conversely, because the statute does not include persons in a special relationship with the primary parent, guardian, custodian or caretaker (such as a boyfriend, girlfriend, or babysitter not meeting the definition of child care provider) and who live outside of the child's residence, these relationships should be narrowly construed and exclusive to only mean those adult members of the juvenile's household. Therefore, when reports are made alleging child maltreatment against a primary parent, guardian, custodian or caretaker's friend or acquaintance who resides outside of the child's home, county departments of social services should not accept these reports for assessment but may, instead, refer these cases to local law enforcement if appropriate.

Safe Home: A home in which the juvenile is not at substantial risk of physical or emotional abuse or neglect.

B. Intake and Screening

1.) All CPS reports are to be documented:

- (a.) in writing, in a structured format, and
- (b.) at the time the report is received.

Strengths-Based, Structured Intake is one of the seven strategies of the Multiple Response System (MRS). Recognizing strengths and partnering with families from initial contact is an important aspect of this approach. Obtaining information regarding culture allows DSS to provide family-centered services and gives valuable information about the family. There is a rapidly growing Asian and Hispanic/Latino population in North Carolina and being able to respond in a culturally respectful manner is important. The CPS Structured Intake Report tool, [DSS-1402](#) addresses all of the requirements for capturing information to be collected at intake. The form can be formatted to make it more user friendly for an individual county, but all questions that are currently on the tool **must** be asked during intake. If there is other information that a county DSS feels would be helpful, such as what services the family is receiving in the county, it may be added.

[N.C.G.S. §7B-301](#) requires that the person making the report give the person's name, address, and telephone number. However, refusal of the person making the report to identify himself does not relieve DSS's responsibility for conducting a CPS assessment. The identity of the person making the report and all information obtained during a CPS assessment must be held in the strictest confidence by DSS, except that it can be released to law enforcement when they are assisting with the CPS assessment. This statute does not grant or even mention a right for the reporter to remain anonymous. See Children's Services Manual, Volume 1, [Section 1428](#) for further information on confidentiality.

DSS often needs to get back with a reporter to clarify or follow up on other issues, so anonymous calls should be discouraged as much as possible while letting the reporter know of the requirement that we keep their identity confidential, unless a court orders otherwise. If a county DSS 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.

2.) Reports received for CPS Assessment

All CPS reports require:

- (a.) two party review of the intake decision;
- (b.) that one of the parties be in a management position, and all persons participating in the intake decision must sign the intake tool;
- (c.) a written notice to the reporter, unless waived or anonymous, within 5 business days after receipt of the report.

The notice shall include:

- (a.) a statement about whether the report was or was not accepted for CPS assessment;
- (b.) 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;
- (c.) a statement about whether or not the report was referred to the appropriate state or local law enforcement agency;
- (d.) information about referrals to outreach services or other agencies as appropriate, if the report was not accepted.

It is crucial that reports that are accepted for CPS assessment clearly invoke DSS's statutory authority to provide child protective services. All persons participating in the screening decision **must** sign the intake report tool where indicated. Documentation in the case record must reflect the following:

- (a.) notice to the person making the report was sent; or
- (b.) the person making the report waived his right to notice; or
- (c.) the person making the report refused to identify himself.

3.) Non-Caretaker Reports

When a report that is not accepted 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 his 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.

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 DSS assesses the parent or caretaker's behavior in contributing to the injury. Other situations are clearly the responsibility of law enforcement as far as investigation and court action are concerned.

Examples of situations in which a non-caretaker report to the District Attorney are to be made include: reports alleging assault on a child by educational personnel, unless the child is enrolled in a preschool or after school program operated by the school that is licensed by the Division of Child Development; reports alleging sexual molestation of a child by a stranger; and reports alleging maltreatment of a child by staff of an acute physical care hospital. These situations do not meet the current definition of caretaker and are inappropriate for child protective services intervention.

4.) Duty of the County Department of Social Services to Report Allegations of Child Abuse and Neglect in Child Care

[N.C.G.S. §7B-307](#) requires that if the report received pursuant to [N.C.G.S. §7B-301](#) involves abuse or neglect of a juvenile as defined by [N.C.G.S. §7B-101](#) in a child care facility, the Director shall notify the Abuse/Neglect Unit in the Division of Child Development (DCD) the day the report is accepted for an Investigative Assessment by calling the DCD's abuse/neglect intake consultant. See Children's Services Manual Volume 1, Chapter VIII, [Section 1418](#) for further information.

If the director finds evidence that a juvenile has been sexually abused as defined by [N.C.G.S. §7B-101](#) in a child care facility, s/he must notify not only the Child Abuse/Neglect Unit in the Division of Child Development, but also the State Bureau of Investigation.

[N.C.G.S. §7B-301](#) states "Upon receipt of any report of child sexual abuse in a child care facility, the director shall notify the State Bureau of Investigation within 24 hours or on the next working day. If child sexual abuse in a day care facility or day care home is not alleged in the initial report, but during the course of the CPS assessment there is reason to suspect that child sexual abuse has occurred, the Director shall immediately notify the State Bureau of Investigation." A telephone call to the appropriate SBI district office fulfills this requirement. It is recommended that a follow-up written notice be sent to the SBI within three (3) business days after allegations of child sexual abuse are received. See Children's Services Manual Volume 1, Chapter VIII, [Section 1420](#) for further information.

5.) Reports involving a Child Who Lives in Another County/State

The agency may receive a report involving a child who resides in another county or state. The agency receiving the report **shall** take the information from the reporter **and then screen the report for acceptance prior to** the report being assigned to the county where the child lives so that a timely CPS assessment can be initiated. **If the child lives in another state, the agency receiving the report shall take the information from the reporter and make the report to the appropriate CPS agency in that state.** In the interest of providing maximum protection to children, reporting of suspected child abuse, neglect, or dependency should be made as convenient as possible for reporters. They should not be required to look up unfamiliar telephone numbers or to make long distance calls. They should be advised that their names will be provided to the agency where the CPS assessment will be conducted so that further information can be obtained, if necessary and the five day notice can be sent. When a protective services report involves a child living in a state other than North Carolina, the agency in the other state should be contacted with the information.

The agency may receive a report on a child that **it knows** resides in another county but is "found" in the county receiving the report. The county where the child is found should proceed with screening the report to determine if it meets the legal definition of abuse, neglect, and/or dependency and if so, initiate the CPS assessment **as an assist to the child's county of residence**. It is the responsibility of the county where the child resides to complete the CPS assessment and make the case decision using the interview information from the county where the child was found. **For example, a child is in a hospital outside their county of residence and at the time of intake it is known that the county of residence is not the county where the hospital is located, the county of residence is responsible for conducting the assessment while the county where the hospital is located will assist with the initiation of the assessment.** If at any time, the county where the child is found believes the child is in immediate danger, a petition should be filed and a non-secure custody order obtained. At the time of the non-secure hearing, a request to transfer court jurisdiction to the county of residence should occur. See Children's Services Manual, Volume I, [Chapter V](#) for further information regarding **reports where multiple counties are involved**.

The agency may receive a report on a child that resides in another state but is "found" in a county in North Carolina. The county should proceed with the screening process and if accepted, conduct a CPS assessment. The state where the child resides should be notified of your actions and if needed, the county should ask for assistance in completing the CPS assessment. The state where the child resides should be notified of the case decision. If it is necessary to take court action to protect the child who is a resident of another state, the county should do so. This should be done in consultation with your agency attorney. There are some legal issues regarding which state issued an order initially establishing custody such as in custody/divorce cases.

When a report is received on a child that resides in another state but is found in a county, and the intake decision was to not accept the report for CPS assessment, the other state should be notified of the report and the county's screening decision. That allows the resident state to make a screening decision based on their statutes and also gives them information for when the child returns to their state.

In some circumstances, the other state when contacted may not accept the county's report because the maltreatment occurred in North Carolina even though the child is a resident of their state and is "found" in that state now. In those circumstances, the NC county agency is advised to accept the report for CPS assessment and request the other state to provide assistance in interviewing the child. **Jurisdictional barriers should not prevent a county from protecting children.**

6.) Out-of State Requests to Provide Protective Services

When agencies receive requests from out-of-state agencies to provide protective services to children and their families who are now living in this state, it is necessary to initiate a new CPS assessment. In order to establish jurisdiction in North Carolina, the agency must assure that the allegations would have constituted abuse, neglect, or dependency according to the definitions set forth in [N.C.G.S. §7B-101](#) had the maltreatment occurred in this state. This procedure is based on the fact that protective services policy and statutes vary among the states.

Once it has been determined that the allegations would have constituted abuse, neglect, or dependency under North Carolina law, the agency shall initiate a CPS assessment within the required time frames.

The agency's assessment process must be objective and thorough. The fact-finding process, while initially focusing on the allegations contained in the referral from the other state, may reveal additional concerns regarding the safety of the child. The case decision must reflect assessment of all facts and evidence. This does not mean that steps taken in the other state must be redone. Information and records should be requested from the other state regarding their findings. It is appropriate to use information from the other state as long as all the requirements of an assessment are met and are documented in the case record in North Carolina. However, the agency must take those assessment steps that can be completed such as seeing the child, seeing the parent or caretaker with whom the child resides, visiting the home, etc., and the required notices and documentation shall be completed as in other CPS assessments.

This process is necessary in order to provide the legal basis for agency intervention with the family on an involuntary basis and to provide protection for the child. In every case, the agency should also consider whether voluntary services would be appropriate and accepted.

In addition to the decision-making process related to child protective services, the receiving county DSS staff will also want to assure that the child is not in North Carolina in violation of the Interstate Compact for the Placement of Children.

When the out-of-state agency indicates that court action involving custody of the child has already taken place, the receiving agency should also refer the matter to the Interstate Compact for the Placement of Children (ICPC) in the North Carolina Division of Social Services for review. The ICPC telephone number is (919) 733-9464. Such referrals should be made without delay in order to assure compliance with the Compact and the continuation of appropriate services to the family. See Children's Services Manual, Volume I, [Chapter XI](#) for further information regarding ICPC.

7.) Reports Involving Out-of Home Care Providers

When a report is received alleging abuse, neglect, or dependency of a child by out-of-home care providers, and the allegations meet the definitions of abuse or neglect and the out-of-

home care provider meets the definition of caretaker under [N.C.G.S §7B-101](#), the county shall complete a CPS assessment.

While most aspects of CPS assessments are identical, there may be some differences. Additional requirements for specific types of CPS assessments are contained in the following sections:

- Reports involving a child care setting - See [Section 1418](#)
- Reports involving out-of-home living arrangements - See [Chapter V](#)

8.) Multiple Reports Involving the Same Child or Family

It is not unusual for a county DSS to receive information about a child from more than one reporter. Several reporters may call within hours of each other, especially in the early stages of screening or assessment. The agency may be well into completing a CPS assessment and may be contacted by a new reporter. If a report is received that describes the exact, same allegations and incidents that are currently being assessed, the information shall be documented in the case record.

If the report describes the exact, same allegations and incidents that are currently being assessed, the reporter may be told that the agency is taking steps to determine the circumstances of the child. It is not unusual to hear multiple versions of the same incident or circumstances. Since the agency is required to provide feedback to reporters, all individuals making reports shall receive a notice even though they may not have been the initial reporter.

Any new allegation and/or incident that meets the legal definitions of abuse, neglect or dependency received from the public during the course of an open CPS assessment (i.e., not uncovered by the social worker as a part of the CPS assessment) is to be documented and must be responded to within the legal time frames to assess the safety of the child. The new information is not counted as a separate report, but must be responded to within appropriate time frames to assess the safety of the child.

9.) Reports Involving Open CPS In-Home Services Cases

Any allegation and/or incident that meets the legal definitions of abuse, neglect or dependency received at any time during the course of a CPS In-Home Services case, shall be documented as a new report and the agency shall conduct a prompt and thorough CPS assessment.

Additional information no longer exists.

10.) Reports Involving Open Child Placement Cases

Any allegation and/or incident that meets the legal definitions of abuse, neglect or dependency received at any time during the course of Child Placement Services, shall be documented as a new report and the agency shall conduct a prompt and thorough CPS assessment.

It is not unusual to receive reports on children who are in foster care or receiving child placement services. For example if a child is home for a trial visit and the agency receives a report regarding this visit, it should be documented as a new report and the agency shall conduct a prompt and thorough CPS assessment.

11.) Reports Involving a Deceased Child Non-Residential/Residential Setting

The agency may receive a report that a child has died and there is suspicion that abuse, neglect, or dependency may have contributed to the fatality. When there are no other children living in the home, it is not appropriate for the DSS to be involved in the case, but the report shall be referred to law enforcement for investigation.

When there are other children in the home, the agency must focus its activities on the safety of the surviving children. N.C.G.S. §7B-302(b) states: " When a report of a juvenile's death as a result of suspected maltreatment or a report of suspected abuse, neglect, or dependency of a juvenile in a non-institutional setting is received the director of the department of social services shall immediately ascertain if other juveniles remain in the home, and, if so, initiate an assessment in order to determine whether they require protective services or whether immediate removal of the juveniles from the home is necessary for their protection."

When a report of a juvenile's death as a result of maltreatment or a report of suspected abuse, neglect, or dependency of a juvenile in an institutional setting such as a residential child care facility or residential educational facility is received, the director of DSS shall immediately ascertain if other juveniles remain in the facility who are (or were) subject to the alleged perpetrator's care and supervision and, if so, assess the circumstances of those juveniles in order to determine whether they require protective services or whether immediate removal of those juveniles from the facility is necessary for their protection. Only children identified as victims must be subjects of the Investigative Assessment. However, other children in the institutional setting should be considered as victims if an assessment of the circumstances warrants the inclusion of those children in the Investigative Assessment.

12.) Reports Involving a Child who Lives in a Home Where a Child has Died or been Abused or Neglected

There are special considerations for reports involving a child who lives in a home where a child has died as a result of maltreatment or lives in a home where another child has been subjected to abuse or neglect. N.C.G.S. §7B-101(15) includes the following sentence in the definition of neglected juvenile: " In determining whether a juvenile is a neglected juvenile, it is relevant whether that juvenile lives in a home where another juvenile has died as a result of suspected abuse or neglect or lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home."

Relevance in this instance is a legal term that means that the court can find a child neglected on the basis that he or she was living with a victim child. N.C.G.S. §7B-302b requires that all children living in the home of the reported victim child must be assessed as alleged victim children. These laws support what has been good practice in CPS; i.e., the physical or sexual abuse of one child in a home by an adult resident of that home

necessitates consideration as to whether other children have been neglected or subjected to physical, sexual or emotional abuse even without specific allegations involving them.

While the prior physical or sexual abuse or death from abuse or neglect of one child in a home does not automatically mean that other children in the home are at risk, it does create a reason to **suspect** that they may not be safe.

III. INTAKE DECISIONS

Intake is the first stage of the CPS process, the front door. Careful, detailed, and thorough work at this stage lays the foundation for making well-informed decisions throughout the life of the case. There has been a tendency to devalue the intake process, and this is a mistake. The quality and consistency of the information gathered at this stage directly impacts subsequent intervention; what happens at the front door impacts our entire child welfare system. Reports of suspected child abuse, neglect and dependency are received, and it is crucial that the intake social worker use interviewing skills to gather sufficient information from the reporter. Hearing and listening to the reporter leads the intake social worker to begin the inherently judgement based child protection process. Judgments must be made as to whether a CPS assessment is required and as to the urgency of the response necessary. Making the decision to conduct a CPS assessment, to open that front door, leads us to a myriad of judgements that must be made throughout case involvement.

Our goal is consistency in making these judgements, consistency in case decisions, child removal and reunification, pursuit of court intervention, and all service related decisions. Intake decisions can be significantly improved when structured appropriately; specific criteria must be considered for every case by every social worker through highly structured assessment procedures. Defining decision-making criteria and identifying how social workers and supervisors are to apply these criteria will result in greater consistency in making decisions. Structured decision making at Child Protective Services Intake involves the Structured Intake Report, Maltreatment Screening Tools and Response Priority Decision Trees, all of which assist social workers and supervisors in making screening decisions at Intake. After collecting information during Intake and completing the Structured Intake Report, the corresponding Maltreatment Screening Tool which describes criteria for determining if a report meets the statutory requirements is completed, then the coordinating Response Priority Decision Tree is used to aid in making decisions on the time within which a report requires initial contact. The Structured Decision Making System consists of the following components: Screening Tools, Response Priority Decision Tree, Safety Assessment, Family Risk Assessment, Family Strengths and Needs Assessment, Case Decision Summary/Initial Case Plan, Family Risk Reassessment, and Family Reunification Assessment. A Response Priority Decision-Making Tree outlines the CPS Intake Process, from the receipt of a child abuse, neglect, or dependency report to the initiation of a CPS investigation. (National Council on Crime and Delinquency, Children's Research Center. The Improvement of Child Protective Services with Structured Decision Making: The CRC Model. 1999)

A. Maltreatment Screening Tools Consultation

The Structured Decision-Making Model clearly identifies factors that establish consistent screening criteria for the identification of new child abuse/neglect/dependency reports. This results in greater consistency among social workers and allows the agency to easily convey the manner in which a response to each referral occurs. The Intake social worker will consult the appropriate Maltreatment Screening Tool after receiving a CPS report and documenting the information on the Structured Intake Report. The Maltreatment Screening Tools are based on North Carolina statutes, research from the U.S. Department of Health and Human Services and various states. The abuse screening tools include: physical injury, cruel/grossly inappropriate behavior modification, sexual abuse, emotional abuse, and moral turpitude. The neglect screening tools include: improper care, improper supervision, improper discipline, abandonment, improper medical/remedial care, injurious environment, and illegal placement/adoption. Reports alleging dependency necessitate consulting the dependency screening tool. When a reporter alleges maltreatment pertaining to substance abuse and/or domestic violence, the substance abuse and/or domestic violence screening tool should be consulted. Your review of the screening tool enables you to answer the question: If the reported information were true, does it minimally meet the statutory guidelines for child abuse, neglect or dependency? This requires that Intake social workers have a current knowledge of statutory guidelines in order to identify and categorize child abuse, neglect and dependency. Screening decisions at Intake remain two level decisions; incorporating the social worker and supervisor's professional judgement along with the consistency provided through the use of the screening tools.

B. Response Priority Decision Tree Consultation

A decision tree approach incorporates and prioritizes critical factors which lead to a staff decision about the speed of response. Upon receipt of a CPS report, the appropriate Screening Tools are consulted. After determining that **the CPS report is valid it is necessary** to determine the speed of response required. Consulting the appropriate Response Priority Decision Tree results in a determination regarding response time:

- Physical Abuse Response Priority Decision Tree
- Sexual Abuse Response Priority Decision Tree
- Neglect Response Priority Decision Tree
- Dependency Response Priority Decision Tree

C. Strengths Based Interviewing

Making effective intake decisions requires social workers to have competent interviewing skills, awareness of the information needed, the skill to organize and analyze information to arrive at accurate conclusions, and the ability to support reporters. The reporter's information/impressions regarding the allegations need to be listened to and documented in detail for the agency's needs and in order to make the reporter feel they have been heard. Each reporter must be given support and encouragement for his/her decision to make a report. In addition, the reporter's fears and concerns should be elicited and addressed. These can range from fear that the family will retaliate to fear of having to testify in court. It is important to

understand that it is often very difficult for the reporter to make the call. The telephone call usually comes after much thought has been given to the possible consequences to the child and family. More than likely, the reporter has considered that it would be easier just to do nothing or that the CPS system may not be able to help the family. It is difficult for a reporter to think that his/her call will actually help the family rather than hurt it. While gathering information from the reporter, the distinction between events and judgement is important. The position of the caller can be determined from a compilation of the judgements he/she is making about the case. CPS social workers will be able to make better judgements about the case if they have a good understanding of the reporter's position. Helpful questions that can be used to establish the reporter's position include:

- 1.) What, in your view are the worst aspects of the behavior you are talking about?
- 2.) What convinced you to take action and call us now?
- 3.) What have you done (besides making the report) to address the problem?
- 4.) What do you see as the cause of the problem?
- 5.) Have you talked about these matters with anyone who knows the family? Would others agree with your perspective? What would they say?
- 6.) Would the parents of the family agree with your assessment of the situation?

Many times reporters will think more carefully about family situations when they are questioned about exceptions and family strengths. Focusing on strengths at Intake is **central**. While it is **important** to know the reporter's concerns about the risk to the children, it is crucial that the message is **conveyed** that CPS is about ensuring safe homes for children, not about identifying bad parents and taking children away.

