

CHILD PROTECTIVE SERVICES (CPS) FAMILY AND INVESTIGATIVE ASSESSMENTS

Training Participant Workbook

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NC DEPARTMENT OF
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HUMAN SERVICES**
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NC DHHS Division of Social Services, Child Welfare Services, Staff Development.**

CPS Assessments in Child Welfare

Curriculum Overview

DAY ONE

- ❖ Introduction to CPS Assessments in North Carolina
- ❖ Cultural Humility
- ❖ CPS Assessments Policy Activity
- ❖ Child and Family Teams
- ❖ What Families Want
- ❖ Transfer of Learning

DAY TWO

- ❖ Having a Conversation for Change
- ❖ Strengths-Based & Solution-Focused Interviewing
- ❖ Interviewing Children
- ❖ Transfer of Learning

DAY THREE

- ❖ My Spiel
- ❖ Initiating the CPS Assessment
- ❖ NC Safety Assessment and Temporary Parental Safety Agreements: Review and Skills Practice
- ❖ Interviewing Collaterals
- ❖ Follow-Up Family Contacts
- ❖ Transfer of Learning

DAY FOUR

- ❖ Family-made plans & Front-Loading, Formal and Informal Services
- ❖ NC Family Risk Assessment and Strengths & Needs Assessment: Review and Skill Practice
- ❖ Switching Approaches/Tracks
- ❖ Case Decisions
- ❖ Documentation
- ❖ Transfer of Learning
- ❖ Closing

The Family-Centered Principles of Partnership

1. **Everyone desires respect.** All people have worth and a right to self-determination, to make their own decisions about their lives. Acceptance of this principle leads one to treat clients with respect and to honor their opinions and worldview. True partnership is impossible without mutual respect.
2. **Everyone needs to be heard.** This principle asks us to “seek first to understand” and is accomplished primarily through *empathic listening*. While empathic listening looks very much like active or reflective listening, what differentiates it is the listener’s motivation. Active and reflective listening are often used to manage or manipulate someone’s behavior so that the listener can advance his own agenda. Empathic listening is motivated by the listener’s desire to truly understand someone’s point of view—to enter someone’s frame of reference—without a personal agenda. When one feels heard and understood, defensiveness and resistance are unnecessary, and solutions can be sought.
3. **Everyone has strengths.** All people have many resources, past successes, abilities, talents, dreams, etc. that provide the raw material for solutions and future success. As “helpers,” we become involved with people because of their problems; these problems then become a filter that obscures our ability to see strengths. Acceptance of this principle doesn’t mean that one ignores or minimizes problems; it means that one works hard to identify strengths as well as problems so that the helper and the client have a more balanced, accurate, and hopeful picture of the present and the future.
4. **Judgments can wait.** Once a judgment is made, one’s tendency is to stop gathering new information or to interpret new information. Judgments can have an immense impact on a client’s life, it is only fair to delay judgment as long as possible, then to hold it lightly, while remaining open to new information and willing to change one’s mind. Acceptance of this principle does not mean that decisions regarding safety cannot be made quickly; it simply requires that ultimate judgments be very well considered.
5. **Partners share power.** Power differentials create obstacles to partnership. Since society confers power upon the helper, it is the helper’s responsibility to initiate a relationship that supports partnership, especially those who appear hostile and resistant. Clients make a choice to cooperate or not, but that choice is greatly influenced by our skillful use of power.
6. **Partnership is a process.** Each of the six principles is part of a greater whole. While each has merit on its own, all are necessary for partnership. Each principle supports and strengthens the others. In addition, this principle acknowledges that putting the principles into practice consistently is *hard*. Acceptance of the principles is not enough; applying the principles consistently requires our intention and attention.

Source: *Partners in Change: A New Perspective on Child Protective Services*. Appalachian Family Innovations, 2003.

North Carolina Division of Social Services

Mission Statement

The North Carolina Division of Social Services is dedicated to assisting and providing opportunities for individuals and families in need of basic economic support and services to become self-sufficient and self-reliant. The Division of Social Services advocates for and encourages individuals' rights to select actions appropriate to their needs.

Primary to the Division is our commitment to provide families and children with family centered services that strive to achieve well-being through ensuring safety and permanency.

Furthermore, we recognize our responsibility through teamwork and professional effort to assist in this process. Towards this end, in cooperation with local Departments of Social Services and other public entities, we seek to identify needs, devise and focus resources, and deliver services responsibly and compassionately.

Child Welfare Services Section

Vision

Every child in North Carolina will grow up in a safe, permanent, self-sufficient family where well-being needs of all are met.

Mission

The Family Support and Child Welfare Services Section is committed to provide family-centered services to children and families to achieve well-being through ensuring self-sufficiency, support, safety and permanence.

The Foundation of Family-Centered Practice

- Families know more about their situation than anyone.
- Families can formulate their own goals and build their own solutions.
- Families tend to maintain solutions they create.
- Families are doing the best they can in difficult situations.
- Family strengths can be enhanced; change can happen.
- Families are our partners and need our support.
- Families can enhance and improve the well-being of their children, with assistance and support.
- Safe solutions will be found in partnerships among parents, workers, supervisors, and other community partners.
- Families have a right to be supported in their efforts to improve their children's well-being.
- Most children can be protected by their parents.
- Child protection must also focus on family protection.

Source: Berg, I. K., & Kelly, S. (2000). *Building solutions in child protective services*. New York: W. W. Norton & Company.

SYSTEMS OF CARE

In Systems of Care, state, county, and local agencies partner with families and communities to address the multiple needs of children and families involved in child welfare and other service systems. For this partnership to be successful, a shared set of guiding principles is at the heart of the effort. These principles are essential elements of any successful child and family service delivery system, including child welfare. The implementation of these principles reflects the common goals of the agency, community, and family to ensure the safety, permanency, and well-being of children and families.

Interagency Collaboration

Interagency collaboration engages child-and family-serving agencies from the public, private, and faith-based sectors. These agencies work together to address the complex needs of children and families in a spirit of community partnership.

Individualized Strengths-based Care

Individualized strengths-based care acknowledges each child and family's unique set of strengths and challenges. Child and family teams ensure the family's participation in the development of their family's individualized service agreement and the use of appropriate formal and informal supports. The plan for services is designed to fit the family, not the family to the plan.

Cultural Competence

Cultural competence refers to the way in which services, policies, and agencies reflect the view that the individual's culture, race, and ethnicity are assets to be built upon. This recognition increases the likelihood of positive outcomes for each child and family.

Child and Family Involvement

Child and family involvement within a System of Care requires mutual respect and partnerships between families and professionals. Family centered principles of partnership form the basis for how these partnerships are built.

Community-based Services

Community-based services are the optimal method for providing care and support to children and families within Systems of Care. Keeping children in their homes, neighborhood schools, and local communities has a positive impact on the well-being of the child and family.

Accountability

Accountability refers to the Systems of Care principal that practice, organizational, and financial outcomes must be continuously assessed to determine the ongoing effectiveness of Systems of Care in meeting the needs of children and families

Resource: National Clearinghouse on Child Abuse and Neglect Information, Children's Bureau/ACYF

Culture, Values, and Cultural Humility

Culture refers to the total system of values, beliefs, traditions, and standards of behavior that regulate life within a group of people.

Values are general principles or ideals, usually related to worth and conduct, that a culture holds to be important. Values describe strongly held beliefs regarding what life and people should be like, what is "good" and "bad" in life, what is "right" or "wrong" about behavior. Values often address similar principles across cultures, but the content and conclusions of the values may be very different from culture to culture. For example, no major cultural or ethnic group sanctions maltreatment of children, but the specific behaviors considered to be "maltreatment" can vary widely. Some cultures condemn any corporal punishment as cruel and damaging to children; others value physical discipline as an effective means of reinforcing the difference between "right" and "wrong." In the first example, any physical punishment might be perceived as abusive; in the second, failure to physically punish may be perceived as neglectful. It is critical for the observer to understand the meaning of the behavior within the cultural context. *Source: NC DSS Family Services Manual, Ch. VIII, Section 1440.*

Cultural humility is a term coined by Melanie Tervalon and Jann Murray-Garcia in 1998 to describe a way of infiltrating multiculturalism into their work as healthcare professionals. Replacing the idea of cultural competency, cultural humility was based on the idea of focusing on self-reflection and lifelong learning. Recently, the social work profession has begun adopting cultural humility into frameworks for service delivery and practice.

Cultural humility in Social Work

- Encourages social workers to realize their own power, privilege and prejudices, and be willing to accept that acquired education and credentials alone are **insufficient** to address social inequality.
- Focuses on worker/client relationships and culturally appropriate intervention procedures.
- Is a reflective practice and enables social workers to understand that the client is an expert in their own lives and that it is not the role of the worker to lean on their own understanding. Clients are the authority, not their service providers when it comes to lived experiences.
- Those who practice cultural humility view their clients as capable and work to understand their worldview and any oppression or discrimination that they may have experienced as well.
- A strong self-reflection tool for the worker
- Workers can gain more insight into personal biases and identities.
- Can lead to both personal and professional growth of a social worker.
- In terms of the workplace of a social worker, supervisors should try to help workers to:
 - Normalize not knowing. Supervisors and managers should aim to instill in staff the understanding that it is not only okay to not know—it is a necessary condition for growth, central to the practice of cultural humility and good social work practice.

Wikipedia contributors. "Cultural humility." *Wikipedia, The Free Encyclopedia*. Wikipedia, The Free Encyclopedia, 27 Jun. 2017. Web. 21 Aug. 2017

Cultural Competence vs. Cultural Humility

	Cultural Competence	Cultural Humility
Goals	To build an understanding of minority cultures to better and more appropriately provide services	To encourage personal reflection and growth around culture to increase service providers' awareness
Values	<ul style="list-style-type: none"> • Knowledge • Training 	<ul style="list-style-type: none"> • Introspection • Co-learning
Shortcomings	<ul style="list-style-type: none"> • Enforces the idea that there can be 'competence' in a culture other than one's own. • Supports the myth that cultures are monolithic. • Based upon academic knowledge rather than lived experience. Believes professionals can be "certified" in culture. 	<ul style="list-style-type: none"> • Challenging for professionals to grasp the idea of learning with and from clients. • No end-result, which those in academia and medical fields can struggle with.
Strengths	<ul style="list-style-type: none"> • Allows for people to strive to obtain a goal. • Promotes skill building. 	<ul style="list-style-type: none"> • Encourages lifelong learning with no end goal but rather an appreciation of the journey of growth and understanding. • Puts professionals and clients in a mutually beneficial relationship and attempts to diminish damaging power dynamics.

Wikipedia contributors. "Cultural humility." *Wikipedia, The Free Encyclopedia*. Wikipedia, The Free Encyclopedia, 27 Jun. 2017. Web. 21 Aug. 2017

Culture and False Positives

☐ **Sleeping arrangements**

- Sleeping on the floor is common in some Asian, African, and South American peasant cultures.
- Some Asian cultures use clean comfortable mats to sleep on the floor, then roll them up each morning.
- In most of the world's cultures, children sleep in the same bed or the same room as their parents.

☐ **Flexible boundaries**

- People with low incomes and from many immigrant groups have fluid boundaries around themselves and their household.
- Among traditional families, sharing of resources is not subject to debate- it is just what one does.
- Sharing resources can create a wider safety net, enabling poor families to survive.

☐ **Small size**

- Sometimes young immigrant children are labeled as “failure to thrive” due to their low weight and small size.
- Children from some ethnic groups may not approach U.S. norms and yet be perfectly healthy.

☐ **Lack of cooperation**

- Non-English speakers may not understand the service plan.
- Even if they understand the words, they may not understand the concepts (e.g., “seek developmentally appropriate opportunities”).

☐ **Unfamiliar disciplinary methods**

- Making children kneel on uncooked rice for 5 to 10 minutes is a common disciplinary practice among some Asian and Latino groups.
- Unfamiliar practices should not be assumed to be abusive.

☐ **Unfamiliar medical interventions**

- Many traditional medical practices can be mistaken for abuse (coining, cupping, etc.)
- The questioning or rejection of medical care due to cultural beliefs should not be mistaken for medical neglect.

☐ **Unfamiliar practices**

- Swaddling children up to age 2 during naptime is common in Indian culture.
- In some African cultures children receive ceremonial markings (cuts) on their faces.
- Children may be marked with small crosses on their faces or shoulders when initiated into the Afro-Caribbean religion of *Santeria*.
- In some Latino and Portuguese families, it is common for a mother to bite her child as a sign of affection, even leaving a mark.

☐ **Care of newborns**

- Many cultures (Chinese, Sikh, Somali Bantu) have strict rules to protect children in the days and weeks immediately after their birth.
- These efforts to shelter infants can conflict with Western medical practices like 2-week checkups for newborns.

☐ **Lack of information about a child**

- Professionals may think that a parent who does not remember a child's birthday or other developmental milestones reflects a lack of interest in the child.
- Some cultures do not record or celebrate birthdays.
- A "milestone" in our culture may not be a "milestone" in the family's culture.
- In immigrant and low-income families, children may be separated from their parents for long periods of time and raised by relatives or friends of the family.

☐ **Linguistic misunderstandings**

- Linguistic misunderstandings can lead to tragic outcome, where parents sign papers they don't understand, where professionals think they understand what a parent is saying but don't, etc.
- You should assume that you are **not** going to obtain an accurate picture of risk in a family if you can't speak with the family in its native language.
- A trained, professional interpreter should help with the assessment if at all possible.

Source: Fontes, L.A. (2005). *Child Abuse and Culture*. New York: The Guilford Press.

What CPS Families Want

The following summarizes the key aspects for building a cooperative relationship in child protection casework that was distilled from studies about parental attitudes.

- ☐ To be cared about as individuals with strengths as well as weaknesses.
- ☐ To have their story, perspective, and feelings heard and understood.
- ☐ A worker who is responsive and sensitive to the turmoil and stress of the CPS process.
- ☐ Regular and complete exchange of information at each step of the CPS process.
- ☐ Explicit expectations from the agency.
- ☐ Opportunities to express their wishes and ideas and to influence decisions and case planning.

Source: Turnell, A. & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection casework*. New York: W. W. Norton & Co.

Rights and Responsibilities

Children have a right to:

- Freedom from abuse, neglect, dependency and exploitation,
- Minimally sufficient care and support.
- An environment that promotes physical and emotional well-being
- A life-long family relationship with at least one adult that promotes a sense of mutual belonging and is legally secure.
- Representation before the Juvenile court by a Guardian Ad Litem and/or attorney if custody has been removed from the parents,

All parents/caretakers involved in cases of abuse, neglect, or dependency have the right to:

- Be treated in a courteous and respectful manner;
- Know the agency's legal authority and right to intervene in cases of child abuse, neglect, or dependency;
- Know the allegations of abuse, neglect, or dependency reported;
- Know any possible action which DSS may take, including petitioning the court to remove the child in order to ensure safety and protection;
- Know the agency's expectations of the parent/caretaker;
- Know what services they can expect from DSS and other community agencies;
- Have a family services case plan that is clearly stated, measurable, specific, has time-limited goals, and is mutually developed by DSS and the parent/caretaker.

Persons alleged to have caused or contributed to the abuse, neglect or dependency of a child have a right to:

- Be informed of the allegations of child abuse, neglect, or dependency;
- Receive services designed to correct the behavior that led to the abuse, neglect, or dependency;
- Retain legal counsel, if they so desire; (the court appoints counsel to indigent parents)
- Be informed of the agency's actions relating to them, including referral for criminal charges when indicated.

Agency Responsibilities:

Providing protective services to families is a very complex task. Intervening in the life of a family must be done with care, dignity, and respect. Social workers must have the skills to handle crises without escalating them; to identify strengths and risk factors within the family; to build self-esteem; to establish rapport; to advocate with the family, community and other agencies for supportive services; and to help develop realistic goals and services.

“Not Knowing” Stance

Curiosity leads to exploration and invention of alternative views and moves, and different moves and views breed curiosity.

-G. Cecchin

If, as a practitioner, you wish to put clients into the position of being the experts about their own lives, you will have to know how to set aside your own frame of reference as much as possible and explore those of your clients. In other words, you will have to learn how to adopt the posture of *not knowing*. This useful term belongs to Anderson and Goolishian (1992), who maintain that a practitioner never knows a priori (by virtue of an expert frame of reference) the significance of the client's experiences and actions. Instead, the practitioner must rely on the client's perceptions and explanations. The best way to do this, they write, is to take a position of not knowing.

The not knowing position entails a general attitude or stance in which the therapist's actions communicate an abundant, genuine curiosity. That is, the therapist's actions and attitudes express a need to know more about what has been said, rather than convey preconceived opinions and expectations about the client, the problem, or what must be changed. The therapist, therefore, positions himself or herself in such a way as always to be in a state of “being informed” by the client. (Anderson & Goolishian, 1992, p. 29)

Learning how to take and maintain this posture takes commitment and practice. It is a life-long process. Source: De Jong, P. & Berg, I.K. (2002) *Interviewing for solutions*. Pacific Grove, CA: Wadsworth Group.

“Not knowing” stance *does not* mean that you know nothing.

“Not Knowing” stance *does* mean:

- We decide HOW to use our expertise.
- We suspend our years of experience and all our knowledge and begin with the client's context and world view.
- We maintain a posture of curiosity about our client's lives and are willing to learn from them.

Source: Berg, I. K., & Kelly, S. (2000). *Building solutions in child protective services*. New York: W. W. Norton & Company.

Do You Hear What I Hear?

The following are examples of Stephen Covey's concepts of listening. You may want to jot down definitions or examples during the discussion.

- ❖ Autobiographical Listening

- ❖ Ignoring

- ❖ Selective Listening

- ❖ Pretend Listening

- ❖ Attentive Listening

- ❖ Empathic Listening

Source: Covey, S. R. (1989). The seven habits of highly effective people restoring the character ethic. New York: Simon & Schuster.

Seek First to Understand

Inquire to Learn:

- Don't make statements disguised as questions.
- Don't use questions to cross-examine.
- Ask open-ended questions.
- Ask for more concrete information.
- Make it safe not to answer.

Paraphrase for Clarity:

- Check your understanding.
- Show that you've heard.

Acknowledge Their Feelings:

- Answer the unasked questions.
- Acknowledge before problem-solving.
- Remember that acknowledging is not agreeing.

Source: *Difficult Conversations: How to Discuss What Matters Most*, Stone, Patton, and Heen, 1999.

Seek First to Understand Video Observation

You will be watching a counselor use these techniques as he begins an assessment with a new client. Jot down examples for each of the following (What does he say? What questions does he ask?):

☐ Inquire to Learn

☐ Paraphrase for Clarity

☐ Acknowledge their Feelings

Scaling: The Swiss Army Knife of Interviewing

The great usefulness of the scaling question is that it can open up the client's frame of reference quickly, naturally, and respectfully. Once clients locate themselves on the scale, it is natural to follow-up with: "what is happening that tells you it is ____ (client's number)?" As clients answer, they do so in their own words, which give them more control of how they are perceived by the worker.

Scaling also allows workers to hold clients accountable for what they say in a natural, less confrontational way. For example, when a client gives a number and the worker asks what makes it that number, the worker is respectfully putting the client "on the spot" to provide the information about his or her children and family situation that makes sense of the number. The extent to which the client can provide meaningful information helps the worker begin to make an estimate of the safety of the children and the strengths and resources of the family.

Workers can easily expand on the scaling question by inviting clients to look at their family situation and children's safety from the perspectives of important other people. For example, when scaling the perceived safety of her children with a mother, once the mother has given her number and the worker has followed up with questions for details, the worker can ask what number her children would give and what they would say is happening that led them to give that number. This sort of expansion of the scaling question offers clients a chance to think about their situations from multiple perspectives. This can help generate new possibilities in their minds for useful changes and what it would take from themselves and CPS to make those changes a reality.

Lastly, the scaling question and its follow-up questions allow workers to address all the necessary ingredients of change. For example, suppose a worker is working with a mother on increasing her child's safety. In asking a scaling question where 1 equals "not at all safe" and 10 equals "as safe as you can imagine," the worker can get a baseline by asking the mother for a number reflects the child's safety right now. And, by asking the mother for details about what makes her child as safe as the number she gives, the worker gets the mother's estimate of her current strengths and resources in meeting these needs of her child. The worker can also get information about the mother's conception of "as safe as imaginable" by asking her for details about what "10" would look like in her situation. The worker can then begin to get at the next steps toward greater safety by asking: "What would one or two numbers higher than the number you gave for today look like?" Once the mother has given details about those numbers, the worker can ask these additional questions: "What will it take to move up one number or two?" "What will it take from you?" "Who might be helpful to you in making this happen?" "How might they be helpful to you?" "How can CPS be most useful to you in moving up one or two numbers?"

Once the client has answered these questions, she and the worker have generated key elements of service plan that includes a current assessment of safety, the strengths and resources contributing to that level of safety, the mother's long-range vision of an ideal level of safety for her child, some "next-steps" leading to greater safety, the client's own resources, and additional resources from CPS that would be useful to her.

Adapted from: De Jong, P., Berg, I.K., & Kelly, S. *Strengths-based interviewing protocols*. State of Michigan, Children's Protective Services, Family Independence Agency.

Scaling in the Strengths-Based CPS Interview

To assess safety

Scale client's/child's/others' sense of child(ren)'s safety (10=safest imaginable, 1=unsafest imaginable):

- ☐ What number are things at right now?
- ☐ What tells you things are at that number?
- ☐ What would be different if it was 1 or 2 numbers higher?
- ☐ What would it take for that to happen?
- ☐ What else might be helpful?

To assess the family situation and set goals

Scale family situation (10=way you want things in your family, 1=worst ever):

- ☐ What number are things at right now?
- ☐ What would 10 look like?
- ☐ Has there ever been a time when your family situation was closer to what you want it to be?
- ☐ What would 1 or 2 numbers higher look like?
- ☐ What will it take for that to happen?
- ☐ What else might be helpful?

To measure progress and determine next steps

Scale progress on goals/activities of the safety/service plan (10=goal accomplished, 1=no progress):

- ☐ What number are things at right now on _____ (goal or action step)?
- ☐ What tells you things are at that number?
- ☐ What exactly did you do? What else?
- How has that been helpful? ... to you? ... to your children?
- ☐ Who else is noticing things are better?
- ☐ What are they noticing?

Work on the next step:

- ☐ Suppose things were one or two numbers higher on _____ (goal or action step), what would be different?
- ☐ What would you notice?
- ☐ What would the children notice?
- ☐ How would these differences be helpful?
- Could they happen? What will it take? ...from you? ... from CPS?

Adapted from: De Jong, P., Berg, I.K., & Kelly, S. *Strengths-based interviewing protocols*. State of Michigan, Children's Protective Services, Family Independence Agency.

Helpful Guidelines for Scaling

1. Always make the scale non-judgmental
2. Always define the anchor points (1 and 10)
3. Be consistent with which is “best, good, helpful” versus “bad, not good, not working.” Think of the “Perfect 10” as the positive side.
4. Ask for clarification, how did you choose that number or what led you to that #?
5. Use follow up questions.

Examples:

What makes you a #?

What # would you like to be?

Where do you think we can get in # weeks?

6. Ask what would move them up one point only
7. Practice- write it out and try on a colleague and then try it on a family
8. When possible, try using the client’s language to refer to the anchors
9. Only scale one thing at a time

Other Considerations

- Who in the family should I ask?
- When should I ask this question?
- Should I ask it in front of others or alone?
- Should I ask their opinion on another’s perspective? (i.e., if your mother was here, what should she say?)

Scaling Domains

Purpose:

Scaling Domains is a very useful assessment tool that both you and clients can use to identify strengths, prioritize goals, create hope, or gain a “big picture” view of the family’s situation.

Any domains can be used. It is useful to include at least 6 different domains, and to pick one or two that you know will likely be scaled positively by the client.

For **each** domain you will ask the client, “On a scale of one to ten, where one is bad as it could get, and ten is as good as it could be; what number are you at regarding (the domain.)”

An example for one family may look like this:

[illegible]

Follow-Up Questions:

- It looks like your spiritual life and your support system are things you can rely on for help. Tell me some more about that...
- Of all these domains, which one are you most concerned about? What would have to happen for the number in that domain to increase by just one or two points?
- So even though your housing is not what you would like, and you still haven't found a job, the kids behavior is pretty good, and you are in great health, and you have people you can rely on for help. That's pretty good.

Exception Questions

Purpose

There are always exceptions, times that the problem could have occurred, but didn't. Exceptions mean that the client has the skills necessary to do something in a more successful way. Our task is to get the exceptions to happen more often. We are looking for details about what is different about those times.

Examples

- Are there times now or in the past when you were able to ... (discipline without abuse, handle stress without drinking, keep the house clean)? How did you get that to happen?
- When was the last time that... (Johnny did what he was told without arguing, when you supervised the children well enough to please your neighbors, when you were taking your medicine)? What do you do so that the problem doesn't happen at those times?
- Are there days when you feel...(less overwhelmed, more in control of your temper, more hopeful about your situation)? What is different about those days?
- When was the last time you had a better day? What was different about that day that made it better? Where did that happen? Who was there with you? What might (those people) have noticed you doing differently that would tell them you were doing better?
- When are you already doing **some** of what you want (staying calm with the children, keeping the house clean, being a good mom)?
- When doesn't (the problem) happen? What is different about those times? What are you **doing** differently? How are you **thinking** differently?
- Tell me about times when this (arguing, depression, poor decisions) is a little less of a problem.
- How much of the time would you say (talking back, depression...) is a problem? Oh, so at least X% of the time it's not so bad. Can you tell me what is happening when it is not a problem?

- What is the longest time you have gone without (the problem)? How did you get that to happen?
- Has anything worked in the past to resolve other issues that you might want to test out with this current situation?

Case Examples

- A parent who had previously lashed out at her child described a situation where she had become enraged but resisted the impulse to hit the child by taking a five-minute break in her bedroom.
- A child described being able to go to her grandmother's home when she felt unsafe because her parents had become too drunk to care for her.
- A man who had previously assaulted his stepson resisted the urge to do so on another occasion, even though the teenager had thrown a knife at him. He did this by telling himself, "If I hit him, the boy will only make a monkey of me again."
- A grandmother described a period where her drug-addicted daughter had faced up to her problems and acknowledged she was not caring adequately for her child. At that time the mother had sent the girl to live with her father for nine months while she detoxed herself.

Guidelines for Exception Questions

- ☐ **Get accustomed to regularly asking your clients exception-finding questions.**
- ☐ **Be persistent. Ask the question 3 times before deciding there is no answer.**
- ☐ **Tune your ears to hear exceptions even when the client minimizes their importance.**
- ☐ **Get lots of details about how exception times are different from (or better than) problem times.**
- ☐ **Paraphrase and affirm the client strengths and successes embodied in the exception.**
- ☐ **If there are no exceptions, be alert to more serious problems.**

Source: Berg, I. K., & Kelly, S. (2000). *Building solutions in child protective services*. New York: W. W. Norton & Company.

The Art of Asking Questions

Avoid: Questions that contain the answer:

- “You’re mad, aren’t you?”
- “You agree, don’t you?”
- “You like that therapist, don’t you?”
- “That’s what you want, isn’t it?”

Avoid: “Why” questions:

- “Why are you mad?”
- “Why did you miss that appointment?”
- “Why did you let him hit you?”
- “Why did you hurt your child?”

Try: Who, What, When, Where, How & Tell me about...:

- “How do you feel?”
- “Do you agree?”
- “What do you think?”
- “Is this what you want?”

The Great Invalidator

There is a word we use in the English language that has the power to invalidate even the kindest, most caring comment. See if you can pick it out in the following scenarios:

- Your eight-year-old comes home from school and is all excited about a picture he drew. He grins from ear to ear as he shows it to you, pointing out the good grade his teacher gave him. You look at it, smile proudly and say, “That’s really a good picture, but you got dirty fingerprints all over it.”

- Your employee comes to you with the written report you requested. You thumb through it, smile, and say, “This looks good, but I see I’ll have to cut some things out of it.”

- You are talking to a friend about a piece of furniture he needs to move. He says, “It’s no problem. I think I’m strong enough to move it myself.” You respond with, “You’re strong, but not that strong. You’ll need some help.”

- You and your mother have had a disagreement. You say to her, “I love you, Mom, but we’ve got a problem we need to resolve.”

WHY SILENCE IS GOLDEN

- A strengths-based approach requires workers to respect client silences.
- In Western societies, silence makes us uncomfortable, and after only a few seconds of silence, we feel compelled to fill it.
- However, the questions used in the strengths-based interview require clients to think hard before they can put their responses into words. It is not unusual for clients to be silent for a while, say “I don’t know,” and then resume their silence.
- If you fill this silence with another question, with your observations, or with a suggestion, then you are interrupting and preventing their process of self-discovery.
- On the other hand, if you can tolerate the silence for 10, 15, or even 20 seconds, you will find that clients almost always have a response.
- By remaining silent, you give them an opportunity to work on an answer. They may even interrupt the silence with comments like, “That’s a hard question,” or “I’ve never thought about that.” Again, rather than moving on, you can reply, “Yes, it is.” or “Just take your time,” and then continue your silence.
- In fact, clients are uncomfortable with silence, too, and you can use that discomfort to encourage their self-discovery.
- If you develop your capacity to remain silent, clients quickly learn that you aren’t going to “rescue” them and become more willing to struggle for their own answers.

Culture and the Strengths-Based Interview

The following questions may assist in eliciting helpful information when you are interviewing a culturally different family:

- ☐ Who usually makes decisions about the children in the family?
- ☐ What types of discipline does the family consider appropriate?
- ☐ Who is involved in child care responsibilities? Extended family? Informal kin?
- ☐ How does this family solve problems? How does it communicate?
- ☐ How are cultural beliefs incorporated into the way this family functions?
- ☐ How does the family maintain its cultural beliefs?
- ☐ What role does religion play in this family? How do these beliefs affect child-rearing responsibilities?
- ☐ What is the attitude or belief about health care?
- ☐ What is the meaning, identity, and involvement of the tribe, race, or nationality?
- ☐ What family rituals, traditions, or behaviors exist?

Source: Berg, I. K., & Kelly, S. (2000). *Building solutions in child protective services*. New York: W. W. Norton & Company.

Culture and the Child Interview

- ☐ What language or languages are spoken at home?
- ☐ What language does the child prefer to speak with siblings and friends?
- ☐ Is the child an immigrant or the child of an immigrant?
- ☐ Who lives at home? Who else stays there?
- ☐ What is the child's religion, and how observant is the child's family in practicing that religion?

Things that Make You Go Hmm?

Social workers are deciding to interview children alone when:

- The child repeatedly looks to their parent or caretaker when asked a question, or after answering a question.
- The child's body language indicates that he/ she is uncomfortable (ie, head bowed down, won't look up, etc.)
- The child is not making eye contact or is looking down when answering questions.
- The child seems to be "piggy backing" off of what a sibling or parent is saying to the social worker.
- The child is feeding off of the parent's negativity during the interview, and is becoming increasingly uncooperative with the interview process.
- The child is hesitant about answering questions (some of these signs are obvious and some are more subtle).
- A child's story (from intake) differs from that of the parents. Sometimes in these situations the children are reluctant to contradict their parent statements and we may ask the parents to interview the children separately.
- A safety concern could be when the parents are upset and you can see that the child is reluctant to speak frankly in front of them. You may then talk with the parent about the need to interview separately.
- Someone seems to be talking for the child, answering questions for them, etc.
- Any information gathered that suggests there to be a safety concern if the child is interviewed in the parent's presence.

One Worker's Approach to Interviewing Children

For building rapport with children, experienced, competent workers like Will Rea of Cortland County Child Protective Services, New York, use a sketch pad and a box of washable markers in order to begin with personal information. Will finds that most children, even those who are taught not to talk to strangers or authority figures, will readily begin to color as he talks to them. He begins by drawing a little caricature of himself, which relaxes the child. Then he draws the child's face, inviting the child to give directions on where and how many eyes to put on the face, what color the hair should be, and other facial features. This not only quickly builds rapport with the child, but also works as an assessment tool to gauge the child's development level and ability to name colors, shapes, numbers, and letters.

Next, he asks the child's help in drawing a rough picture of the outside of a house; then he quickly moves to the interior of the house and asks where the child's family members spend time, sleep, eat, do homework, and so on. Within a matter of minutes, even the very shy child begins to describe his family, who sleeps with whom and in which room, who has moved in with them, who is visiting, how many dogs and cats, etc. Will further describes his work in the following manner, "I often ask the child to tell me whether to put a sad or happy face on the stick figures, and gain information about the emotional state of the child, siblings, and caregivers."

Rather than saying to a child, "My job is to help children and their families," he strives to stay neutral by saying, "I like to listen to what people like and don't like. It's good to hear if someone likes something and if someone feels bad, mad, or sad. It's okay to not tell something you don't want to tell. I know lots of ways to help." He also gives the child lots of control and tells a child to give a stop sign by holding up a hand. "If you want to stop for a while, use the bathroom, or just don't want to tell something, hold up your hand and we will stop for a while. I won't be mad if you do that." It is important to give the child a sense of control over the interview.

Will emphasizes ending the interview with a child with a "three wishes" question: "If you had three wishes, and no one knew you wished them, what would they be?" He hears some amazing wishes from children, not always about themselves, but wishes such as, "I wish my daddy wouldn't hit mommy" and others equally touching regarding their concerns for others.

It is important to end the interview with thanks and praise for talking to the worker, whether the interview was productive or not. Will recommends ending the interview with neutral topics such as favorite television show, activities, pets, food, etc. He further suggests that you ask the child "Is it okay if I tell your mommy you are real smart and have nice manners?" This helps to alleviate the child's anxiety and forestalls such questions as, "Are you going to tell mommy I talked to you?" This kind of debriefing at the end of the interview helps the child make the transition back into his or her usual routines.

Source: Berg, I. K., & Kelly, S. (2000). *Building solutions in child protective services*. New York: W. W. Norton & Company.

Guidelines for Interviewing Children

- If interviewing outside of the home, request the child's presence in a manner that protects his or her feelings and confidentiality.
- Establish credibility and attempt to develop rapport with the child.
- Help the child relax by playing with available toys, sit with the child at his or her eye level, and wait patiently until the child is relatively comfortable.
- Assess the child's understanding of key concepts that will help to establish credibility if the interview proceeds into sensitive areas.
- Reduce vocabulary problems by using the child's language and clarify any areas of confusion.
- Be attuned to the capacities and limitations of a child as the interview progresses.
- Keep the tone neutral; don't express shock, dismay, or anger.
- Express interest, but make no promises.
- Balance positives and negatives. Ask about likes as well as dislikes, what is good as well as not good, what makes them happy as well as unhappy.
- Don't ask questions that demean, criticize, or are disrespectful of the parents (or the child).
- Take a break if the child becomes tired, distracted, or fidgety.
- Take time to debrief at the end of the interview.

Tips for Interviewing Teens

- Relationship questions
- Avoid face-to-face orientation
- Avoid "Why?" questions
- Responding to "I don't know."
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-
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My Spiel for CPS Assessments

Write down the talking points you want to be sure to include in your approach when initiating a CPS Assessment. Think about how you want to offer partnership to the family. **What do you say, and more importantly, how do you say it?** How do you share your power during initiation? How do you explain the CPS process and those things that are specific to each track? The CFT process? Collaboration with Law Enforcement?



Recommendations for Initial CPS Assessment Home Visit

If the report is identified as a family assessment response, the social worker should schedule the first visit by phone when possible. If identified as an investigative response, home or school visits are usually unannounced, and the first contact is often with the child. This purpose of this protocol is to guide you through the initial visit, and you may choose to not conduct your visit in the order listed below.

- Preparation – Review referral; check family’s CPS history; be thinking: “be respectful and open-minded.”
 - In domestic violence cases, make sure to contact your sheriff’s office to obtain a list of 911 calls to the home, and request criminal background checks before going out on a case.
 - In abuse cases and methamphetamine production cases, be sure to coordinate with law enforcement in accordance with policy.
- At the door, clarify who you are and why you are there: To discuss a referral with them. Explain your role: To ensure the safety of children and families. Be personable and humanize yourself. Request permission to come in to discuss the referral.
 - Before knocking on the door, always think to yourself, “I’m about to change this person’s life...”
 - Depending on what is alleged in the report, be prepared to conduct your interview outside if the family does not want you in their home on the first visit. Sometimes, we can give families this space, and sometimes we cannot. Use your professional judgment.
- As you enter, notice and compliment something about the person or home.
 - While driving to the home, look around the neighborhood and find something positive to talk about. “I noticed that you have a swimming pool in your apartment complex. I would love to have one at my house.”
 - “How do you keep your house so clean with 2 little ones running around?”
- Ask, “May I sit down?” or “Where would you like me to sit?” Always remember that you are a guest in their home, no matter what brought you there.
- Explain the CPS process (family assessment or investigative assessment). Go over the intake information while asking for the family’s understanding of the situation. Stay calm and allow the family to vent. Stay “not knowing.” Take your time. Take notes and explain to the family that you want to remember everything they are telling you.
 - Try to avoid the use of professional jargon, like “allegation,” or “report,” especially when conducting a family assessment.

- Respectfully gather information, using the skills from your tool box: Not Knowing Stance, Seek First to Understand, Empathic Listening, Scaling, Exceptions, and looking for the Positive Intent behind behaviors.
- If it becomes clear that there is no evidence to support the allegations made at Intake, and there are no safety concerns, as indicated by answering all “No’s” on the safety assessment, then you will inform the family of the next steps of the CPS process, including contacting collaterals, reviewing records (if necessary), and completing the Structured Decision-Making Forms, that have to take place before a case decision is made.
- When safety factors are identified, take the opportunity to engage the family in a process that allows them to share their views on safety. Gently but clearly level with the family about your concerns for the child(ren)’s safety. State your desire to work cooperatively with them. Assure them you will listen carefully and always keep them informed of your actions.
- Use scaling questions to assess the family’s perceptions:

Scale the family’s sense of the child(ren)’s safety: On a scale from 1 to 10, with 10 being the safest imaginable, and 1 being the least safe imaginable,

- What number are things at right now? (Get details)
- What tells you things are at that number? (Get signs of both safety and risk)
- What would be different if it was 1 or 2 numbers higher?
- What would it take for that to happen?

Scale the family situation and desired future: On a scale from 1 to 10, with 10 the way you want your family to be and 1 being the worst ever,

- What number are things at right now? (Get details)
- What tells you things are at that number?
- What would be different if it was 1 or 2 numbers higher?
- What would it take for that to happen? What else might be helpful?
- What would a 10 look like?
- Has there ever been a time when your family situation was closer to what you want it to be? (look for the exception)
- What would it take for that to happen again? What else might be helpful?

- Listen for who and what are important to the family in this situation. Summarize these back to the family and get details about them. Listen for what the family might want to do about the situation. Affirm and reinforce the family’s strengths, resources, and willingness to partner. Scaling and exception questions are also useful to assess strengths and resources.
- Who else might be helpful?
- Who has helped in the past and what did they do that was so helpful?
- Have you ever faced something like this in the past? What worked?

- The Safety Assessment should document all safety responses and interventions to keep the child safe. A safety assessment must be completed with each family at each initiation.
- Use cooperative language: “**We** would like to work with you and be useful;” “**We** would like to partner with you;” “What can **we** do?” Be mindful of your body language and non-verbal cues.
- Negotiate the next steps, being respectfully clear about what you think CPS will need to see different and possible useful services—ideally related to what the family wants. Regarding services, be sure to explore what difference the family hopes the services might make.
Bottom line: Negotiate what the family is able and willing to do to reduce the concerns and what DSS can do in the process to be most useful.
- It is considered best practice to introduce the Strengths and Needs Assessment and the Risk Assessment during the initial visit, if possible. This is an opportunity for the family to see how the agency’s decisions are made and it demonstrates the principles of partnership.
- If conducting a family assessment, be sure to give the family your agency’s brochure explaining the process.
- Ask if the family has any other questions. Make sure to leave your contact information with the family. “Here is how you can contact me.” Give them a business card and/ or direct phone number. Inform them of after-hours procedures, “If you have an emergency after hours, this is what you do...” You may need to clarify what an emergency is - something related to a family member’s immediate safety and risk of harm. Thank them and leave.

Adapted from: DeJong, P., Berg, I. K. & Kelly, S. Strengths-Based Interviewing Protocols. State of Michigan, Children’s Protective Services, Family Independence Agency.

Summary of the Differences between Risk and Safety

<u>RISK</u> is concerned with...	<u>SAFETY</u> is concerned with...
The likelihood of future maltreatment	Current dangerous family conditions
Maltreatment on a continuum from mild to severe	Severe forms of dangerous family conditions and severe maltreatment only
Family functioning	Those family conditions that meet the safety assessment threshold
General child well-being	Specific threats to a child's safety only
Decision making based on an unlimited time frame (any time in the future)	Decision making based on the present to the immediate near future (next few days)
A judgment about any negative effects from future maltreatment	A judgment about the certainty of severe effects
All family situations and behaviors from onset progressing into seriously troubled	Family situations and behaviors that are currently out-of-control only
Evaluating family situations and behaviors that may need to be treated	Evaluating family situations and behaviors that must be managed and controlled
All aspects of family life relevant to understanding the likelihood of maltreatment	A limited number of safety factors only

Here is a brain teaser for you. See if you can explain it.

"All safety factors are risk factors but not all risk factors are safety factors."

The Forrester Family: Part 1

Susan Forrester: mother, age 29

Jon Forrester: son, age 9

Wendy Forrester: daughter, age 4

The Report

The school nurse called DSS to report that Jon Forrester had come to her office to request Tylenol for a headache. Jon had an obvious severe bruise on his forehead and the beginnings of a black eye. When asked, Jon said his injuries were the result of a fall from his bicycle. Upon further examination, the school nurse discovered fading bruises on his arms and legs. When the nurse told Jon that his injuries weren't consistent with a single fall from his bike, he withdrew completely and refused to talk anymore. The nurse then decided to keep Jon in her office and call DSS. The report was assigned as an investigative assessment to Carol Johnson, who arrived at the school about an hour after the report was made.

Interview with the School Nurse

The school nurse had no additional information. This was the first time she had treated Jon, but she was very concerned with the injury to his head, the bad headache that he complained of, and the many bruises on his body. She said he had no signs of a concussion, but she did think that he should be seen immediately by a doctor.

Interview with Jon

The nurse examined Jon while Carol, the social worker, looked on. Carol could see the severe bruising on Jon's forehead and the developing black eye. Carol could also see many bruises on Jon's arms and legs when the nurse pulled his shirt sleeves and pants legs up. The bruises were in various stages of healing. Carol and the nurse found bruises on Jon's chest and back, as well. Carol asked Jon if he hurt anywhere else, and he said that he didn't. Jon appeared clean, very well nourished, and appropriately dressed for the weather. His clothes were neat and clean. Carol took pictures of the injuries.

Carol asked to speak to Jon privately. At first, Jon sat with his head in his hands and said that he didn't want to talk. He kept saying that he would be in "big trouble" when his mom heard about this. Carol tried to reassure him that he had not done anything wrong. He told her that he fell off his bike yesterday, and that's how he got hurt. When Carol continued to ask him questions about his injuries, Jon began to cry and told her that his mother got mad at him because he didn't want to eat fish for dinner and threw the frying pan. He tried to duck, but the pan hit him on the side of his head. He said repeatedly that his mother didn't mean to hit him and that she told him she was sorry afterwards; she was just mad and wanted him to eat the fish. He said that he should have just eaten it. He told Carol that his little sister, Wendy, was at the table when it happened, and she began to cry. Jon said they were both crying, but his mom only seemed to be worried about Wendy. He said that he really did wreck his bike yesterday, before he went in for dinner, and his mom was upset with him over that too.

He kept repeating that his mom was going to be "so mad" at him. When Carol asked what happened when his mom got mad, Jon said that she hit him with her fists. Sometimes she grabs him by the arms, hits him in the legs and on his back. He said, "She says if she doesn't make me mind, I'll grow up and be just like my daddy."

Carol asked what kinds of things he does with his mom, and he smiled and said that they go to the park, dance in the living room, and that she helps him with his homework.

Jon said that his dad moved away, and he doesn't get to see him anymore, which makes him feel sad. His dad never whipped him. He said that it is his fault that his dad left because he used to make them fight. Carol assured him that he was not to blame, and that sometime adults just decide to be apart.

Jon stated that he had not been to the nurse's office before, but his head was really hurting today, and he just wanted some Tylenol. He kept repeating that his mom was going to be "so mad" and begged the worker not to talk with his mom. Carol tried to explain her role as a social worker whose job it was to help families. Carol was able to calm Jon by explaining that the adults were going to take care of things. She again reassured Jon that he had done the right thing by coming to the school nurse. After consulting with her supervisor by telephone, Carol called the police (as required in her state) to take Jon to the CMEP clinic at the local hospital.

Interview with Jon's teacher

Jon's teacher did express some concern that Jon, who is normally outgoing, seems to be more withdrawn than the other children in the class lately, and he gets frustrated with himself really easily when he can't do something. His feelings seem to get hurt easily by the other children, and he is very eager to please the teacher and his classmates. His mood has changed over the last few months, and she figured it was because his dad recently moved out of state. His grades are very good, his homework is always done, and his mother seems very interested in his doing well in school. He is a very well-behaved child. She has noticed some bruises on his arms before but did not think that anything abusive was going on because she's never noticed any red flags with this family. She just figured they were from playing.

Carol reviewed Jon's emergency contact information and got the name and number of his father, and the number was disconnected.

Interview with Jon's Sister, Wendy

Carol stopped at the daycare on the way to see Jon's mother. She wanted to interview Wendy, Jon's four-year-old sister. Carol wanted to assure Wendy's safety and evaluate her physical condition. Wendy was a friendly, outgoing, very verbal child who was easy to engage in conversation. Wendy showed no signs of physical maltreatment. Carol asked Wendy questions about who lived in their home and about things Wendy liked to do with her mother and brother. Wendy answered appropriately and stated that they sometimes took walks to the park and play board games together. When asked if Wendy ever got in trouble at home, she indicated that she did not, but her brother was a "bad boy" sometimes. When Carol asked what happened when Jon was bad, Wendy said that he "got beat by mama." Wendy also stated, "I don't get beat because I am good." She indicated that she loved her mother and brother. She did state that when Jon was "bad," it made her mom mad and Wendy got very "sad and scared." She said that Jon was "bad a lot."

Carol asked Wendy about what happened at dinner last night, and Wendy told Carol that Jon was being bad again, so mommy threw a frying pan and hit him in the head, so he would eat. She's never seen mom throw something at him before and stated, "she usually just hits him." She doesn't like it when her mommy hits Jon because it makes her feel scared sometimes. Everything would be fine if Jon would just be a "better boy."

Interview with the Daycare worker:

The daycare worker stated that Wendy was always well dressed, clean, and happy. The mother picks Wendy up and drops her off on time, and is always asking about how her day was and asks questions about what

Wendy is learning. Last week, the worker did observe Wendy scolding a baby doll during play time. She told the baby it was “bad,” hit the doll, and threw it into a corner. This was the first time she had seen Wendy do something like this, and they talked to Mrs. Forrester about it. She seemed embarrassed and promised to talk to Wendy about it. Other than that, there have been no concerns.

Home Environment:

The Forrester home was very neat and clean. No environmental hazards were noted. Food was more than adequate, and Mrs. Forrester seemed to be very knowledgeable about child nutrition. Mrs. Forrester does not smoke and says she does not drink or use drugs since her teenage years. Finances are tight but adequate. Mrs. Forrester receives child support payments from her ex-husband and is on a scholarship to the local community college. She currently receives Daycare, food assistance, and Medicaid.

There was no record of any past maltreatment of either child. There was no evidence of sexual abuse of either child. Mrs. Forrester does not have a criminal record as an adult. There is no record of Mr. or Mrs. Forrester as a victim child.

Mrs. Forrester currently has no transportation because her car was recently repossessed, so she relies on public transportation.

Mr. Forrester resides in another state and Mrs. Forrester refuses to provide his contact number to Carol at this time.

Goal-Setting Questions for Collaterals

- The situation sounds serious. What do you think should happen? How would that solve this problem?
- In your opinion, what would it take to make the child(ren) safer?
- What do you imagine us doing to make the child(ren) safer?
- Do you think any other agency might be able to help with situation?
- What do you think this family should do? What are they capable of doing?
- I hear you saying that things aren't right with this family. To give me a different view of the situation, can you tell me how you will know that this problem is solved?
- If this problem is solved, what difference will that make to you? How will your life be different?
- Are the parents concerned about these problems? How do you think the parents would go about resolving this?
- What do the children say that they want, or what do you think that they want?

Scaling with Collaterals

As you can do with families, use scaling during collateral contacts to assess safety, family situation, and determine next steps:

- On a scale from 1 to 10, where 1 means you are certain the child is not safe and we should act immediately and 10 means the problems are resolved, where would you rate the seriousness of this case/situation?
- What exactly makes it a _____?
- What would you need to see to believe the situation had improved just enough to increase your rating 1 point?
- You told me that the house was filthy. On a scale of from 1 to 10, with 1 meaning that the house should be condemned by the health department and a 10 means that you could "eat of the floor," what number would you say the house is at right now?

Eliciting Exceptions and Strengths from Collaterals

- It sounds like this has happened before. What have you seen the family do to sort this out?
- Is it always like this? Can you tell me what is happening when the situation is OK? What is different about those times?
- Are there times when the mother is attentive rather than neglectful? Can you tell me more about those times? What did the parent (child) do instead? What do you think contributed to the parent (child) responding differently?
- You said that the child always seems miserable and withdrawn. Are there any times when you have seen her come out of her shell?
- How do family members usually solve this problem? What have you seen them doing?
- Are there times when they call on other people to help them with problems? When do they do that? Who do they call on?
- Can you relate anything good about this family (these parents, children)?
- What do you see as positive about the relationship between these parents and their children?
- Are there aspects of your relationship with the family that might help to influence them for the better?

Source: Turnell, A. & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection casework*. New York: W. W. Norton & Co.

What's Better? Questions

- ☐ So, tell me, what's better since I saw you last?
- ☐ Scale the progress: "If we were at a____when we last met, what number would you say you are at today? How did you get that to happen?"

If the client reports that things are better:

- ☐ Pursue the better times as exceptions/successes and find out how the client made it better.
 - ☐ How did you do that?
 - ☐ What did you tell yourself that helped you to do that?
 - ☐ What will you have to continue to do to get that to happen more often?

If the client reports that things are the same:

- ☐ Ask about times when they were just a little bit better.
- ☐ Also:
 - ☐ Are we working on the right issue?
 - ☐ Is there anyone else involved that we need to bring "on board?"

If the client reports that things are worse:

- ☐ Acknowledge the disappointment and frustration and ask how they will recognize when things are beginning to get a little bit better (what are the specific changes that will tell them things are better.)
- ☐ Also:
 - ☐ What keeps you going with this situation?
 - ☐ How come you haven't thrown in the towel yet?
 - ☐ What do you suppose is the smallest thing you could do that might make a slight difference?

Source: Berg, I. K., & Kelly, S. (2000). Building solutions in child protective services. New York: W. W. Norton & Company.

Scaling Willingness, Capacity, & Confidence

Willingness

- On a scale of 1 to 10, where 10 means you are willing to do anything to resolve this issue and 1 means you're not willing to do anything, where would you place yourself on the scale?
- If I (the worker) were to ask you to do ____, on a scale of 1 to 10, how willing would you be?
- You talked earlier about the possibility of doing _____. On a scale of 1 to 10, how willing are you to try that?
- What, if anything, would increase your willingness to do something about these problems?

Capacity to Take Action

- On a scale of 1 to 10, how would you rate your ability to do something about these issues? What aspects of these issues do you feel most able to tackle?
- On a scale of 1 to 10, how would you rate your ability to implement the plans we have talked about?
- What parts of these plans would you feel most able to try?
- What or who could help you do these things?
- How much control or influence do you think you have over this situation?
- I can see that you really want things to change, and you're willing to do almost anything to make that happen. To what extent do you think you can do something that will make a difference?

Confidence

- On a scale of 1 to 10, where 10 means that you are certain things will improve in your family and 1 indicates you think things will never get better, how would you rate things? What gives you that level of confidence?
- On a scale of 1 to 10, how confident are you that you (your family) can do things to resolve this issue? What would increase your confidence?
- Thinking specifically about doing ____. On a scale of 1 to 10 how confident are you that this would improve things?

Source: Turnell, A. & Edwards, S. (1999). *Signs of safety: A solution and safety oriented approach to child protection casework*. New York: W. W. Norton & Co.

Offering Suggestions and Advice

Don't be too eager to offer advice. Wait for an invitation, then play "hard to get."

- "I'll be happy to give you some ideas, but I don't want to get in the way of your own creative thinking, and *you're* the expert on you."
- "I'm not sure you really need my advice. Maybe you have some ideas of your own about what to do."
- Of course, I can tell you what I think, if you really want to know. But I don't want you to feel like I'm telling you what you have to do.

Qualify any suggestions that you make. Let the client be the expert.

- "I don't know if this would work for you or not, but I can give you an idea of what has worked for some other people in your situation."
- "This may or may not make sense to you, but it's one possibility. You'll have to judge whether it applies to you."
- "I can give you an idea, but I think you'd have to try it out to see if it would work for you."
- "All I can give you, of course, is my own opinion. You're really the one who has to find what works for you."
- "Some people have...[make suggestion]. I wonder whether that would work for you?"

Offer a cluster of options. Allow choice and control.

- "Well, there really isn't any one way that works for everybody. I can tell you about approaches that other people have used successfully, and you can see which of those might fit you best."
- "Let me describe a number of possibilities and you tell me which of these makes the most sense for you."

Recommendations for CPS Follow-up Contacts

This protocol is appropriate for use during all subsequent follow-up contacts for both family assessments and investigative assessments. (Note: Remember that the Strengths and Needs Assessment and the Risk Assessment need to be completed with the family. Ideally, they would have been introduced to the family during the first visit.)