In some instances, the reporter may know about exceptions to the current family situation, and some of the following questions may be useful:

- 1.) It sounds like this has happened before, have you ever seen the family do anything to work this out on their own?
- 2.) 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 made the parent respond differently?
- 3.) You said the child always seems depressed. Are there any times when you've seen the child be happy? What is going on then?

Some questions that may be useful in eliciting strengths include:

- 1.) Can you share anything good about these parents?
- 2.) How do family members usually solve this problem? What have you seen them do in the past?
- 3.) What do you see as a positive regarding the relationship between parent and child?

Another line of questioning that may be helpful includes talking with the reporter about what they hope can be accomplished for the family. Discussing safety shifts the focus from problems to possible solutions. Some of these questions include:

- 1.) This situation sounds serious. What do you think should happen? How would that solve the problem?
- 2.) Calling DSS is a big step. In your opinion, what would it take to make the child safer?
- 3.) What do you imagine us doing to make the child safer?
- 4.) What do you think this family should do? What are they capable of doing?
- 5.) You are saying this family has problems, can you tell me how we will know when the problem is solved?

Talking with the reporter about goals can also be initiated through the use of scaling questions. **The social worker** can ask the reporter to rate the seriousness of the situation through a safety scaling question; "On a scale of 0 to 10, with 0 meaning you are certain the child will be abused again and you believe we should take action immediately, with 10 meaning the problems are solved, where would you rate the seriousness of this situation?" Following this question, the Intake social worker can then ask, "You rated the situation a 3, what can be done to increase the situation to a 4?" The use of a scaling question here gives information about immediate progress as compared to complete resolution.

Questions associated with a safety approach may be unexpected, causing the reporter to think more critically about the situation. It may be necessary for the Intake social worker to take more time to explain the questions and acknowledge that some of the questions may be unexpected. There will be some reporters who are willing to engage in a discussion regarding safety and some reporters will not be willing to enter this discussion because they feel they have done their job by notifying DSS. Exceptions, strengths and goal-oriented questions cause the reporter to think about the family's situation and stress the idea that child safety and protection is a community issue which calls for collective responsibility. (Turnell, A., Edwards, S., Signs of Safety: A Solution and Safety Oriented Approach to Child Protection)

In our desire to move towards a more family-centered, strengths based perspective it is important to remember that the reporter's first impression at Intake is crucial. The expectation is that the reporter is able to speak to a professional regarding their concerns and is not forced to leave a message or required to say the exact words, I want to make a CPS report, in order to share their safety concerns regarding the child and family. Every effort should be made to speak with the reporter at the time the call is placed. It is important to remember that time frames for responding to reports of abuse, neglect and dependency begin at the time the reporter contacts the agency. In messaging situations, this means that **the** time frame for response begins at the time the reporter left the message, not the time **the call was** returned. There may be many times where the reporter does not have access to a telephone on a regular basis and can not leave a number for the call to be returned. The absence of an immediate personal response to a reporter sends a message of apathy to that reporter and the general public. We are mandated to provide Child Protective Services 24 hours per day, 7 days per week and we are required to respond immediately to emergency situations. Assessing whether an immediate response is required is impossible when those concerns are left on a messaging system. The absence of a personal response at Intake jeopardizes our ability to provide quality protective services to children.

IV. INTAKE PROCESS

Gather sufficient information from the reporter and agency records to be able to:

- identify and locate the child(ren), parents, or primary caretaker;
- determine if the report meets the statutory guidelines for child maltreatment;
- assess the seriousness of the child's situation; and
- understand the relationship of the reporter to the family and the motives of the reporter.

Provide support and encouragement to the reporter by:

- explaining the purpose of CPS (to protect and strengthen the family);
- emphasizing the importance of reporting;
- dealing with fears and concerns of the reporter; and
- discussing confidentiality and explaining how a reporter's identity may be revealed (through court action in a particular case)

Check agency records to determine if the family or child has been reported/known to the agency previously. The North Carolina Administrative Code **only** allows access to the Central Registry once a report has been accepted for CPS assessment. The Central Registry was designed for the following purpose: the tracking of children who may have suffered as a result of abuse, neglect and/or dependency. Departments of Social Services are required to conduct a Central Registry check as a part of a thorough CPS assessment of reports alleging abuse, neglect, or dependency, the tracking of information regarding child fatalities, the gathering of data to enable research to be done on the nature and extent of child abuse, neglect, and dependency and for other appropriate disclosure, and the gathering of data to enable the system to produce statistics and management reports for county DSS, and for use in making program decisions about CPS in the State. **It is not acceptable to check the Central Registry/Responsible Individual List or contact another community agency or another county DSS in order to make a screening decision.**

If other agencies use a "designated reporter" system, the designated reporter may not have firsthand knowledge of the situation. In such situations, it is permissible to contact the person with firsthand knowledge prior to making a final decision about whether to accept the report. Two examples of this situation would be a designated reporter in a school system, when the teacher has firsthand knowledge, but the school social worker made the report; and a nurse in an ER is calling DSS on behalf of the doctor whose examination revealed unexplained mouth injuries.

Handle crisis situations such as:

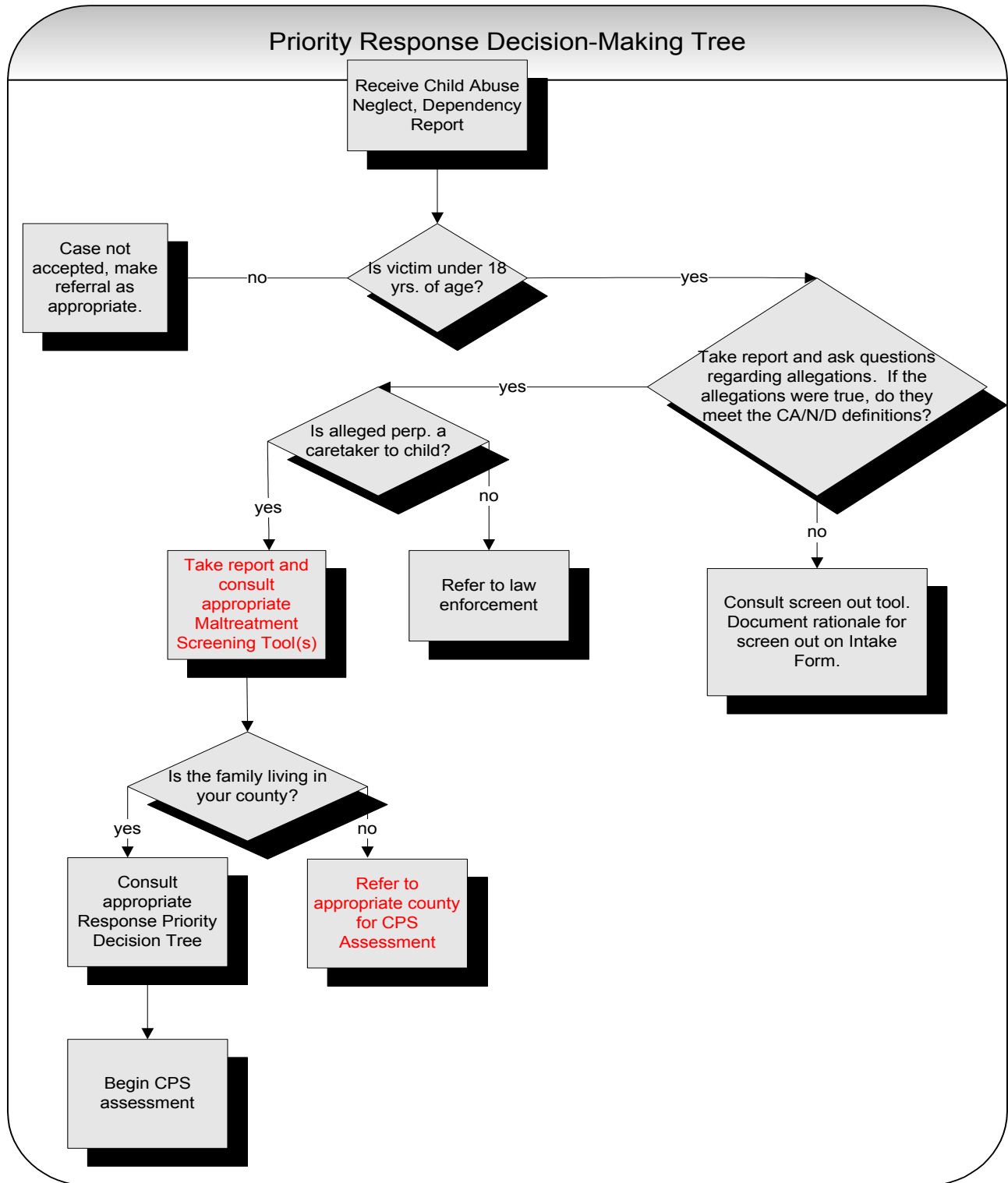
- calming the caller; and
- determining how to meet the immediate needs of the child and family through identifying the appropriate response time

The more comprehensive the information provided by the reporter, the better able social workers are to determine the appropriateness of the report for CPS assessment; the level of risk to the child, and the urgency of the response needed. Information gathering should focus on

demographic information about the child and family; information about the alleged maltreatment; and information about the child, the parents/caretakers, and the family as a whole.

A. Structured Intake Steps

- 1) Complete Structured Intake Report using strengths based approach with reporter.
- 2) Consult Maltreatment Screening Tool(s) which corresponds to the allegations.
- 3) **Determine the county responsible for completing the CPS assessment.**
- 4) Consult Response **Priority** Decision Tree.
- 5) Determine appropriate Assessment Response, Investigative vs. Family
- 6) Initiate CPS Assessment.



V. INSTRUCTIONS FOR COMPLETION OF STRUCTURED INTAKE REPORT/ [CPS Intake Report Tool, DSS-1402](#)

The quality and consistency of the information gathered at Intake impacts our 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 his 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 at the decision the reporter made to take the initiative to call.

During the intake process, the social worker will explain the crucial role that collateral information sources have in the agency's possible future service provision to the child and family to the reporter 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. 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.

Using the signs of safety approach at Intake is not fundamentally different from what has been occurring, however, there is a difference in **that** the interview should not follow a forensic, "just get the facts" interview format. The Intake social worker will have to use their interviewing skills to engage the reporter, and this could lengthen the Intake interview, but not significantly, and it provides more details and sets a stage for which existing and future safety are at the forefront. The **Structured Intake Report Tool** is not a list to be checked off, it is a framework and while all of the information is needed, it is intended to be a fluid process, not a question by question checklist.

The Structured Intake Report **Tool** 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 and substance use and possible occurrence within the family. The Structured Intake Report **Tool** is then separated into the following categories: physical abuse, sexual abuse, emotional abuse, domestic violence, substance abuse, abandonment, drug exposed infant, supervision, injurious environment, improper discipline and proper care. When these categories are not relevant to the allegations reported, indicate this by noting N/A, non-applicable by each category. When the reporter is alleging maltreatment which corresponds with the specific categories, there are questions provided to guide your interview.

1. Who:

Children's Information: Name(include nicknames), Sex, Race, Age/Birthdate, School/Child Care, 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. Indicate the child's relationship to the perpetrator(s).

Parent/Caretaker's Information: Name(include aliases/nicknames), Sex, Race, Age/Birthdate, 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/Birthdate, 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/Birthdate, Employment/School information

Include information on all other household members with any specifics the reporter has regarding those household members.

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.

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

Driving Directions

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

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 at Intake to collect information regarding any family members or kin who have a significant relationship with the children.

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

2. 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 is in immediate danger?
Has there been any occurrence of domestic violence in the home? (Inform reporter this is a routine question asked with every report)

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

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

- 3. When:** Approximately when did the incident occur?
When is the last time you saw the child?
Talk with the reporter about the most recent events as well as establishing a timeline of events which have occurred within the family.
- 4. Where:** Current location of child(ren), parent/caretaker, perpetrator.
- 5. How:** How do you know what happened with the family?
How long has this been going on?
The responses to these questions can give information regarding the reporter's level of involvement with the family and whether they have witnessed the maltreatment.
- 6. Strengths:** What are the strengths of this family? Or, Can you 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?
If the reporter has difficulty finding any 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**. Some additional exception and strengths questions include: 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? Can you tell me more about those times? What did the parent and child do instead? What do you think contributed to the parent responding differently?
- 7. 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.
- 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?

All of the above questions are not questions that the reporter would expect. Using strengths and exceptions questions, as well as engaging the reporter in a safety approach at intake may require the Intake 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.

The interview with the reporter thus far should indicate what type of maltreatment the reporter is concerned about with this family. The Intake Report specifies types of maltreatment and provides questions which may be helpful in obtaining clarifying information. It is possible that through interaction with the reporter thus far, the answers to these questions have been provided. If not, this is an opportunity to redirect the reporter and attempt to gather more information.

- 8. Medical:** Does the child(ren) have medical insurance?
Where does the child(ren) receive regular health care?
- 9. Physical Abuse:** Where was the child(ren) when the abuse occurred?
Describe the injury, for example: (Thursday, May 23, 2002, 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?
Is the child afraid to go home?
- 10. Sexual Abuse:** Where was the child when the abuse occurred?
To whom did the child 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?
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?
Has the child had a medical exam?

11. Emotional Abuse:

How does the child function in school?

What symptoms does this child have that would indicate psychological, emotional, or social impairment?

Are there any psychological or psychiatric evaluations of the child?

Is the child failing to thrive or developmentally delayed?

Is there a bond between the parent/caretaker and the child?

What has the parent/caretaker done that is harmful?

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

Are there any indications of cruel and unusual punishment?

12. Domestic Violence:

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.

Can you describe how the violence is affecting the child?

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

Where is the child 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 right now?

What is the battered parent/caretaker'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)

Is there a history of domestic violence?

Can you provide information on how to contact the battered parent/caretaker alone?

13. 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?

How well are the children supervised? Are they left alone for extended periods of time?

Is there adequate food in the home?

Have the children been exposed to a methamphetamine or other clandestine 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 laboratory in the home?

- 14. Abandonment:** How long has the parent/caretaker been gone?
Did the parent/caretaker say when they'd be back?
Did the parent/caretaker make arrangements with someone to care for child?
Are the alternative caregivers 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?
- 15. Drug exposed infant:** What is the present physical condition of the child?

If the baby is in the hospital, is he/she scheduled to be released soon?
What is the attitude of the parent/caretaker toward the child?
- 16. Supervision:** Is the child left alone? If yes, how long is the child unsupervised, what is the age and developmental status of the child, what is the child's ability to contact emergency personnel, is the child caring for siblings or other children, is the child afraid to be alone, what time of day is the child 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?
- 17. Injurious Environment:** What is it about the child's living environment that makes it unsafe?
- 18. Improper Discipline:** If the child is injured from the 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 fearful of the parent/caretaker?

Do you know what prompted the parent/caretaker to discipline the child?
- 19. Proper Care:** Does the parent/caretaker provide adequate food, clothing and shelter? If you feel the parent/caretaker is failing to provide the child with proper care, describe in detail what the child is lacking.
Is the parent/caretaker ensuring the child receives necessary medical care?
Is the parent/caretaker ensuring that the child receives a basic education?
- 20. Reporter's Information:** Name, address, telephone number and relationship, indicate if the reporter wants notification, and if the reporter is willing to be contacted again for further information if needed.

- 21. Maltreatment Screening Tool:** The Intake social worker will have collected as much information from the reporter as possible. The social worker will consult all maltreatment screening tools which correspond with the allegations made by the reporter. This means that often times more than one screening tool is completed. Prior to the use of the screening tools, Intake social workers and supervisors made screening decisions regarding whether the allegations met our legal definitions of abuse, neglect and dependency by examining statute and policy. This examination was more self-reflective than the objectivity provided through the use of maltreatment screening tools and response priority decision trees. With the use of the screening tools, which correspond with every maltreatment type defined by our statutes, the decision making process becomes more consistent. Indicate by checking which of the Maltreatment Screening Tools **were** consulted in the screening of the report.
- 22. Response Priority Decision Tree:** After consulting the appropriate Maltreatment Screening Tool(s) and making the decision to accept the report; consult the appropriate Response Priority Decision Tree. Indicate by checking which of the trees **were** consulted.
- 23. Report Not Accepted:** Indicate the reason(s) the report was not accepted.
Include information regarding any referrals offered.
Indicate whether report information was transferred to another county due to residency issues.
- 24. Mandated reports:** Indicate whether report information was referred to Division of Child Development, Division of Facilities Services or Law Enforcement.
- 25. Signatures:** All reports require a two-level review; indicate who reviewed the report.

VI. MALTREATMENT SCREENING TOOL AND PROCEDURES

The purpose of the screening tools is to determine which reports meet the legal definitions of abuse, neglect and dependency and to aid in achieving consistency in regards to the screening of CPS reports.

- Which cases:** The screening tools are to be utilized with every CPS report received in order to determine whether the allegations meet the legal definitions of abuse, neglect and dependency. If the information received meets the legal definitions; a CPS assessment is required. This includes telephone calls and all other means of referral, and includes information on new families and families already known to the agency; whether or not a case is open to CPS Assessments/Investigations, CPS In-Home Services or Child

Placement Services.

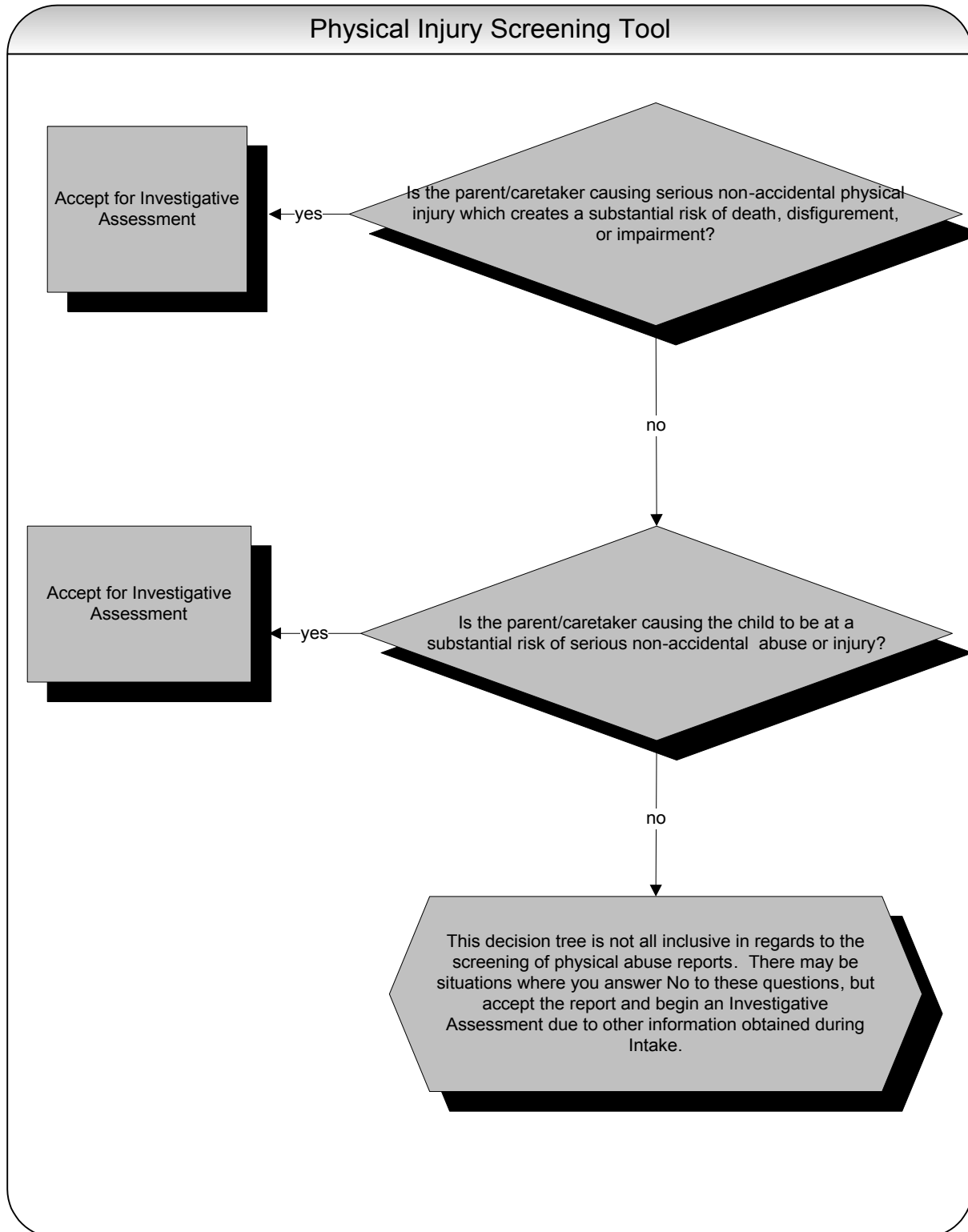
- Who:** Every staff member who has the responsibility for CPS intake.
- Decision:** Screening tools determine whether the report should be accepted for CPS assessment. **This is a joint decision made with the CPS Intake social worker and the supervisor.**
- When:** Screening tools are consulted immediately upon receipt of the report.
- Appropriate Consultation:** Please refer to the definitions page for each screening tool. The tools correspond with the abuse, neglect and dependency statutes. The corresponding screening tools for abuse reports include: physical injury, cruel/grossly inappropriate behavior modification, sexual abuse, emotional abuse, and moral turpitude. The corresponding tools for neglect reports include: improper care, improper supervision, improper discipline, abandonment, improper medical/remedial care, injurious environment, and illegal placement/adoption. The directions provide case examples but are not all-inclusive. It is impossible to account for all incidences of child abuse, neglect and dependency. These tools are guidelines to assist in the decision making process. The social worker should consult each tool as it corresponds to the allegations. Every allegation made by the reporter requires an examination of the corresponding screening tool. It is likely that a reporter will allege maltreatment which requires an examination of multiple screening tools. It is crucial to evaluate each allegation based on the statutory definitions of abuse, neglect and dependency, and consulting the Maltreatment Screening Tools serves this purpose.

For example: A reporter alleges that the parent/caretaker is feeding the child only fast food, the 10-year-old child received a spanking after an incident at school. The spanking did not injure the child. The reporter thinks the parent just doesn't do a good job as a parent, the Mom is a single parent and the boy needs a father. In this situation refer to the improper care and inappropriate discipline screening tools. There is no information in this scenario which indicates the child is being neglected; therefore this report would not be accepted. The Intake social worker would note on the Intake Report that the improper care and inappropriate discipline screening tools were consulted.

A reporter alleges that his neighbor's leave their 5-year-old child at home alone while they go shopping and that their home is filthy. He further describes the home as smelling like a garbage dump. He indicates that the parents allow animal feces to pile up on the floor along with never taking out the trash. He is concerned for this child's immediate safety, as he believes the child is at home alone at this time. In this situation refer to the improper supervision and injurious environment screening tools and accept this report, as these allegations meet the definitions of neglect. The Intake social worker would complete the Structured Intake Report to reflect that the improper supervision and injurious environment screening tools were consulted. The Intake social worker would then consult the Neglect Response Priority Decision Tree in order to determine the required response time for these allegations. As indicated on the Neglect Response Priority Decision Tree, a child under the age of 6 who is unsupervised requires an immediate response.

Overrides:

The decision trees are designed to guide decisions, not to replace social worker judgement. If, after consultation with a supervisor, it is agreed that appropriate completion of the tool leads to a decision that does not apply to a particular case due to unique circumstances not captured by the tool, or because critical information is unknown, the supervisor may approve an override. **If the appropriate response is in doubt, the social worker should respond in the most protective way.**



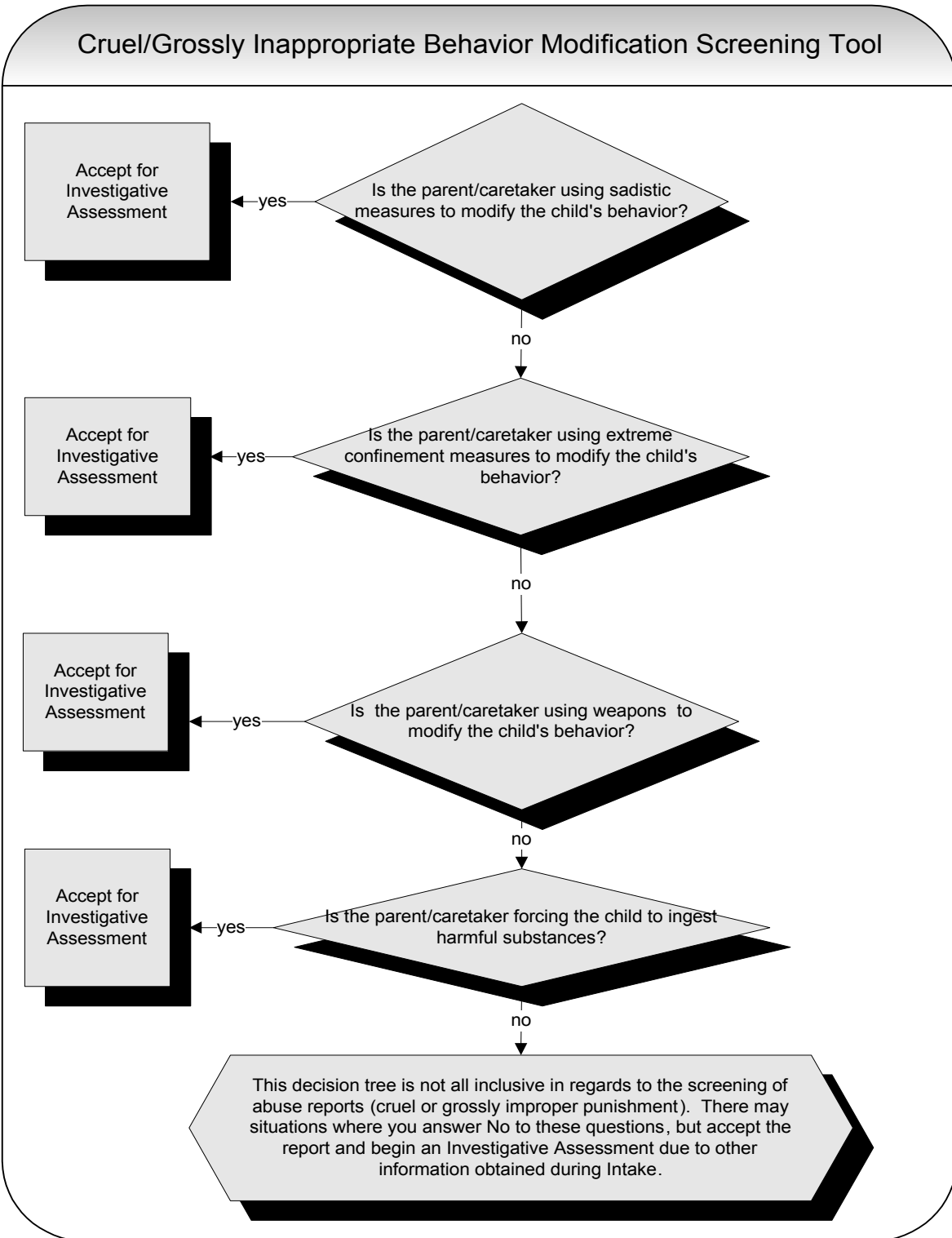
A. Physical Injury Screening Tool Directions

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

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

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

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



B. Cruel/Grossly Inappropriate Behavior Modification Screening Tool Directions

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

This would include the parent/caretaker purposely injuring the child and inflicting pain to modify behavior, such as cigarette burns and scalding water burns. Also included is any discipline that is designed to cause physical pain such as excessive physical exercise including: forcing a child to run laps, complete push-ups, carry heavy rocks, etc.

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

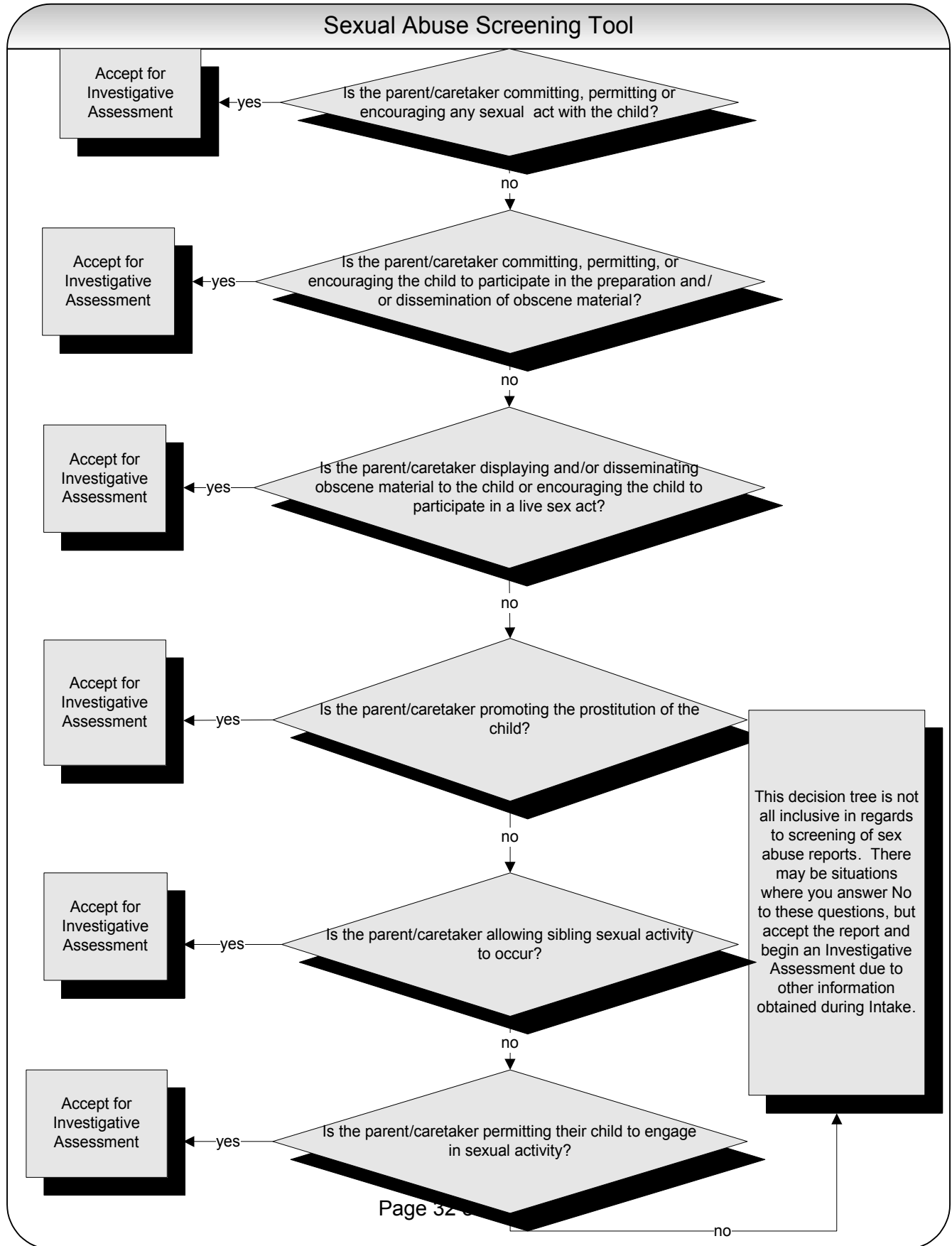
Any type of activity the caretaker uses to severely confine or restrict the child, such as tying the child up with rope, duct tape, using a chain to keep the child in one place, and would also include locking the child up in any manner which threatens their safety. This is not referring to placing a child in time out or sending the child to their room for a short period of time.

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

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

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

It is not appropriate to modify a child's behavior through extreme measures which may result in injury or death. Forcing a child to ingest nonfood items is not appropriate. This includes having the child ingest any substance that would be harmful, such as: poisonous household/cleaning chemicals, an extreme amount of water, an extreme amount of hot sauce, hot peppers. Washing a child's mouth out with soap is not considered an extreme measure, however the child's age/cognitive abilities are relevant to whether this is improper discipline.



C. Sexual Abuse Screening Tool Directions

Is the parent/caretaker committing, permitting, or encouraging any sexual act with the child?

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

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

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

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

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

Is the parent/caretaker promoting the prostitution of the child?

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

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

The parent/caretaker has knowledge that siblings are engaging in sexual activity and permits/encourages the continuation of this activity. Relevant to screening these types of reports is whether the parent is condoning this behavior. If the parent/caretaker was not aware of the behavior, an assessment of their supervision capabilities is needed. Allegations of sibling sexual activity without parental knowledge require completion of the Improper Supervision Maltreatment Screening Tool. These situations would be accepted for CPS assessment as a supervision concern.

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

The parent/caretaker has knowledge the child is engaging in sexual activity and permits/encourages the continuation of this activity. Relevant to screening these types of reports is whether the parent is condoning the behavior of a child under age 16 while the child is under their care and supervision. Reports alleging sexual activity between children under age 16 may provide cause to examine the supervision provided by their parent/caretakers. If **it is clear** at intake that the parent/caretaker responded in a protective manner, keeping the health and well-being needs of the child at the forefront, a CPS assessment is not required. It is important to get sufficient information at Intake regarding the behavior of the parent(s) as well

as the behavior of the minor child(ren). When the parent has no knowledge of the child's sexual activity, the child's age, behaviors and developmental level impact whether a CPS assessment is required. If the only allegation in the report is that a child under the age of 16 is having sex without the parents' knowledge or the child is pregnant, then these reports should not be accepted. The legal age of consent in North Carolina is age 16; therefore, consensual sexual activity of juveniles 16 and above is not, in and of itself, considered sexual abuse.

A report involving parental knowledge and permission of sexual activity of an incompetent juvenile requires a CPS assessment regardless of the age of the juvenile, as an incompetent juvenile is not able to consent. A parent providing condoms and/or birth control to their children is not, in and of itself, considered permitting or encouraging their child to engage in sexual activity. The provision of birth control is considered a preventive measure in order to maintain the juvenile's health, which is consistent with N.C.G.S. 90-21.5, Minor's consent sufficient for certain medical health services.

The following situations would require a CPS assessment based on improper supervision:

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

Normal Child Sexual Development
Infancy (birth to one year)
• Pair Bonding
• Genital Play
• Identification of gender
Toddler/Early Childhood (2 to 5 years)
• Toilet training
• Genital play
• Interpersonal games: family, marriage, doctor, store
Latency (6 to 9 years)
• Concrete interest in anatomic differences, pregnancy, birth
• Private, occasional masturbation
• Modesty about bodies
• Increased secretive behavior among peers
• Interest in socialization

Preadolescence (10 to 12 years)
--

• Adaptation to initial signs of puberty
• Development of secondary sexual characteristics
• Strong friendships and budding romances
• Playful hitting or tickling among peers

Once a child has reached the age of consent, age 16, consensual sexual activity is not a concern which rises to the level of sexual abuse or improper supervision.

D. Sex Abuse Crimes

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

§ 14-27.2. First-degree rape

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

- (1) With a victim who is a child under the age of 13 years and the defendant is at least 12 years old and is at least four years older than the victim; or
- (2) With another person by force and against the will of the other person, and:

- a. Employs or displays a dangerous or deadly weapon or an article which the other person reasonably believes to be a dangerous or deadly weapon; or
- b. Inflicts serious personal injury upon the victim or another person; or
- c. The person commits the offense aided and abetted by one or more other persons.

§ 14-27.3. Second-degree rape

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

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

§ 14-27.4. First-degree sexual offense

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

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

§ 14-27.5. Second-degree sexual offense

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

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

§ 14-27.7. Intercourse and sexual offenses with certain victims; consent no defense [sexual act by a custodian]

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

§ 14-177. Crime against nature

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

§ 14-178. Incest between certain near relatives

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

§ 14-179. Incest between uncle and niece and nephew and aunt

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

§ 14-190.5. Preparation of obscene photographs, slides and motion pictures

Every person who knowingly:

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

§ 14-190.6. Employing or permitting minor to assist in offense under Article

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

§ 14-190.7. Dissemination to minors under the age of 16 years

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

§ 14-190.8. Dissemination to minors under the age of 13 years

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

§ 14-190.14. Displaying material harmful to minors

[Stores need to keep any pornography for sale under wraps so kids can't get to it.]

§ 14-190.15. Disseminating harmful material to minors; exhibiting harmful performances to minors

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

(1) **Sells, furnishes, presents, or distributes to a minor material that is harmful to minors;** or

(2) Allows a minor to review or peruse material that is harmful to minors.

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

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

(1) The defendant was a parent or legal guardian of the minor.

(2) The defendant was a school, church, museum, public library, governmental agency, medical clinic, or hospital carrying out its legitimate function; or an employee or agent of such an organization acting in that capacity and carrying out a legitimate duty of his employment.

(3) Before disseminating or exhibiting the harmful material or performance, the defendant requested and received a driver's license, student identification card, or other official governmental or educational identification card or paper indicating that the minor to whom the material or performance was disseminated or exhibited was at least 18 years old, and the defendant reasonably believed the minor was at least 18 years old.

(4) The dissemination was made with the prior consent of a parent or guardian of the recipient.

§ 14-190.16. First degree sexual exploitation of a minor

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

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

(2) Permits a minor under his custody or control to engage in sexual activity for a live performance or for the purpose of producing material that contains a visual representation depicting this activity; or

(3) Transports or finances the transportation of a minor through or across this State with the intent that the minor engage in sexual activity for a live

- performance or for the purpose of producing material that contains a visual representation depicting this activity; or
- (4) Records, photographs, films, develops, or duplicates for sale or pecuniary gain material that contains a visual representation depicting a minor engaged in sexual activity.
- (b) Inference. -- In a prosecution under this section, the trier of fact may infer that a participant in sexual activity whom material through its title, text, visual representations, or otherwise represents or depicts as a minor is a minor.
- (c) Mistake of Age. -- Mistake of age is not a defense to a prosecution under this section.

§ 14-190.17. Second degree sexual exploitation of a minor

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

§ 14-190.18. Promoting prostitution of a minor

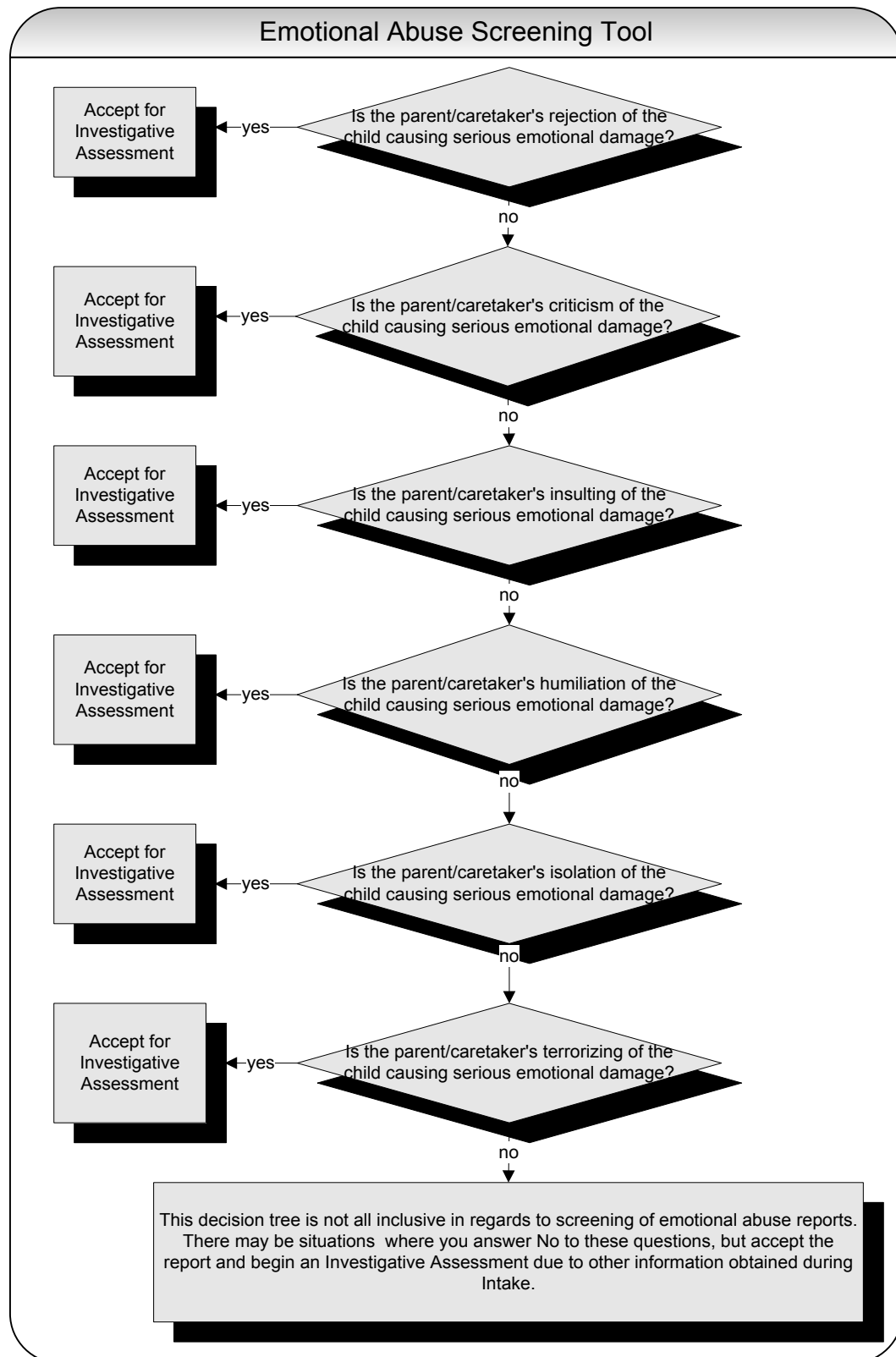
- (a) Offense. -- A person commits the offense of promoting prostitution of a minor if he knowingly:
- (1) Entices, forces, encourages, or otherwise facilitates a minor to participate in prostitution; or
- (2) Supervises, supports, advises, or protects the prostitution of or by a minor.
- (b) Mistake of Age. -- Mistake of age is not a defense to a prosecution under this section.