- As you enter, build on your already established rapport with the family. Prior to the visit (perhaps in the car on the way), think about your last contact and make connections to the conversations you had last time. Give a compliment about the parent, children, or home.
- Ask “What’s Better?” questions to assess the current family situation and progress the family has achieved since last contact.
- Scale progress on the objectives and activities of the Safety Assessment and/ or the Service Agreement. (10=goal accomplished, 0=no progress)
 - What number are things at right now on _____ (goal or action step)?
 - What tells you things are at that number? What exactly did you do? (Get details of the progress)
 - How has that been helpful ... to you ... to your children?
 - Who else is noticing things are better? What are they noticing?
- If a family member gives unrealistically high scaling scores, try relationship questions:
 - What number would ... your mother, kids, husband, landlord, my supervisor...give?
 - What would they say makes it a ____?
 - What would they need to see to rate it one number higher?
- Reinforce progress:
 - Has it been difficult to do?
 - Did it surprise you that you were able to do it? How were you able to do it?
 - What would the children say they notice different now? What do they like about the change?
 - Does this progress make any difference in the children’s safety? Would they agree?
 - What will it take to keep this progress going?
- Work on the next step:
 - Suppose things were one or two numbers higher on _____, what would be different?
 - What would you notice? What would the children notice?
 - How would these differences be helpful?
 - Could they happen? What will it take ...from you? ... from DSS?

- When there is little or no progress, Ask:
 - Who knows you well? What would they say it will take to make things better? (Get details!)
 - What could I do differently to be useful to you in this situation?
 - What would your friend ... your children, ... your mother, ... etc suggest you do?
 - Do you think that might make a difference? How so?
 - Suppose you decide not to do what is on the plan, what do you think will happen?
 - Would it be helpful, knowing the system the way I do, to tell you what I think will happen?
 - Would it be useful if I told you some more about the services that I think might be useful?
- If there is no progress or family member(s) seem unmotivated, resistant, confused, or is minimizing your safety concerns, scale willingness, capacity, and confidence to try to identify obstacles to progress.
- Whenever a family member comes up with an idea, build on it by asking:
 - How might that be helpful?
 - Suppose that were to happen, what would be different for you .. between you and your children, ... between you and DSS, ... between you and the court?
 - Could that happen? What would it take ... from you, ... from DSS?
 - Who else might be helpful to you in making this happen?
 - When was the last time you did something like that? (Get details about exceptions)
 - Are you the sort of person who can make things happen when you decide to?
 - What would it take to make the decision to do __? Who or what might help in making the decision?
 - Who knows you well? What would they say it will take to make things better? (Get details!)
- If the above questions do not help the family to come up with any ideas, “carefully” offer suggestions. If necessary, respectfully inform the family of the likely consequences of insufficient progress. Unless there are imminent safety issues, do not push too hard. Perhaps ask one last time:
 - What can I, you, or anyone else do differently to be useful? How might that be helpful?
- Compliment the family on strengths and progress. Thank the family for their time. Always try to finish on a positive, encouraging note!

Adapted from: DeJong, P., Berg, I. K. & Kelly, S. Strengths-Based Interviewing Protocols. State of Michigan, Children’s Protective Services, Family Independence Agency.

"Doing Services"

What about those types of services -- parenting skills, etc. -- that child welfare agencies can provide to families?

The toolbox that the child protective service system has is pretty limited. Parenting classes being one of them, homemaking services, advocacy. You give a little boy a hammer, the whole world becomes a nail. Every problem, no matter how diverse or different, gets the same one-size-fits-all solution: Sixteen weeks intensive family preservation services, parenting classes, home visits, insight therapy, referral to drug treatment. It's a pretty standard package and it's given whether you're fighting with the worker and completely resisting the label that you've done anything wrong, or whether you say, "You're absolutely right. I did this."... Both clients get the same services. Now, which one do you think the service might work for? ...

Can those types of services work when they're offered coercively? When they're required in order to keep your kids?

Well, change is difficult to accomplish for any behavior. We could take any behavior off the rack - our weight, our height, our exercise, our diet. You don't just wake up one morning and change. ... Secondly, you don't bring about change by layering on more and more and more and more. One of the least disseminated findings from evaluation research in the area of child welfare services is the more services you provide, the less likely they are to be effective. ... At a certain point, you so paralyze the family with [all of these services that] they're not capable of having any of those things be meaningful. ...

The second issue is when the change is not forthcoming, the worker immediately goes to the hammer and says, "Now, keep in mind that if you don't do what I want you to do, I'm taking your children away."... The best you can hope for in that circumstance is ... compliance. "OK, I'll jump through your hoops for you, I'll go to your damn parenting class, I'll sit there for 16 weeks." But it's not going to change anybody. Compliance isn't change. Lots of families have become very good at complying with the wishes of welfare like agencies. But that doesn't mean they've changed....

(Excerpt from interview with Richard Gelles, Dean of the University of Pennsylvania's School of Social Work, who helped draft the Adoption and Safe Families Act of 1997.)

Source: *Frontline: Failure to Protect*, www.pbs.org/wgbh/pages/frontline/shows/fostercare/, child welfare policy.

How to Help Families with Ongoing Services

- Focus on the most interested persons in the family, then give them some resources.
- Make the appointment for the family.
- Take the family to the first appointment.
- Allow the person to use your phone so that the appointment can be made right then.
- Call after the appointment to see how it went.
- Take other service provider out to the home for first visit.
- Make an expectation or take a clear stand that ongoing services are really necessary to maintain the progress that has been made.
- Make referrals to people that you know so that you are able to negotiate small deviations from the standard procedure.
- Talk up the person you refer to. "This is one of the best in town." Make sure this is true. Don't make referrals unless you are reasonably sure they will be helpful.
- Find out what expectations or experiences they have had in the past. Then clarify what the experience can be like.

Note:

"Any services recommended, referred or provided during the assessment should be documented along with the response of the family. Any recommendations made to the family should be explained thoroughly in a face to face contact, and the family should be given the option to accept or reject service recommendations. This face to face explanation may take place during the assessment. However, in the rare instance that service recommendations are made at the time of case decision and have not been previously explained to the family, a visit within 7 days of the case decision must occur to thoroughly explain the new recommended service. The family still has the option to accept this new service. It is also recommended that the referral information be included in the written notification to the family."

List examples of formal and informal resources that you have used, or you plan on using with families:

FORMAL

INFORMAL

The Forrester Family: Part 3

Interview with Pam Smith, maternal aunt

Mrs. Forrester's sister, Pam Smith, was assessed and determined to be a safe placement for Jon. Mrs. Smith stated that she had been concerned about Jon for a long time, but whenever she tried to talk with her sister, Susan told her to mind her own business. Mrs. Smith said that she had noticed bruises on Jon before, but Susan always explained them as childhood accidents. None of the injuries were severe. She had never seen any bruises on Wendy. Mrs. Smith said that Jon often appeared afraid of his mother and that Susan was always yelling at him about something and calling him "stupid" so much that he began to answer to the name. Mrs. Smith said that she would like to see her niece and nephew more often, but Susan refused to bring them over except on rare occasions. She sometimes saw the children on Sundays or holidays when the sisters both visited their mother.

Mrs. Smith stated that Susan and their mother had always been at odds. Susan was "always" acting out as a child and got into trouble all the time at school and home. Mrs. Smith said that their mother was strict with them but she was really tough on Susan, because she was always causing problems. She did not feel that either she or Susan were abused or neglected, although they did receive many spankings. Mrs. Smith said that her sister always had a hot temper, even as a child, and got into a lot of fights at school. Mrs. Smith related that as a teen, Susan spent time in a detention center. After she got out, she moved out on her own with friends and they had little to do with each other ever since. Mrs. Smith stated that she would like to develop a better relationship with Susan and would help her any way she could.

Regarding the father of the children, Mrs. Smith stated that he was good to the kids when he was around. She can't blame him for moving away because he got a really good job offer. He and Susan were never a good fit. She wanted to settle down and didn't understand his need to go out and party all the time. They argued a lot, and she feels that Susan ran him away with her bad attitude.

Mrs. Smith provided Carol with the father's current contact information.

Interview with Mary James, maternal grandmother

Mrs. Forrester's mother, Mary James, stated that she was not surprised Susan was in trouble again. Mrs. James says that she has "never" had a close relationship with Susan. Mrs. James does visit with Susan's sister sometimes, although she states that she "has her own life to lead." Mrs. James described Susan as stubborn and headstrong with a bad temper. Mrs. James states that she has never seen bruises or marks on either child, but said that Susan clearly favors Wendy over Jon. She remarked that Susan treats Wendy "like a princess," while she yells at Jon and calls him names. Mrs. James told Susan that it served her right to have a child just as badly behaved as she was when she was little. The only thing that worked on Susan was whipping, and she believed the same was true for Jon. She said that these days, the DSS would have probably considered her whippings abuse. She went on to say that kids needed discipline, and that there wasn't anything wrong with kids getting some bruises "to straighten them up." Mrs. James

stated that she would do what she could for Susan, but the way she looked at it, “I raised my children and I am not going to raise someone else’s problems. Susan is going to have to solve her own problems.”

Interview with Bill Forrester, Father of Jon and Wendy

Mr. Forrester moved to another state 5 months ago to pursue a job opportunity. He has been divorced from Mrs. Forrester for 1 year and separated for 2 years. Prior to him moving, he visited with the children on the weekends, but he has not seen them since he moved. He stated that he and Susan do not get along, and he does not like having to deal with her. He and Susan fought all the time about everything while they were together, mostly over money, parenting, and she hated it when he drank alcohol. Susan has a bad temper, and he said he would not be surprised if she did hurt Jon. Although he has never known her to leave marks or bruises, he stated that she believes in spanking, and sometimes took out her anger on Jon when they fought. He doesn’t think that Jon needs to be spanked because he is a really good kid, and this difference in their parenting sometimes led to their arguments. He has never seen her spank Wendy. Regarding his drinking, he said he does not have a problem, but since Susan doesn’t drink, she didn’t want him to either, and they often argued over it. The fights never turned physical, but the kids would cry when they argued, and that is another reason why he decided to leave.

He has been paying child support for the last 1 ½ years. He misses his kids, and he can tell they miss him too when they talk on the phone. He is not in a position to care for 2 children, as he lives in a studio apartment and works odd, long hours. He is not sure how he can be more involved due to his work hours and the distance, but was adamant that he did not want his kids in the foster care system. He is not an immediate placement resource, but wants to be kept updated on the case situation. He provided contact information for his parents, who live an hour from where Susan lives. He used to take the kids to their house sometimes, but Susan hasn’t taken the kids to see her since he left.

Mr. Forrester does not have a criminal record in either state.

"Switching" Assessment Responses

Switching from Family Assessment to Investigative Assessment may be considered when:

- If, when the social worker makes contact, it becomes evident that the case would have been taken as an Investigative Assessment had all of the facts been known at intake. For example: the case was accepted for neglect, but upon arrival you find evidence of sexual or physical abuse.
- The family is being non-cooperative in that they are refusing access to the child and/or are refusing to provide for a child's safety, either directly or through their actions.
- A perpetrator of domestic violence refuses to stop abusive behavior, either directly or through actions that escalate in frequency, severity, and suggest a heightened risk of lethality.
- Anytime that law enforcement is repeatedly involved due to safety concerns.
- When a petition is filed (DSS Administrative Letter, FSCWS-01-07, Expunction Policy Clarification).

Switching from Investigative Assessment to Family Assessment may be considered when:

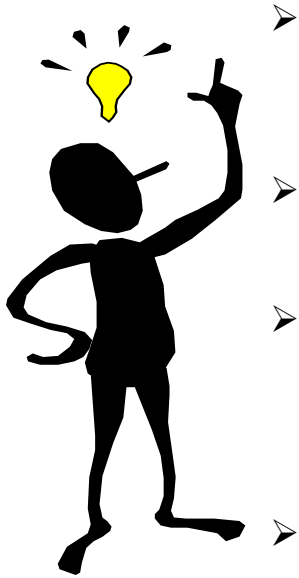
- When the allegations are more severe than what is actually found, and the family could benefit from front-loaded services.
- If, at the time of initiation, it is found that the allegations reported are clearly untrue, however, there are still neglect and other issues present that warrant family assessment. (For example: Social Worker determines that sexual abuse allegations are false, however, there are inappropriate discipline issues that need to be addressed.)
- There are no safety issues that warrant the case remaining as an Investigative Assessment and switching tracks would make the family feel better about the process and partnering with DSS. In this case they will be more likely to keep their children safe, which is the mutual goal. (For example: Case comes in as physical abuse, there are no current safety issues, the parents are willing to make behavioral changes, and the parents would respond better if the case was changed to the family assessment response).
- ▶ Any change in circumstances suggesting the family assessment response is appropriate and ensures a child's safety, permanence and well-being.

Important tips to remember about switching tracks:

- You can not switch tracks at the case decision. There still must be some assessment activities that need to be completed.
- The family must be notified of the agency's intention to switch tracks and must be provided an explanation as to why switching best meets safety needs.

Source: North Carolina Division of Social Services; Child Welfare Policy Manual: CPS Assessments.

Questions to Consider in Decision-Making



- Am I examining all the evidence and avoiding the inclination to accept confirming evidence without question?
 - Am I weighing all the pros and cons of the assessment data?
 - Am I being honest about my bias and my motives in this finding? Am I really gathering all the information to help make a fair decision that is in the best interest of the child and/or family or am I confirming what I already believe?
 - Am I finding support for my decision from co-workers who hold to my beliefs and biases?
-
- Am I considering all the possible alternatives in the evidence that is presented?
 - Have I sought the maximum available information before making my determinations?
 - Have I carefully weighed all information and avoided making intuitive conclusions?
 - Can I honestly say that my findings, recommendations and determinations in this case are based on the maximum degree of my judgment and sound reasoning?

Source: Reed Holder, M. Div. Director of Government and Customer Relations. ACTION for Child Protection, Inc.

Family Assessment Case Decision Choices

Services Not Recommended

Nothing found, nothing needed

Services Provided, No Longer Needed

At some point during the assessment, safety and risk concerns were high enough to require a finding of “services needed” or “substantiate,” but services were provided during the assessment that reduced the risk and safety concerns.

Services Recommended

At no time in the assessment were the safety and risk concerns high enough to require a finding of “services needed” or “substantiate.”

Well-Being needs have been identified, but not safety and risk concerns

Compliance with services does not need to be monitored.

The agency can “walk away” from the family.

Services Needed

Safety and risk issues are so great that services must be provided to prevent the removal from the home. Without effective services, the child is at risk for foster care placement.

The agency can not “walk away” from the family because the child would not be safe if the family ever became non-compliant with the services.

***Note: “All services that are provided or referred for the family, as the result of the CPS assessment are required to be documented on the DSS-5104.*”**

Preparing for Permanency Planning/Child Placement

Prepare parents for a child's placement by explaining:

- ☐ the reason for the removal
- ☐ appropriate details about the placement
- ☐ what to expect from the placement provider and social worker
- ☐ how to reach the social worker or agency
- ☐ when the next contact with the child will occur
- ☐ the legal process
- ☐ Shared Parenting

Prepare a child for placement by explaining:

- ☐ the reason for the removal
- ☐ appropriate details about the placement
- ☐ what to expect from the placement provider and social worker
- ☐ how to reach the social worker or agency
- ☐ when the next contact with his parents will occur
- ☐ when the next contact with his siblings will occur

How to Make It Family-Centered

- **Behavioral descriptions vs. one word:** Provide video descriptions and possible "normal" explanations.

"When Joe's father says no, Joe sometimes asks his mother"

Vs.

"Joe is manipulative."

- **Sometimes true vs. always true:** Change "Truths" to partials and perceptions; avoid globalizations such as "never" and "always."

"Joe's parents say he is sometimes disrespectful."

Vs.

"Joe is disrespectful."

- **Normal vs. pathological:** Use family language instead of medical jargon.

"Mary says that she at times feels `down and out.'"

Vs.

"Mary is depressed."

- **Goal vs. problem:** Change problem statements into goal statements.

"Family members say that they would like to get along better."

Vs.

"The family's interactions are characterized by conflict."

- **Logical vs. bad/disabled:** Give a possible logical explanation instead of explanations that identify disability or harmful intent.

"Joe states that he feels safe in his room."

Vs.

"Joe hides out in his room."

- **Future vs. past:** Use time qualifiers such as "yet" and "when" to indicate that the past does not dictate the future.

"The family hasn't discovered the best way to handle this issue yet."

Vs.

"The family has been experiencing this problem for years."

- **Tentative vs. certain:** Express your ideas as possibilities or "wonderings," and avoid "should" or "needs to."

"It seems that firm limits might make Joe's life more predictable and help him control his disappointment."

Vs.

"Joe's parents need to set firm limits."

Adapted from: Jacqueline Sparks, "In Their Own Write," Presentation at: National Association for Family-Based Services Conference, December 8, 1994.

Skills Practice: Make It Family-Centered

Instructions: Change the examples of typical language into family-centered examples.

Typical Language	Family-Centered Language
1) <u>one word</u> <i>The house is filthy.</i>	1) <u>behavioral descriptions</u>
2) <u>always true</u> <i>The children's behavior is out of control.</i>	2) <u>sometimes true</u>
3) <u>pathological</u> <i>John and his mother are enmeshed.</i>	3) <u>normal</u>
4) <u>problem</u> <i>Mrs. Smith cannot manage her children's behavior.</i>	4) <u>goal</u>
5) <u>bad/disabled</u> <i>John isolates himself from his family.</i>	5) <u>logical</u>
6) <u>past</u> <i>Mr. Jones has a long history of alcoholism.</i>	6) <u>future</u>
7) <u>certain</u> <i>The parents need to take parenting classes.</i>	7) <u>tentative</u>

APPENDIX

Transfer of Learning Tool (TOL)

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

Tool goals:

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

Course Title: **CPS ASSESSMENTS**

Training Dates: _____

Competencies

- ☐ Knows how to document safety, risk, and the family's strengths and needs accurately, and understands the connection between safety, risk, and family's strengths and needs and setting case goals.
- ☐ Knows how to use assessment data to plan and provide relevant services to promote permanency, safety and well-being for children.
- ☐ Can determine when to substantiate or unsubstantiate abuse, neglect or dependency and determine when a family should have services recommended or be found in need of services.
- ☐ Knows strategies to engage family members into constructive and collaborative casework relationships that empower families and promote joint case assessment, planning and service provision to assure protection of children.
- ☐ Understands how to write concise, summarized, timely case documentation and the importance of maintaining documentation in the family case record.
- ☐ Can apply the relevant federal, state and local laws, policies, procedures and best practice standards related to their area of practice, and understands how these support practice towards the goals of permanence, safety, and well-being for children.
- ☐ Knows the values and characteristics of family-centered practice and can apply those in child welfare practice.
- ☐ Understands the potential effects of cultural differences on the development of a relationship, and knows strategies to establish relationships with people from cultural backgrounds different from one's own.
- ☐ Can select appropriate techniques and conduct effective social work interviews.
- ☐ Understands the potentially serious, traumatic outcomes of separation, placement changes and inconsistent living arrangements for children and their families.

Part A: Training Preparation *Complete before training*

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

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

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

A3. List specific questions the social worker would like answered about the topic:

A4. List current opportunities the social worker might want to apply learning during and after this training:

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

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

Supervisor's initials: _____ Date: _____

Worker's initials: _____ Date: _____

Part B: During the Training

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

Day One Reflections

1. What about today's activities and material did you find most helpful?
2. What about today's activities and material did you find most challenging?
3. What are your top three "takeaways" for today?

Day Two Reflections

1. What about today's activities and material did you find most helpful?
2. What about today's activities and material did you find most challenging?
3. What are your top three "takeaways" for today?

Day Three Reflections

1. What about today's activities and material did you find most helpful?
2. What about today's activities and material did you find most challenging?
3. What are your top three "takeaways" for today?

Day Four Reflections

1. What about today's activities and material did you find most helpful?
2. What about today's activities and material did you find most challenging?
3. What are your top three "takeaways" for today?

Summary of Reflections

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

1. Consider the Transfer of Learning plan you negotiated with your supervisor and your reflections during the training, identify a few action items you want to discuss with your supervisor in your post training follow up meeting.
2. What are the merits of the action items you selected? How will they strengthen your practice, benefit the agency and/or enhance the safety and well-being of children?
3. What resources or supports will you request?
4. What barriers or pitfalls do you anticipate? How can you address these? What supports do you need?

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

Date of debrief meeting with supervisor: _____

C1. What are the top three things you learned from the training?

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

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

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

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

Subject: Urine Drug Screening in Children's Services

Date: December 09, 2003

This administrative letter provides county departments of social services with procedures for obtaining urine drug screening in child protective services. The Division of Social Services requested an advisory opinion from the NC Office of the Attorney General on whether asking a parent or caretaker to submit to a urine drug screen in a child protective services assessment violated the constitutional prohibition against unreasonable searches and seizures.

The Attorney General's opinion, which is attached to this letter, provides that asking a parent or caretaker to submit to a urine drug screen using any type of duress or coercion does violate the constitutional prohibition against unreasonable searches and seizures. However, the opinion also states, "...a social worker conducting a CPS assessment can legally ask a parent or caretaker suspected of substance abuse to consent to a urine drug screen. Please note that when the State attempts to justify a search on the basis of consent, the State must demonstrate that the consent was in fact voluntarily given, and not the result of duress or coercion, express or implied. Thus, it is essential that when a social worker asks a parent or caretaker to submit to a urine drug screen during a CPS assessment, the social worker must express no punitive or negative consequences for a parent or caretaker's refusal in order for that individual's consent to be deemed truly voluntary."

The opinion goes on to state, "Statements a social worker should avoid include, 'If you don't agree to testing, I'll have no choice but to remove your children', or 'you'll have to send your children to live with a relative', or 'you'll have to leave the home', or 'I'll limit your visitation with your children', or 'I'll treat your refusal as a positive test result', etc."

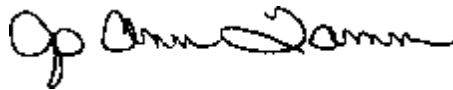
Finally, our child welfare attorneys have also provided us subsequent guidance regarding specific procedures for testing that is also attached to this letter. In that guidance, we are advised that, "...participation by social workers in the testing and collection process unnecessarily exposes the State, county, and individual social workers involved to potential liability for a constitutional deprivation suit especially if a false positive result is a contributing factor in the removal of children from the home. Also, there are 'chain of custody' problems, i.e., in order for the test result to have legal value, there must be a showing that the urine sample taken was indeed the one that tested positive. Therefore, we strongly recommend that any parent or caretaker, whose suspected drug abuse is a contributing factor in the case and who voluntarily consents to a urine screen

during a CPS assessment, be referred to a certified laboratory for the testing and collection of any urine sample. And further, "...the accuracy and reliability of the results of home testing kits used punitively by social workers conducting CPS assessments to screen parents or caretakers for suspected substance abuse would not withstand judicial scrutiny."

Based on these opinions, it is the Division of Social Services' policy that, in order for a county department of social services' social worker to request that a parent or caretaker submit to a urine drug screen in a child protective services assessment, there must (1) be a reason to suspect that substance abuse is an issue, and (2) the consent of the parent or caretaker must be voluntary and the social worker must not indicate any adverse consequences to the parent or caretaker if there is a refusal to submit to the urine drug screen, and (3) the parent or caretaker who does voluntarily submit to a urine drug screen must be referred to a certified laboratory for both collection and testing.

If you have questions about this Administrative Letter, you may contact the Family Support and Child Welfare Services Section WF/CPS Team at (919) 733-4622.

Sincerely,

A handwritten signature in black ink, appearing to read "Jo Ann Lamm". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Jo Ann Lamm, Program Administrator
Family Support and Child Welfare Services Section

Attachments*

[Printable Version of Admin Letter](#)

* Attachments are not included with the electronic version of this letter but will be mailed with the hard copy.

NORTH CAROLINA DILIGENT EFFORTS TO IDENTIFY AND/OR LOCATE

Case Number:

1. Diligent efforts are to:

☐ Identify

When working to identify a family or person, efforts will include:

- Review of case history and other system searches
- Questions to family members and collaterals regarding:
 - Who has provided support to your/this family in the past?
 - Who would you/they consider as a relative or kin? When did you last have contact?
 - Describe your/their relationship with this relative or kin.

☐ Locate

When working to locate an identified individual or family, efforts will include:

- Criminal checks, internet, social media and more specific system searches
- Questions to family members and collaterals regarding:
 - When did you last see or have contact with this person?
 - How would you get in touch with this person?

2. Who is the focus of the diligent effort? (Use a separate form for each individual or family unit that is the focus of a diligent effort.)

Enter as much information as is available regarding names or identifying information (date of birth, social security number, address, etc.). If the entire family is the focus, check the box for entire family but provide as much information about the parent(s) or child(ren) in the spaces provided for Parent and Child (or attach 1st two pages of 5010 or equivalent) but do not check the boxes for Parent or Child. For extended family searches, if it is the paternal kin of father, enter other identifying information for the father or known paternal relatives, but do not check the Parent or Father box.

☐ Family

Name:

Other identifying information:

☐ Parent

☐ Father of:

Father's Name:

Other identifying information:

☐ Mother of:

Mother's Name:

Other identifying information:

☐ Child

Name:

Other identifying information:

Name:

Other identifying information:

Name:

Other identifying information:

Name:

Other identifying information:

☐ Extended Family

☐ Paternal kin of:

Relative/Kin's Name:

Other identifying information:

☐ Maternal kin of:

Relative/Kin's Name:

Other identifying information:

3. Diligent efforts tracking

Diligent efforts to locate a parent and/or extended family are required throughout the case. Diligent efforts to locate and contact parents and/or extended family members must occur at least once every month during open ongoing services.

a. Date	b. Time	c. Type of attempt*	d. Describe attempt**	e. Results of attempt***
	am pm	Choose an item.		
	am pm	Choose an item.		
	am pm	Choose an item.		

NORTH CAROLINA DILIGENT EFFORTS TO IDENTIFY AND/OR LOCATE

a. Date	b. Time	c. Type of attempt*	d. Describe attempt**	e. Results of attempt***
	am pm	Choose an item.		
	am pm	Choose an item.		
	am pm	Choose an item.		
	am pm	Choose an item.		
	am pm	Choose an item.		
	am pm	Choose an item.		
	am pm	Choose an item.		
	am pm	Choose an item.		
	am pm	Choose an item.		
	am pm	Choose an item.		
	am pm	Choose an item.		
	am pm	Choose an item.		

*Type of Attempts (c) to identify and/or locate a family or family member (select from drop down box)

- a. Visit to family home
- b. Contact reporter
- c. Interview (face to face or by phone) of family member.
- d. Contact with (face to face or by phone) case collaterals, friends, neighbors, current providers, schools, childcare, landlord.
- e. Review of CPS case history
- f. Review of agency service history and associated addresses (WorkFirst, Child Support, FoodStamps, etc.)
- g. Contact past provider or review past provider history (medical records, utility providers)
- h. Systems search for individual or family past addresses, or other contacts, or relatives (NC ASSIST, Accurant)
- i. Criminal records, local law enforcement records, vital records or civil court history
<http://www1.aoc.state.nc.us/www/calendars/CriminalQuery.html> or <https://www.ncdps.gov/DPS-Services/Crime-Data/Offender-Search>
- j. Internet search
- k. Social media search
- l. Other. Define in column d.

** Indicate in column d. who was contacted, or specific type of search completed, and where and how the contact or search occurred.