§ 14-202.1. Taking indecent liberties with children

- (a) A person is guilty of taking indecent liberties with children if, being 16 years of age or more and at least five years older than the child in question, he either:
- (1) Willfully takes or attempts to take any immoral, improper, or indecent liberties with any child of either sex under the age of 16 years for the purpose of arousing or gratifying sexual desire; or
- (2) Willfully commits or attempts to commit any lewd or lascivious act upon or with the body or any part or member of the body of any child of either sex under the age of 16 years.

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

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



E. Emotional Abuse Screening Tool Directions

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

Continual use of rejecting statements such as saying: "I wish you were never born." The parent/caretaker sees the child as responsible for their problems.

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

Continual use of critical statements such as saying: "Why can't you ever do anything right?" This could be a situation where one child has been identified as the scapegoat of the family and this child bears the blame for anything that goes wrong within the family system.

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

Continual use of insulting statements such as saying: "I can't believe you would be so stupid." This would also include describing the child as ugly, evil or in any demeaning or degrading manner, also using sexualized language such as whore or slut to describe the child.

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

Continual use of humiliation tactics, such as embarrassing the child in front of other people. Continual cursing at the child and belittling the child.

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

Continual use of isolation tactics such as prohibiting the child from playing with friends and neighbors. The parent/caretaker works at preventing the child from forming friendships, teaching the child they are alone against the world.

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

Continual use of terrorizing tactics such as saying: "The police or social services will come and take you away." When the parent/caretaker destroys the child's possessions or attacks beloved people or pets, the parent/caretaker is teaching the lesson that the world is a hostile place.

When making screening decisions, it is important to question the reporter about the child's mental and physical status. The parent's behavior must be causing serious emotional damage to the child. Serious emotional damage is evidenced by a child's severe anxiety, depression, withdrawal or aggressive behavior. The following can be indicators of a child suffering from emotional abuse: eating disorders such as obesity and anorexia, speech disorders such as stutters or stammering, developmental delays in the acquisition of speech and motor skills, weight or height levels substantially below norm, flat or bald spots on an infant's head, nervous disorders such as rashes, hives, or facial tics. It is important to note that emotional abuse is characterized by continuous, ongoing harmful interactions, not isolated incidents. This list is

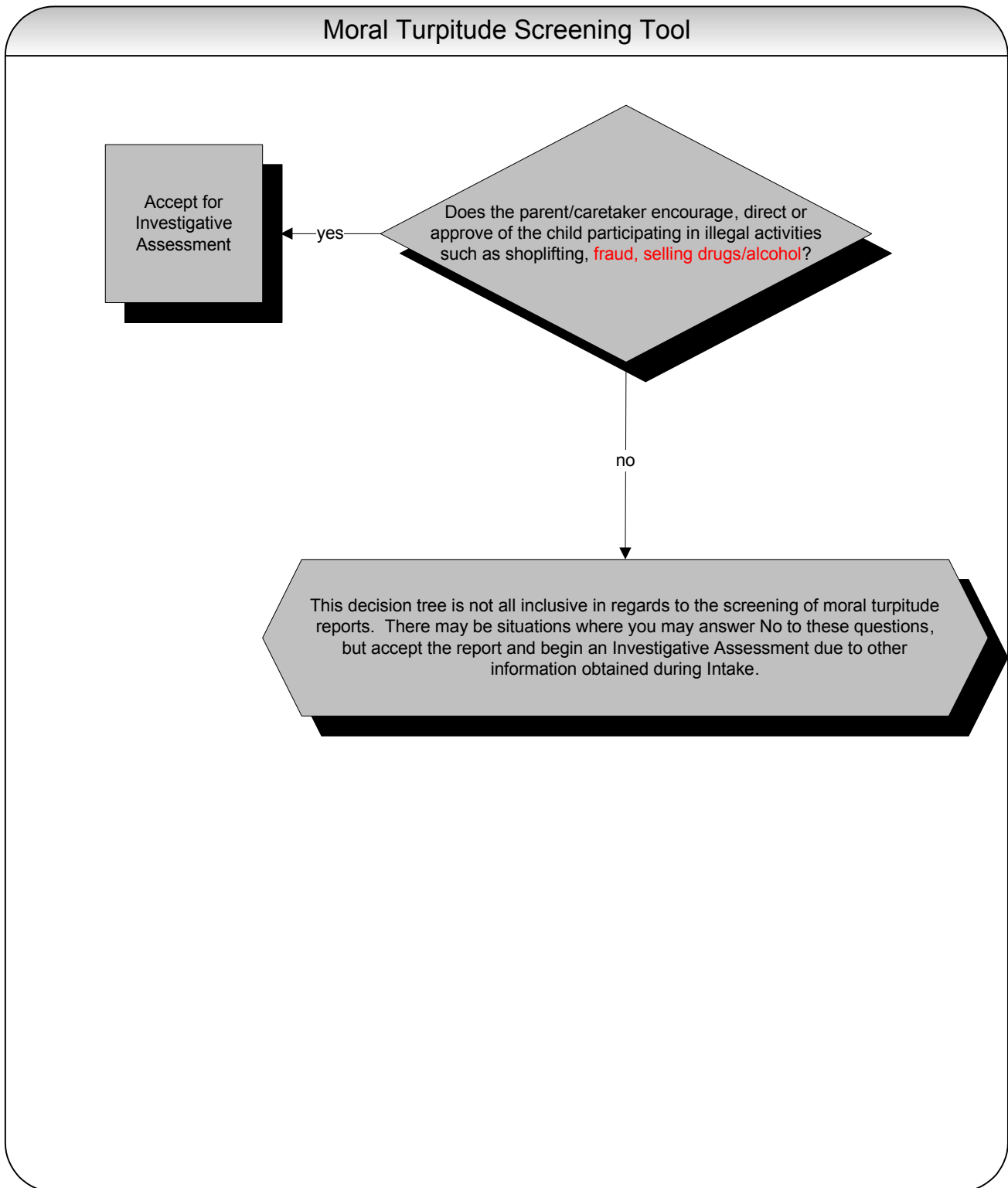
**North Carolina Division of Social Services
Family Services Manual
Volume I: Children's Services
Chapter VIII: Child Protective Services**

Change # 05-2008

Structured Intake

June 2008

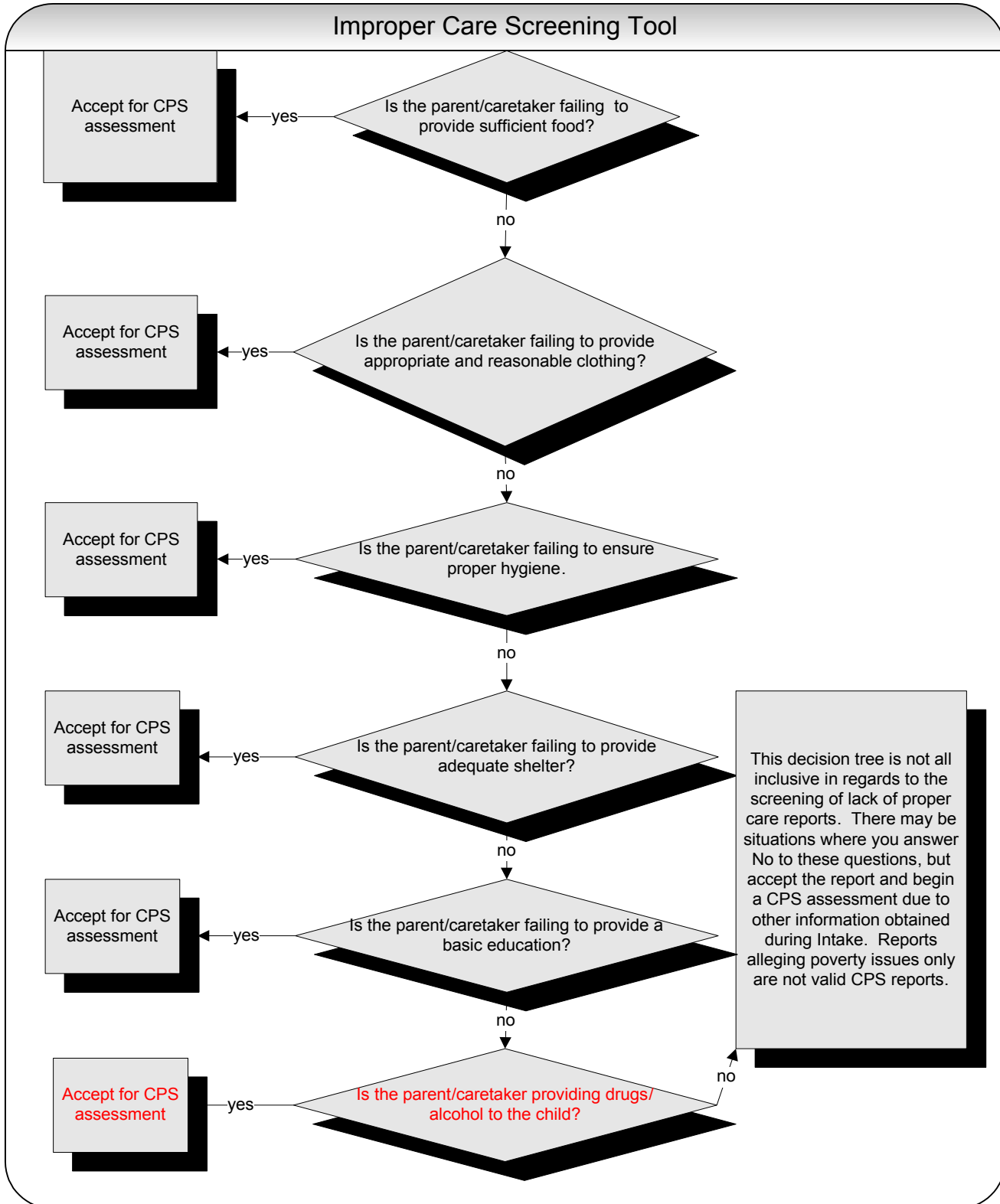
not all-inclusive, nor is it absolute. These are factors to consider when making a decision to accept a report.



F. Moral Turpitude Screening Tool Directions

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

Situations where the parent/caretaker encourages or directs the child to participate in shoplifting activities while under their supervision are applicable as well as situations where the parent has knowledge that the child is shoplifting and instead of intervening to terminate those activities, the parent/caretaker encourages the activity. Situations in which a parent/caretaker uses the child as a part of a drug/alcohol operation, for example, as a drug runner would require Investigative Assessment. The parent/caretaker providing alcohol/drugs to the child or consuming alcohol/drugs with the child are situations that meet the definition of **neglect**; therefore completion of the Improper Care Maltreatment Screening Tool is required ([In re M.G. N.C. App. .653 S.E.2d 581 \(2007\)](#)). In situations where a child commits a first time offense without parental knowledge, an assessment of the parent/caretaker's supervision is warranted, therefore completion of the Improper Supervision Maltreatment Screening Tool is required.



G. Improper Care Screening Tool Directions

Is the parent/caretaker failing to provide sufficient food?

The parent/caretaker needs to provide sufficient food for the child in order to prevent nutritional deficiencies. A report would be accepted in situations where adequate food has not been provided for a period of time that interferes with the health needs of the child based on age and other conditions. A CPS assessment to determine whether food neglect exists is required when a child shows symptoms of malnutrition, dehydration, or food poisoning. If DSS receives a report and the only information is there is no food in the home, this report would be accepted and a CPS assessment would be conducted. Failure to meet specific dietary needs of the child requires a CPS assessment.

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

A CPS assessment to determine whether clothing neglect exists is required when the child suffers illness, exposure or frostbite due to inadequate clothing; or the clothing is insufficient to protect the child from the elements. This may include severe sunburn. Whether the clothing is new or name brand is not relevant to the discussion of whether the parent/caretaker is providing proper care; consideration is given to whether the clothing is sufficient to protect the child from the elements and health hazards.

Is the parent/caretaker failing to ensure proper hygiene?

Depending on the age and needs of the child, it is a concern when a serious health hazard is present and the parent/caretaker is not taking appropriate action to eliminate the problem. The parent/caretaker ensures proper hygiene by providing care, instruction, or necessary items for cleanliness (water, soap, toothbrush).

Is the parent/caretaker failing to provide adequate shelter?

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

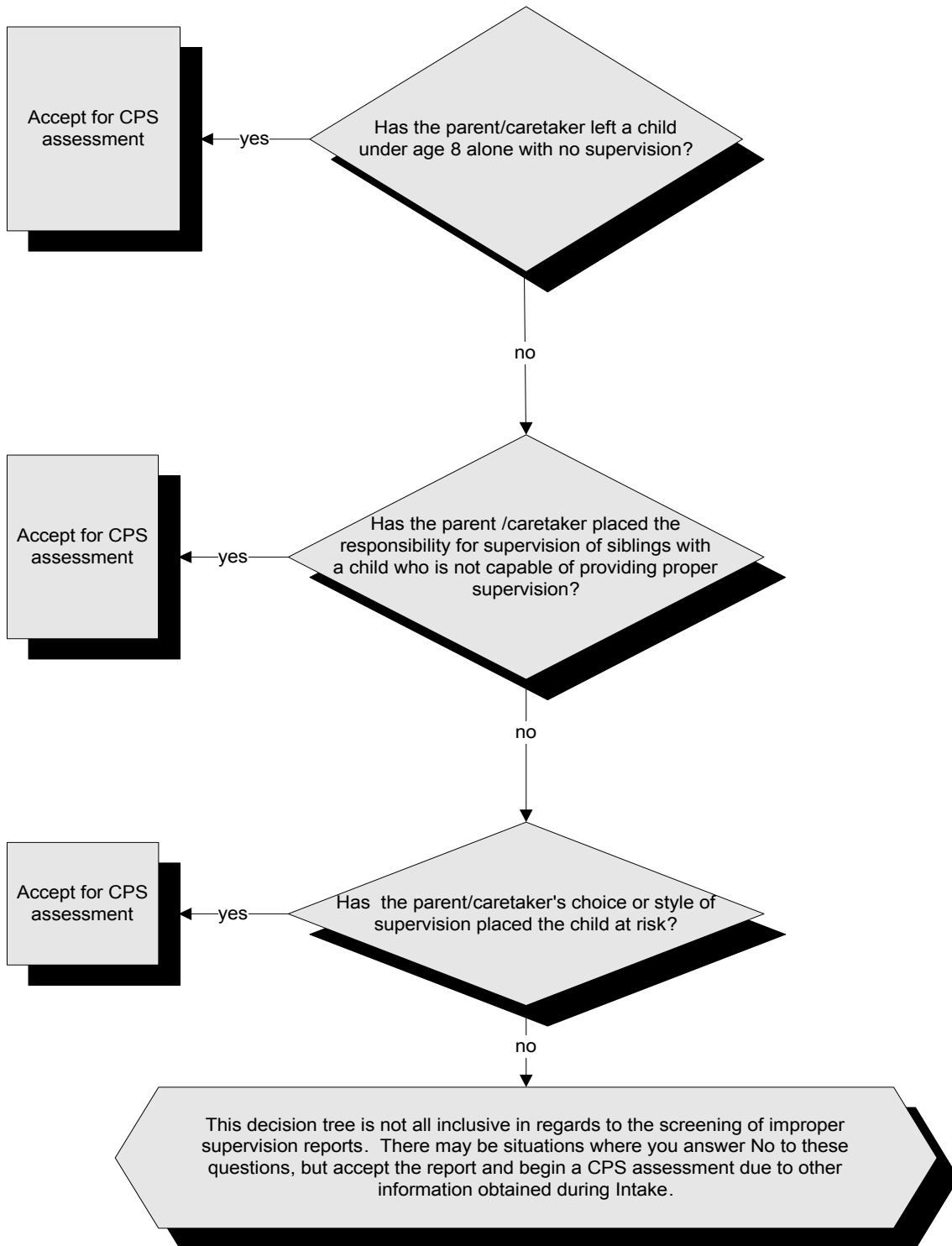
Is the parent/caretaker failing to provide a basic education?

Educational neglect pertains to the repeated failure of the parent/caretaker to meet the child's educational needs. This allegation would apply after the inability of the school to engage the parent/caretaker in efforts to improve the child's attendance. School social workers are required to investigate unlawful absences. ([N.C.G.S. §115C-381](#)) DSS intervention would be required only after the school's efforts have been proven unable to ensure the child's attendance. It is fundamental that a child is provided a basic education. This allegation does not pertain to children who willfully refuse to attend school.

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

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

Improper Supervision Screening Tool



H. Improper Supervision **Screening Tool Directions**

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

There is no legal age established for when a child can stay at home alone, however North Carolina fire code does specify that children under age 8 should not be locked or confined. A report alleging a child under age 6 left alone requires an immediate response. The length of time the child is left alone, along with the child's age and cognitive abilities factor into whether the child can be safely left alone. Some important questions to ask are: Is the child afraid to stay at home alone? Is the child providing care for siblings? Does the child know how to contact emergency personnel? How long is the child being left alone? Is the child in an isolated area?

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

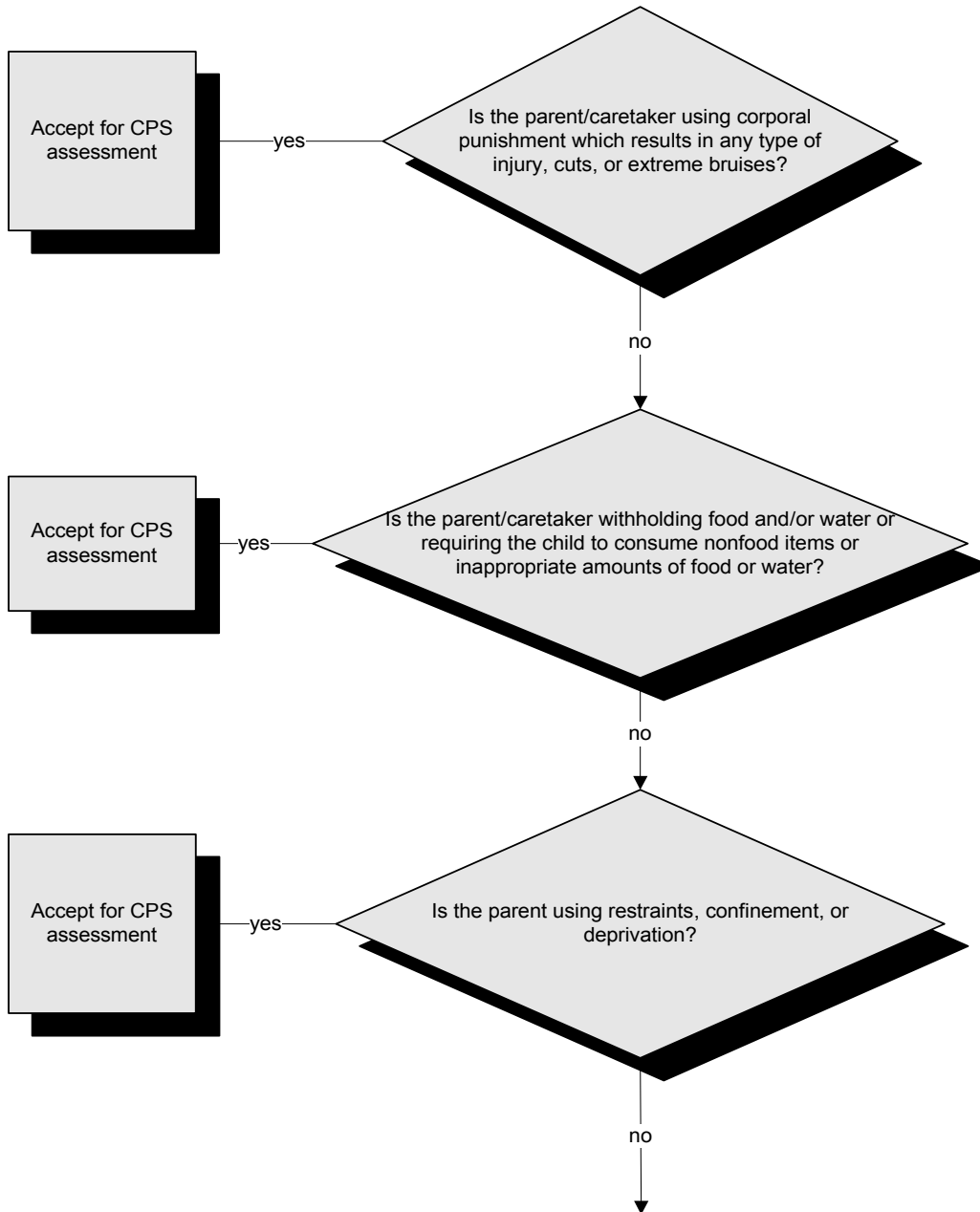
The child's age and cognitive abilities factor into the decision as to whether a child is able to provide adequate supervision for siblings, as well as the age and needs of the children being provided supervision. A child who is not able to contact emergency personnel and who is afraid to stay at home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

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

When the parent/caretaker makes alternative arrangements for the child's supervision, the person responsible for the child's care must be able to consistently provide the minimum of child-caring tasks. It can be problematic when the parent/caretaker frequently makes alternative arrangements with caretakers whom they have been unable to assess in regards to child-care due to the inadequate length of time they have been acquainted. The parent/caretaker can be present, but not attending to the child to such an extent that the need for care goes unnoticed or unmet; parent/caregiver is present while child wanders outdoors alone, plays with dangerous objects, plays on unprotected window ledge, or is exposed to other serious hazards. In reports involving children playing in the street, it is important to note the traffic patterns on that street and the age of the child. There are some streets in NC that do not pose a safety risk for children and in fact are the only place a child has to play. In a situation where the reporter alleges a young child is playing in a busy street, a CPS assessment is required. Reports involving sexual activity between children under age 16 may provide cause to examine the supervision provided by their parent/caretakers. Refer to sexual abuse screening tool for specifics in these situations. When children are participating in a juvenile delinquent activity such as vandalism or selling drugs on the corner with the parent's encouragement, direction, or approval this is moral turpitude. In instances where the juvenile is participating in delinquent activity without the encouragement, direction or approval of the caregivers, inappropriate supervision may be a concern. If **it is clear** at Intake that the parent/caretaker responded in a protective manner, **this report would not be accepted for assessment**. In situations where the parent has no knowledge of the child's delinquent activity, **the** screening decision should be based on whether the supervision plan the parent/caregiver had in place was a reasonable plan based on the child's current and past behaviors. If the

parent had no reason to expect that the child needed a more stringent supervision plan and was unaware of the child's delinquent activities, **this report** would not accept **for assessment**. If the child's past behaviors indicated that a more stringent supervision plan was needed and the parent failed to implement a more stringent plan, **this report** would be **accepted for assessment**. It would be helpful to talk with the reporter about their willingness to inform the parent/caretaker of the child's participation in juvenile delinquent activities. The report should be accepted if the child is participating in delinquent activities and the parent is aware of the behavior and does nothing to try to change the child's behavior.

Improper Discipline Screening Tool



This decision tree is not all inclusive in regards to the screening of improper discipline reports. There may be situations where you would answer No to these questions, but begin a CPS assessment due to other information obtained during Intake.

I. Improper Discipline Screening Tool Directions

Is the parent/caretaker using corporal punishment that results in any type of injury, cuts or extreme bruises?

Parents have a right to discipline their children. Done appropriately, spanking and the use of corporal punishment are not considered child abuse. Corporal punishment, commonly referred to as physical discipline or spanking, is the application of physical force, including striking with the hand or with an object, against the body of another. However, significant trauma and tissue damage, such as bruises, welts, or lacerations may be signs of child neglect (inappropriate discipline) or child abuse, depending on the extent of the injuries. Factors to consider regarding bruising include: location and severity of the injury, child's age and developmental stage, and whether the bruises are consistent with normal play. Injuries such as these, not resulting from an accident, must be assessed. A definition of significant trauma is any injury beyond temporary redness of the skin. A practical guideline to use is that any inflicted injury which lasts more than 24 hours constitutes significant injury and requires an investigation. (**PEDIATRICS**, Vol. 110 No. 3, September 2002, American Academy of Pediatrics.) A reporter's knowledge that this was the parent's first time inflicting such an injury or that the injury is just a small bruise does not impact screening. Spanking and corporal punishment should be confined to the buttocks or legs and should not result in injury, scarring or bruising. Physical discipline that is administered to a child's head or torso area presents a greater risk of injury. The child's age and abilities are relevant to whether the discipline used is reasonable. Situations where a child is injured as a result of a parent's defensive action when the child is attacking them are problematic and require an assessment regarding family violence.

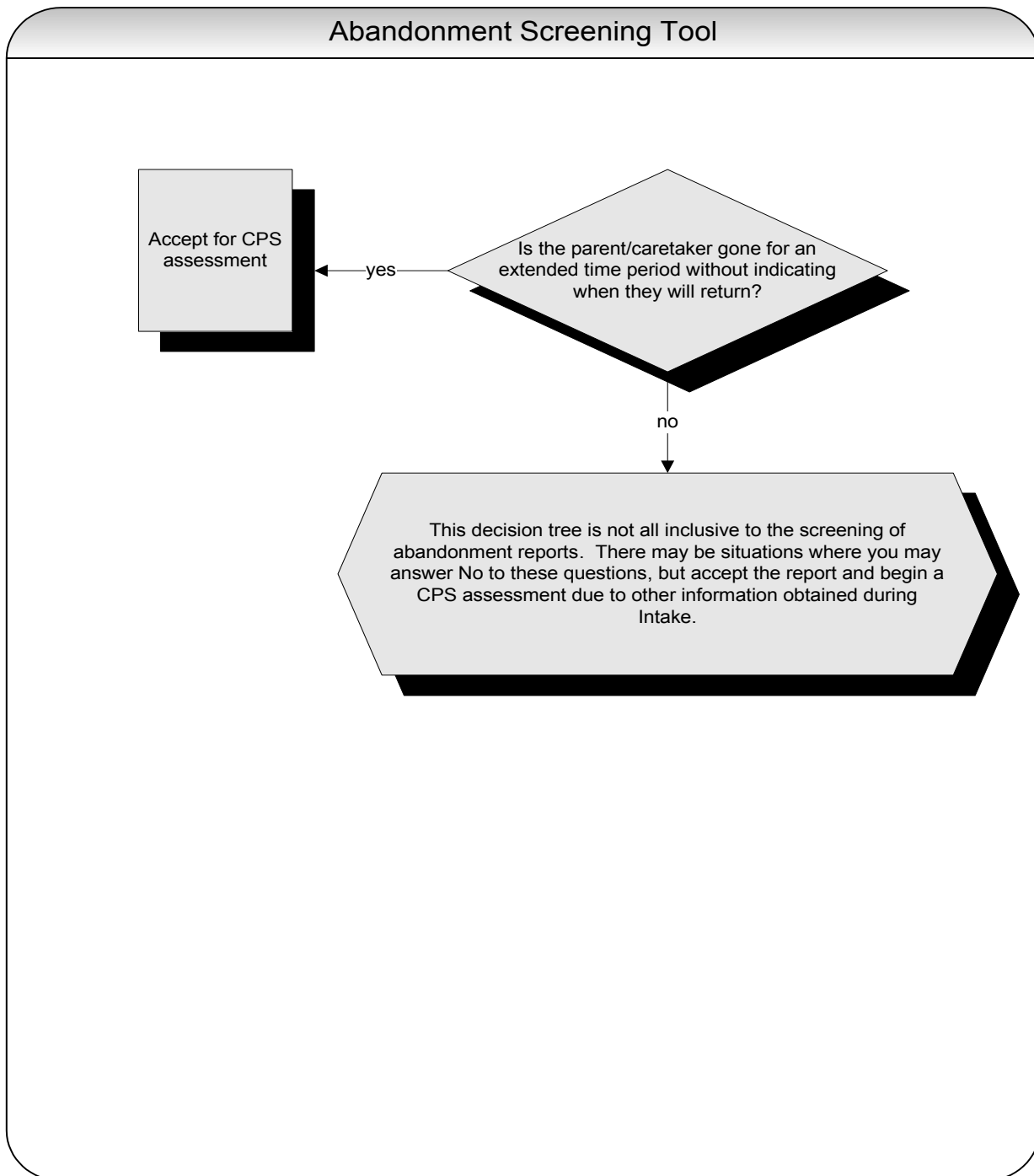
Is the parent/caretaker withholding food and/or water or requiring the child to consume nonfood items or inappropriate amounts of food or water?

A pattern of withholding water or food (with the exception of desserts, snacks, and candy) requires a CPS assessment. Forcing a child to consume excessive amounts of food or water can be dangerous. Forcing a child to consume an extreme amount of hot sauce, salt, pepper or nonfood item is not an appropriate form of discipline and depending upon the age and size of the child could be life threatening. Reports of this nature could be seen as meeting the criteria for an abuse report based on cruel/grossly inappropriate behavior modification, depending on the circumstances.

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

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

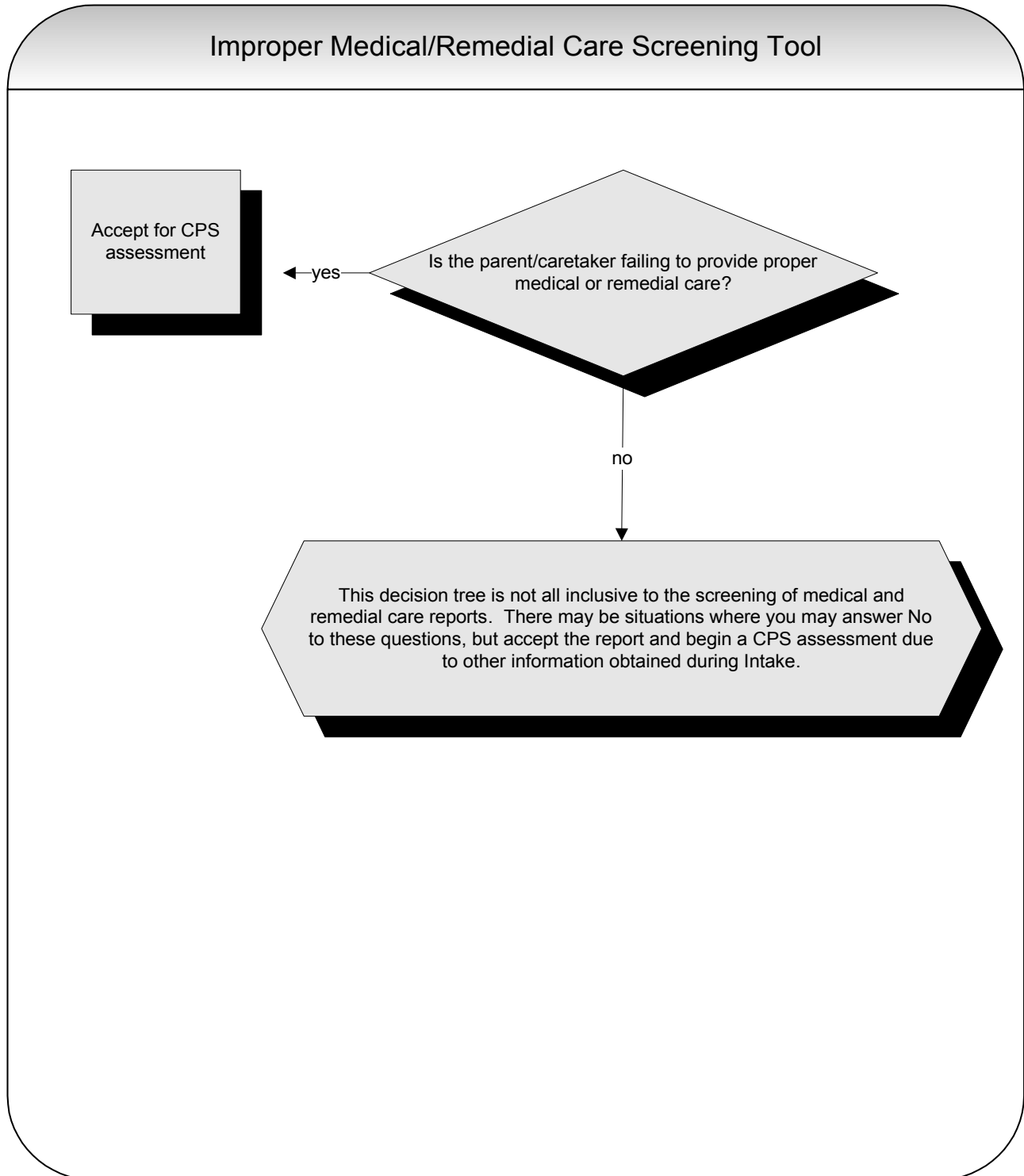
Effective discipline is proactive, promotes positive behavior and self control, encourages self-responsibility, responds to unacceptable behavior and lack of self-control, protects and strengthens the child's self-esteem, strengthens the parent-child relationship and advances child development. (Child Welfare League of America)



J. Abandonment Screening Tool Directions

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

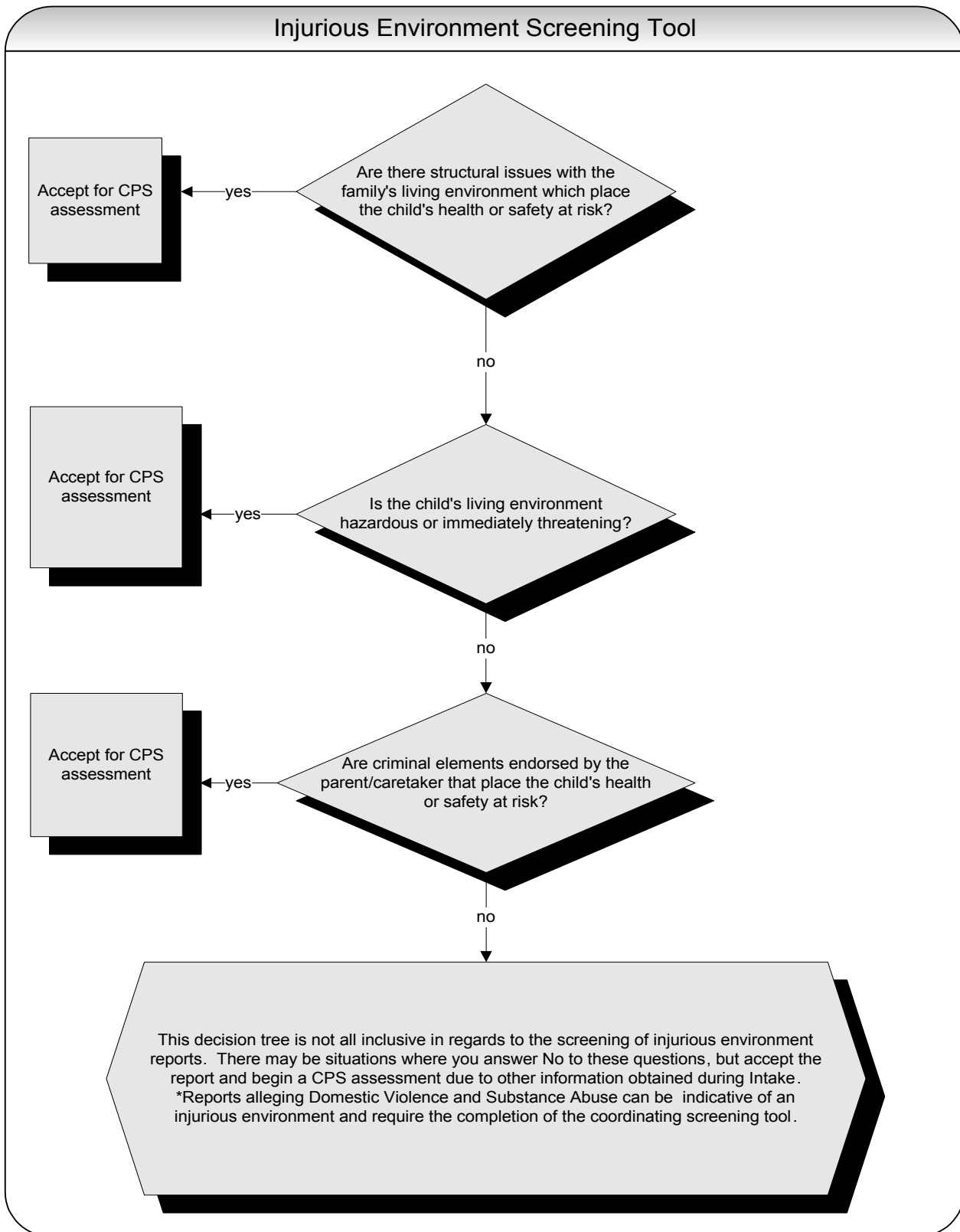
Abandonment is a willful act; a conscious decision is made by the parent/caretaker to abandon the child; there is a clear demonstration that the parent/caretaker does not intend to resume parental responsibilities for the child. The legal definition of abandonment is "any willful or intentional conduct on the part of the parent which evidences a settled purpose to forego all parental duties and relinquish all parental claims to the child." It is important to determine if the parent/caretaker made arrangements with an alternate caregiver. A situation where a parent/caretaker left a child with a grandparent and the grandparent is willing to continue to provide care for the child should not be accepted **for CPS assessment**. The grandparent should be referred to community resources to assist with obtaining legal custody. If the only issue is that the grandparents are having difficulties enrolling the child in school, refer to [N.C.G.S §115C-366](#), Assignment of student to a particular school. A situation where a parent/caretaker left a child with a grandparent who agreed to provide care; the parent did not return to assume caretaking responsibilities, and the grandparent is now saying they are no longer willing to provide care meets the criteria for a CPS assessment. Another consideration is the appropriateness of the alternate caregiver and their desire to continue to provide care for the child as well as determining the last time the parent/caregiver has been in contact with the child and alternate caregiver. The [Infant Homicide Prevention Act](#) requires CPS reports of abandonment to be initiated immediately. This Act requires that DSS contact law enforcement to request their assistance to inquire through the NC Center for Missing Persons and other resources to determine if the child has been reported as a missing child.



K. Improper Medical and Remedial Care Screening Tool Directions

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

This would include the parent/caretaker's refusal or failure to seek, obtain, and/or maintain those services for necessary medical, dental, or mental health care, including necessary rehabilitative care such as speech therapy and physical therapy and remedial care such as the proper treatment for a hearing defect. Failure to provide child with immunizations or routine well childcare in and of itself does not constitute neglect. A parental decision not to provide a child with behavior modification medication in and of itself does not constitute neglect. An allegation of neglect based solely on a child's having head lice is not appropriate for CPS assessment. This condition could arise in any number of ways and is not, in and of itself, an indicator of neglect. Collecting information regarding the parent/caretaker's attempts towards treating the head lice, as well as whether public health has intervened is important. In situations where a teenager is refusing to keep appointments with a therapist and the parent/caretaker is making every effort to encourage the child to keep the appointment and is arranging transportation for the child, there is not sufficient information to proceed with a CPS assessment.