***Results could refer to attachments for systems or criminal searches or to case documentation/narrative. Results could identify next steps if the diligent effort was successful.

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The purpose of the safety assessment is to help assess whether a child(ren) is likely to be in immediate danger of serious harm which may require a protective intervention and to determine what safety interventions should be maintained or initiated to provide appropriate protection.

It is important to keep in mind the difference between safety and risk when completing this form. Assessment of safety differs from assessment of risk in that safety assesses the child's present danger and determines the interventions immediately needed to protect the child. In contrast, the family risk assessment looks at the likelihood of future maltreatment.

Which cases: All CPS maltreatment reports assigned for an assessment that involve a parent, guardian, custodian or caretaker. **This does not apply** to reports involving residential facilities such as group homes or DHHS facilities. This tool shall be used when a Child Protective Service report has been made on a non-licensed living arrangement, the non-custodial parent's home, or licensed family foster homes.

The caretaker is the adult (typically one or both parents) living in the household who is responsible for the care of the child(ren). In situations where an adult relative is entrusted with the care of the child and is the alleged perpetrator, the Safety Assessment is conducted in the home where the child resides. Although a CPS report may be made for actions taken by a caretaker, only a person with legal authority has the ability to enter into a Temporary Parental Safety Agreement.

If the allegation involves only one parent, guardian, or custodian, a separate Safety Assessment is not required for the other parent, guardian or custodian's household. If the allegation involves two households, a separate Safety Assessment shall be conducted on both households. An example would be allegations of inappropriate discipline with both parents living in separate households listed as alleged perpetrators.

Who completes: The social worker assigned to complete the assessment. In conflict of interest cases, the county child welfare agency who responds first shall conduct the Safety Assessment and will provide the document to other county child welfare agencies if needed. If a child is found in one county and resides in another, the county where the child is found conducts the Safety Assessment and forwards the Safety Assessment to the county of residence.

When: The Safety Assessment shall be completed and documented:

- At the time of the first face-to-face contact with the family and prior to allowing the child to remain in the household;
- Prior to the removal of a child from the home;
- Prior to the return home in cases where the caretaker temporarily places the child outside the home as a part of a safety agreement;
- At any point a new report is received;
- At any other point that safety issues are revealed. (This may mean completing more than one Safety Assessment if needed). However, if the initial Safety Assessment reveals that the home is safe and no changes occur, one document is sufficient for the whole CPS assessment phase;
- In the event a child is placed with a Temporary Safety Provider, the Initial Safety Provider Assessment needs to be completed prior to placement to determine the child's safety in that placement. A Safety Assessment would not be required on the home of the Temporary Safety Provider in this situation;
- In the event a Temporary Safety Provider moves in the family home to supervise or otherwise restrict parent access, the Initial Safety Provider Assessment needs to be completed prior to approval of the Temporary Safety Provider. A Safety Assessment would not be required on the home of the Temporary Safety Provider in this situation;
- The Safety Assessment should be completed on the home where the child resides. In situations where the parents/caretakers are not living together, the Safety Assessment needs only to be completed for the home where the alleged maltreatment occurred.
- Whenever there is a CPS Assessment case decision recommending closure (findings of "unsubstantiated," "services recommended," or "services not recommended"), there must be a Safety Assessment documenting a finding of "Safe".

Decision: The Safety Assessment is used to guide decision-making in the removal and return of children to families. It also guides decision-making on factors that, if not addressed, threaten immediate harm to children. A safety intervention (Part D, Safety Interventions) is required for all children assessed unsafe on any safety factor (Part B, Current Indicators). For any child with an identified Family Safety Intervention, a Temporary Parental Safety Agreement (Part E, Safety Agreement and Part F, Statements of Understanding and Agreement) must be developed.

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The Safety Assessment has six parts: Factors Influencing Child Vulnerability, Current Indicators of Immediate Safety, Safety Interventions, Safety Decision, and the Temporary Parental Safety Agreement, which has two parts a Safety Agreement and Statements of Understanding and Agreement.

Definitions

Part A: Factors Influencing Child Vulnerability

Child vulnerability must be considered when assessing safety and during decision making regarding the appropriate safety intervention. The safety intervention selected must provide protection for the most vulnerable child in the home.

- **Child is age 0-5.**
Children ages 0-5 are presumed to be vulnerable in protecting themselves. Evaluate whether any child is able to avoid an abusive or neglectful situation; flee; or seek outside protective resources, such as telling a relative, teacher, etc.
- **Child has diagnosed or suspected medical or mental condition, including medically fragile.**
Any child in the household has a diagnosed medical condition or mental disorder that impairs his/her ability to protect him/herself from harm OR an unconfirmed diagnosis where preliminary indicators are present. Examples may include but are not limited to severe asthma, severe depression, untreated diabetes, medically fragile (i.e. requires assistive devices to sustain life, etc.)
- **Child has limited or no readily accessible support network.**
Any child in the household is isolated or less visible within the community; or the child does not have adult family or friends who understand the danger indicators; or the child does not have adult family or friends who are willing to take an active role in keeping the child safe.
- **Child has diminished mental capacity.**
Any child in the household has diminished developmental/cognitive capacity, which impacts the child's ability to communicate verbally or to care for him/herself.
- **Child has diminished physical capacity.**
Any child in the household has a physical condition/disability that impacts his/her ability to protect him/herself from harm (i.e. cannot run away or defend self, cannot get out of the house in an emergency situation if left unattended, cannot care for self, etc.).
- **None apply.**

Part B: Current Indicators of Safety

The list of indicators under Part B are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence or absence of each factor by circling either "yes" or "no."

The Current Indicators of Safety examples should not be considered complete descriptions of all possible circumstances related to the indicators. Other behaviors or conditions may be associated with each listed indicator and may also be indicative of the **possibility of immediate danger of serious harm**. How recently the behavior or condition occurred should also be considered; that is, the situation currently present is likely to occur in the immediate future, or occurred in the recent past. The examples should not be construed as necessarily equating with an "unsafe" decision but rather as "red flag alerts" to the possibility that the child may be unsafe.

1. Caretaker caused and/or allowed serious physical harm to the child or made a plausible threat to cause serious physical harm in the current assessment.

- ☐ Serious injury or abuse to the child other than accidental. The caretaker caused severe injury, including brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, or severe cuts, **and** the child requires treatment, regardless of whether the caretaker sought medical treatment.
- ☐ Caretaker fears he/she will maltreat the child. The caretaker expresses overwhelming fear that he/she poses a plausible threat of harm to the child or has asked someone to take his/her child so the child will be safe. For example, a mother with postpartum depression fears that she will lose control and harm her child. This does not include normal anxieties, such as fear of accidentally dropping a newborn baby.
- ☐ Threat to cause harm or retaliate against the child. The caretaker has made a threat of action that would result in serious harm, or a household member plans to retaliate against the child.
- ☐ Substantial or unreasonable use of physical force. The caretaker has used physical force in a way that bears no resemblance to reasonable discipline. Unreasonable discipline includes discipline

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practices that cause injuries, last for lengthy periods of time, are not age or developmentally appropriate, place the child at serious risk of injury/death, are humiliating or degrading, etc. Use this subcategory for caretaker actions that are likely to result in serious harm but have not yet done so.

- ☐ **Drug-exposed infant/child.** There is evidence that the mother abused alcohol or prescription drugs or used illegal substances during pregnancy, AND this has created imminent danger to the infant. OR There is evidence that an older child has been exposed to substances. Imminent danger includes:
 - ☐ Infant/child tests positive for alcohol or drugs in his/her system;
 - ☐ Infant exhibits withdrawal symptoms; or
 - ☐ Infant displays physical characteristics (i.e. low birth weight, slow reflexes, etc.) of substance abuse by the mother.
- ☐ **Caretaker committed act that placed child at risk of significant/serious pain that could result in impairment or loss of bodily function.**
- **Caretaker intended to hurt child and does not show remorse.** The caretaker's intention in the current incident was to inflict pain/injury on the child and the caretaker does not express remorse for this action.
- ☐ **Death of a child.** This incident resulted in the death of one or more children.

2. Child sexual abuse is suspected to have been committed by:

- ☐ **Parent;**
- ☐ **Other caretaker; OR**
- ☐ **Unknown person AND the parent or other caretaker cannot be ruled out, AND circumstances suggest that the child's safety may be of immediate concern.**

Suspicion of sexual abuse may be based on indicators such as:

- ☐ The child discloses sexual abuse;
- ☐ The child demonstrates sexualized behavior inappropriate for his/her age and developmental level;
- ☐ Medical findings are consistent with sexual abuse;
- ☐ The caretaker or others in the household have been convicted of, investigated for, or accused of sexual misconduct or have had sexual contact with a child and/or;
- ☐ The caretaker or others in the household have forced or encouraged the child to engage in sexual performances or activities, or forced the child to view pornography.

AND

The child's safety may be of immediate concern if:

- ☐ There is no protective caretaker;
- ☐ A caretaker is influencing or coercing the child victim regarding disclosure; and/or
- ☐ Access to a child by a caretaker or other household member reasonably suspected of sexually abusing the child OR a registered sexual offender, especially with known restrictions regarding any child under age 18, exists.

3. Caretaker is aware of the potential harm AND unwilling, OR unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, emotional abuse, sexual abuse, or neglect. (Domestic violence behaviors should be captured under Danger 10.)

- ☐ The caretaker fails to protect child from serious harm or threatened harm, such as physical abuse, emotional abuse, sexual abuse (including child-on-child sexual contact), or neglect by others, including other family members, other household members, or others having regular access to the child.
- ☐ An individual(s) with known violent criminal behavior/history resides in the home AND is posing a threat to the child, and the caretaker allows access to the child.

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4. Caretaker's explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

Assess this item based on the caretaker's statements by the end of the contact. It may be typical for the caretaker to initially minimize, deny, or give an inconsistent explanation but, through discussion, admit to the true cause of the injury.

Mark this danger indicator if the caretaker's statements have not changed (i.e. the caretaker has not admitted or accepted the more likely explanation) by the end of the contact. Examples include but are not limited to the following.

- ☐ Medical evaluation indicates, or medical professionals suspect, the injury is the result of abuse; the caretaker denies this or attributes the injury to accidental causes.
- The caretaker's description of the injury or cause of the injury minimizes the extent and impact of harm to the child.

Additional factors to consider include the child's age, location of injury, child's special needs (cognitive, emotional, or physical) or history of injuries.

5. Caretaker fails to provide supervision to protect child from potentially serious harm.

- ☐ The caretaker does not provide age or developmentally appropriate supervision to ensure the safety and well-being of the child to the extent that the need for care goes unnoticed or unmet (i.e. the caretaker is present but the child can wander outdoors alone, play with dangerous objects, play on an unprotected window ledge, or be exposed to other serious hazards).
- The caretaker makes inadequate and/or inappropriate babysitting or child care arrangements or demonstrates poor planning for the child's care OR the caretaker leaves the child alone (time period varies with age and developmental stage). In general, consider emotional and developmental maturity, length of time, provisions for emergencies (i.e. able to call 911, neighbors able to provide assistance), and any child needs or vulnerabilities.
- ☐ The caretaker is unavailable (i.e. incarceration, hospitalization, abandonment, and whereabouts unknown).

6. Caretaker does not meet the child's immediate needs for food or clothing.

- The child's minimal nutritional needs are not met, resulting in danger to the child's health, such as malnourishment.
- ☐ The child is without clothing appropriate for the weather. Consider the age of the child and whether clothing is the choice of the child or the provision of the parent.

7. Caretaker does not meet the child's immediate needs for medical or critical mental healthcare (suicidal/homicidal).

- The caretaker does not seek treatment for the child's immediate, chronic, and/or dangerous physical medical condition(s) or does not follow prescribed treatment for such conditions.
- ☐ The child has exceptional needs, such as being medically fragile, which the caretaker does not or cannot meet.
- ☐ The child shows significant symptoms of prolonged lack of emotional support and/or socialization with the caretaker, including lack of behavioral control, severe withdrawal, and missed developmental milestones that can be attributed to caretaker behavior.

8. Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.

Based on the child's age and developmental status, the child's physical living conditions are hazardous and immediately threatening, including but not limited to the following:

- ☐ Leaking gas from a stove or heating unit.
- ☐ Substances or objects accessible to the child that may endanger his/her health and/or safety.

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- ☐ Lack of water or utilities (i.e. heat, plumbing, or electricity), and provisions are inappropriate (i.e. using a stove as a heat source).
- ☐ Open/broken/ missing windows in areas accessible to the child and/or unsafe structural issues in the home (i.e., walls falling down, floor missing)
- ☐ Exposed electrical wires.
- ☐ Excessive garbage or rotted or spoiled food that threatens health.
- ☐ Serious illness/significant injury has occurred or is likely to occur due to current living conditions (i.e. lead poisoning, rat bites, etc.)
- ☐ Evidence of human or animal waste throughout the living quarters.
- ☐ Guns/ammunition and other weapons are not safely secured in a locked and are accessible to the child.
- ☐ Methamphetamine production in the home.
- ☐ The family has no shelter for the night or is likely to be without shelter in the near future (i.e., the family is facing imminent eviction from the home and has no alternative arrangements, or the family is without a permanent home and does not know whether they will take shelter in the next few days or weeks).

AND

This lack of shelter is likely to present a threat of serious harm to the child (i.e., the child is likely to be exposed to extreme cold without shelter, the child is likely to sleep in a dangerous setting).

9. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.

The caretaker has abused legal or illegal substances or alcoholic beverages to the extent that the caretaker is unable or likely will be unable to care for the child, has harmed the child, or is likely to harm the child.

10. Domestic violence exists in the household and poses an imminent danger of serious physical and/or emotional harm to the child.

There is evidence of domestic violence in the household, AND the alleged perpetrator's behavior creates a safety concern for the child.

Domestic violence perpetrators, in the context of the child welfare system, are parents and/or caretakers who engage in a pattern of coercive control over one or more intimate partners. This pattern of behavior may continue after the end of a relationship or when the couple no longer lives together. The alleged perpetrator's actions often directly involve, target, and impact any children in the family.

Incidents may be identified by self-report, credible report by a family or other household member, other credible sources, and/or police reports.

Examples that support the existence of domestic violence may include the following:

- ☐ The child was previously injured in a domestic violence incident.
- ☐ The child exhibits severe anxiety (i.e., nightmares, insomnia) related to situations associated with domestic violence.
- ☐ The child cries, cowers, cringes, trembles, or otherwise exhibits fear as a result of domestic violence in the household.
- ☐ The child is at potential risk of physical injury based upon his/her vulnerability and/or proximity to the incident (i.e., caretaker holding child while alleged perpetrator attacks caretaker, incident occurs in a vehicle while a child is in the back seat).
- The child's behavior increases risk of injury (i.e., attempting to intervene during a violent dispute, participating in a violent dispute).
- ☐ Use of guns, knives, or other instruments in a violent, threatening, and/or intimidating manner.
- ☐ Evidence of property damage resulting from domestic violence that could have a harmful impact on the child (i.e., broken glass and child could cut him/herself, broken cell phone and child cannot call for help).

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Do not include violence between any adult household member and a minor child (this would be classified as physical abuse and marked as safety indicator 1 and/or 3 as appropriate).

Do not include situations that do not escalate beyond verbal encounters and are not otherwise characterized by threatening or controlling behaviors.

Reminder: In CPS assessments involving allegations of domestic violence, policy states that a separate Safety Assessment must be completed with the non-offending adult victim and the perpetrator.

11. Caretaker persistently describes the child in predominantly negative terms or acts toward the child in negative ways, AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn.

This threat is related to a persistent pattern of caretaker behaviors. Examples of caretaker actions include the following:

- ☐ The caretaker describes the child in a demeaning or degrading manner (i.e., as evil, stupid, ugly).
- ☐ The caretaker curses at and/or repeatedly puts the child down.
- ☐ The caretaker scapegoats a particular child in the family.
- ☐ The caretaker blames the child for a particular incident or family problems.
- The caretaker places the child in the middle of a custody battle (i.e., parent persistently makes negative comments about other parent or ask the child to report back what goes on at the other parent's home).

12. Caretaker's physical ability, emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.

Caretaker appears to be physically disabled, mentally ill, developmentally delayed, or cognitively impaired, AND as a result, one or more of the following are observed:

- The caretaker's refusal to follow prescribed medications impedes his/her ability to care for the child.
- The caretaker's inability to control his/her emotions impedes his/her ability to care for the child.
- The caretaker's mental health status impedes his/her ability to care for the child.
- The caretaker expects the child to perform or act in ways that are impossible or improbable for the child's age or developmental stage (i.e., babies and young children expected not to cry, or expected to be still for extended periods, be toilet trained, eat neatly, care for younger siblings, or stay alone
 - Not knowing that infants need regular feedings;
 - How to access and obtain basic/emergency medical care;
 - Proper diet; or
 - Adequate supervision.

13. Family currently refuses access to or hides the child and/or seeks to hinder an assessment.

- The child(ren)'s location is unknown to CPS, and the family will not provide the child's current location.
- ☐ The family has removed or threatened to remove the child from whereabouts known to CPS to avoid assessment.
- ☐ The family is threatening to flee or has fled in response to a CPS Assessment.
- ☐ The family is keeping the child(ren) at home and away from friends, school, and other outsiders for extended periods of time for the purpose of avoiding assessment.
- ☐ There is evidence that the caretaker coaches or coerces the child(ren), or allows others to coach or coerce the child(ren), in an effort to hinder the assessment.

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- 14. Current circumstances, combined with information that the caretaker has or may have previously maltreated a child(ren) in his/her care, suggest that the child(ren)'s safety may be of immediate concern based on the severity of the previous maltreatment or the caretaker's response to the previous incident.**

- ☐ There must be both current immediate threats to child safety that do not meet any other safety indicator criteria;

AND

- ☐ There is related previous child maltreatment that was severe and/or represents an unresolved pattern of maltreatment. Previous maltreatment includes any of the following:
- Prior child death, possibly as a result of abuse or neglect.
 - Prior serious injury or abuse or near death of the child(ren), other than accidental. The caretaker caused serious injury, defined as brain damage, skull or bone fracture, subdural hemorrhage or hematoma, dislocations, sprains, internal injuries, poisoning, burns, scalds, severe cuts, or any other physical injury that seriously impaired the health or well-being of the child and required medical treatment, regardless of whether the caretaker sought medical treatment.
 - Failed reunification—The caretaker had reunification efforts terminated in connection with a prior child welfare case.
 - Prior child removal—Removal/placement of a child(ren) by CPS or other responsible agency or concerned party was necessary for the safety of the child(ren).
 - Prior CPS finding—A prior CPS assessment found maltreatment; either “substantiated” or “services needed”.
 - Prior inconclusive CPS assessment—Factors to be considered include seriousness, chronicity, and/or patterns of abuse/neglect allegations.
 - Prior threat of serious harm to a child(ren)—Previous maltreatment that could have caused severe injury; retaliation or threatened retaliation against a child(ren) for previous incidents; or prior domestic violence that resulted in serious harm or threatened harm to a child(ren).
 - Prior service failure—Failure to successfully complete court-ordered services or involuntary services.

- 15. Child is fearful of caretaker, other family members, or people living in or having access to the home.**

- ☐ Child(ren) cries, cowers, cringes, trembles, or exhibits or verbalizes fear in relation to certain individuals.
- ☐ Child(ren) exhibits anxiety, nightmares, or insomnia related to a situation associated with a person in the home.
- ☐ Child(ren) fears unreasonable retribution/retaliation from caretaker, others in the home, or others having access to the child(ren).

- 16. Other (specify).**

Circumstances or conditions pose an immediate threat of serious harm to a child(ren) and are not already described in safety indicators 1-15.

Parent(s) and/or caretaker(s) should be provided the opportunity to initial the bottom of each page in Section B to indicate the county child welfare agency social worker reviewed the indicators on that page.

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If no Indicators of Immediate Safety are marked “Yes”, then complete page 5 of the Safety Assessment, and a Temporary Parental Safety Agreement is not necessary. Pages 6-8 do not need to be completed.

A parent (someone with legal authority) is expected to sign the Safety Assessment as part of initiation. The agency child welfare social worker must sign the Safety Assessment at the time it is completed and the supervisor must sign it by the end of the next business day.

Note: When a Safety Assessment is completed at case closure to indicate no current safety threats for findings of “unsubstantiated,” “services recommended,” or “services not recommended”, a parent’s signature is not required.

If any Indicators of Immediate Safety are marked “Yes”, then a Temporary Parental Safety Agreement is necessary to address the safety threat. Do not complete the bottom of page 5. Complete pages 6, 7, and 8.

PART C: SAFETY INTERVENTIONS

For each factor identified in Section B, consider the resources available in the family and the community that might help to keep the child safe. Check each response necessary to protect the child, taking into consideration the most vulnerable child. **Identification of an appropriate safety intervention to address the safety in partnership with the parent is key to a parent’s understanding of how an intervention may or may not be effective and how the safety decision in Part D is selected. This discussion will provide a transition to the development of the Temporary Parental Safety Agreement, Parts E and F.**

FAMILY SAFETY INTERVENTIONS

- 1. Monitoring and/or use of direct services by county child welfare agency. (DO NOT include the assessment itself as an intervention.)**
Actions taken or planned by the assessment social worker or other CPS staff that specifically address one or more of the safety indicators. Examples include: providing information on obtaining restraining orders; organizing emergency family team meeting; transportation to shelter; providing emergency material aid, such as food; planning return visits to the home to check on progress; or role modeling nonviolent disciplinary methods, child development needs, or parenting practices.
- 2. Use of family, neighbors, or other individuals in the community in the development and implementation of a safety agreement.**
Engaging the family’s natural safety network to mitigate safety concerns. Examples include: engaging a grandparent to assist with child care, agreement by a neighbor to serve as support for a child, commitment by a person to enforce and support the caretaker’s relapse plan, or the caretaker chooses to have another protective adult spend a night or a few days with the family.
- 3. Use community agencies or services.**
Involving a community- or faith-based organization or other agency in activities to address safety indicators (i.e., local food pantry, medical appointments, domestic violence shelters, homeless shelters, emergency utilities, home visiting nurse). This **DOES NOT INCLUDE** long-term therapy or treatment or being put on a waiting list for services.
- 4. The alleged perpetrator will leave or has left the home—either voluntarily or in response to legal action.**
Temporary or permanent removal of the alleged perpetrator. Examples include: incarceration of alleged perpetrator, domestic violence protective order, or the alleged perpetrator agrees to leave.
- 5. A protective caretaker will move or has moved to a safety environment with the child(ren).**
A caretaker not suspected of harming the child has taken or plans to take the child to an alternative location to which the alleged perpetrator will not have access. Examples include: domestic violence shelter, home of a friend or relative, or hotel.
- 6. Use of Temporary Safety Provider**
 - **The child will temporarily reside with a Temporary Safety Provider identified by the family with the social worker monitoring the Temporary Parental Safety Agreement OR**
 - **A Temporary Safety Provider identified by the family with the social worker monitoring the Temporary Parental Safety Agreement will reside in the family home to supervise or otherwise restrict the parent’s access to the child(ren).**
 - **The Temporary Safety Provider MUST be 18 years of age or older.**

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If the children will reside in the home of the Temporary Safety Provider, the social worker must document:

- The address of the temporary residence of the child;
- The person(s) in that household who will be responsible for the child;
- Background checks on all persons in the residence 16 years of age or older and 911 call logs on the provider's address;
- Completion of the Initial Safety Provider Assessment on the relative/nonrelative home prior to placement
- Inclusion of the person responsible for the child in an agreement to contain threats to the child's safety; and
- Specify a timeframe to reassess the Temporary Parental Safety Agreement.

If the Temporary Safety Provider will reside in the family home, the social worker must document:

- The person(s) who will be responsible for the child;
- Background checks on all person(s) who will be responsible;
- Completion of the Initial Safety Provider Assessment on the relative/nonrelative (all appropriate sections)
- Inclusion of the person responsible for the child in a safety plan to control threats to the child's safety; and
- Specify a timeframe to reassess the Temporary Parental Safety Agreement.

CHILD WELFARE SAFETY INTERVENTION

- 1. Removal of any child in the household; interventions 1-6 do not adequately ensure the child(ren)'s safety.**

PART D: SAFETY DECISION

- **Safe.** No safety indicators were identified. This was indicated on the bottom of page 5.

Identify the safety decision by marking the appropriate box. This decision should be based on the assessment of all safety indicators, safety interventions, and any other information known about the case. Check only one response.

- **Safe with a plan.** One or more safety indicators are present; a safety agreement is required. Safety interventions have been initiated to mitigate the danger. A TEMPORARY PARENTAL SAFETY AGREEMENT (Part E & PART F) IS REQUIRED.
 - Safety interventions involving county child welfare agency monitoring, use of county child welfare agency services, community service providers, use of community members or family members, have been identified to support parent to provide safety. TEMPORARY PARENTAL SAFETY AGREEMENT required to describe actions required.
 - The alleged perpetrator left the home. TEMPORARY PARENTAL SAFETY AGREEMENT required to describe actions required to provide safety.
 - Protective parent and child(ren) leave the home. TEMPORARY PARENTAL SAFETY AGREEMENT required to describe actions required to provide safety.
 - A Temporary Safety Provider will be utilized to provide safety. TEMPORARY PARENTAL SAFETY AGREEMENT required to define plan for children with Temporary Safety Provider and those not with Temporary Safety provider. Initial Safety Provider Assessment must be completed and approved.

A Temporary Safety Provider must be identified, assessed and approved for any TEMPORARY PARENTAL SAFETY AGREEMENT that requires restriction of access, supervision, or separation of a child from parental care.

- **Unsafe.** One or more safety indicators are present, and removal of a child(ren) through legal action is the only protecting intervention possible for one or more children. Without this level of intervention, one or more children will likely be in danger of immediate or serious harm. Requiring any of the following interventions to maintain safety indicates an Unsafe Decision.
 - All children were removed with legal action. Temporary Parental Safety Agreement is not needed or appropriate.
 - One or more children were removed with legal action and other children remain in the home. TEMPORARY PARENTAL SAFETY AGREEMENT required for any child(ren) remaining in the home.

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SAFETY ASSESSMENT
INSTRUCTIONS**

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PART E: SAFETY AGREEMENT

Identify the activities/actions to implement safety interventions. These activities should provide specifics on how safety will be implemented and monitored. **Activities identified in the Temporary Parental Safety Agreement should address all Indicators of Immediate Safety identified in Part B.**

1. **What is the specific situation or action that causes the child to be unsafe? What is the safety threat?** For each Indicator of Immediate Safety marked “Yes”, identify the specific situation(s) or action(s) that created the safety threat. The social worker should include safety threats that related to evidence supporting the initial report allegations and any other safety threats discovered. Items identified should relate to the immediate needs in order to keep the children safe, not needs that may be met through a prevention case opening or referral.
2. **What actions need to be taken right now to keep the child safe?** Identify the steps or actions needed to keep the child(ren) safe. This is not a full-blown Family Services Agreement that may address a multitude of needs and services. The actions identified must directly address the safety threat. Action(s) by the parent(s), Temporary Safety Provider, and the county child welfare agency are to be included. This is also the place to note any consequences the agency must take if the parent does not follow through on agreed upon steps.