L. Injurious Environment Screening Tool Directions

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

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

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

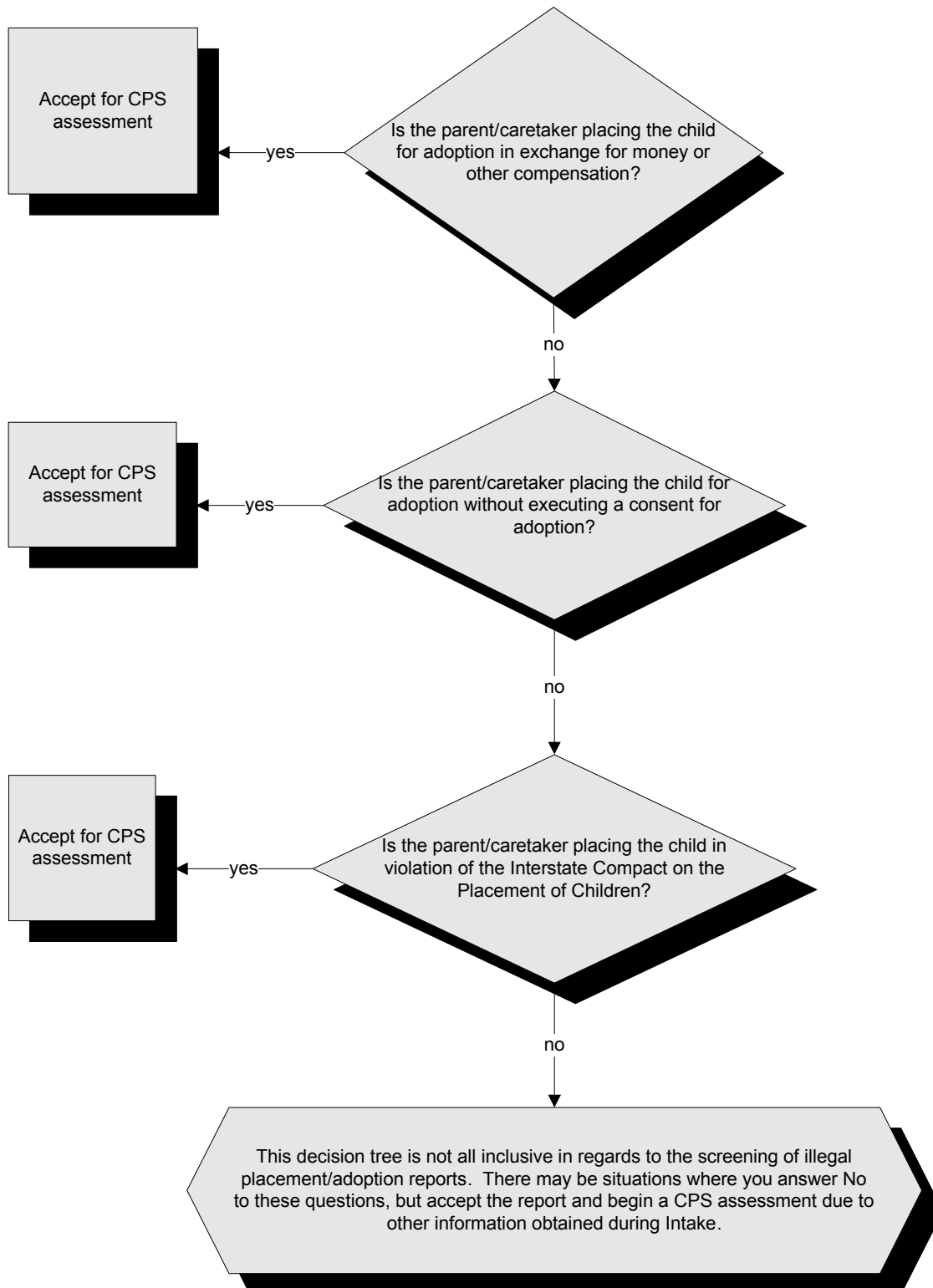
Housekeeping/cleanliness issues addressed through CPS are those that impact the child's health or safety. Simply having a dirty house does not indicate an injurious environment, the living conditions have to be such that they are not safe for a child. Cleanliness issues to consider include: a substantial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

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

Activities of the parent/caretaker towards the manufacture, distribution of drugs/alcohol, operating a gaming house or shoplifting ring; when these activities involve constant disruption of the home environment evidenced through heavy traffic in the home, they have the potential to impact the child negatively. A consideration would be whether drugs and alcohol were easily accessible to the child, the potential for violence/weapons associated with illegal activities, and whether the parent/caretaker's caretaking and supervision skills were negatively impacted in this environment.

For reports alleging domestic violence and substance abuse, please consult the **Domestic Violence and Substance Abuse Maltreatment Screening Tools**.

Illegal Placement/Adoption Screening Tool



M. Illegal Placement/Adoption Screening Tool Directions

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

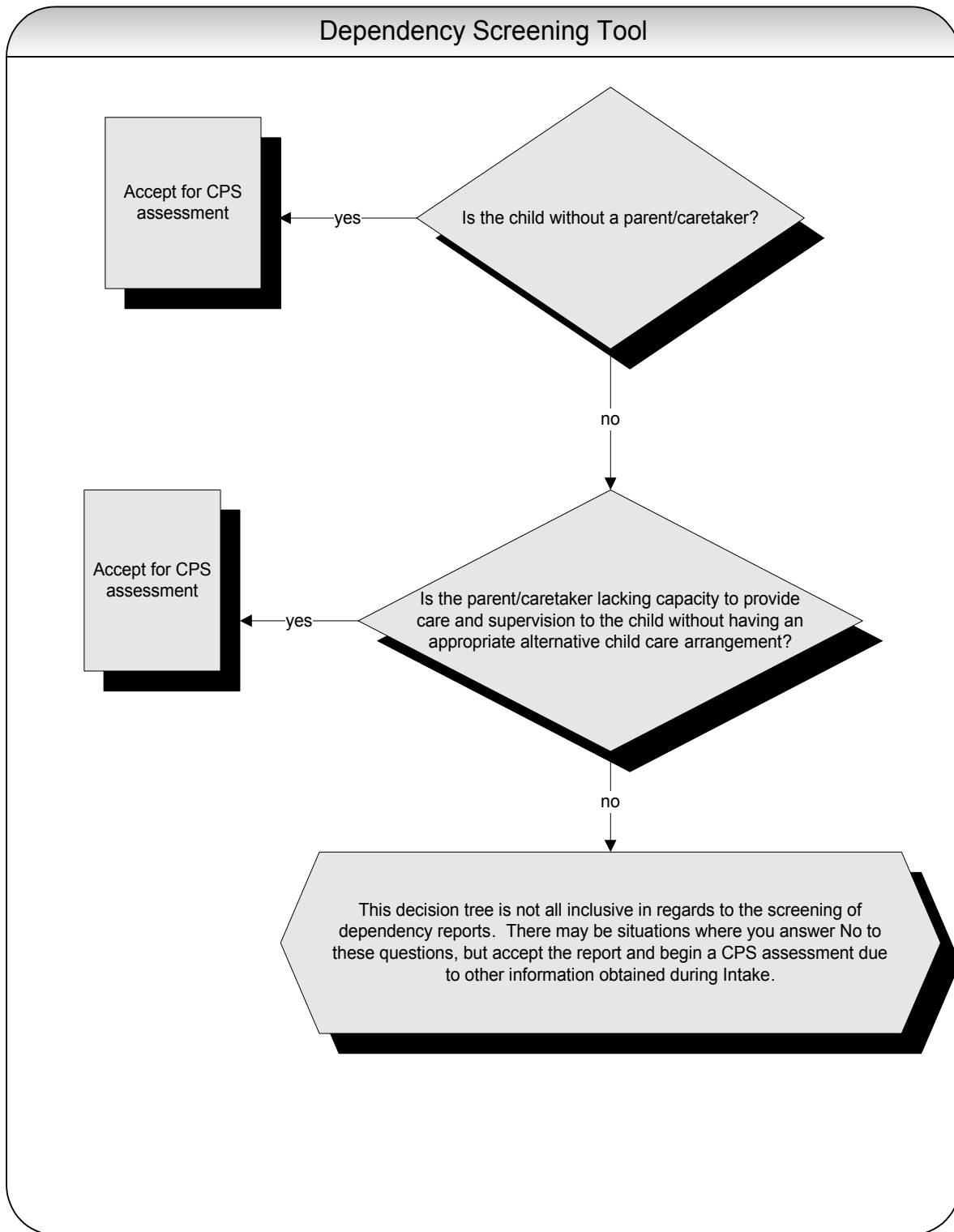
A parent/caretaker may not pay or give, offer to pay or give, or request, receive or accept any money or anything of value, directly or indirectly for the placement or adoption of a child. An adoptive parent, or another person acting on behalf of an adoptive parent, may pay the reasonable and actual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

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

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

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

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



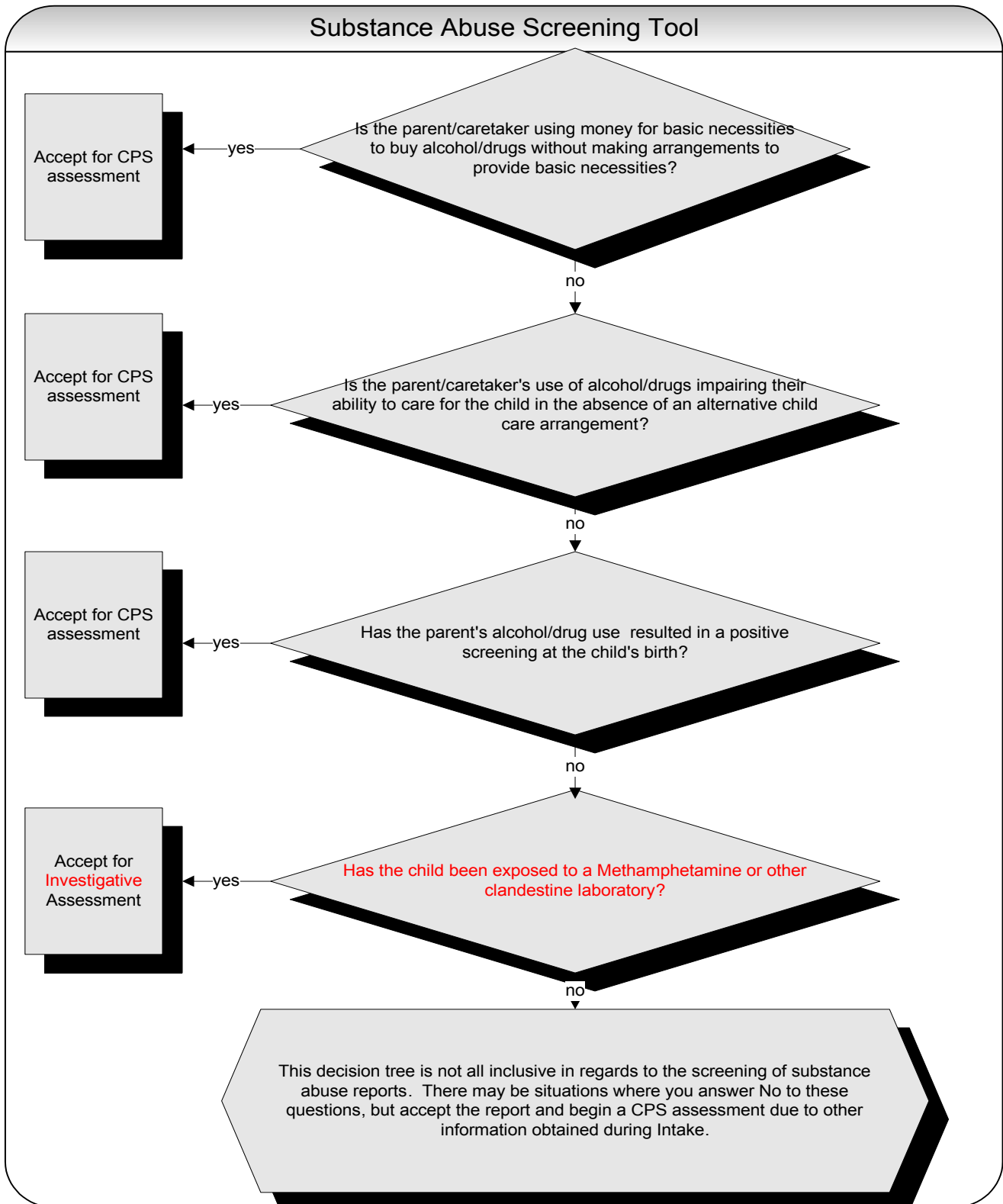
N. Dependency Screening Tool Directions

Is the child without a parent/caretaker?

A child can be dependent due to the absence of a parent/caretaker, whether that absence is due to hospitalization, incarceration, or any situation in which the parent/caretaker is absent and there are no alternative arrangements to provide appropriate proper care. Dependency refers to lack of capacity of the parent/caretaker; a parent who is hospitalized or incarcerated is not necessary unwilling to provide care but is unable to provide care due to the present circumstances.

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

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



O. Substance Abuse Screening Tool Directions

Is the parent/caretaker using money for basic necessities to buy alcohol/drugs without making arrangements to provide basic necessities?

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

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

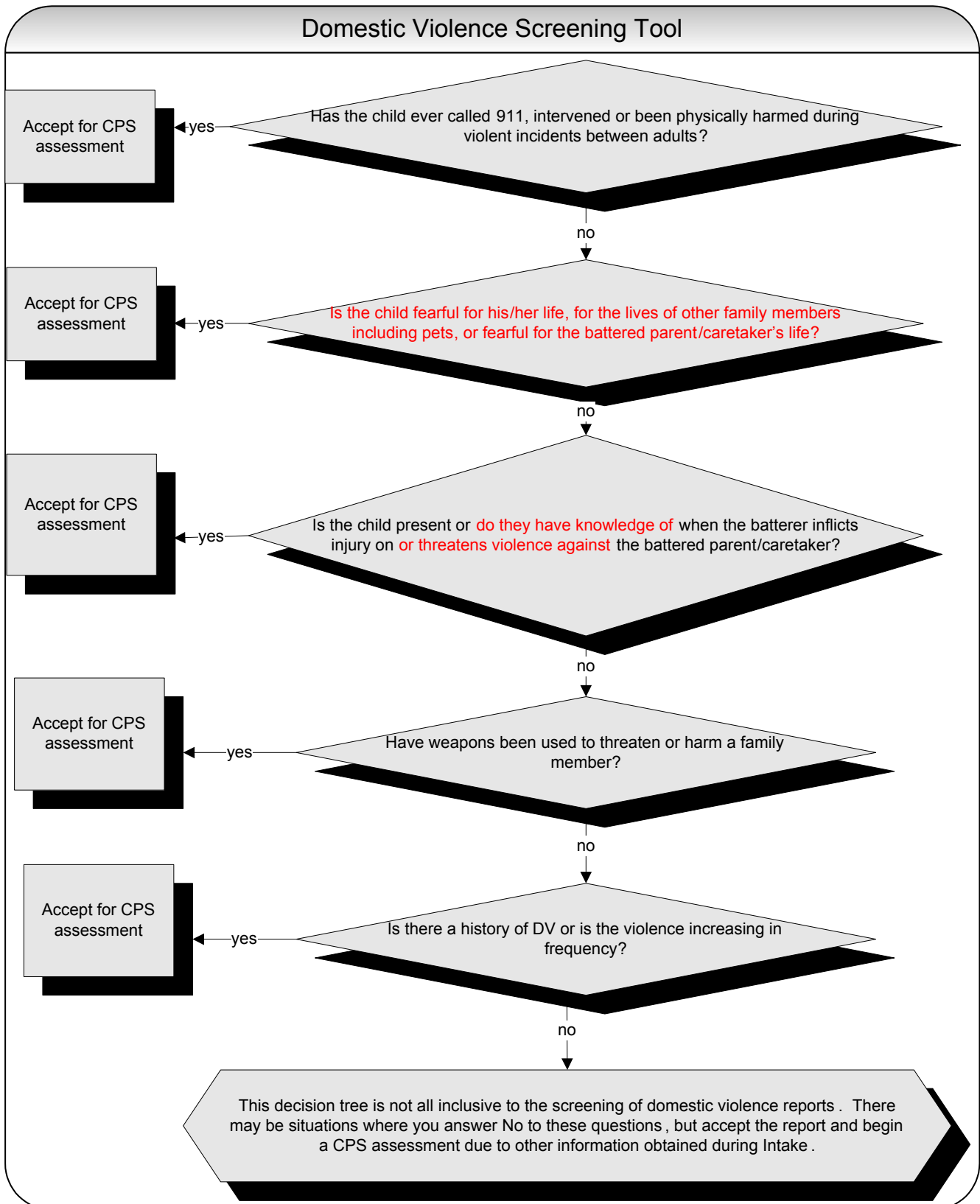
Parenting skills are certainly affected by substance use, depending upon the parent/caretaker's level of dependency on the substance; their capacity to provide care will vary. Many times, the parent/caretaker makes arrangements for care to be provided to their child by a responsible caretaker known to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

Has the parent's alcohol/drug use resulted in a positive screening at the child's birth?

Since our laws do not recognize prenatal child abuse, a Mother's positive screening coupled with the infant's negative screening in the absence of further information indicating abuse or neglect does not warrant a CPS assessment. In a situation where a Mother's screen is positive and the infant's is negative, and there is an agency history which indicates the child may be at risk, a CPS assessment is warranted. Newborn children who have a positive urine or meconium toxicology for drugs or alcohol are considered at risk and those situations would warrant a CPS assessment. **The** assessment would indicate what response was necessary; removal from the parent in the hospital would not be appropriate without a CPS assessment.

Has the child been exposed to a Methamphetamine or other clandestine laboratory?

The children who live in and around methamphetamine laboratories have a high risk of harm due to their developmental nature, the abuse and neglect that their parents/caretakers and others that frequent the home inflict on them and their inability to protect themselves. The children in these homes are also exposed to serious toxicities and dangers that could have long term effects on their health and development. A child living in or being exposed to a methamphetamine or other clandestine laboratory should be accepted for an Investigative Assessment.



P. Domestic Violence Screening Tool Directions

Domestic violence is a serious issue with potentially fatal implications for children and non-offending/adult victims. In recognition of this potential lethality, the Structured Intake Report requires that every reporter is asked, "Has there been an occurrence of domestic violence in the home?"

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

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

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

Is the child fearful for his/her life, for the lives of other family members including pets, or fearful for the battered parent/caretaker's life?

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

Is the child present or do they have knowledge of when the batterer inflicts injury on or threatens violence against the battered parent/caretaker?

The child's presence when violence is occurring warrants a CPS assessment. **A child's presence is defined as within sight or sound regardless of their age. This includes not only a situation where a child is present to witness violence, but also should include a situation when a child may have knowledge that violence is occurring in their home. For example, a child reporting they hear one caretaker threatening the life of another, they are reporting seeing injuries on a caretaker after an altercation, or a caretaker is reporting to the child they were assaulted by the other caretaker.** An assessment of the impact of exposure is needed, as some children are more resilient than others are. Is the child afraid? Is the child thinking about the violence while at school or playing? Is the child having trouble sleeping due to his/her exposure to the violence? **Is the child behaving aggressively? Does the infant/toddler have developmental delays or other observable behavioral problems such as erratic eating patterns, excessive crying, problems with attachment/bonding, etc...?**

Has there been repeated police involvement, are there civil protective orders?

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

Is there a history of DV or is the violence increasing in frequency?

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

Are there weapons present or have weapons been used?

The use of weapons increases the potential for deadly violence.

VII. ASSIGNMENT OF REPORTS FOR CPS ASSESSMENT

When a report meets the statutory criteria of a valid CPS report, the local DSS must determine whether to approach the family using either the Family Assessment response or Investigative Assessment response. MRS allows county DSS to respond differently to reports of neglect and dependency. Counties are not allowed to respond differently to reports of abuse, abandonment and other special types of reports.

There is nothing in MRS that allows an agency to screen out a report that meets the statutory criteria of a valid CPS report and offer support services in place of CPS.

There is also nothing in MRS that allows an agency to initiate a CPS assessment using a Family Assessment response because the allegations would make it a good MRS case when, in fact, the report does not meet the statutory criteria of a valid CPS report. In all cases, the report must be screened based upon the allegations of the reporter, and if true, meet the statutory criteria of a valid CPS report. Regardless of the assignment to either CPS assessment response, the agency has a valid CPS report, and is mandated by law to take action to ensure the safety of the child through the provision of protective services.

The Family Assessment response will be appropriate for reports meeting the statutory definitions of neglect, with the exception of abandonment and some special types of neglect reports, and dependency if true according to [N.C.G.S. §7B-101](#). These are reports that include allegations a juvenile:

- does not receive proper care from a parent, guardian, custodian or caretaker;
- does not receive proper supervision from a parent, guardian, custodian or caretaker;
- does not receive proper discipline from a parent, guardian, custodian or caretaker;
- is not provided necessary medical care;
- is not provided necessary remedial care;
- lives in an environment injurious to his/her welfare;
- has been placed for care or adoption in violation of law;
- lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home;
- is in need of assistance or placement because he/she has not parent, guardian, or custodian responsible for the juvenile's care or supervision; or,
- whose parent, guardian, or custodian is unable to provide for the care and supervision and lacks an appropriate alternative child care arrangement.

Reciprocal (conflict of interest) CPS assessments may be assigned as Family Assessments if the neglect or dependency allegations do not involve a child in the custody of a local DSS, family foster home, residential facility or child care facility.

All reports, regardless of the allegations, involving allegations concerning a child in the custody of a local DSS, family foster home, residential facility or child care facility must be assigned to the Investigative Assessment response, and completed according to CPS policy. This may include, but not limited to, Children's Services Manual Volume 1, [Section 1408](#), [Chapter V](#), and [Section 1418](#).