When a Temporary Safety Provider is identified, an Initial Safety Provider Assessment must be completed and approved before the Temporary Parental Safety Agreement can be put in place. Any action items identified as needed to ensure child safety during completion of the Initial Safety Provider Assessment must be incorporated into this Temporary Parental Safety Agreement.

3. **Who is responsible for ensuring that these actions are taken?** Identify who is responsible for each action listed in 2 above.
4. **Timeframe for completing the actions.** Specify the date or timeframe in which all actions identified in 2 above must be initiated or completed. Be clear about when what specifically must be completed for any identified date or timeframe.
5. **Responsible Party’s initials.** Initials by the parent indicate participation in developing actions to address each safety threat.

Note: The Safety Assessment, and especially the Temporary Parental Safety Agreement, are designed to be reviewed and modified as new information is gathered throughout the comprehensive assessment. The agency and/or the family are encouraged to make changes as needed.

Child Welfare Policy states that the case decision shall be made within 45 days or there shall be documentation to reflect the rationale to extend the CPS Assessment beyond the required timeframes. If/when a CPS Assessment exceeds 45 days, a review of the Temporary Parental Safety Agreement must be completed with the parent(s).

PART F: STATEMENT OF UNDERSTANDING AND AGREEMENT

Part F is important to ensure that all parties participated and understand all of the safety threats identified, the plans to address those safety threats, and their ability to revoke or request a review of the developed safety agreement.

A parent (someone with legal authority) is expected to sign the Safety Assessment and any resulting Temporary Parental Safety Agreement. The agency child welfare social worker must sign the Safety Assessment and the agreement at the time it is developed and the supervisor must sign it by the end of the next business day. If applicable, a guardian, custodian, or caretaker, and/or approved Temporary Safety Provider(s) should sign the agreement. It is important to remember that in the practice of family-centered social work, asking a parent if he or she desires to sign the Safety Assessment and any resulting Temporary Parental Safety Agreement is an appropriate method of documenting the parent’s engagement in the process.

If a parent refuses to sign the Temporary Parental Safety Agreement, the social worker should try to address the parent’s concerns and stress the need for working together to prevent the removal of the child from the home. The parent may verbally agree even if he or she refuses to sign the agreement. The social worker must note on the Temporary Parental Safety Agreement that the parent has agreed to each safety activity if he or she refuses to sign the

**NORTH CAROLINA
SAFETY ASSESSMENT
INSTRUCTIONS**

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agreement. If the parent refuses to sign the agreement **and** verbally refuses to agree to its provisions, the agency must ensure that the child is safe whether the child is in his or her own home or in another type of arrangement.

If the parent is unable to understand the written document because of illiteracy, a language barrier, or any other reason, the social worker must determine if the parent understands every provision in the Temporary Parental Safety Agreement. Only then, the social worker must note on the Temporary Parental Safety Agreement that the parent has agreed to each safety activity. If a parent is unable to understand the agreement **and** verbally refuses to agree to its provisions, the agency must ensure that the child is safe whether the child is in his or her own home or in another type of arrangement.

The county child welfare agency must file a petition under G.S. 7B-302(c) when protective services are refused, regardless of whether the agency requests custody of the child. If the court adjudicates the child abused, neglected, and/or dependent, the court may order any of the dispositions included in G.S. 7B-903, including requiring the agency to supervise the child in the child's own home or place the child in the custody of a parent, relative, private agency, or other suitable person. If the county child welfare agency files a petition without asking for custody, and the situation deteriorates prior to the adjudication, the agency may file a motion for nonsecure custody without filing an additional petition.

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SAFETY ASSESSMENT**

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Case Name: _____

Case #: _____ Date: _____

County Name: _____

Date Report Received: _____

Social Worker Name: _____

Children: _____

Caretakers: _____

Part A. FACTORS INFLUENCING CHILD VULNERABILITY

These are conditions resulting in child's inability to protect self. Mark all that apply to any child.

- | | |
|---|--|
| <input type="checkbox"/> Child is age 0-5. | <input type="checkbox"/> Child has diminished mental capacity. |
| <input type="checkbox"/> Child has diagnosed or suspected medical or mental condition, including medically fragile. | <input type="checkbox"/> Child has diminished physical capacity. |
| <input type="checkbox"/> Child has limited or no readily accessible support network. | <input type="checkbox"/> None apply |

The vulnerability of each child needs to be considered throughout the assessment. Younger children and children with diminished mental or physical capacity or repeated victimization should be considered more vulnerable. Complete this assessment based on the most vulnerable child.

Part B. CURRENT INDICATORS OF SAFETY

The following list is comprised of safety indicators, defined as behaviors or conditions that describe a child being in imminent danger of serious harm. Assess the above household for each of the safety indicators. Mark "yes" for any and all safety indicators present in the family's current situation and mark "no" for any and all of the safety indicators absent from the family's current situation based on the information at the time. Mark all that apply.

1. Yes No Caretaker caused and/or allowed serious physical harm to the child or made a plausible threat to cause serious physical harm in the current assessment as indicated by:

- ☐ Serious injury or abuse to the child other than accidental.
- ☐ Caretaker fears he/she will maltreat the child.
- ☐ Threat to cause harm or retaliate against the child.
- ☐ Substantial or unreasonable use of physical force.
- ☐ Drug-exposed infant/child
- ☐ Caretaker committed act that placed child at risk of significant/serious pain that could result in impairment or loss of bodily function.
- ☐ Caretaker intended to hurt child and does not show remorse.
- ☐ Death of a child.

Comments: _____

2. Yes No Child sexual abuse is suspected to have been committed by:

- ☐ Parent;
- ☐ Other caretaker; OR
- ☐ Unknown person AND the parent or other caretaker cannot be ruled out, AND circumstances suggest that the child's safety may be of immediate concern.

Comments: _____

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SAFETY ASSESSMENT**

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3. Yes No Caretaker is aware of the potential harm AND unwilling, OR unable to protect the child from serious harm or threatened harm by others. This may include physical abuse, emotional abuse, sexual abuse, or neglect. (Domestic violence behaviors should be captured under Indicator 10.)

- ☐ Caretaker fails to protect child from serious harm or threatened harm by other family members, other household members, or other having regular access to the child.
- ☐ An individual(s) with recent, chronic, or severe violent behavior resides in the home or caretaker allows access to the child.

Comments: _____

4. Yes No Caretaker's explanation or lack of explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.

- ☐ Medical exam shows injury is the result of abuse; caretaker offers no explanation, denies, or attributes to an accident.
- ☐ Caretaker's explanation for the observed injury is inconsistent with the type of injury.
- ☐ Caretaker's description of the cause of the injury minimizes the extent of harm to the child.
- ☐ Caretaker's and/or collateral contacts' explanation for the injury has significant discrepancies or contradictions.

Comments: _____

5. Yes No Caretaker fails to provide supervision to protect child from potentially serious harm.

- ☐ Caretaker present but child wanders outdoors alone, plays with dangerous objects, or on window ledges, etc.
- ☐ Caretaker leaves child alone (period of time varies with age and developmental status).
- ☐ Caretaker makes inadequate/inappropriate child care arrangements or plans very poorly for child's care.
- ☐ Caretaker's whereabouts are unknown.

Comments: _____

6. Yes No Caretaker does not meet the child's immediate needs for food or clothing.

- ☐ No food provided or available to the child, or child is starved/deprived of food/drink for long periods.
- ☐ Child appears malnourished.
- ☐ Child is without minimally warm clothing in cold months.

Comments: _____

**NORTH CAROLINA
SAFETY ASSESSMENT**

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7. Yes No Caretaker does not meet the child's immediate needs for medical or critical mental health care (suicidal/homicidal).
- ☐ Caretaker does not seek treatment for child's immediate medical condition(s) or does not follow prescribed treatments.
- ☐ Child has exceptional needs that parents cannot/will not meet.
- ☐ Child is suicidal and parents will not take protective action.
- ☐ Child is homicidal and parents will not take protective action.
- ☐ Child shows effects of maltreatment (i.e. emotional symptoms, lack of behavior control, or physical symptoms).
- Comments: _____
- _____
- _____
8. Yes No Physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
- ☐ Leaking gas from a stove or heating unit.
- ☐ Dangerous substances or objects stored in unlocked lower shelves or cabinets, under sink, or in the open.
- ☐ Lack of water, heat, plumbing, or electricity and provisions are inappropriate (i.e. using stove as heat source).
- ☐ Open/broken/ missing windows.
- ☐ Exposed electrical wires.
- ☐ Excessive garbage or rotted or spoiled food that threatens health.
- ☐ Serious illness/significant injury due to current living conditions (i.e. lead poisoning, rat bites, etc.)
- ☐ Evidence of human or animal waste throughout the living quarters.
- ☐ Guns and other weapons are not stored in a locked or inaccessible area.
- ☐ Dangerous drugs are being manufactured on premises with child present.
- Comments: _____
- _____
- _____
9. Yes No Caretaker's current substance abuse seriously impacts his/her ability to supervise, protect, or care for the child.
- ☐ The caretaker is currently high on drugs or alcohol.
- ☐ There is a current, ongoing pattern of substance abuse that leads directly to neglect and/or abuse of the child.
- Comments: _____
- _____
- _____
10. Yes No Domestic violence exists in the household and poses an imminent danger of serious physical harm and/or emotional harm to the child.
- ☐ Child was in immediate danger of serious physical harm by being in close proximity to an incident(s) of assaultive behavior/domestic violence between adults in the household. This includes the child(ren) being in visual or hearing proximity of domestic violence events in the home.
- Comments: _____
- _____
- _____

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SAFETY ASSESSMENT**

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11. Yes No Caretaker persistently describes the child in predominantly negative terms or acts toward the child in negative ways, AND these actions make the child a danger to self or others, suicidal, act out aggressively, or severely withdrawn.

- ☐ Caretaker repeatedly describes the child in a demeaning or degrading manner (i.e. as evil, possessed, stupid, ugly, etc.)
- ☐ Caretaker repeatedly curses and/or puts child down.
- ☐ Caretaker repeatedly scapegoats a particular child in the family.
- ☐ Caretaker blames child for a particular incident, or distorts child's behavior as a reason to abuse.
- ☐ Caretaker repeatedly expects unrealistic behavior(s) for the child's age/developmental stage.
- ☐ Caretaker views child as responsible for the caretaker's or family's problems.

Comments: _____

12. Yes No Caretaker's physical ability, emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.

- ☐ Caretaker has a physical condition that seriously impairs his/her ability to parent the child.
- ☐ Emotional instability, acting out, or distorted perception is seriously impeding ability to parent.
- ☐ Depression or feelings of hopelessness/helplessness immobilize the caretaker, who then fails to maintain child/home.
- ☐ Caretaker is overwhelmed by child's dysfunctional emotional, physical, or mental characteristics.
- ☐ Caretaker's cognitive delays result in lack of knowledge about basic parenting skills.

Comments: _____

13. Yes No Family currently refuses access to or hides the child and/or seeks to hinder an assessment.

- ☐ Family currently refuses access to the child and cannot or will not provide the child's location.
- ☐ Family removed the child from a hospital against medical advice.
- ☐ Family has previously fled in response to a CPS assessment.
- ☐ Family has a history of keeping the child away from peers, school, or other outsiders for extended periods to avoid CPS assessment.
- ☐ Family is otherwise attempting to block or avoid CPS assessment.

Comments: _____

**NORTH CAROLINA
SAFETY ASSESSMENT**

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14. Yes No Current circumstances, combined with information that the caretaker has or may have previously maltreated a child in his/her care, suggest that the child's safety may be of immediate concern based on the severity of the previous maltreatment or the caretaker's response to the previous incident.

- ☐ Prior death of a child.
☐ Prior serious harm to any child.
☐ Termination of parental rights.
☐ Prior removal of any child.
☐ Prior CPS substantiation or services needed finding.
☐ Prior threat of serious harm to child.
☐ Caretaker failed to benefit from previous professional help.

Comments: _____

15. Yes No Child is fearful of caretaker, other family members, or people living in or having access to the home.

- ☐ Child cries, cowers, cringes, trembles, or exhibits or verbalizes fear in relation to certain individuals.
☐ Child exhibits anxiety, nightmares, or insomnia related to a situation associated with a person in the home.
☐ Child fears unreasonable retribution/retaliation from caretaker, others in the home, or others having access to the child.

Comments: _____

16. Yes No Other (specify): _____

Initials _____

Initials _____

**THE ALLEGATIONS ALONE DO NOT CONSTITUTE THE NEED FOR A SAFETY
INTERVENTION/SAFETY AGREEMENT.**

If any Indicators of Immediate Safety are marked "Yes", skip the bottom of this page and continue on the next page.

If all Indicators of Immediate Safety 1 through 16 are "No",

check this box ☐ Safe and complete the part below (the remaining pages do not need to be completed).

SIGNATURES			
Child's Parent or Legal Guardian:	Date Signed:	Child's Parent or Legal Guardian:	Date Signed:
Child's Parent or Legal Guardian:	Date Signed:	CPS Social Worker:	Date Signed:
Other Party:	Date Signed:	CPS Supervisor:	Date Signed:

Who Can I Contact?		
CPS Social Worker's Name:	Phone Number:	Email Address:
CPS Supervisor's Name:	Phone Number:	Email Address:

**NORTH CAROLINA
SAFETY ASSESSMENT**

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PART C: SAFETY INTERVENTIONS

Directions: For each factor identified in Section B, consider the resources available in the family and the community that might help to keep the child(ren) safe. Check each response necessary to protect the child(ren) and explain below.

Family Safety Interventions (Safe with a plan)

- ☐ 1. Monitoring and/or use of direct services by county child welfare agency.
- ☐ 2. Use family, neighbors, or other individuals in the community in the development and implementation of a safety agreement.
- ☐ 3. Use community agencies or services.
- ☐ 4. The alleged perpetrator will leave or has left the home--either voluntarily or in response to legal action.
- ☐ 5. A protective caretaker will move or has moved to a safe environment with the child(ren) and there are no restrictions on protective caretaker's access to the child(ren).
- ☐ 6. Identification of a Temporary Safety Provider by the parent with the social worker monitoring.
 - ☐ A Temporary Safety Provider will move into the family home.
 - ☐ The child(ren) will reside in the home of a Temporary Safety Provider.

Explain why responses 1-5 were insufficient.

Child Welfare Safety Intervention (Unsafe)

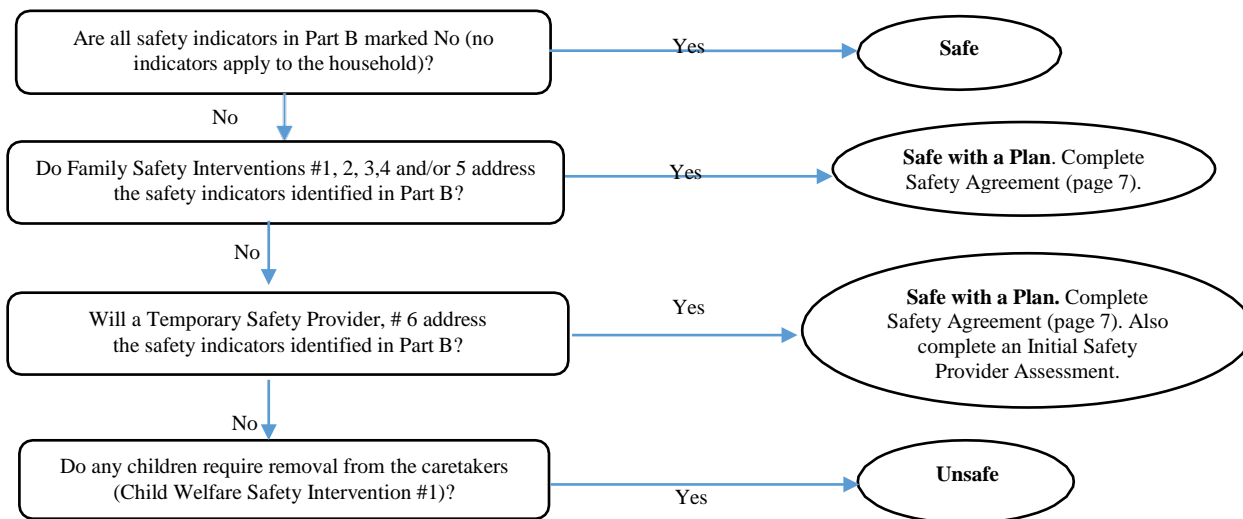
- ☐ 1. Removal of any child in the household; interventions 1-6 do not adequately ensure the child(ren)'s safety.

Explain why a Family Safety Intervention (1-6) could not be used to protect the child.

PART D: SAFETY DECISION

Directions: Identify the safety decision by checking the appropriate line below. Check one line only. This decision should be based on the assessment of all safety indicators, child vulnerability, and any other information known about this case.

- A. Safe:** _____ There are no children likely to be in immediate danger of serious harm. (Indicators of Immediate Safety all marked No, Marked Safe on Page 5).
- B. Safe with a plan:** _____ One or more safety indicators are present; Safety Agreement required.
- ☐ Family Safety Interventions 1, 2, and/or 3 will address safety indicators.
 - ☐ The alleged perpetrator left the home.
 - ☐ A protective caretaker moved to a safe environment with the child(ren).
 - ☐ Use of a Temporary Safety Provider.
- C. Unsafe:** _____ ☐ One or more children were removed in response to legal action.



TEMPORARY PARENTAL SAFETY AGREEMENT

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PART E: SAFETY AGREEMENT

Purpose: A safety agreement is used only when there is a specific threat to a child in the immediate or foreseeable future. The plan must be created with the family and must be written in practical, action-oriented language.

Instructions: The social worker and the family complete this document. Describe what tasks will be done to assure safety, by whom, how often, and duration. The tasks identified should include actions that need to be taken to keep child(ren) safe now, address risks to safety, and/or are necessary for the child(ren) to be able to return to the home (if the child(ren) leaves the home). Indicate how the social worker will be monitoring the plan. The social worker then reviews it with each parent, guardian, custodian and caretaker who will sign the agreement. The social worker ensures that the parent or caretaker has read and/or understands the document and has initialed each applicable field. The social worker will work with the family to arrange for a review of the plan. The social worker then provides a copy to each person who signs the form.

Family Name:			Date:	
What is the specific situation or action that causes the child to be unsafe? What is the safety threat?	What actions need to be taken right now to keep the child safe?	Who is responsible for ensuring that these actions are taken?	Timeframe for completing the actions	Responsible Party's initials

PART F: STATEMENTS OF UNDERSTANDING AND AGREEMENT

PARENT OR CARETAKER		INITIALS	
1. I (the parent or caretaker) agree that I participated in the development of and reviewed this safety agreement. I agree to work with the providers and services as described above.			
2. My participation in this agreement is not an admission of child abuse or neglect on my part and cannot be used as an admission of child abuse or neglect.			
3. I understand that I have the right to revoke and/or have the Temporary Parental Safety Agreement reviewed <u>at any time</u> . (See bottom of page.) I also understand that if a Safety Agreement cannot be agreed upon or if the actions in the Safety Agreement are not followed, the county child welfare agency may have the authority to request that the court make a determination on how the child(ren)'s safety will be assured.			
4. I (the parent or caretaker) confirm that this agreement does not conflict with any existing court order, or if I am affected by a court order, all parties affected by the court order agree to this safety agreement on a temporary basis.			
5. I (the parent or caretaker) understand that CPS may refer for further services, may restrict access to my child(ren), or may ask the court to order that I complete services or place the child in foster care.			
6. If a Temporary Safety Provider is utilized, I understand that CPS will share any information with the Temporary Safety Provider for the safety and welfare of my child while the child lives in that home or the Temporary Safety Provider resides in the family home.			
7. This safety agreement will cease to be in effect when I am notified by my social worker or CPS is no longer providing services to my family.			
TEMPORARY SAFETY PROVIDER			
1. If the parent is unable to provide a safe environment for the child and the court names the county child welfare agency as the child's legal custodian, I will be given consideration as a placement for the child if I agree and continued placement is determined to be safe.			
2. If I (the person providing care as Temporary Safety Provider) am unable to carry out this plan successfully, or if the child in my care is considered to be in an unsafe situation, the child will be moved to a different placement and further CPS involvement may be necessary, including court intervention.			
SIGNATURES			
Child's Parent or Legal Guardian:	Date Signed:	Child's Parent or Legal Guardian:	Date Signed:
Child's Parent or Legal Guardian:	Date Signed:	CPS Social Worker:	Date Signed:
Other Party:	Date Signed:	CPS Supervisor:	Date Signed:
Temporary Safety Provider:	Date Signed:	Temporary Safety Provider:	Date Signed:

Who Can I Contact? (Who can I contact if circumstances change, if I have questions about CPS involvement, or if I have questions about this safety agreement? Who do I contact to revoke any or all parts of this agreement?)

CPS Social Worker's Name:	Phone Number:	Email Address:
CPS Supervisor's Name:	Phone Number:	Email Address:

REVOCATION: I revoke my consent to the Temporary Parental Safety Agreement.

Signed: _____ **Date:** _____

**NORTH CAROLINA
SDM® FAMILY RISK ASSESSMENT OF CHILD ABUSE/NEGLECT**

Case Name: _____ Case #: _____ Date: _____
County Name: _____ Social Worker Name: _____ Date Report Received: _____ Children: _____
Primary Caretaker: _____
Secondary Caretaker: _____

(Regardless of the type of allegations reported, ALL items on the risk assessment are to be completed.)

<u>RISK OF FUTURE NEGLECT</u>	<u>SCORE</u>	<u>RISK OF FUTURE ABUSE</u>	<u>SCORE</u>
N1. Current report is for neglect or both neglect and abuse a. No..... 0 b. Yes1 _____		A1. Current report is for abuse or both neglect and abuse a. No0 b. Yes1 _____	
N2. Number of prior CPS assessments (take highest score) a. None.....0 b. One or more family assessments.....1 c. One or more investigative assessments.....2 _____		A2. Number of prior CPS investigative assessments a. None0 b. One or more2 _____	
N3. Prior CPS in-home/out-of-home service history a. No..... 0 b. Yes1 _____		A3. Prior CPS in-home/out-of-home service history a. No0 b. One or more apply1 _____ <input type="checkbox"/> Prior case open for in-home, CPS services <input type="checkbox"/> Prior case open for foster care services	
N4. Number of children residing in the home at time of current report a. Two or fewer.....0 b. Three or more.....1 _____		A4. Age of youngest child in the home a. 4 or under.....0 b. 5 or older.....1 _____	
N5. Age of primary caretaker (note: score is either 0 or -1) a. 30 or older..... -1 b. 29 or younger0 _____		A5. Number of children residing in home at time of current report a. Two or fewer.....0 b. Three or more1 _____	
N6. Age of youngest child in the home a. 3 or older0 b. 2 or younger1 _____		A6. Caretaker(s) history of abuse/neglect a. No0 b. Yes1 _____	
N7. Number of adults residing in home at time of report a. Two or more.....0 b. One or none.....1 _____		A7. Child characteristics a. Not applicable.....0 b. One or more apply1 _____ <input type="checkbox"/> Developmental disability <input type="checkbox"/> Mental Health and/or behavioral problems <input type="checkbox"/> History of delinquency	
N8. Caretaker(s) history of abuse/neglect a. No..... 0 b. Yes1 _____		A8. Either caretaker is a domineering parent a. No0 b. Yes1 _____	
N9. Either caretaker has/had a drug or alcohol problem a. No..... 0 b. One or more apply.....1 _____ Primary: <input type="checkbox"/> Within last 12 months <input type="checkbox"/> Prior to last 12 months Secondary: <input type="checkbox"/> Within last 12 months <input type="checkbox"/> Prior to last 12 months			
N10. Either caretaker has/had a mental health problem a. No..... 0 b. One or more apply.....2 _____ Primary: <input type="checkbox"/> Within last 12 months <input type="checkbox"/> Prior to last 12 months Secondary: <input type="checkbox"/> Within last 12 months <input type="checkbox"/> Prior to last 12 months			

CONTINUE TO PAGE 2

N11. Either caretaker has barriers to accessing community resources

- a. No.....0
b. One or more apply.....1 _____
☐ Difficulty finding/obtaining resources
☐ Refusal to utilize available resources

N12. Either caretaker lacks parenting skills

- a. No.....0
b. One or more apply.....1 _____
☐ Inadequate supervision of children
☐ Uses excessive physical/verbal discipline
☐ Lacks knowledge of child development

N13. Either caretaker involved in harmful relationships

- a. No.....0
b. Yes1 _____

N14. Child characteristics

- a. Not applicable.....0
b. One or more apply.....1 _____
☐ Mental Health and/or behavioral problems
☐ Medically fragile/failure to thrive diagnosis
☐ Developmental disability
☐ Learning disability
☐ Physical disability

N15. Housing/basic needs unmet

- a. Not applicable.....0
b. One or more apply.....1 _____
☐ Family lacks clothing and/or food
☐ Family lacks housing or housing is unsafe

A9. Either caretaker is/was a victim/perpetrator of domestic violence

- a. No0
b. Yes1 _____
Primary: ☐ Victim within last 12 months
☐ Victim prior to last 12 months
☐ Perpetrator within last 12 months
☐ Perpetrator prior to last 12 months
Secondary: ☐ Victim within last 12 months
☐ Victim prior to last 12 months
☐ Perpetrator within last 12 months
☐ Perpetrator prior to last 12 months

A10. Caretaker(s) response to current assessment

- a. Not applicable.....0
b. One or more apply1 _____
☐ Caretaker unmotivated to improve parenting skills
☐ Caretaker viewed situation less seriously than worker
☐ Caretaker failed to cooperate satisfactorily

A11. Either caretaker has interpersonal communication problems

- a. No0
b. One or more apply1 _____
☐ Lack of communication impairs functioning
☐ Poor communication impairs functioning

TOTAL NEGLECT RISK SCORE _____

TOTAL ABUSE RISK SCORE _____

SCORED RISK LEVEL

Assign the family's risk level based on the highest score on either scale, using the following chart:

<u>Neglect Score</u>	<u>Abuse Score</u>	<u>Risk Level</u>
<input type="checkbox"/> -1-2	<input type="checkbox"/> 0-2	<input type="checkbox"/> Low
<input type="checkbox"/> 3-5	<input type="checkbox"/> 3-5	<input type="checkbox"/> Moderate
<input type="checkbox"/> 6-16	<input type="checkbox"/> 6-12	<input type="checkbox"/> High

OVERRIDES

Policy: Override to high; mark appropriate reason.

- ☐ 1. Sexual abuse cases where the perpetrator is likely to have access to the child victim.
☐ 2. Cases with non-accidental physical injury to an infant.
☐ 3. Serious non-accidental physical injury warranting hospital or medical treatment.
☐ 4. Death (previous or current) of a sibling as a result of abuse or neglect.

Discretionary: Override (increase or decrease **one level** with supervisor approval). Provide reason below.

Reason: _____

OVERRIDE RISK LEVEL: ☐ Low ☐ Moderate ☐ High

Social Worker: _____ **Date:** _____

Supervisor's Review/Approval of Override: _____ **Date:** _____

**NORTH CAROLINA
SDM® FAMILY RISK ASSESSMENT OF ABUSE/NEGLECT
DEFINITIONS**

Only one household should be assessed on a risk assessment form. If the allegations involve maltreatment in two households and both have responsibilities for child care, complete **two** separate risk assessments. In situations where the parents are not living together, a family risk assessment of abuse/neglect will **only** be completed on the home of the alleged perpetrator.

The primary caretaker is the adult (typically, the parent) living in the household who assumes the most responsibility for child care. When two adult caretakers are present and the worker is in doubt about which one assumes the most child care responsibility, the adult legally responsible for the child involved in the incident should be selected. If this rule does not resolve the question, the legally responsible adult who is an alleged perpetrator should be selected. **Only one primary caretaker can be identified (per form/household).**

The secondary caretaker is defined as an adult living in the household who has routine responsibility for child care, but less responsibility than the primary caretaker. A live-in partner can be a secondary caretaker even though he/she has minimal responsibility for the care of the child.

NEGLECT SCALE

N1. Current report is for neglect or both neglect and abuse

- a. Score 0 if the current report is not for neglect.
- b. Score 1 if the current report is for neglect or both abuse and neglect. This includes any allegations under assessment even if not identified in the original report.

N2. Number of prior CPS assessments

Use Central Registry to count all maltreatment reports for all children in the home which were assigned for CPS assessment (both family assessments and investigative assessments) for any type of abuse or neglect prior to the report resulting in the current assessment. Include prior assessments that resulted in temporary or permanent placement of a child, even if that child is no longer in the home. If information is available, include prior maltreatment assessments conducted in other states.

- a. Score 0 if there were no CPS assessments prior to the current report.
- b. Score 1 if there were one or more family assessments prior to the current report.
- c. Score 2 if there were one or more investigative assessments prior to the current report (if there were both one or more prior family assessments and one or more prior investigative assessments, score 2).

N3. Prior CPS in-home or out-of-home service history

Contact other counties and states where there is believed to be prior CPS service history on this family.

- a. Score 0 if this family has not received CPS in-home or out-of-home services as a result of a prior finding of “substantiated” or “services needed” report of abuse and/or neglect.
- b. Score 1 if this family has received CPS in-home or out-of-home services as a result of a prior finding of “substantiated” or “services needed” report of abuse or neglect, or is receiving CPS in-home or out-of-home services at the time of the current assessment.

N4. Number of children residing in the home at time current report

Number of individuals under 18 years of age *residing* in the home at the time of the current report. If multiple families reside in the home, count all children. Children within a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is removed, whether placed in foster care or with a safety resource as a result of current CPS involvement, count the child as residing in the home (I.E. if there was never closure of

current CPS Services whether In-Home or Out-of-Home being provided and a new report is made, count the child as in the home).

- a. Score 0 if two or fewer children were residing in the home at the time of the current report.
- b. Score 1 if three or more children were residing in the home at the time of the current report.

N5. Age of primary caretaker

Age at the time of current assessment.

- a. Score -1 if the primary caretaker is 30 or older at the time of the current report.
- b. Score 0 if the primary caretaker is 29 or younger at the time of the current report.

N6. Age of youngest child in the home

Choose the appropriate score given the current age of the youngest child in the household where the maltreatment incident reportedly occurred. Youngest children within a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is removed, whether placed in foster care or with a safety resource as a result of current CPS involvement, count the child as residing in the home (I.E. if there was never closure of current CPS Services whether In-Home or Out-of-Home being provided and a new report is made, count the child as in the home).

- a. Score 0 if the youngest child is 3 years old or older at the time of the current report.
- b. Score 1 the youngest child is 2 years old or younger at the time of the current report.

N7. Number of adults residing in home at time of report

Count number of individuals 18 years of age or older *residing* in the home at time of the current report.

- a. Score 0 if two or more adults were residing in the home at the time of the current report.
- b. Score 1 if one or no adults were residing in the home at the time of the current report.

N8. Either caretaker has history of abuse/neglect

- a. Score 0 if neither caretaker was abused and or neglected as a child, based on credible statements by the caretaker(s) or others.
- b. Score 1 if credible statements were provided by the caretaker(s) or others regarding whether *either or both* caretakers were abused and or neglected as children.

N9. Either caretaker has/had a drug or alcohol problem

Either caretaker has/had alcohol/drug abuse problems, evidenced by use causing conflict in home, extreme behavior/attitudes, financial difficulties, frequent illness, job absenteeism, job changes or unemployment, driving under the influence (DUI), traffic violations, criminal arrests, disappearance of household items (especially those easily sold), or life organized around substance use.

- a. Score 0 if neither caretaker has or has ever had a drug or alcohol problem, or has some substance use problems that minimally impact family functioning.
- b. Score 1 if either caretaker has a past or current alcohol/drug abuse problem that interferes with his/her or the family's functioning. Such interference is evidenced by the following:
 - Substance use that affects or affected employment; criminal involvement; marital or family relationships; and/or caretaker's ability to provide protection, supervision, and care for the child;
 - An arrest in the past two years for DUI or refusing breathalyzer testing;

- Self-report of a problem;
- Treatment received currently or in the past;
- Multiple positive urine samples;
- Health/medical problems resulting from substance use and/or abuse;
- The child's diagnosis with fetal alcohol syndrome or exposure (FAS or FAE), or the child's positive toxicology screen at birth and the primary caretaker was the birthing parent.

Legal, non-abusive prescription drug use should not be scored. Abuse of legal, prescription drugs should be scored.

Indicate whether the drug and/or alcohol problem was/is present DURING the last 12 months and/or was present PRIOR to the last 12 months by the primary or secondary caretaker.

N10. Either caretaker has/had a mental health problem

- Score 0 if the caretaker(s) does not have a current or past mental health problem and caretaker demonstrates good coping skills.
- Score 2 if credible and/or verifiable statements by either caretaker or other indicate that either caretaker:
 - Has been diagnosed as having a significant mental health disorder as indicated by a DSM Axis I condition determined by a mental health professional;
 - Has had repeated referrals for mental health/psychological evaluations; or
 - Was recommended for treatment/hospitalization or was treated/ hospitalized for emotional problems.

Indicate whether the mental health problem was/is present DURING the last 12 months and/or was present PRIOR to the last 12 months by the primary or secondary caretaker.

N11. Either caretaker has barriers to accessing community resources

- Score 0 if the caretaker(s) has no need for community resources; caretaker(s) seeks out resources that are not immediately available; or caretaker(s) accesses and utilizes community resources.
- Score 1 if the caretaker(s) experiences resource utilization problems as evidenced by the following:
 - Caretaker(s) do not know about resources available in the community or caretaker(s) cannot or do not attempt to identify available resources;
 - Caretaker(s) are unable to access available resources; or
 - Caretaker(s) refuse to utilize/accept available community resources.

N12. Either caretaker lacks parenting skills

- Score 0 if caretaker(s) displays parenting patterns which are age-appropriate for children in the home, including providing adequate supervision, realistic expectations and appropriate discipline.
- Score 1 if caretaker(s) lacks parenting skills as evidenced by the following:

- Inadequate supervision of children;
- Use of excessive physical/verbal discipline; or
- Lacks knowledge of child development: Caretaker's lack of knowledge regarding child development and/or age-appropriate expectations for children.

N13. Either caretaker involved in harmful relationships

- a. Score 0 if neither caretaker is involved in harmful relationships.
- b. Score 1 if either caretaker is involved in any harmful adult relationships, including any of the following:
 - ☐ Adult relationships outside the home which are harmful to domestic functioning or child care, such as criminal activities;
 - Current relationship or domestic discord inside the home, including frequent arguments, degradation, or blaming. Open disagreement on how to handle child problems/discipline. Frequent and/or multiple transient household members. Violent acts that cause minor or no injury to any household member and are not assessed as "domestic violence;" or
 - ☐ Domestic violence, defined as 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, emotional, or sexual abuse; economic oppression; isolation; threats; intimidation; and maltreatment of the children to control the non-offending parent/adult victim. Domestic violence may be evidenced by repeated history of leaving and returning to abusive partner(s), repeated history of violating court orders by the perpetrator of domestic violence, repeated history of violating safety plans, involvement of law enforcement and/or restraining orders, or serious or repeated injuries to any household member.

N14. Child characteristics

- a. Score 0 if no child in the household exhibits characteristics described below.
- b. Score 1 if any child in the household exhibits any of the characteristics described below. Mark all that apply.
 - ☐ Mental health and/or behavioral problem: Any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis I diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medications.
 - ☐ Any child is medically fragile or diagnosed with failure to thrive.
 - » Medically fragile: Medically fragile describes a child who has any condition diagnosed by a physician that can become unstable and change abruptly, resulting in a life-threatening situation; and which requires daily, ongoing medical treatments and monitoring by appropriately trained personnel, which may include parents or other family members, and requires the routine use of a medical device or of assistive technology to compensate for the loss of usefulness of a body function needed to participate in the activities of daily living, and child lives with ongoing threat to his or her continued well-being. Examples include a child who requires a trach-vent for breathing or a g-tube for eating.
 - » Failure to thrive: A diagnosis by a physician that the child has failure to thrive.
 - ☐ Developmental disability: A severe, chronic condition due to mental and/or physical impairments which has been diagnosed by a physician or mental health professional. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.

- ☐ Learning disability: Child has an individualized education program (IEP) to address a learning disability such as dyslexia. Do not include an IEP designed solely to address mental health or behavioral problems. Also include a child with a learning disability diagnosed by a physician or mental health professional who is eligible for an IEP but does not yet have one, or who is in preschool.
- ☐ Physical disability: A severe acute or chronic condition diagnosed by a physician that impairs mobility, sensory, or motor functions. Examples include paralysis, amputation, and blindness.

N15. Housing/basic needs unmet

- a. Score 0 if the family has adequate housing, clothing, and food; or if the family has minor housing, clothing, and food problems that can be corrected using resources available to the family, and the family is willing to correct these problems.
- b. Score 1 if the family has serious housing, clothing, and food problems that are not easily correctable or which the family is not willing to correct. This may include condemned or inhabitable housing, chronic homelessness, and lack of clothing and/or food.

ABUSE SCALE

A1. Current report is for abuse or both neglect and abuse

- a. Score 0 if the current report is not for abuse.
- b. Score 1 if the current report is for abuse or both abuse and neglect. This includes any allegations under assessment even if not identified in the original report.

A2. Number of Prior CPS investigative assessments

Use Central Registry to count all CPS investigative assessments for all children in the home for any type of abuse or neglect prior to the report resulting in the current assessment. If information is available, include prior maltreatment investigations conducted in other states.

- a. Score 0 if there were no CPS investigative assessments prior to the current report.
- b. Score 2 if there were one or more CPS investigative assessments prior to the current report.

A3. Prior CPS in-home or out-of-home service history

Contact other counties and states where there is believed to be prior CPS history on this family.

- a. Score 0 if this family has not received CPS **in-home or out-of-home** services as a result of a prior finding of “substantiated” or “services needed” report of abuse and/or neglect.
- b. Score 1 if this family has received CPS **in-home or out-of-home** services as a result of a prior finding of “substantiated” or “services needed” report of abuse or neglect, or is receiving CPS **in-home or out-of-home** services at the time of the current assessment.

A4. Age of youngest child in the home

Choose the appropriate score given the current age of the youngest child in the household where the maltreatment incident reportedly occurred. Youngest children within a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is removed, whether placed in foster care or with a safety resource as a result of current CPS involvement, count the child as residing in the home (I.E. if there was never closure of current CPS Services whether In-Home or Out-of-Home being provided and a new report is made, count the child as in the home).

- a. Score 0 if the youngest child in the home was 4 years of age or younger at the time of the current report.

- b. Score 1 if the youngest child in the home was 5 years of age or older at the time of the current report.

A5. Number of children residing in home at time of current report

Number of individuals under 18 years of age *residing* in the home at the time of the current report. If multiple families reside in the home, count all children. Children within a residential placement but in the custody of the caretaker(s) should be counted as residing in the home. If a child is on runaway status, is removed, whether placed in foster care or with a safety resource as a result of current CPS involvement, count the child as residing in the home (I.E. if there was never closure of current CPS Services whether In-Home or Out-of-Home being provided and a new report is made, count the child as in the home).

- a. Score 0 if two or fewer children were residing in the home at the time of the current report.
- b. Score 1 if three or more children were residing in the home at the time of the current report.

A6. Either caretaker has history of abuse/neglect

- a. Score 0 if neither caretaker was abused and or neglected as a child, based on credible statements by the caretaker(s) or others.
- b. Score 1 if credible statements were provided by the caretaker(s) or others regarding whether *either or both* caretakers were abused and or neglected as children.

A7. Child characteristics

- a. Score 0 if no child in the household exhibits characteristics described below.
- b. Score 1 if any child in the household exhibits any of the characteristics described below. Mark all that apply.
- Developmental disability: A severe, chronic condition due to mental and/or physical impairments which has been diagnosed by a physician or mental health professional. Examples include mental retardation, autism spectrum disorders, and cerebral palsy.
 - Mental health and/or behavioral problem: Any child in the household has mental health or behavioral problems not related to a physical or developmental disability. This could be indicated by a DSM Axis I diagnosis, receiving mental health treatment, attendance in a special classroom because of behavioral problems, or currently taking prescribed psychoactive medications.
 - History of delinquency: Any child has been referred to juvenile court for delinquent behavior, being undisciplined, entering into diversion plans, or status offense behavior. Status offenses not brought to court attention but which create stress within the household should also be scored here, such as children who run away from home, are habitually truant from school, or have drug or alcohol problems.

A8. Either caretaker(s) is a domineering parent

- a. Score 0 if neither caretaker is a domineering parent.
- b. Score 1 if *either* caretaker is domineering over child(ren), evidenced by rude remarks/behavior or controlling, abusive, unreasonable and/or excessive rules; or is overly restrictive, overreacts, is unfair, or is berating.

A9. Either caretaker involved in domestic violence

- a. Score 0 if neither caretaker is a victim/perpetrator of domestic violence.

- b. Score 1 if either caretaker is in a relationship characterized by domestic violence, defined as 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, emotional, or sexual abuse; economic oppression; isolation; threats; intimidation; and maltreatment of the children to control the non-offending parent/adult victim. Domestic violence may be evidenced by repeated history of leaving and returning to abusive partner(s), repeated history of violating court orders by the perpetrator of domestic violence, repeated history of violating safety plans, involvement of law enforcement and/or restraining orders, or serious or repeated injuries to any household member.

Indicate whether the domestic violence occurred DURING the last 12 months and/or was PRIOR to the last 12 months by the primary or secondary caretaker.

A10. Caretaker(s) response to current assessment

- a. Score 0 if the caretaker(s) responded appropriately to the current assessment; the caretaker(s) regard the incident as serious and cooperate with the worker and are motivated to improve parenting skills.
- b. Score 1 if any of the following apply to the current situation:
- Either caretaker is unmotivated to take steps necessary or recommended to improve parenting skills;
 - Either caretaker views the current situation less seriously than worker or minimizes the level of harm to the child; and/or
 - Either caretaker fails to cooperate satisfactorily by refusing involvement in the assessment and/or refuses access to the child(ren) during the assessment, etc.

An initial reaction of fear or anger at the process of being reported to CPS should be addressed through a discussion with the caretaker(s) before considering scoring any of the above.

A11. Either caretaker has interpersonal communication problems

- a. Score 0 if family communication is functional and personal boundaries and emotional attachments are appropriate. Minor disagreements and/or lack of communication may occur, but only occasionally interfere with family interactions.
- b. Score 1 if either caretaker's communication problems impair the ability to maintain positive relationships, make friends, keep a job, or meet the needs of family members.

**NORTH CAROLINA DEPARTMENT OF SOCIAL SERVICES
SDM® FAMILY RISK ASSESSMENT OF ABUSE/NEGLECT
POLICY AND PROCEDURES**

The Family Risk Assessment determines the level of risk of future harm in the family and determines the level of service to be provided to each family. It identifies families which have high, moderate, or low probabilities of future risk of abuse or neglect of their children. By completing the risk assessment, the worker obtains an objective appraisal of the likelihood that a family will maltreat their children in the next 18 months. The difference between the risk levels is substantial. High-risk families have significantly higher rates than low risk families of subsequent reports and substantiations and are more often involved in serious abuse or neglect incidents.

The risk scales are based on research on cases with “substantiated” or “services needed” abuse or neglect that examined the relationships between family characteristics and the outcomes of subsequent abuse and neglect. The scales do not predict recurrence simply that a family is more or less likely to have another incident without intervention by the agency. One important result of the research is that a single instrument should not be used to assess the risk of both abuse and neglect. Different family dynamics are present in abuse and neglect situations. Hence, separate scales are used to assess the future probability of abuse or neglect.

Complete both the abuse and neglect scales regardless of the type of allegation(s) reported or assessed. All items on the risk assessment scales are completed. *The assigned social worker must make every effort throughout the assessment to obtain the information needed to answer each assessment question. However, if information cannot be obtained to answer a specific item, score the item as "0."*

Which cases: All CPS maltreatment reports assigned for an assessment that involve a family caretaker. This does not apply to reports involving child care facilities; residential facilities such as group homes or DHHS facilities. This does apply to non-licensed living arrangements, the non-custodial parents home or licensed family foster homes.

Who completes: Social worker assigned to complete the assessment.

When: The risk assessment shall be completed and documented prior to the case decision. It is one of the elements considered in making the case decision.

A risk assessment shall also be completed when a new CPS report occurs in an open CPS In-Home or Out-of-Home Services case.

For children coming into the agency’s legal custody through delinquency, the risk assessment shall serve as the baseline assessment documentation.

Decision: The risk assessment identifies the level of risk of future maltreatment and guides the case decision including whether to close a report or open a case for CPS In-Home or Out-of-Home Services.

Appropriate Completion: Only **one** household can be assessed on the risk assessment form. If the allegations involve maltreatment in two households and both have responsibilities for childcare, complete two separate Risk Assessment tools. In situations where the parents are not living together, a Family Risk Assessment of Abuse/Neglect will only be completed on the home of the alleged perpetrator.

In situations where an adult relative is entrusted with the care of the child and is the alleged perpetrator, the risk assessment is conducted in the home where the child resides. In some cases (for example, joint custody cases), it may be difficult to identify the household in which the children reside. The household which provides the majority of the child care should be selected. If that fails, choose the household where the CA/N incident took place.

Some items are very objective (such as prior CPS In/Out-of-Home Service history or the age of the caretaker). **Others** require the worker to use discretionary judgment based on his or her assessment of the family.

Following scoring all items in each scale, the assigned social worker totals the score for each scale and determines the risk level by checking the appropriate boxes in the risk level section. The highest score from either scale determines the risk level.

Overrides

Policy Overrides

Policy overrides reflect incident seriousness and child vulnerability concerns, and have been determined by the agency to be case situations that warrant the highest level of service from the agency regardless of the risk scale score. If any policy override reasons exist, the risk level is increased to high.

After completing the risk scales, the assigned social worker indicates if any policy override reasons exist. If more than one reason exists, indicate the primary override reason. Only one reason can be selected. All overrides must be approved in writing by the supervisor.

Discretionary Overrides

The assigned social worker also indicates if there are any discretionary override reasons. A discretionary override is used to increase or decrease the risk level by one increment in any case where the assigned social worker feels the risk level set by the scales is too low or too high. All overrides must be approved in writing by the supervisor.

Discretionary overrides should be used only in exceptional cases.

NORTH CAROLINA STRENGTHS & NEEDS ASSESSMENT

County Case Number:

Case Name: _____ Date Assessment Completed: _____ Date Report Received: _____

Social Worker Name: _____ Indicate either Initial or Reassessment and #: 1 2 3 4 5: _____

Children: _____

Caregiver(s): _____

Some items apply to all household members while other items apply to caregivers only. Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score).

Caregivers are defined as adults living in the household who have routine responsibility for child care. For those items assessing caregivers only, record the score for the caregiver with the greatest need (highest score) when a household has more than one caregiver.

S-CODE	TITLE	TRAITS	SCORE
S1.	Emotional/Mental Health	a. Demonstrates good coping skills.	-3
		b. No known diagnosed mental health problems	0
		c. Minor or moderate diagnosed mental health problems	3
		d. Chronic or severe diagnosed mental health problems.....	5
S2.	Parenting Skills	a. Good parenting skills.....	-3
		b. Minor difficulties in parenting skills	0
		c. Moderate difficulties in parenting skills	3
		d. Destructive parenting patterns	5
S3.	Substance Use	a. No/some substance use	0
		b. Moderate substance use problems	3
		c. Serious substance use problems.....	5
S4.	Housing/Environment/ Basic Physical Needs	a. Adequate basic needs	-3
		b. Some problems, but correctable	0
		c. Serious problems, not corrected.....	3
		d. Chronic basic needs deficiency.....	5
S5.	Family Relationships	a. Supportive relationships	-2
		b. Occasional problematic relationship (s).....	0
		c. Domestic discord	2
		d. Serious domestic discord/domestic violence	4
S6.	Child Characteristics	a. Age-appropriate, no problem	-1
		b. Minor problems	0
		c. One child has severe/chronic problems.....	1
		d. Child(ren) have severe/chronic problem(s).....	3
S7.	Social Support Systems	a. Strong support network	-1
		b. Adequate support network	0
		c. Limited support network.....	1
		d. No support or destructive relationships	3

NORTH CAROLINA STRENGTHS & NEEDS ASSESSMENT

S8. Caregiver(s) Abuse/ Neglect History	a. No evidence of problem.....0 b. Caregiver(s) abused/neglected as a child..... 1 c. Caregiver(s) in foster care as a child..... 2 d. Caregiver(s) perpetrator of abuse/neglect in the last five years.....3_
S9. Communication/ Interpersonal Skills	a. Strong skills-1 b. Appropriate skills.....0 c. Limited or ineffective skills 1 d. Hostile/destructive2_
S10. Caregiver(s) Life Skills	a. Good life skills.....-1 b. Adequate life skills 0 c. Poor life skills 1 d. Severely deficient life skills2_
S11. Physical Health	a. No adverse health problem 0 b. Health problem or disability 1 c. Serious health problem or disability 2 _
S12. Employment/Income Management	a. Employed-1 b. No need for employment 0 c. Underemployed 1 d. Unemployed2_
S13. Community Resource Utilization	a. Seeks out and utilizes resources-1 b. Utilizes resources.....0 c. Resource utilization problems 1 d. Refusal to utilize resources..... 2

Based on this assessment, identify the primary strengths and needs of the family. Write S code, score, and title.

<u>STRENGTHS</u>			<u>NEEDS</u>		
<u>S Code</u>	<u>Score</u>	<u>Title</u>	<u>S Code</u>	<u>Score</u>	<u>Title</u>
1.	—	_____	1.	—	_____
2.	—	_____	2.	—	_____
3.	—	_____	3.	—	_____

Children/Family Well-Being Needs:

1. Educational Needs:	
2. Physical Health Needs:	
3. Mental Health Needs:	

Social Worker: _____ Date: _____

Supervisor's Review/Approval: _____ Date: _____

NORTH CAROLINA FAMILY ASSESSMENT OF STRENGTHS AND NEEDS INSTRUCTIONS

DEFINITIONS

Some items apply to all household members while other items apply to caregivers only. Persons who are in the home during many of the hours of supervision (e.g., mother's boyfriend who is in the home most evenings but has a different address and so would not meet the definition as a caretaker) are to be considered household members. **Assess items for the specified household members, selecting one score only under each category. Household members may score differently on each item. When assessing an item for more than one household member, record the score for the household member with the greatest need (highest score).** In cases where two households are involved, a separate Family Strengths and Needs Assessment shall be completed on both households.

S1. Emotional/Mental Health

- a. Demonstrates good coping skills.
Caregiver(s) takes initiative to deal with problems in a constructive manner.
- b. No known diagnosed mental health problems.
Caregiver(s) has no known diagnosed emotional or mental health problems. May require a mental health evaluation.
- c. Minor or moderate diagnosed mental health problems.
Caregiver(s) has moderate diagnosed emotional or mental health disorders (such as depression, anxiety, and anger/impulse control) that interfere with ability to problem solve, deal with stress, and effectively care for self and/or child(ren).
- d. Chronic or severe diagnosed mental health problems.
Caregiver(s) has severe and/or chronic diagnosed emotional or mental health disorders making caregiver(s) incapable of problem solving, dealing with stress, or effectively caring for self and/or child(ren).

S2. Parenting Skills

- a. Good parenting skills.
Caregiver(s) displays parenting patterns which are age appropriate for child(ren) in the areas of expectations, discipline, communication, protection, and nurturing.
- b. Minor difficulties in parenting skills.
Caregiver(s) has basic knowledge and skills to parent but may possess some unrealistic expectations and/or may occasionally utilize inappropriate discipline.
- c. Moderate difficulties in parenting skills.
Caregiver(s) acts in an abusive and/or neglectful manner, such as causing minor injuries (no medical attention required), leaving child(ren) with inadequate supervision, and/or exhibiting verbal/emotional abusive behavior.
- d. Destructive parenting patterns.
Caregiver(s) has a history and/or currently acts in a manner that results in high risk of serious injury or death of a child, or results in chronic or serious injury (medical attention required), abandonment or death of a child. Caregiver(s) exhibits chronic and severe verbal/emotional abuse.

S3. Substance Use

- a. No/some substance use.
Household members display no substance use problems or some substance use problems that minimally impact family functioning.
- b. Moderate substance use problems.
Household members have moderate substance use problems resulting in such things as disruptive behavior and/or family dysfunction which result in a need for treatment.
- c. Serious substance use problems.
Household members have chronic substance use problems resulting in a chaotic and dysfunctional household/lifestyle, loss of job, and/or criminal behavior.

NORTH CAROLINA FAMILY ASSESSMENT OF STRENGTHS AND NEEDS INSTRUCTIONS

S4. Housing/Environment/Basic Physical Needs

- a. Adequate basic needs.
Family has adequate housing, clothing, and food.
- b. Some Problems, but correctable.
Family has correctable housing, clothing and food problems that affect health and safety needs and family is willing to correct.
- c. Serious problems, not corrected.
Numerous and/or serious housing, clothing and food problems that have not been corrected or are not easily correctable and family is not willing to correct.
- d. Chronic basic needs deficiency.
House has been condemned or is uninhabitable, or family is chronically homeless and without clothing and/or food.

S5. Family Relationships

- a. Supportive relationship.
A supportive relationship exists between household members.
- b. Occasional problematic relationship(s). Relationship(s) is occasionally strained but not disruptive.
- c. Domestic discord.
Current relationship or domestic discord, including, frequent arguments, degradation, or blaming. Open disagreement on how to handle child problems/discipline. Frequent and/or multiple transient household members. Violent acts that cause minor or no injury to any household member and are not assessed as "domestic violence".
- d. Serious domestic discord/domestic violence.
A pattern of relationship discord or domestic violence. Physical, emotional, or sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the non-offending parent/adult victim. Repeated history of leaving and returning to abusive partner(s). Repeated history of violating court orders by the perpetrator of domestic violence. Repeated history of violating safety plans. Involvement of law enforcement and/or restraining orders. Serious or repeated injuries to any household member.