Nothing in MRS will take the place of the professional judgement of the intake social worker and intake supervisor in that a report that is statutorily considered neglect may be assigned to the Investigative Assessment response. The directors of DSS will determine to which CPS assessment response valid reports of neglect and dependency will be assigned.

The Investigative Assessment response will be appropriate for reports that contain allegations meeting the statutory definition of abuse according to [N.C.G.S. 7B-101](#), as well as special types of neglect reports. These are reports that include allegations a juvenile's parent, guardian, custodian or caretaker:

- creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means;
- inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means;
- uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior;
- commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree rape, as provided in G.S. 14-27.2; second degree rape as provided in G.S. 14-27.3; first-degree sexual offense, as provided in G.S. 14-27.4; second degree sexual offense, as provided in G.S. 14-27.5; sexual act by a custodian, as provided in G.S. 14-27.7; crime against nature, as provided in G.S. 14-177; incest, as provided in G.S. 14-178; preparation of obscene photographs, slides, or motion pictures of the juvenile, as provided in G.S. 14-190.5; employing or permitting the juvenile to assist in a violation of the obscenity laws as provided in G.S. 14-190.6; dissemination of obscene material to the juvenile as provided in G.S. 14-190.7 and G.S. 14-190.8; displaying or disseminating material harmful to the juvenile as provided in G.S. 14-190.14 and G.S. 14-190.15; first and second degree sexual exploitation of the juvenile as provided in G.S. 14-190.16 and G.S. 14-190.17; promoting the prostitution of the juvenile as provided in G.S. 14-190.18; and taking indecent liberties with the juvenile, as provided in G.S. 14-202.1;
- creates or allows to be created serious emotional damage to the juvenile; or,
- encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile.

The special type of neglect reports appropriate for an Investigative Assessment response include cases in which the allegations include the existence of the following:

- a child fatality when there are surviving children in the family,
- a child in custody of local DSS, family foster homes, residential facilities, and child care situations,
- a child taken into protective custody by physician or law enforcement, pursuant to N.C. G.S. [§7B-308](#) and [§7B-500](#)
- the medical neglect of disabled infants with life threatening condition, pursuant to Public Law 98-457 (Baby Doe)
- a child hospitalized (admitted to hospital) due to suspected abuse/neglect
- abandonment
- the suspected or confirmed presence of a methamphetamine lab where children are exposed

- a child less than a year who has been shaken or subjected to spanking, hitting or other form of corporal punishment

VIII. RESPONSE PRIORITY AND PROCEDURES

The purpose of the response priority decision trees is to determine how quickly the CPS assessment must be initiated. The decision trees structure this analysis to determine a priority level response.

Which Cases: The response priority decision trees are to be consulted on every new CPS report that is assigned for assessment. This includes telephone and all other means of referral, and includes information on new families and families already known to the agency; whether or not a case is currently open to CPS Assessments, CPS In-Home Services, or Child Placement Services.

Who: Every staff member who has the responsibility of CPS intake.

Decision: Response priority decision trees determine how quickly a CPS assessment must be initiated.

When: The Intake social worker consults the appropriate Maltreatment Screening Tool(s) and determines that the allegations indicate a CPS assessment is required. The Intake social worker consults the corresponding Priority Response Decision Tree in order to determine how quickly contact needs to be made to begin the CPS assessment.

Appropriate Consultation: Please refer to the complete definitions. Consult the corresponding Priority Response Decision Tree for each type of maltreatment **that was** previously determined **to** require a CPS assessment. For each tree, begin at the first question box, and proceed by answering the questions yes or no; when **the** answer **to any** question **is** yes, **this is** the termination point. The termination point indicates whether structured decision making recommends an immediate, 24 hour or 72 hour response. If an immediate response has been indicated on one tree, it is not necessary to complete additional maltreatment trees. Begin the decision making process by consulting the decision tree that corresponds to the maltreatment allegation that is the most egregious.

Response Times: Immediately
Within 24 hours
Within 72 hours

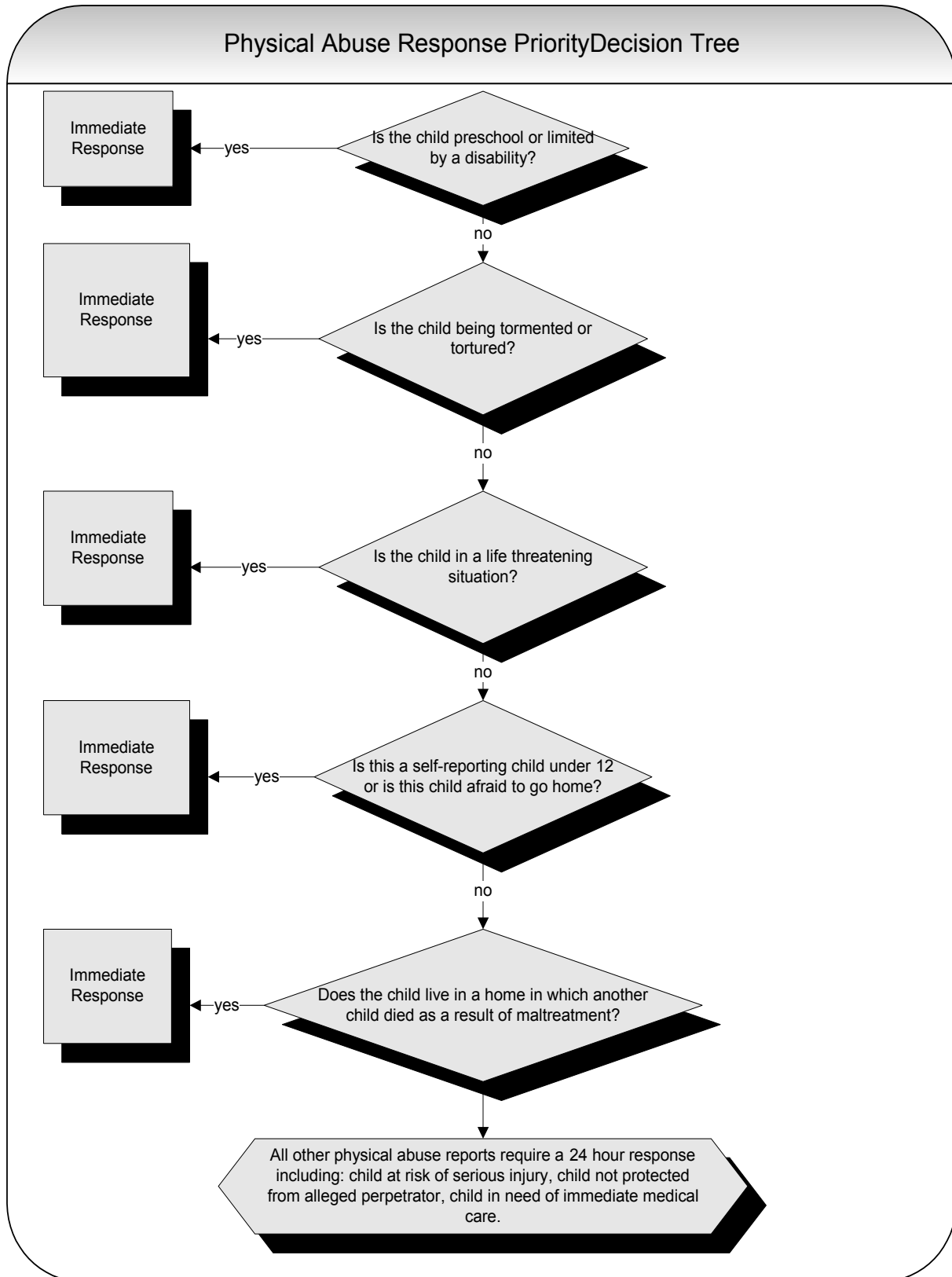
If a decision is made to initiate the report later than immediately, document the rationale for delaying the response. The intent of an immediate response time is that the response occurs at once, which

is by initiating the CPS assessment after completing the Intake report. The response should never exceed 24 hours in a physical or sexual abuse report or 72 hours in a neglect report. The responsibility to ensure safety begins at Intake. If it is believed that delaying the response in fact serves to better protect the child, document the reason clearly. An example would be:

- The agency receives a report of sexual abuse with Dad as the alleged perpetrator that states dad is abusive when Mom is not home and it is 2:00 a.m. and Mom, Dad and the child are at home, sleeping.

Based on the priority response tree, this situation would require an immediate response because the alleged perpetrator lives in the home and has access to the child. If the decision to delay response is made, an example of documentation could be:

- Interview/contact postponed until 8:30 a.m., as reporter stated Dad leaves for work at 8:00 a.m.



A. PHYSICAL ABUSE RESPONSE PRIORITY DECISION TREE DEFINITIONS

Is the child preschool or limited by a disability?

Physical abuse of a young child or a disabled child is considered high risk and requires an immediate response.

Is the child being tormented or tortured?

This is considered to be aggravated circumstances and requires an immediate response, for example: child is being physically restrained to the point of injury, objects or chemicals are placed in the mouth, eyes.

Is the child in a life-threatening situation?

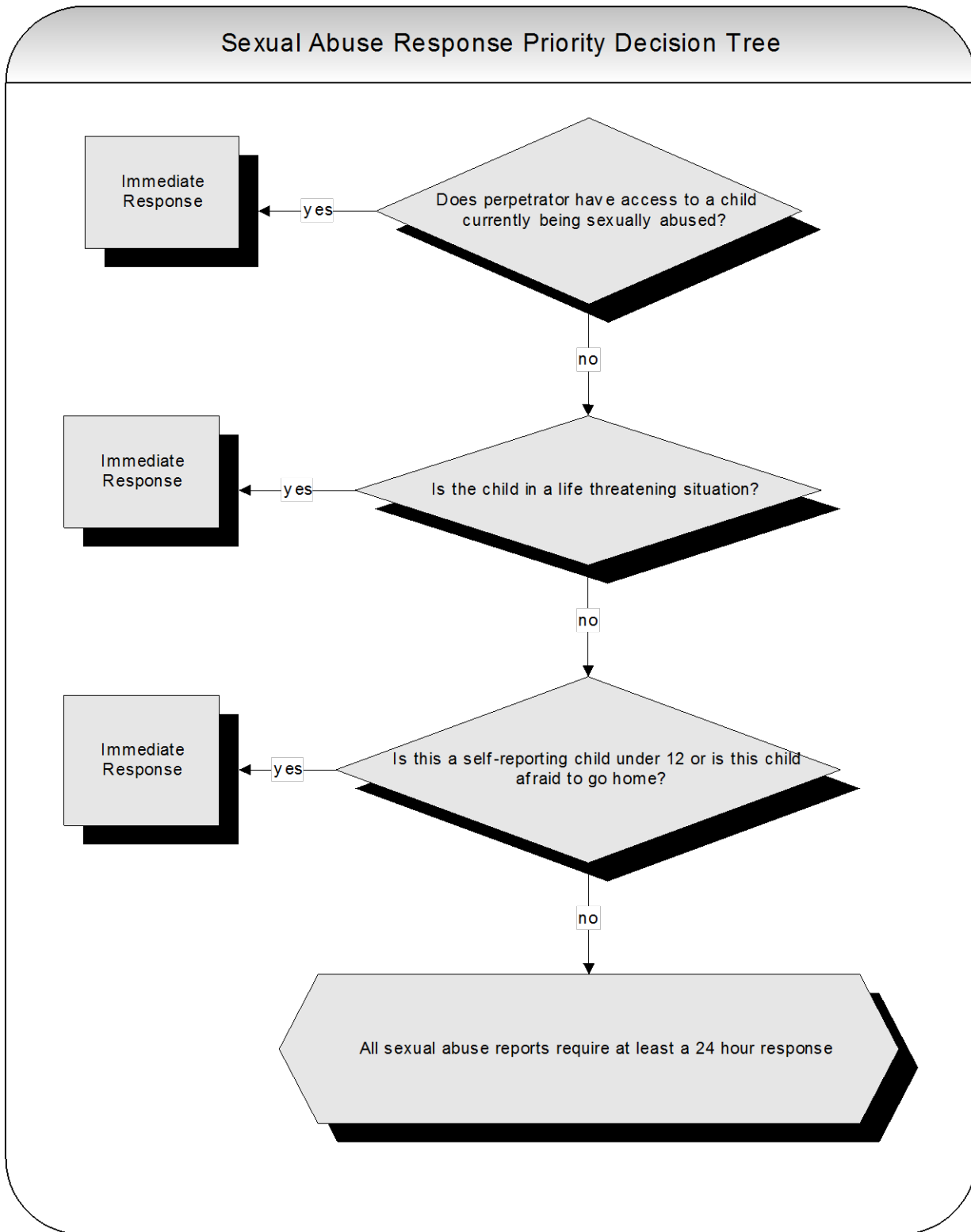
Physical abuse can present as a life threatening situation depending upon severity, age and developmental stage of child, for example: possible internal injuries, burns requiring medical treatment, a child less than a year who has been shaken or subjected to spanking, hitting or other form of corporal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

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

Based on credible threats made by parent, child's behavioral indicators of fear, a history of abusive behavior that is similar to the current allegation may suggest a higher chance or reoccurrence.

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

Based on the potential risk, this requires an immediate response.



B. SEXUAL ABUSE RESPONSE PRIORITY DECISION TREE DEFINITIONS

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

Does the alleged perpetrator live in the home or have immediate access to the child? In situations where the abuse occurred in the past and the alleged perpetrator does not have access to the child, a response within 24 hours is acceptable.

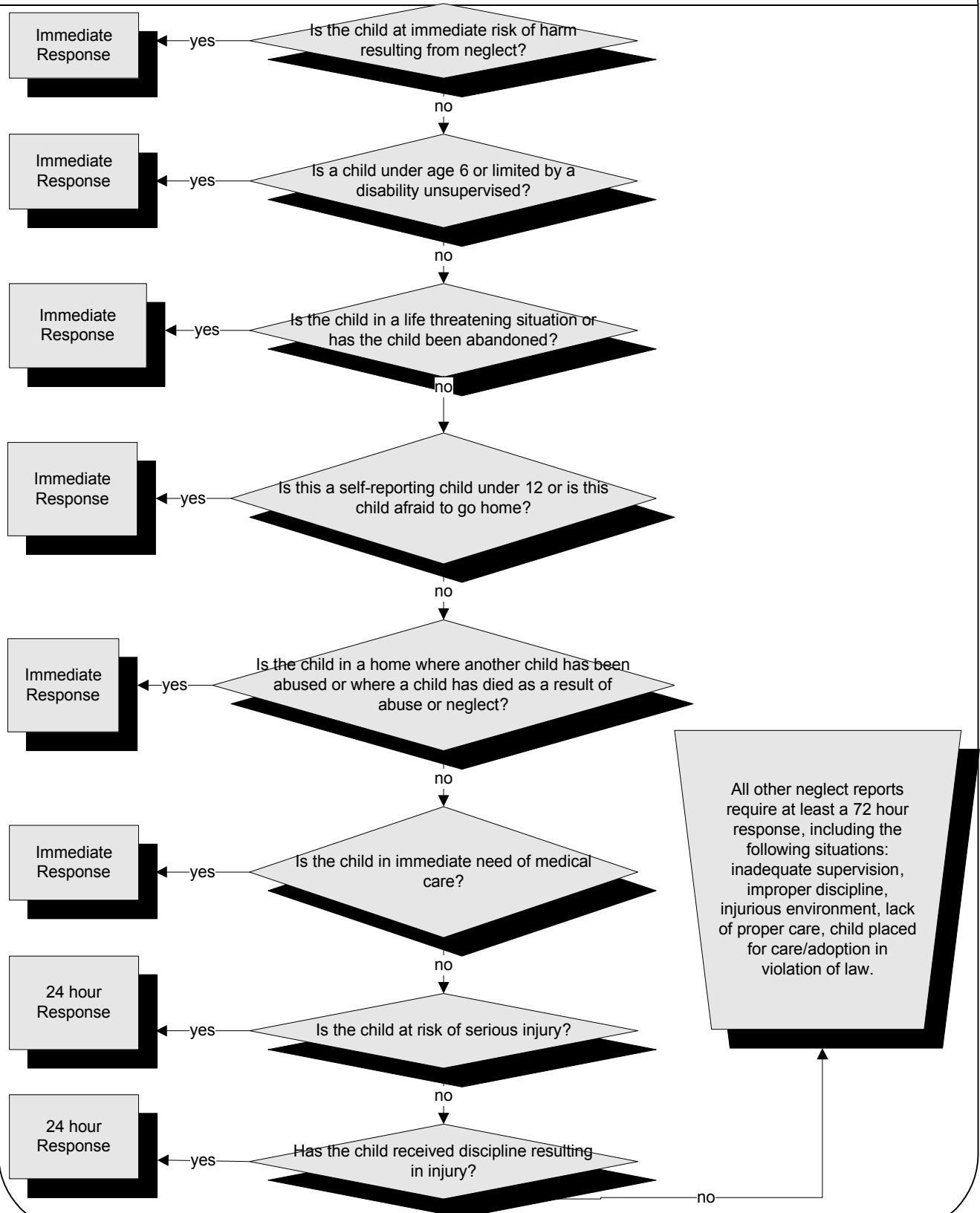
Is the child in a life-threatening situation?

Based on the child's age and developmental status, the sexual abuse presents a threat to the child's life.

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

The fear expressed is based on credible threats made by the parent; child (ren) evidences behavioral indicators of fear.

Neglect Response Priority Decision Tree



C. NEGLECT RESPONSE PRIORITY DECISION TREE DEFINITIONS

Is the child immediately at risk of harm resulting from neglect?

Based on the child(ren)'s age and developmental status, they are at immediate risk of harm. For example: leaking gas from stove or heating unit, no food in home and information that child has not been fed, substances or objects accessible to child (ren) that may endanger their health/safety, excessive garbage, human and/or animal waste which threatens health, serious illness or significant injury has occurred due to living conditions and these conditions still exist (lead poisoning, rat bites), firearms easily accessible to children.

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

The child(ren) is not supervised by the parent and there is no appropriate alternative plan for supervision.

Is the child in a life threatening situation or has the child been abandoned?

Based on the child(ren)'s age and developmental status, the neglect presents a threat to life. Child abandonment is considered an aggravated circumstance and requires an immediate response.

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

The fear expressed is based on credible threats made by the parent; child(ren) evidences behavioral indicators of fear.

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

Based on the potential for risk, this situation requires an immediate response. It is relevant to the screening of neglect reports to determine if the child is living in a home where another child has died as a result of abuse or neglect, regardless of whether the abuse or neglect was known and substantiated.

Is the child in immediate need of medical care?

Based on the child needing immediate, but not lifesaving medical care, for example: child is underweight, not being fed, refusal of parent to meet child's medical/mental health needs or treat a serious injury/condition.

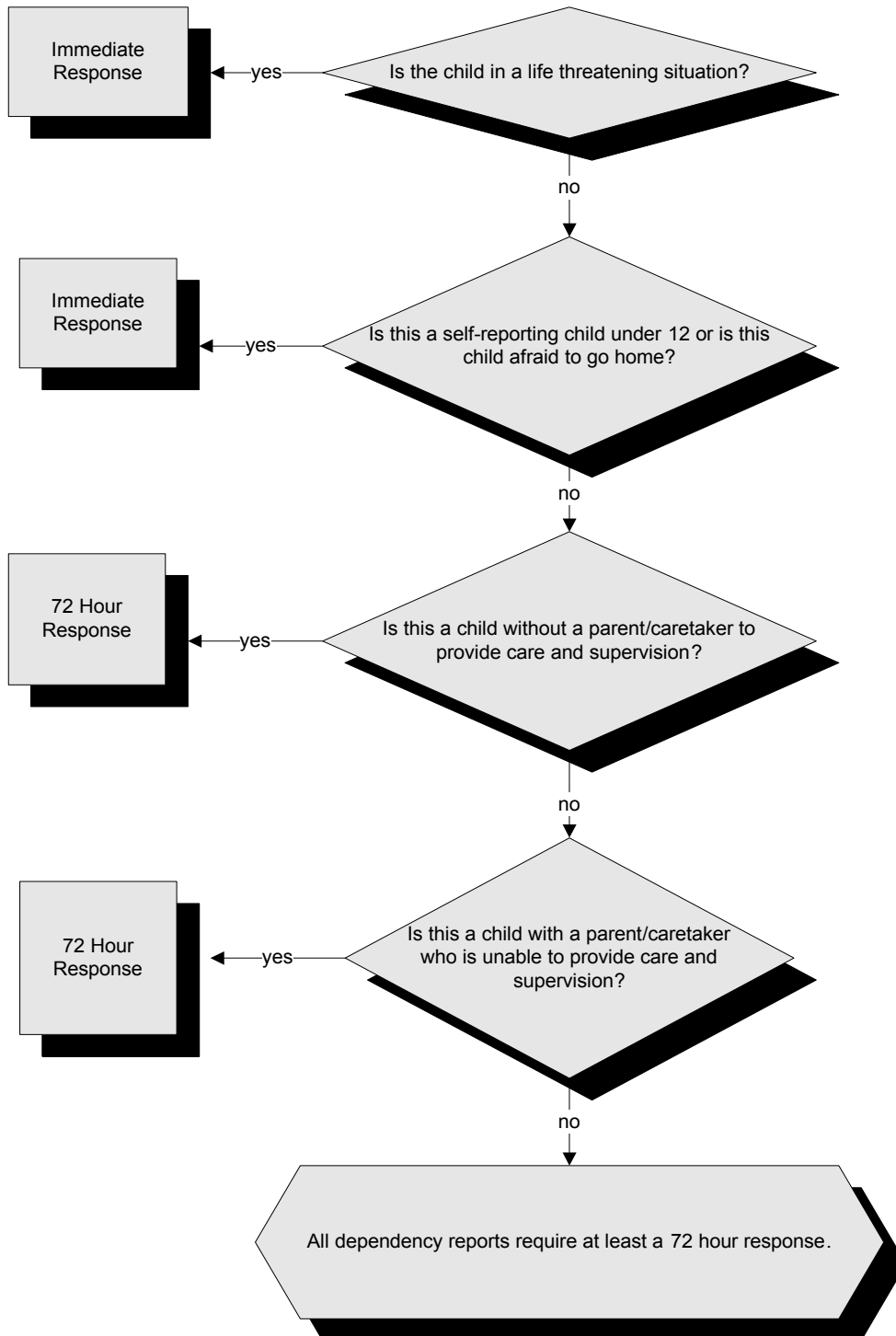
Is the child at risk of serious injury?