S6. Child Characteristics

For children under the age of three, any identification of need on this item requires that a referral to Early Intervention be made using the [DSS-5238](#). For assistance in determining whether or not a developmental need is present you may access the North Carolina Infant Toddler Program eligibility conditions of: "Established Conditions" or "Developmental Delay" (definitions can be found at: <http://www.ncei.org>). Additional information on developmental milestones can be found at: <http://www.pedstest.com/>). This site shows a developmental screening that may be used by families or any staff working with the child. At any time that a Social Worker or a parent expresses some concern about how a child is developing, contact your local CDSA for consultation or to make a referral. If a DSS agency needs technical assistance on eligibility for the early intervention program or how to make a referral, please contact the early intervention program state office or your local CDSA (<http://www.ncei.org>).

- a. Age-appropriate, no problems.
Child(ren) appears to be age appropriate, no problems.
- b. Minor problems.
Child(ren) has minor physical, emotional, medical, educational, or intellectual difficulties addressed with minimal or routine intervention.
- c. One child has severe/chronic problems.
One child has severe physical, emotional, medical, educational, or intellectual problems resulting in substantial dysfunction in school, home, or community which strain family finances and/or relations.
- d. Children have severe/chronic problem.
More than one child has severe physical, emotional, medical, or intellectual problems resulting in substantial dysfunction in school, home, or community which strain family finances relationships.

NORTH CAROLINA FAMILY ASSESSMENT OF STRENGTHS AND NEEDS INSTRUCTIONS

S7. Social Support Systems

- a. Strong support network.
Household members have a strong, constructive support network. Active extended family (may be blood relations, kin, or close friends) provide material resources, child care, supervision, role modeling for parent and child(ren), and/or parenting and emotional support.
- b. Adequate support network.
Household members use extended family, friends, and the community to provide adequate support for guidance, access to child care, available transportation, etc.
- c. Limited support network.
Household members have a limited or negative support network, are isolated, and/or reluctant to use available support.
- d. No support or destructive relationships.
Household members have no support network and/or have destructive relationships with extended family and the community.

S8. Caregiver(s) Abuse/Neglect History

- a. No evidence of problem.
No caregiver(s) experienced physical or sexual abuse or neglect as a child.
- b. Caregiver(s) abused or neglected as a child.
Caregiver(s) experienced physical or sexual abuse, or neglect as a child.
- c. Caregiver(s) in foster care as a child.
Caregiver(s) abused and/or neglected as a child and was in foster care or other out-of-home placement due to abuse/neglect.
- d. Caregiver(s) perpetrator of abuse and/or neglect.
Caregiver(s) is a substantiated perpetrator of physical and/or sexual abuse, or neglect.

S9. Communication/Interpersonal Skills

- a. Strong skills. Communication facilitates family functions, personal boundaries are appropriate, emotional attachments are appropriate.
- b. Appropriate skills.
Household members are usually able to communicate individual needs and needs of others and to maintain both social and familial relationships; minor disagreements or lack of communication occasionally interfere with family interactions.
- c. Limited or ineffective skills.
Household members have limited or ineffective interpersonal skills which impair the ability to maintain positive familial relationships, make friends, keep a job, communicate individual needs or needs of family members to schools or agencies.
- d. Hostile/destructive.
Household members isolate self/others from outside influences or contact, and/or act in a hostile/destructive manner, and/or do not communicate with each other. Negative communication severely interferes with family interactions.

S10. Caregiver(s) Life Skills

- a. Good life skills.
Caregiver(s) manages the following well: budgeting, cleanliness, food preparation and age appropriate nutrition, housing stability, recognition of medical needs, recognition of educational needs, and problem solving.
- b. Adequate life skills.
Minor problems in some life skills do not significantly interfere with family functioning; caregiver(s) seeks appropriate assistance as needed.
- c. Poor life skills.
Caregiver(s) has poor life skills which create problems and interfere with family functioning; caregiver(s) does not appropriately utilize available assistance.
- d. Severely deficient life skills.

NORTH CAROLINA FAMILY ASSESSMENT OF STRENGTHS AND NEEDS INSTRUCTIONS

Deficiencies in life skills severely limit or prohibit ability to function independently and to care for child(ren); caregiver(s) is unable to or refuses to utilize available assistance.

S11. Caregiver's Physical Health

- a. No adverse health problem.
Caregiver(s) does not have health problems that interfere with the ability to care for self or child(ren).
- b. Health problem or disability.
Caregiver(s) has a disability, disease or chronic illness that interferes with daily living and/or ability to care for self or child(ren).
- c. Serious health problem or disability.
Caregiver(s) has a disability, disease or chronic illness that severely limits or prohibits ability to provide; for self or child(ren).

S12. Employment/Income Management

- a. Employed.
Caregiver(s) is employed with sufficient income to meet household needs, regardless of source of income.
- b. No need for employment.
Caregiver(s) may be out of labor force but has sufficient income to meet household needs, regardless of source of income.
- c. Underemployed.
Caregiver(s) is employed with insufficient income to meet household needs.
- d. Unemployed.
Caregiver(s) needs employment and lacks income required to meet household needs.

S13. Community Resource Utilization

- a. Seeks out and utilizes resources.
Household members take initiative to access community resources that are available, or seek out those not immediately available in the community, or have no need for community resources.
- b. Utilizes resources.
Household members access resources and services available in the community.
- c. Resource utilization problems.
Household members do not know about and/or do not access community resources.
- d. Refusal to utilize resources.
Household members refuse to accept available community services when offered.

Children/Family Well-Being

In cases that are substantiated and opened for more than thirty days from the date of substantiation, there shall be documentation in the case record that includes the following items as they are applicable:

Child/Family Education Needs:

- a. Special education classes, when applicable;
- b. Normal grade placement, if child is school age;
- c. Services to meet the identified educational needs, unless no unusual educational needs are identified;
- d. Early intervention services, unless these services are not needed;
- e. Advocacy efforts with the school, unless the child is not school age or there have been no identified needs that are unmet by the school; and
- f. How the educational needs of the child/family have been included in the case planning, unless the child is not school age or has no identified education needs.

NORTH CAROLINA FAMILY ASSESSMENT OF STRENGTHS AND NEEDS INSTRUCTIONS

Child/Family Physical Health Needs:

- a. Whether the child/family has received preventive health care and if not, the efforts the agency will take to ensure that this care is obtained;
- b. Whether the child/family has received preventive dental care and if not, the efforts the agency will take to ensure that this care is obtained;
- c. Whether the child/family has up-to-date immunizations and if not, what efforts the agency will take to obtain them;
- d. Whether the child/family is receiving treatment for identified health needs and if not, what efforts the agency will take to obtain the treatment;
- e. Whether the child/family is receiving treatment for identified dental needs and if not, what efforts the agency will take to obtain the treatment.

Child/Family Mental Health Needs

Whether the child/family is receiving appropriate treatment for any identified mental health needs and if not, what efforts the agency will take to obtain such treatment.

This information must be documented on the Family Strengths and Needs Assessment.

POLICY AND PROCEDURES

The family assessment of strengths and needs (FASN) is a tool designed to evaluate the presenting strengths and needs of the family of a child alleged or confirmed to have been a CA/N victim. The FASN assists the worker in determining areas of family strengths and needs that should be addressed with a family open for In-Home or Permanency Planning Services.

Which cases: All CPS maltreatment reports assigned for an assessment that involve a family caregiver. This does not apply to reports involving child care facilities, residential facilities such as group homes or DHHS facilities. This does apply to non-licensed living arrangements, the non-custodial parents home or licensed family foster homes.

Who completes: Social Worker assigned to complete the FASN during a CPS Assessment, In-Home and/or Permanency Planning.

When: The FASN must be completed and documented prior to the time the case decision for a CPS Assessment is made. It is one of the elements considered in making the case decision. The Structured Documentation Instrument (DSS-5010) requires the documentation of the social activities, economic situation, environmental issues, mental health needs, activities of daily living, physical health needs, and summary of strengths (SEEMAPS). SEEMAPS along with other findings of the assessment provide a basis for the FASN.

In CPS In-Home Services, the FASN must be completed at the time of the In-Home Family Services Agreement updates and within 30 days prior to case closure. A FASN should be completed with an involved noncustodial parent. Their identified needs should also be addressed within the In-Home Family Services Agreement whether on the same one or on a separate agreement.

In Permanency Planning (whether the agency holds legal custody and the child remains in the home or is placed outside of the home), the FASN must track with the required scheduled Permanency Planning Review meetings. The assessment must also be completed within 30 days of recommending custody be returned to the parent(s)/caretaker(s), and case closure. A parent that has been described as absent or noncustodial should be engaged to become involved with the planning of their child. Complete a FASN with that parent within the same time frames.

NORTH CAROLINA FAMILY ASSESSMENT OF STRENGTHS AND NEEDS INSTRUCTIONS

The FASN must be completed when the agency has legal custody and the child has been placed back in the home for a trial home visit and a Permanency Planning Review meeting falls within that trial home visit period.

Decision: The FASN identifies the strengths and highest priority needs of caregivers and children that must be addressed in the service agreement. Goals, objectives, and interventions in a service agreement should relate to one or more of the priority needs. If the child(ren) has more than one chronic/severe problem, all should be listed under children's well-being needs.

Appropriate Completion

Complete all items on the FASN scale for the caregiver(s). As used here, "caregiver" means the person or persons who routinely are responsible for providing care, supervision, and discipline to the children in the household. This may include biological, adoptive or step-parents, other legal guardian, or other adults living in the home who have caregiver responsibilities. If the allegations involve maltreatment in two households and both have responsibilities for childcare, complete two separate FASN tools.

In situations where an adult relative is entrusted with the care of the child and is the alleged perpetrator, the FASN tool is conducted in the home where the child resides.

The identified needs should be addressed within the Family Services Agreement.

Scoring Individual

Items:

Select one score only under each item which reflects the highest level of need for any caregiver in the family, and enter in the "Score" column. For example, if the mother has some substance abuse problems and the father has a serious substance abuse problem, item S3 would be scored "5" for serious substance use problems."

The worker will list in order of greatest to least, the strengths and needs identified. These strengths and needs will be utilized in the case planning process.

Children/Family Well-Being Needs

In completing a FASN, several factors identify data related to the family and child's well-being. List those factors identified as specific family and child needs (health, mental health, educational needs). See DEFINITIONS section for examples.

NORTH CAROLINA CPS ASSESSMENTS DOCUMENTATION TOOL (DSS-5010) INSTRUCTIONS

The CPS Assessment Documentation Tool is designed to assist social workers in documenting their activities throughout the entire life of a CPS Assessment (210 services). Documentation should capture in writing what you learned (through direct observation and in conversations with others), what you concluded about what you learned (your evaluation of that information) and what you plan to do.” Interaction with families should be accomplished in a holistic manner using a worker’s knowledge of family-centered social work practice and in concert with the family. A holistic approach is one that examines every aspect of the family’s life. A mnemonic device for addressing all of the aspects of a holistic approach is referred to as S.E.E.M.A.P.S. This means documenting all of the aspects of family’s life including their: **S**ocial activities, **E**conomic situation, **E**nvironmental issues, **M**ental health needs, **A**ctivities of daily living, **P**hysical health needs, and a **S**ummary of strengths. For a more detailed description of exploratory questions and statements related to S.E.E.M.A.P.S. please refer to the [“Understanding S.E.E.M.A.P.S.”](#) section at the end of this document.

Documentation is completed constantly throughout the life of the case. It is used to inform decision-making about the nature and extent of services needed by the family, it can be used as evidence during legal actions brought about by the agency, and it is used to both obtain and maintain funding for CPS staff. For these reasons and many more it is critical that documentation be concise, organized, legible, and documentation must be current within seven days.

Which cases: All CPS Assessments (whether Family Assessments or Investigative Assessments) of child abuse, neglect and dependency require on-going and current documentation. This includes Conflict of Interest cases, Assessments of out-of-home placements, Requests for Assistance arising from Jurisdiction cases, etc.

Who completes: Any county child welfare social worker(s) assigned to complete a CPS Assessment whether the primary worker or one acting in a supportive role (i.e., on-call social worker, assisting county social worker, etc.).

When completed: Documentation will be completed whenever there is any activity done on a case immediately following acceptance of a CPS referral by an agency for assessment of abuse, neglect, and/or dependency. This may include, but is not limited to: home visits, office visits, telephone calls, community or school visits, letters or e-mails sent and/or received, case staffing or case supervision, voice mail messages left and/or received, etc. Documentation must be current within seven calendar days of the occurrence of the case activity.

Case Identification The case name and county case number should appear on each page. There is no specific format to these fields and is to be determined by each county. This information is captured as a “header” and once completed on one page will be populated on all pages automatically.

The county name, the assigned county child welfare social worker, and the social work supervisor should be entered at the beginning of the form in the space provided.

I. HOUSEHOLD & FAMILY COMPOSITION These landscape oriented pages capture demographic information on up to 7 children, 6 adults within the household, and 4 adults that do not reside in the household and are identified as parents and/or caretakers. If there are additional children or adults, additional pages should be copied and completed as needed. If an agency already has a “Face Sheet” that it uses to capture similar information, the agency has the discretion of using its existing “Face Sheet” in lieu of this section.

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- a. This item captures the child's full name in the full first, full middle and full last name format along with any nickname the child may be known by (*Note: it is recommended that for organizational purposes the worker enter the children in a logical order – from youngest to oldest for example*).
- b. This item captures the child's eleven-digit SIS identification number. For more information on SIS identification numbers please refer to the [Services Information System \(SIS\) User's Manual](#).
- c. This item captures the child's date of birth in the MM/DD/YYYY format.
- d. This item captures the child's race or ethnicity code as reported by the family. The worker will enter the same race or ethnicity code found in [Appendix A](#) of the Services Information System (SIS) User's Manual as will be reported on the Child Protective Services Report - Report to Central Registry / CPS Application ([DSS-5104](#)). Workers must not make assumptions or guesses regarding a child's race, ethnicity, or heritage based on appearances. Rather, it is critical that worker engage the family in a discussion around the child's race and ethnicity that the family most identifies for the child.
- e. The child's sex is captured in this item as a check box. The worker may select:
☐ FEMALE
☐ MALE
- f. This item captures the child's American Indian and Mexican heritage status in a check box.

During each CPS Assessment, the agency will ask the family about the status of any American Indian heritage of each child within the family. Should the family discuss any American Indian heritage the child may have, the agency must maintain the responsibility of completing the CPS Assessment and to provide any follow up services as needed. Further guidance on the Indian Child Welfare Act (ICWA) can be found at: <http://www.nicwa.org>. While ICWA addresses provisions for federally recognized tribes, [N.C.G.S. §143B-139.5A](#) directs that the North Carolina Division of Social Services and the North Carolina Association of County Directors of Social Services (representing the county departments of social services) work in collaboration with the [Commission of Indian Affairs](#) (representing state recognized tribes) and the Department of Administration in a manner consistent with federal law (ICWA). Please refer to [DSS-5335](#) and [DSS-5336](#) as tools to help workers and families recognize and maintain the connections families have to North Carolina recognized tribes. Should placement of a child identified as an Indian child become necessary during the CPS Assessment the worker should refer to Placement Decision Making section (Section V) of the [Family Services Manual Volume I; Chapter IV; Section 1201: Child Placement Services](#) for direction on how to proceed.

Since 2015, a Memorandum of Agreement between the State of NC and the Consulate General of Mexico, which requires a method of early identification of Mexican minors and their families, to provide services, which assure all the protections afforded by the Vienna Convention, the Bilateral Convention and all other applicable treaties and laws, has been in place. At a minimum, the county child welfare agency must inquire, at the time the decision to take protective custody is made, whether a minor has any Mexican parentage. The duty of the county child

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welfare agency to identify Mexican parentage continues as long as the child welfare case is open.

If heritage is identified, the worker should select the appropriate box:

- ☐ MEXICAN HERITAGE
- ☐ AMERICAN INDIAN HERITAGE

If American Indian Heritage is identified, the worker should write in the appropriate tribal affiliation for the child.

- g. This item captures the child's current school and grade assignment. The name of the child's primary teacher may also be entered here. Should the child be on break between school years the worker should enter the information related to the child's upcoming grade.
- h. This item captures the primary language that the child speaks or will learn to speak based on the primary language spoken in the home.
- i. This item captures the child's status as it relates to his or her physical presence in the home during the CPS Assessment. A child that is a resident lives primarily in the home that is identified as the residence being assessed. A child that is absent may be so because s/he is at summer camp or in a detention facility, etc. This should prompt workers to make a Request for Assistance (RA) from another county to interview the child if that child is not easily accessible by the assessing worker. A child that is visiting may be a step-child or a half sibling only in the home for brief periods of time and whose primary residence is elsewhere. For further guidance related to jurisdiction issues in child welfare, please refer to [Family Services Manual Volume I; Chapter V – Jurisdiction in Child Welfare](#). The worker should select:
 - ☐ RESIDENT
 - ☐ ABSENT
 - ☐ VISITING
 - ☐ OTHER (SPECIFY IN ITEM 16)
- j. This item captures the social security number of the child. The social worker is advised and expected to adhere to the [Identity Protection Act of 2005](#) when completing this section of the document.
- k. through t. captures information for the household adults
- k. This item captures the adult's full name in the full first, full middle and full last name format along with any nickname the adult may be known by.
- l. This item captures the relationship that the identified adult may have with the child(ren) listed in the section above. In cases where there is more than one father to the children in the household, there is a space provided that can be used to make note of his relationship to a particular child. For example, if the adult listed is the father to child listed in #1 above, the worker would complete this section as "☒ Father to 1."
- m. This item captures the adult's date of birth in the MM/DD/YYYY format.
- n. This item captures the adult's race or ethnicity code as reported by the adult. The worker will enter the same race or ethnicity code found in [Appendix A](#) of the Services

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Information System (SIS) User's Manual as will be reported on the Child Protective Services Report - Report to Central Registry / CPS Application ([DSS-5104](#)). Workers must not make assumptions or guesses regarding an adult's race, ethnicity, or heritage based on the adult's appearances. Rather, it is critical that workers engage the adult in a discussion around the race and ethnicity with which they most identify.

- o. The adult's gender is captured in this item as a checkbox. The worker may select:
 - ☐ FEMALE
 - ☐ MALE
- p. This item captures the adult's American Indian and Mexican heritage status in a checkbox.

During each CPS assessment, the agency must ask all adult family members about any American Indian heritage they may have. The adult's disclosure as to the status of their American Indian heritage will be captured in the checkbox provided in this column. The worker may select:

 - ☐ MEXICAN HERITAGE
 - ☐ AMERICAN INDIAN HERITAGE

If American Indian Heritage is identified, the worker should write in the appropriate tribal affiliation for the child.
- q. The adult's current or most recent employer contact information is captured in this column. If the adult is unemployed other information may be captured here such as educational status, any Work First (TANF) participation, disability information, etc.
- r. This item captures the primary language the adult speaks.
- s. This item captures the adult's status as it relates to his or her role within the family unit. It specifically notes if this person is the non-custodial parent. The worker may select:
 - ☐ YES
 - ☐ NO
- t. This item captures the social security number of the adult. The social worker is advised and expected to adhere to the [Identity Protection Act of 2005](#) when completing this section of the document.
- u. Through dd. These items capture information for nonresident parents and/or caretakers. Follow directions for items k. – t.

- 1. Household Physical Address This item captures the physical address of the family home.
- 2. Household Mailing Address This item captures the family's mailing address, if it is different than the physical address.
- 3. Contact Numbers The contact numbers for the family members is captured in this space.
- 4. Other Information Any additional information that a worker wishes to document should be placed in this space. It should include an explanation for the "Other" status of a child, as listed above.

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Another example would be to capture contact information for any extended family that might be involved with the children and/or family.

II. CASE INFORMATION

1. Date of Original Report This item captures the date the report was accepted for assessment by the agency.
2. Date of Initiation This item captures the date the caseworker had face-to-face contact with the alleged victim children in response to the assigned report as per North Carolina Administrative Code [10A NCAC 70A .0105 \(c\)](#). The format for this item is MM/DD/YYYY.
3. Initiation Worker This item captures the name of the social worker who has first face-to-face contact with the family (*Note: this may be the same as the On-Going Case Worker in some agencies*).
4. Is this report an assist for another county? This item captures whether one county is assisting another county during the course of a CPS assessment. A checkbox is provided, as well as a space to identify the county being assisted.
5. New Report on This Open Assessment This item contains a checkbox that allows the worker to capture whether any new allegation and/or incident that meets the legal definitions of abuse, neglect and/or dependency is received from the public during the course of an open assessment. Workers are reminded that they are obligated to meet the initiation timeframes for any new accepted Child Protective Services referral. An open narrative area to explain the selection is also provided. The worker may select:
 - YES
 - NO
 - N/A
6. If response Method is Switched This prompt reflects the date the worker and the supervisor made the decision to switch assessment tracks, if applicable. An open narrative area is also provided to document the rationale for the case re-assignment. The format for this field is MM/DD/YYYY.

Consultation with Supervisor is required before a switch in assessment track can occur.
7. Previous CPS Record Reviewed This menu item contains a checkbox that allows the worker to capture whether any previous agency records involving this same family have been reviewed by the assigned worker and/or if any Central Registry history was found. The worker may select:
 - YES
 - NO
 - INFORMATION IN RECORD

For any history found, indicate if there is a determination that abuse, neglect, or dependency occurred within the family.

 - YES
 - NO
 - INFORMATION IN RECORD

An open narrative area to describe any CPS history for any family member is also provided. The narrative could include, but is not limited to: the level of the agency's involvement with the family, the family's responsiveness to agency intervention,

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outcomes of CFT meetings, level of case plan completion, significant case contacts, custody assumed or any significant information relevant to the case.

8. Other systems/
Other county
agency services
- This menu item contains a textbox that allows the worker to capture whether there has been any involvement with other agency services (WorkFirst, etc.). An open narrative area to explain the selection is provided.

III. CIVIL/CRIMINAL RECORDS

These items capture historical or on-going safety issues involving law enforcement and/or the court system. While agencies have the discretion to document any information found, agencies should pay particular attention to criminal charges related to family violence, offenses committed against children, or offenses indicating chronic substance abuse issues. It is highly recommended that in reports involving the allegations of family violence, the agency conduct these checks prior to initiation and the agency take appropriate measures to ensure the safety of the worker as well as the family. For further guidance in this area, please refer to: the Cross Function topic on Domestic Violence. In other circumstances, it is advisable for the social workers to have a conversation with the family prior to conducting the background checks so as to allow them a chance to disclose any criminal history prior to the worker discovering it. In lieu of manually entering information found during these checks, the agency has the option of attaching the relevant information to hard copy print-outs of the documentation instrument.

Criminal background checks **must** be completed on all persons **16 years of age and older** residing in the household. The rationale for this instruction is that in the State of North Carolina, persons who are 16 years of age or older are charged within the adult criminal system and thus these checks often provide valuable information during the course of a CPS Assessment.

1. This checkbox item captures information that may indicate whether there is currently a Domestic Violence Protective Order (DVPO) in place for any of the adults in the home. The worker may select:
 - YES
 - NO
 - INFORMATION IN RECORD
2. This checkbox item captures whether the worker has searched for any civil cases that might be pending with regards to any member of the family. This includes child custody matters and child support actions. A search for any domestic violence protective orders can also be completed using this system. The worker may select:
 - YES
 - NO
 - INFORMATION IN RECORD
3. This checkbox item captures whether the worker has verified any criminal activities of any member within the family. The method for verifying this information may be through the Administrative Office of the Courts (AOC) Automated Criminal Infraction System (ACIS). The worker may select:
 - YES
 - NO
 - INFORMATION IN RECORD

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4. This item captures any information found during the assessment relevant to any calls that law enforcement may have made to family's residence regardless of whether those calls resulted in an arrest/criminal conviction or not. The worker may select:
- YES
 - NO
 - INFORMATION IN RECORD

**IV. DILIGENT
EFFORTS TO
INITIATE CASE**

These items capture the worker's efforts to initiate the case in a timely manner as outlined in the North Carolina Administrative Code. Each attempt (whether successful or not) made by the worker to initiate should be reflected in chronological order. Diligent efforts are described in the cross function topic of Diligent Efforts. **All contacts made prior to the actual case initiation should be documented within this section.** This includes the initial contact with a family member to schedule the initiation (in family assessment cases).

- a. This item captures the date the worker attempted to initiate and is entered in the first block using the MM/DD/YYYY format.
- b. The time of the attempted initiation is captured in this item.
- c. This item captures the type of contact attempted. Some examples include:
 - Agency records searched (OLV, SIS, EPICS, etc.)
 - Collaterals contacted (landlord, neighbor, etc.)
 - Community visit
 - E-Mail (attach correspondence)
 - Fax (attach correspondence)
 - Home visit
 - Memo left
 - Office visit
 - Public Utilities (cable, electric, telephone, etc.)
 - Reporter contacted for additional information
 - School / daycare contacted
 - Telephone contact
 - Voice mail message left
 - Voice mail message received
 - Public records searched (D.O.C., internet, etc.)
 - Other (specify in the results section)
- d. This item provides an open narrative area to capture information related to the person that was the target of the attempted contact and their relationship to the family.
- e. This item is an open narrative area to document the outcomes of the attempt to initiate or contacts made during the course of making diligent efforts. Information that should be captured in this field may include, but is not limited to: nature of messages left, contact memo left at home, arranged face-to-face visit, etc. If the attempt to initiate results in an interview the worker should cross-reference the case contact date the interview occurred.

V. CPS INITIATION An open narrative box is provided to capture the allegations from the Intake report.

These items document case initiation whether or not it occurred within the appropriate timeframes. This item also serves as a prompt for when a consultation with a supervisor is required.

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1-7. These items are meant to capture specific information relative to the worker's initiation of the case. These items capture information with a checkbox and/or an open narrative format in order to allow the worker to document any information relevant to that specific activity (*Note: not all activities may be applicable to every case*).

8. This item captures the documentation on the information that was discussed with the family during initial contact including the allegations or complaints made against the family. Provisions within the Child Abuse Prevention and Treatment Act ([CAPTA](#)) state, "that a representative of the child protective services agency must, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a manner that is consistent with laws protecting the rights of the informant." That is to say that the agency must notify the person to whom the allegations are made against of the concerns outlined in the CPS referral regardless of how that first contact is made.

This first contact may differ from what constitutes initiation as defined by North Carolina Administrative Code [10A NCAC 70A .0105](#). Information related to initiation which is gathered later during on-going case contacts will be documented in subsequent sections. **Please select the most appropriate section for the information, as it is not necessary to document this information in more than one section.**

9-10. These items document if the report indicate the child has any physical marks and if the child is nonverbal.

11. This item documents that all parties that should receive a copy of the Safety Assessment received a copy.

VI. SEEMAPS

The S.E.E.M.A.P.S. format should be used as a general guide to direct the discussion with the family once the allegations have been addressed. **Each family is unique and each situation to be assessed is unique. Thus, every element of S.E.E.M.A.P.S. may not be applicable to be used with every family. Rather, it is meant as a guide to help prompt workers on items they should explore with families.** For example, the worker may have adequate information related to the dimension of "Environment or Home" based on the allegations in the referral and from the worker's direct observation and therefore the worker may not need to explore every single question under that dimension. However, workers are strongly encouraged to seek information related to a summary of the family's strengths based on how the family views themselves.

VII. COLLATERAL CONTACTS

This section, and in particular, this chart is designed to capture all of the collaterals identified throughout the life of the case. This includes those identified by the reporter at the time the referral is accepted, as well as those named by the family or those determined by the social worker. In the chart there is a space to document the individual's name, contact information, and the source of the collateral. Below the chart, there is a checkbox prompt to remind social workers to obtain case information from other localities if a household member has resided outside of North Carolina. Also below the chart is a question regarding contact with the reporter.