Based on the parent's ability to provide appropriate supervision and care.

Has the child received discipline resulting in injury?

Discipline that results in injury requires a 24-hour response; all other inappropriate discipline reports require response within 72 hours. If the bruises reported are not currently visible, the response time is 72 hours.

Dependency Response Priority Decision Tree



D. DEPENDENCY RESPONSE PRIORITY DECISION TREE DEFINITIONS

Is the child in a life-threatening situation?

Based on the child's age and developmental status, the dependency presents a threat to the child's life.

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

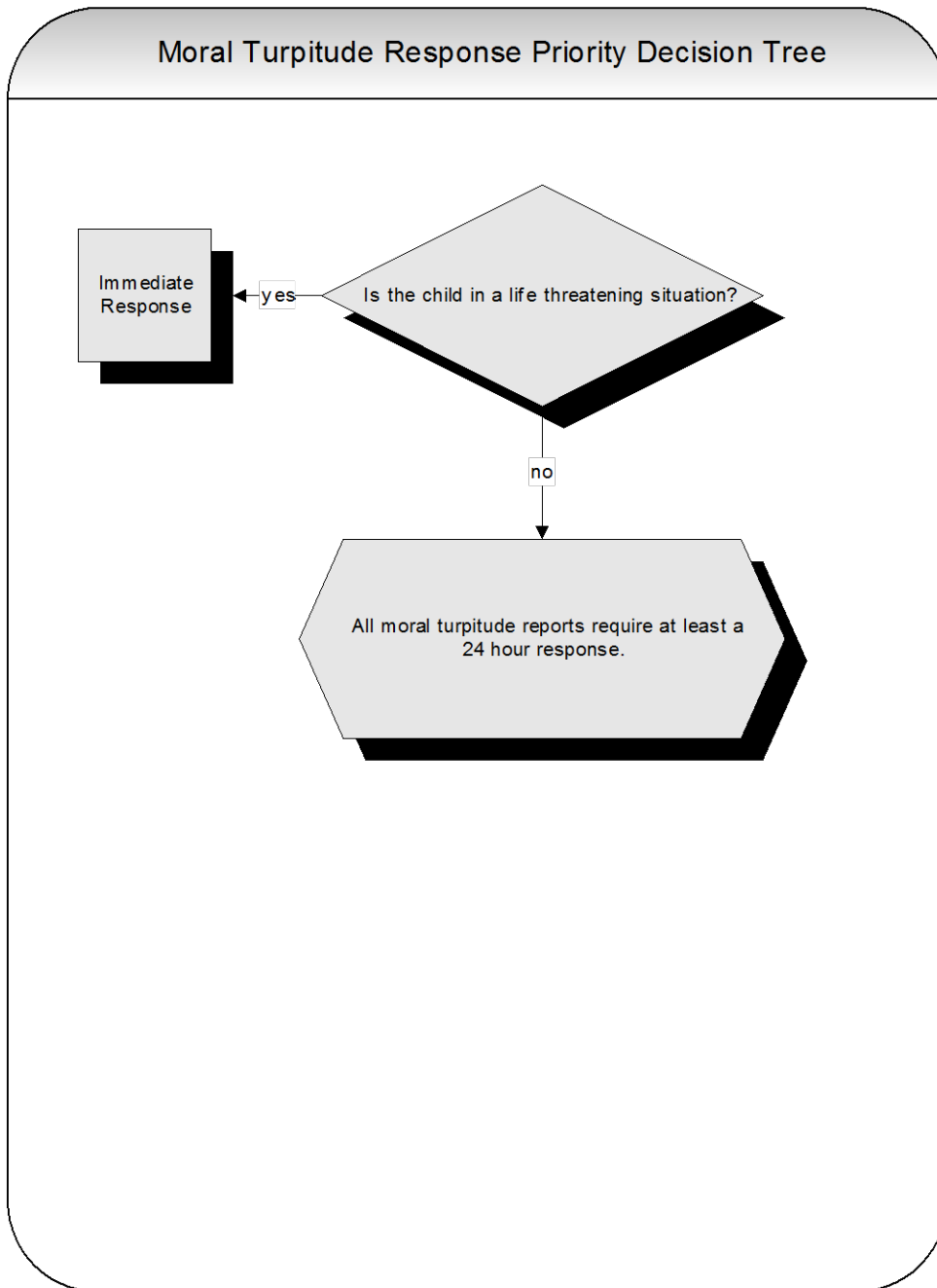
Based on child's self-report, this indicates an immediate response.

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

Based upon the absence or unwillingness of the parent/caretaker.

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

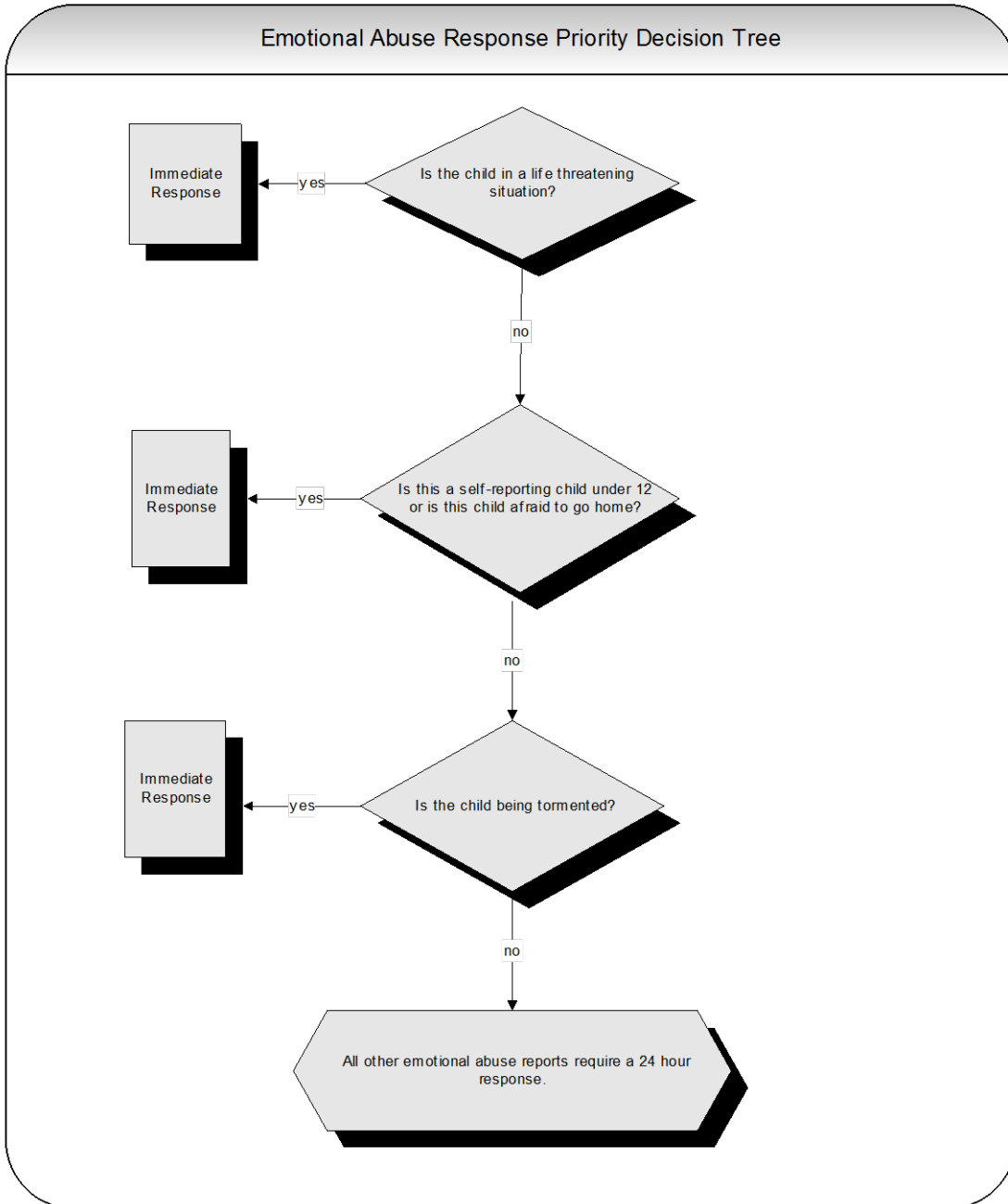
Based upon the parent/caretaker's lack of capacity to provide care and supervision.



E. MORAL TURPITUDE RESPONSE PRIORITY DECISION TREE DEFINITIONS

Is the child in a life threatening situation?

Based on the child's age and developmental status, the moral turpitude presents a threat to the child's life.



F. EMOTIONAL ABUSE RESPONSE PRIORITY DECISION TREE DEFINITIONS

Is the child in a life threatening situation?

Based on the child's age and developmental status, the emotional abuse presents a threat to life. The emotional abuse has prompted the child to exhibit suicidal behavior.

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

The fear expressed is based on credible threats made by the parent; child(ren) evidences behavioral indicators of fear.

Is the child being tormented?

The child is currently being exposed to extreme terrorizing tactics and evidences behavioral indicators of fear.

IX. SCREEN OUT TOOL

SCREEN OUT	ASSUMPTIONS	EXCEPTIONS/EXAMPLES
Dirty Home	Child's welfare must not be at substantial risk of harm; handled by family, community agencies, and landlords.	Health Hazard: Excessive garbage or rotted food that threatens health; excessive human/animal waste which poses a health threat.
No Electricity	Poverty is not a reason to intervene. Parent is providing minimally for child; handled by family, community agencies.	Direct Health Threat: Child who needs an apnea monitor
Homelessness	Poverty is not a reason to intervene. Parent is providing minimally for the child; handled by family, shelters.	Child's basic needs not being met: Homelessness is chronic; caregiver's substance abuse contributes to the problem; child not attending school; not receiving adequate nutrition or medical care
Head Lice	Health Issue; handled by health department, school nurse.	Pattern of neglect: Child has untreated head lice or repeated infestations; child missing an extensive amount of school due to problem
Child's Poor Hygiene	Child's welfare must not be at substantial risk of harm; handled by parents.	Allegations of CA/N/D: Child has become object of ridicule due to degree or duration of uncleanliness; child's health is affected
Clothing Issues	Poverty is not a reason to intervene; handled by parents, community agencies.	Health Hazard: Child exposed to elements; inadequately covered; repeated illness due to exposure
Truancy/Educational Neglect	Schools have compulsory education laws; handled by schools.	Allegations of CA/N/D: Caregiver is contributing to truancy; child wants to attend school but caregiver is not enrolling child or preventing child from attending

North Carolina Division of Social Services
 Family Services Manual
 Volume I: Children's Services
 Chapter VIII: Child Protective Services

Change # **05-2008**

Structured Intake

June 2008

SCREEN OUT	ASSUMPTIONS	EXCEPTIONS/EXAMPLES
Lack of Supervision	Child is able to care for self; handled by parents.	Harm or potential harm exists because of being left alone: Being alone overnight; alone for extended period and no resources for child; child out in community unsupervised or supervised by inappropriate caregiver; young child playing with dangerous objects or in dangerous places without intervention
Drug House	Child's welfare must not be at substantial risk of harm; illegal drug use/distribution handled by law enforcement.	Allegations of CA/N/D: Parent provides drugs to child; child employed as part of operation; child at risk due to inadequate supervision; child at risk due to raids and/or drug disputes; child has access to weapons; young child has easy access to the drugs; exposure to a methamphetamine laboratory.
Domestic Violence	Child's welfare must not be at substantial risk of harm.	Allegations of CA/N/D: Child has tried to intervene or has been threatened or injured; child has witnessed or been exposed to DV; behavior changes in child; history of DV; repeated police involvement; increase in frequency of violence or escalation into serious violence; mental illness or substance abuse issues present; weapons are present or have been used
Lack of Prenatal Care	Not part of child abuse/neglect laws at this time; handled by health professionals.	Allegations of CA/N/D: Other children in the home with allegations of child maltreatment.
Lack of immunizations	Not CPS issue. Public health issue. School attendance/day care center requirements; handled by schools, health department	Allegations of CA/N/D. If the reporter is making allegations that the child is currently experiencing health risks as a result of the absence of immunizations, this report would be accepted for CPS assessment.
Age Appropriate Sexual Activity	Sexual curiosity is part of normal child development; handled by parents	Allegations of CA/N/D: Sexual activity accompanied by violence, threats, coercion. Significant age difference. Reports alleging sexualized behavior not consistent with the child's developmental level, absent a protective response, would be accepted for CPS assessment, focusing on the parent's level of supervision.

Operation of an ATV in violation of age restrictions	Not CPS issue. Law Enforcement issue. Report to LE.	Allegations of CA/N/D
Child under the age of 12 afraid to go home.	Not done well in school and expecting to be disciplined, not CPS issue	Allegations of CA/N/D
Parents pick up their children smelling of alcohol or were cited for Driving While Impaired (DWI)	Not a CPS issue.	Allegations of CA/N/D. If the parent is obviously impaired, stumbling and unable to drive and the use of alcohol impacts their ability to provide proper care and supervision.

A. Screening Policy and Procedures

The purpose of the screening criteria is to help determine whether a report should be accepted for CPS assessment. When a report alleges that a child is a victim of any form of abuse, neglect, or dependency, the report should be accepted for CPS assessment.

The screening criteria focus on the types of cases that should not be assessed, absent an allegation of child abuse/neglect/dependency (CA/N/D). The screen out chart is a simple tool designed to highlight typical types of referrals that are considered inappropriate and should be screened out.

The screen out lists 16 report types that should be screened out, absent specific allegations of child abuse, neglect or dependency. For each type of report, the circumstances under which it should not be screened out are noted as exceptions. The chart provides examples of exceptions and provides fuller clarification of the screen out criteria.

Which Cases: The screening criteria should be considered and reviewed in all reports where problematic behavior or circumstances are being reported about a child or parent, but there is not an allegation of CA/N/D, or the allegation does not fit the legal definition of CA/N/D.

Who: Every staff member who has the responsibility for Intake.

Decision: Whether or not the call should be accepted for CA/N/D assessment.

When: Screening criteria should be considered at the time the report is received.

X. ASSESSING AGENCY HISTORY

The Stumbo case decision makes reference to patterns of neglect versus single incidents as a factor contributing to screening decision-making. It is important to note that reports alleging single incidents of abuse/neglect/dependency can, and many times do, meet the definitions of abuse/neglect/dependency and invoke the statutory authority to begin a CPS assessment. A valid CPS report does not hinge on the establishment of a pattern of abuse/neglect/dependency. In the Stumbo case decision, North Carolina's Supreme Court concluded that a single report of a naked child, two years of age, unsupervised in a driveway, in and of itself, standing alone, does not constitute a report of abuse, neglect or dependency. The use of Structured Intake gives the agency the opportunity to complete a comprehensive, strengths-based interview that leads to clear screening decision-making the majority of the time. For those few times when the allegations are concerning and the screening decision is not clear, an examination of agency history provides valuable information. A combination of statutory authority, consistent policy, and professional social work judgement forms a strong base for the delivery of child protective services. It would be impossible and counterproductive to remove professional social work judgement from the day to day work in child protective services.

There are some reports that do not clearly meet legal definitions of abuse, neglect or dependency, however, the allegations are concerning. It may be that the reporter did not have enough information to provide specifics or was not willing to do so. In these situations, it is acceptable to use agency history in **the** screening decision. If a review of agency history reveals a pattern of substantiations or findings of services needed or a particularly egregious substantiation that correlates with the current allegations, it is acceptable to accept the report and initiate a CPS assessment. At any time a report is concerning, but does not clearly meet the legal definitions of abuse, neglect, or dependency, it is acceptable to review **the** agency's history in order to make a more well-informed screening decision. **It is not acceptable to check the Central Registry/Responsible Individual List or contact another community agency or another county DSS in order to make a screening decision.**

[Attachment A: Model Format for Five Day Letter to Reporter](#)

[Attachment B: Model Format for Notification to District Attorney](#)

Department Letterhead

Sample Five Day Letter to Reporter

[Date]

[Reporter]
[Street Address]
[City, State ZIP Code]

Re: Family

Dear [Reporter's Name],

Thank you for your report of suspected child abuse, neglect, and/or dependency regarding the above-named family that you made on _____, 20_____.

- The report was not accepted for Investigative Assessment or for Family Assessment because _____. If you disagree with the Department's decision not to conduct either an Investigative Assessment or a Family Assessment, you may contact the Director of _____ County Department of Social Services at (_____) - _____ to request an additional agency review of this decision.
- The allegations in the report meet the statutory definition of **abuse** under [N.C.G.S. §7B-101](#) (or as a result of the **special** nature of the **neglect** allegations) and the report was accepted and assigned as an Investigative Assessment.
- The allegations in the report meet the statutory definitions of **neglect or dependency** under [N.C.G.S. §7B-101](#) and the report was accepted as a Family Assessment.
- The allegations in the report meet the statutory definitions of **neglect or dependency** under [N.C.G.S. §7B-101](#) and the report was accepted as an Investigative Assessment.
- The allegations in the report have been referred to Law Enforcement.**

Under North Carolina law ([N.C.G.S. §7B-302](#)) when the Department of Social Services receives a report that meets the legal definition of child abuse, neglect, or dependency, the Department of Social Services must make a prompt and thorough assessment. This assessment is completed in order to ascertain the facts of the case, the extent of the abuse or neglect, and the risk of harm to the juvenile, in order to determine whether protective services should be provided or the complaint should be filed as a petition.

The Department of Social Services will make every reasonable attempt to complete the Investigative Assessment within 30 days and the Family Assessment within 45 days. At the end of the assessment, you will receive a letter from the Department of Social Services that will inform you of the findings.

Sincerely,

Social Worker

Social Work Supervisor

Cc: file

**Model Format for Notification to District Attorney
(within 48 hours, subsequent to oral notification)**

TO: _____, District Attorney

FROM: _____, Director
_____ County Department of Social Services

As per our telephone conversation of ____ (date) _____, our agency has received information/found evidence that the child(ren) named in this report have been (check one) ____ abused as defined by G.S. 7B-307 or ____ physically harmed in violation of criminal statute by a person other than the juvenile's parent, guardian, custodian, or caretaker

REPORT OF FINDINGS:

Identifying information:

1. Name(s) and ages of victim child(ren): _____

 2. Name(s) and Address(es) of Parent/guardian/custodian/caretaker: _____

 3. Name and Address of alleged perpetrator: _____

 4. Relationship of perpetrator to alleged victim(s): _____
 5. Summary of report of abuse: _____

_____ Date of report: _____
 6. Actions taken by Department of Social Services
Investigation initiated on: _____ by _____ (social worker)

Findings indicative of abuse or other criminal act: _____

- For further information, please contact ____ (soc.wkr.) ____ at ____ (tel) ____.

cc: (law enforcement agency)