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**VIII. CHILD AND
FAMILY MEDICAL/
WELL-BEING**

Frequently, in order to address issues related to child safety, an agency may find itself also addressing issues related to family health and well-being needs. The information contained in this section is used to document relevant medical and well-being information on all children in the family and for any adult's whose health needs impact their ability to provide appropriate care to the children. The family member for whom the information is being documented is entered on the line provided. It is helpful to acquire this information on the entire family.

1. This item captures the most recent medical event for the children in the home. This can speak to how chronic an illness might be as well as provide information if the case goes beyond the CPS assessment.
2. This item captures the medical provider information in an effort to identify the family's "medical home" (a practitioner that provides care to the family on a routine basis) and how recently they were last seen. If the family has no medical home, the agency must explore with the family whether a referral to a provider should be made.
3. This item captures the dental provider information and status.
4. This item captures the mental health provider and status of care. (Note not all families will have a provider in this category).
5. This item captures any specialist that the family may be involved with (Note not all families will have a provider in this category).
6. This item captures the place of birth for family members, especially children within the family. Acquiring the name of the hospital is important especially if the child was born in a large city or out of state. This information may be critical if the case continues beyond CPS Assessment (210) services as a means for locating necessary medical information.
7. This item provides information that may not be in initial medical records should the case continue beyond the CPS Assessment. It is critical information to have for the child's safety. It would be vital should the case go to foster care services (109).
8. This item, if applicable, captures information related to any family's members current or recent medication needs. The medication name along with its use and any dosing, special dispensing instructions, or refill information should be documented in the appropriate blocks.
9. This item captures information relevant to the status of the child(ren)'s immunization record. Documentation that may need to be captured may include, but is not limited to: explanation for any missing immunizations, noted reactions to immunizations, the family's objections to immunize, etc. A copy of the child(ren)'s immunization record may also be attached to a hard-copy print out of this instrument.
10. This item captures critical information should the case go beyond the CPS assessment and might not be found in initial medical records. This information would be important should the case go to foster care services (109).
11. This item captures whether members of the family are currently insured (either by a private insurance provider or by Medicaid or by Health Choice). Information that may need to be captured in this item may include, but is not limited to: the name of the private insurance provider, any lapse in coverage, co-pay amounts, deductibles, policy providers and policy numbers, eligibility workers, etc.
12. This item captures any medical issues that family members may have for which the agency should be aware. Examples of what may be documented may include, but is not limited to: surgeries, known allergies, significant impairments as a result of medical concerns, corrective lenses, hearing aids, etc.

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13. This item captures any mental health and/or substance abuse issues that family members may have for which the agency should be aware. Examples of what may be documented may include, but is not limited to: mental health diagnoses that impair ability to provide care, current mental health treatment plans, known substance abuse concerns, mental health or substance abuse hospitalizations or inpatient treatment history, etc.
14. This item captures any education needs that family members may have for which the agency should be aware. Examples of what may be documented may include, but is not limited to: written education goals, current or lapsed Individual Educational Plans (IEP), adult level of education or Adult Learning Plan, learning or cognitive delays, whether the child is performing at current grade level, etc.
15. This item documents whether any child in the family under the age of 3 has been or needs to be evaluated by Early Intervention services provided through a local Children's Services Developmental Agency (CDSA). Information that may need to be captured in this item can include: reason for need to make a referral, plan of service from CDSA evaluation, services being provided (such as OT, PT, etc.), the family's response to CDSA services offered, etc. This item may also be used to document any ongoing developmental services currently in place for the children in the home.
16. This item documents that a tour of the entire home and property was completed.
17. This item documents information related to environmental/safety factors within the family home.

At the end of these questions, the worker should capture any action the worker took or needs to take in response to any of the information captured within this section.

IX. ONGOING CASE CONTACTS

This section is used to capture on-going case related contacts. There are 12 blocks of ongoing case contacts. If more are needed, it is acceptable to copy and paste more into this section as this will comprise the bulk of most case records as they capture the "running narrative" associated with most child welfare records. Contacts documented in this section should include, but are not limited to: family contacts following case initiation, collaterals (both professional and non-professional), service providers, additional family members not residing in the home, other county departments of social services, case staffing or supervisory consultations, law enforcement officials, the court, etc. Ongoing contacts must continue to monitor for safety and risk, including compliance with the safety plan (if a plan was put in place).

1. This item captures the date of the worker's contact in the MM/DD/YYYY format.
2. This item captures the names of the persons present during the contact and their relationship to the family (i.e., John B. Smith – biological father or John E. Law – local law enforcement officer, etc).
3. This item captures the method of contact made during the course of the worker's on-going contacts. The on-going contact types include:
 - PHONE CALL
 - HOME VISIT
 - OFFICE VISIT
 - SCHOOL VISIT
 - OTHER (SPECIFY IN THE NARRATIVE SECTION)

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4. This item captures the type of activity completed by the contact. The type of contacts includes:
 - FAMILY CONTACT
 - COLLATERAL CONTACT
 - REFERRAL
 - RECORD REVIEW
 - STAFFING
 - MEETING PREPARATION AND/OR MEETING ATTENDANCE
 - OTHER (SPECIFY IN THE NARRATIVE SECTION)
5. This item prompts the documentation of the specific safety and/or risk issue that was addressed during this contact. Documentation provided here does not have to be repeated in 6. However, the safety and/or risk that was the purpose of and/or outcome from the contact must be supported by and have details provided in 6.
6. This item captures the documentation on the information that was discussed (or that was found) during the ongoing contact. The S.E.E.M.A.P.S. format may be used to guide the discussion. **Every element of S.E.E.M.A.P.S. is not meant to be used with every contact every time. Rather, it is meant as a guide to help prompt workers on items they should explore with those contacts.** For example, a school teacher may have important insight into the child's environmental issues and activities for daily living while a Work First (TANF) worker may be able to address the family's economic situation. However, workers are strongly encouraged to seek information related to a summary of strengths from all contacts.

At the end of the ongoing contacts section are questions to summarize services to the family. Indicate what services were in place prior to child welfare involvement, what referrals to services were made during the assessment, and the level of family engagement in those services.

X. JUVENILE PETITION

This section captures whether a juvenile petition was filed during the course of the CPS Assessment. The information is captured as checkboxes, with a narrative section for the worker to complete regarding the placement information for the children. Workers should check N/A if no petition was filed.

XI. STRUCTURED DECISION-MAKING TOOLS

This section serves as a reminder that the structured decision-making tools must be completed during a CPS Assessment in accordance with North Carolina Child Welfare Policy.

Note: A child is a reasonable candidate for foster care in the absence of protective services when the risk level within the family unit is moderate or high.

XII. TWO-LEVEL REVIEW STAFFING & CASE DECISION SUMMARY

This section captures the case decision making process. The agency worker and the social work supervisor must jointly participate in this process. Others members of the child welfare team could participate.

Case Decision Summary

Determining whether a child is abused, neglected, or dependent requires careful assessment of all the information obtained during the CPS Assessment process. In making a case decision it is important to assess not only that maltreatment has occurred, but what are the current safety issues, and is there future risk of harm and the need for protection.

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It is important to note the difference between safety and risk when completing this form. Safety assessment differs from risk assessment in that safety assesses the child's present danger and determines the interventions immediately needed to protect the child. In contrast, the family risk assessment looks at the likelihood of future maltreatment.

The following questions should provide the structure for making a case decision:

1. Has the maltreatment occurred with frequency and/or is the maltreatment severe?
This question applies to the history of the family, any and all maltreatment within the family should be considered when answering this question.

2. Are there current safety issues that indicate the child(ren) is likely to be in immediate danger of serious harm?

(Note: If the child(ren) is separated from his/her parent or access is restricted and that separation/ restriction continues to be necessary due to safety issues, then this question must be answered "Yes".)

This question applies to the situation at the time of the case decision.

3. Are there significant assessed risk factors that are likely to result in serious harm to the child(ren) in the foreseeable future?

This question applies to the current assessed risk factors and how the family is or is not addressing them to result in long term positive behavioral changes.

4. Is the child in need of CPS In-Home or Out-of-Home Services (answer "yes" if the caretaker's protective capacity is **insufficient** to provide adequate protection and "no" if the family's protective capacity is **sufficient** to provide adequate protection)?

This question applies to the situation at the time of the case decision. Services already begun and safety measures taken during the assessment should be considered when answering this question. If the child would be at risk of removal if the family discontinued a service identified during the CPS Assessment as necessary to address safety or risk, ongoing services would be appropriate.

To make a case decision to substantiate or find "services needed," the answer to one or more of the above questions must be yes, and there must be documentation to support the answers included on the case decision tool.

Note: If maltreatment reportedly occurred to a child(ren) by an out of home provider, answer as if children would be remaining in the care of that provider. This includes both licensed and unlicensed living arrangements.

Note: In determining severity of maltreatment, consideration should be given to the degree of harm, level of severity, extent of injury, egregiousness, gravity and the seriousness of maltreatment. In determining current safety, consider safety issues that exist at the time of making the case decision. If the decision of the Safety Assessment is Safe, and the Family Risk Assessment rating is Low, then the case would not be substantiated or found "services needed," unless there are unusual circumstances.

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Note: In cases where poverty is the sole factor of the maltreatment and services were offered and accepted by the parent/caretaker, the case decision should be: unsubstantiated, “services recommended” or “services not recommended,” unless there are unusual circumstances. In cases when poverty is the sole factor of the maltreatment, and there is an ongoing history/pattern of services being offered and declined and the pattern of maltreatment continues, it would be appropriate to substantiate or find “services needed” if the answers to the above four questions are “yes,” unless there are unusual circumstances.

Following the rationale for the case decision & disposition, there is a place to document if the assessment was completed within the specified timeframe. If it was not, the worker should document the reasons in this section or in the ongoing case contacts/narrative of the case. There is also a question related to whether the family was informed of the delay in the case. The worker has the discretion to document that information here or within the ongoing case contacts/narrative.

There are questions for the agency worker to complete to indicate if the assessment was completed within the specified timeframe (45 days) and if not if the family was notified of the delay.

Last, there is a place for supervisor use only. This must be used if the case decision and/or disposition is different than what was indicated in the above Rationale for Case Decision.

Children

In this section, a chart is provided to list all of the children within the family/household unit, along with their ages. To the right, there is a block that is intended to capture the maltreatment finding for each individual child, as it is recognized that there could be a different finding for each child depending on the circumstances of the case. A checkbox is provided to allow the worker to document all findings in the assessment. The possible findings are as follows:

- SUBSTANTIATED
- UNSUBSTANTIATED
- SERVICES NEEDED
- SERVICES RECOMMENDED
- SERVICES NOT RECOMMENDED
- SERVICES PROVIDED, NO LONGER NEEDED

If the case is substantiated, the worker should enter the maltreatment findings for that individual child in the space provided to the right. For example, if the case is being substantiated due to supervision concerns, the worker would check “inappropriate supervision.”

Parents/Caretakers

In this section, a chart is provided to list all of the parents/caregivers within the family/household unit. There is a space provided to document the adult’s relationship to the child. For Investigative Assessments the worker should also document if the adult is a perpetrator of the maltreatment. Following this table is prompt for social workers regarding the Responsible Individuals List. Please refer to [Chapter VIII: Protective Services 1427 – Responsible Individuals List](#) for further details.

Disposition of Case

This item captures the disposition of the case in a checkbox format.

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Staffing

The signatures of all persons included in the decision-making process is documented here, along with the date the case decision was made. At a minimum, the social worker and the social work supervisor must sign this document.

There is also a checkbox prompt regarding the completion and submission of the 5104.

XIII. ONGOING SERVICES

This section must be completed for cases that continue to In-Home or Out-of-Home Services. Please select N/A if the case is not being transferred for ongoing services.

Identify family strengths and/or protective factors.

Ensuring Safety and Addressing Risk

Specify the conditions/behaviors affecting the child's present safety or that put the child at risk of future harm.

Identify activities that can correct the identified behaviors.

Specify the activities from the Temporary Parental Safety Agreement that must continue to ensure safety of the child(ren) until the Family Services Agreement is developed.

The Ensuring Safety and Addressing Risk title down to and including the Signatures boxes should be copied and provided to the parent(s) or legal guardian(s). The signature of the parent(s) or legal guardian(s) should be requested as an indication that they received and reviewed the Ensuring Safety and Addressing Risk document.

Note: This form may be used with non-licensed and licensed family foster home providers that are receiving continued CPS Services as caretakers to relative children in their home.

XIV. LICENSING AUTHORITY NOTIFICATION

A prompt is provided to remind social workers that the appropriate licensing agency must be notified when a CPS Assessment is being conducted on an out-of-home placement arrangement. This must be done at both the beginning and conclusion of the assessment. A narrative section is provided for the documentation of any recommendations involving licensed foster homes/facilities. Complete this section and fax it along with the [Notification of CPS Involvement \(DSS-5282\)](#) to the appropriate licensing agency within seven (7) days of the case decision.

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Understanding S.E.E.M.A.P.S.

The key to understanding the purpose of S.E.E.M.A.P.S. is found in understanding that a holistic assessment makes for a more accurate and overall stronger assessment while a partial assessment makes for a poor assessment. The one question that is not asked might be the key to an underlying need of the family or the strength that could be unlocked to help the family remain together. S.E.E.M.A.P.S. is an acronym used to assist the worker in structuring their documentation of the assessment process. The family's life is divided into seven domains or dimensions. These dimensions (**S**ocial, **E**conomic, **E**nvironmental, **M**ental health, **A**ctivities of daily living, **P**hysical health and a **S**ummary of strengths) help ensure that the worker assesses all areas of a family's life. Use of the S.E.E.M.A.P.S. method:

- gives structure to the assessment process,
- ensures coverage of many of the possible areas in which the family may have issues, and
- sets the foundation for the identification of needs and strengths upon which interventions with the family will be planned

These seven S.E.E.M.A.P.S. dimensions are comprised primarily of exploratory questions that the worker should use not as a script, but rather as prompts to better understand the family and their strengths and needs. It may not be necessary to ask each of these questions every time the worker makes contact on a case. However, the more familiar a worker becomes with these questions, the better equipped the worker will be to assess the family.

Social

Who lives in the house? How are people connected to each other? What is the feeling when you enter the house (comfortable, tense, etc.)? How do people treat one another? How do they speak to and about one another to someone outside the family? How far away is this home from other homes? Would it be likely that people would be able to visit here easily? Who does visit the family? Ask questions to determine what individuals, organizations, and systems are connected to the family. Are those people/organizations/systems helpful or not? What do people in this family do for fun? What stories do they tell about themselves? What kind of social support systems the family can depend on? How does the family use resources in the community? How does the family interact with social agencies, schools, churches, neighborhood groups, extended family, or friends? Do the children attend school regularly? Are there behavior problems at school? Can children discern between truths and lies? Do the children have age appropriate knowledge of social interactions? Do the children have age appropriate knowledge of physical or sexual relationships? Are pre- teen or teenage children sexually active? Do not forget the importance of non-traditional connections a family may have.

Economic

Are people willing to discuss their finances after a period of getting acquainted? Do adults here know how to pay bills and handle money? Do people in this house know how to acquire resources well enough to get their basic needs met? Does the stated amount of income seem reasonable and possible to live on? If it does not, do members have any plan or idea what to do? Has the family made plans to use economic services? Are food stamps, child support, TANF, LIEAP available to them? If not, why not? If income seems adequate but the residence and family members seem needy, is there any comprehensible explanation about where the money goes? Do the adults in the family demonstrate an awareness of how to budget the money that is available to them? Do people in this family tend to make workable fiscal decisions? What is the strongest economic skill each person in this family displays? Do they have enough money to make it through the month? Do they have any plan for where the money goes? Where does the money come from? Does the parent subsystem agree about the destination of any monies available? Are they content with the job they have? Have they considered changing job fields or careers? If so, what has prevented it?

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Environment / Home

How does the residence look from the outside (kept up; in disrepair; etc.)? What is the surrounding area like? Places for children to play? Are there obvious hazards around the house (old refrigerators, non-working cars, broken glass, etc.)? What is the feeling you get when you arrive at this residence? Is the neighborhood comfortable or dangerous? Are there people walking around? Do you get a sense that people in this neighborhood would intervene if a child were in danger? Inside the residence, is there light and air? Is there any place to sit and talk? Are there toys appropriate for the ages of the children who live there? Can you tell if someone creates a space for children to play? Is there a place for each person to sleep? Is it obvious that people eat here? Can you determine what kind of food is available for people who live here? Are there any pictures of family members or friends? Is there a working phone available to the family? Is there a sanitary water supply available to the family? Are there readily available means of maintaining personal hygiene (toileting, bathing, etc.)? Is there a heating and/or cooling system in the home? What are the best features of this environment? Is the family aware of weapons safety issues?

Mental Health

Take a mental picture of the people in this family. What is their affect? Does their affect make sense, given the situation? Do members of this family have a history of emotional difficulties, mental illness, or impulse problems? Does anyone take medication for "nerves" or any other mental health condition? Are persons you interview able to attend to the conversation? Are there times when they seem emotionally absent / distant during conversation? Do people make sense when they speak? Are they clearly oriented to time and location? When people speak to each other, does their communication make sense to you as well as to other family members? Are people able to experience pleasure in some things? Are there indicators that persons in this family have substance abuse addictions? Is there some awareness of the developmental differences between adults and smaller children? How do people in this family express anger? Can people in this family talk about emotions, or do they only "express" them? What is the major belief system in this family? Do members of this family seem generally okay with themselves? Is anyone exhibiting signs of depression (remember that depression in children can show up as hyperactivity)? Has anyone ever received counseling or been under the care of a physician for a mental health problem? Is there any history of mental illness in the family? Do their thoughts flow in ways you can understand? If you cannot understand the person, does the rest of the family act like they understand (there may be some cultural language habits that you will have to learn)? Is anyone on medication? Are any of the medications for mental health related issues (i.e., medications for depression, sleeping pills, anti-anxiety medications, tranquilizers, etc.)? Are there funds to buy that medication? Is anyone abusing substances? What kind? Do they acknowledge a problem?

Activities of Daily Living

Do family members understand "Safe Sleeping" habits (for infants under the age of 18 months)? Is the children's clothing adequate (appropriate as to: weather, size, cleanliness, etc.)? What activities does the family participate in? How does the family spend its free time? Do adults in this family know how to obtain, prepare, and feed meals to children in this family? Does this family speak English or the prevalent language of their community? Does the family engage in some activities of a spiritual nature? Are adults able to connect usefully with their children's schools, doctors and friends? Do the adults in the house demonstrate developmentally appropriate and accurate expectations of the children in the home? Does the family own a car? If not, are there neighbors close by who will give them rides? Is public transportation convenient and available? Do people in this family have the ability and willingness to keep the home safe and reasonably clean? What skill does this family demonstrate the most? Do the parents know how to discipline their children or adolescents? Do they need some support in learning how to manage or organize their household, or how to stretch their limited budget? Are the family members employable?

Physical Health

Obtain demographic information for all household members. Discuss parents' or safety providers' willingness to protect the children. Discuss any additional concerns. Do the children appear healthy? Do the children

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appear on target with their height and/or weight? Are there any special medical concerns faced by family members? If so, who knows how to treat or administer to those concerns? How do people in this family appear? Do they tend to their hygiene on a regular basis? Does anyone appear fatigued or overly energetic? Is anyone chronically ill, taking medication, or physically disabled? Is anyone in this family using illegal drugs or abusing prescription drugs? Do people in this family eat healthy food and/or get regular exercise? Does anyone in this family use tobacco products? Are there any members of the family who appear to be significantly obese? Are there any members of the family who appear to be significantly underweight? How long has it been since members of the family had a physical examination? Are there older children who continue to have bedwetting problems? Do people have marks or bruises on their bodies (remember that people may overdress or apply heavy makeup, perhaps to hide injuries)? Have steps been taken to ensure that the area where small children live is reasonably free from life-threatening hazards? Do small children ride in safety seats or use seatbelts? What is the healthiest thing this family does? What is the skin tone, hair quality, color of lips (especially with infants) with family members? Have the children had vaccinations? Are they up to date? Does anyone in the family have mobility issues? Are there any signs of palsy or other unusual movements? What is the family's perception of their own physical health? Does the family have medical and/or dental insurance coverage? If so, who is provider? If not, is family eligible to apply for Medicaid? If the family is not eligible to receive Medicaid are there other resources available? Does the family have a "Medical Home"? If so, who are the providers that make up that "Medical Home"?

Summary of Strengths

What are the major interpersonal strengths about this family? Assess if any adults in the family (especially regular caregivers) were abused or neglected as children. Was there substance abuse or domestic violence issues in their homes of the adult family members? How were adult family members disciplined? Strengths may be identified by observation from the worker or by disclosure from the family. Family strengths take many forms and appear as dreams, skills, abilities, talents, resources, and capacities. Strengths apply to any family member in the home (grandparents, aunts, uncles, etc.). Strengths can be an interest in art, the ability to throw a football, getting to work everyday, drawing a picture, making friends, and cooking a balanced meal, etc. These interests, talents, abilities, and resources can all be used to help a family meet its needs. Strengths can be found by asking family members and by asking other professionals.

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County #: Case #:

Assigned Worker: Supervisor:

I. HOUSEHOLD / FAMILY COMPOSITION/ INDIVIDUAL CASE DECISION INFORMATION

a. Child full name/nickname	b. SIS # (11 digits)	c. Child's date of birth	d. Child's race/ ethnicity	e. Child's sex	f. Heritage	g. Child's school / grade	h. Child's primary language	i. Child's status	j. Social Security Number
1.				<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	
2.				<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	
3.				<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	
4.				<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	
5.				<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	
6.				<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	
7.				<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:			<input type="checkbox"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O	

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k. Adult full name/nickname	l. Relationship to child(ren)	m. Adult's date of birth	n. Adult's race/ ethnicity	o. Adult's sex	p. Heritage	q. Adult's employer / Military affiliation	r. Adult's primary language	s. Custodial parent?	t. Social Security Number
1.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <input type="checkbox"/> Other:			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <input type="checkbox"/> Other:			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <input type="checkbox"/> Other:			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <input type="checkbox"/> Other:			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
5.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <input type="checkbox"/> Other:			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
6.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <input type="checkbox"/> Other:			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Household physical address:
2. Household mailing address (if different than physical address):
3. Contact numbers:
4. Other information:

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

NON-RESIDENT PARENT(S) & CARETAKER(S)

u. Adult full name/nickname	v. Relationship to child(ren)	w. Adult's date of birth	x. Adult's race/ ethnicity	y. Adult's sex	z. Heritage	aa. Adult's employer / Military affiliation	bb. Adult's primary language	cc. Custodial parent?	dd. Social Security Number
1.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <input type="checkbox"/> Other:			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
2.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <input type="checkbox"/> Other:			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
3.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <input type="checkbox"/> Other:			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	
4.	<input type="checkbox"/> Mother <input type="checkbox"/> Father of: <input type="checkbox"/> Other:			<input type="checkbox"/> male <input type="checkbox"/> female	<input type="checkbox"/> Mexican <input type="checkbox"/> American Indian Tribe:	Military: <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, identify branch:		<input type="checkbox"/> Yes <input type="checkbox"/> No	

1. Household physical address:
2. Household mailing address (if different than physical address):
3. Contact numbers:
4. Other information:

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

II. CASE INFORMATION

1. Date of Original Report:
2. Date of Initiation:
3. Initiation Worker (if different than assigned worker):
4. Is this report an assist for another county? ☐ YES ☐ NO If yes, what county?
5. New report on this open assessment: ☐ YES ☐ NO ☐ N/A Explain:
6. If response method is switched, consultation with a supervisor is required.
Date: Rationale:
7. Previous CPS history check (for all members of the household)
 - a. Previous county agency CPS record reviewed:
☐ YES ☐ NO ☐ INFORMATION IN RECORD
 - b. Central Registry check:
☐ YES ☐ NO ☐ INFORMATION IN RECORD
 - c. Finding of Substantiation, Services Needed, and/or Significant Ongoing History
☐ YES ☐ NO ☐ INFORMATION IN RECORDIf CPS history for any member of the household is found, describe that history and associated findings:
8. Other systems / other open county agency services check: Identify system and findings:

III. CIVIL / CRIMINAL RECORDS

(List / attach **relevant** information. Checks to be completed on all members of the household unless indicated otherwise.)

1. [NCGS 50B](#) Order currently in place as per Administrative Office of the Courts (AOC):
☐ YES ☐ NO ☐ INFORMATION IN RECORD
2. Civil Case Processing System check:
☐ YES ☐ NO ☐ INFORMATION IN RECORD
3. Criminal history check for all persons **16 years of age or older** residing in the home per ACIS:
☐ YES ☐ NO ☐ INFORMATION IN RECORD
4. 911 Response log reviewed:
☐ YES ☐ NO ☐ INFORMATION IN RECORD

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IV. DILIGENT EFFORTS TO INITIATE CASE

Thoroughly document all attempts to initiate and make contact with the family.

a. Date	b. Time	c. Type of contact	d. Person contacted / relationship	e. Results of attempt to initiate

V. CPS INITIATION

Allegations:

Responses to following questions must be supported by the narrative, i.e., the initiation narrative must include the details regarding questions 1. – 7. i.e., who was provided the MRS brochure, interaction and interviews with child(ren) and parents.

1. Were allegations discussed during initial contact? ☐ YES ☐ NO If not, explain:
2. If parent/caretaker was not contacted prior to the initiation, please explain.
3. Were all children seen and interviewed separately within initiation response timeframe?
☐ YES ☐ NO If no, explain:
4. Were parents of the children seen and interviewed on the same day as the children? ☐ YES ☐ NO
5. Did a home visit occur on the same day as victim child(ren) was interviewed? ☐ YES ☐ NO

For questions 3.-5. if the response is NO consultation with a supervisor is required and must be documented.

6. CPS / MRS / Judicial Review (RIL) process fully explained to family & MRS brochure provided:
☐ YES ☐ NO
7. Possible case decision findings explained to family: ☐ YES ☐ NO

8. INITIATION NARRATIVE

Be sure to discuss with the family the nature of **ALL** of the allegations at this initial contact.

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9. Report indicates that child has ☐ injuries, ☐ marks, ☐ bruises, ☐ is a potential victim of sexual abuse, or ☐ other (explain): ☐ N/A
- a. Assessor completed body inventory/observation:
 - b. Child has marks, bruises, welts, old scars, etc.:
 - c. Photographs taken:
 - d. Referral for CME or CFE or medical treatment needed:
 - e. LE / DA notified if appropriate:
10. Child is nonverbal ☐ YES ☐ NO (explain observations of child and his/her interaction with family if nonverbal):
11. Parent / Caregiver / Temporary Safety Provider received a copy of the initial safety assessment:
☐ YES ☐ NO (if "NO" explain):

VI. SEEMAPS

(Social, Economic, Environmental, Mental health, Activities of daily living, Physical health and a Summary of strengths) Ask questions regarding the family, not necessarily related to the allegations, to assess family strengths and needs, including any possible history of domestic violence, substance abuse, discipline methods used, etc.

VII. COLLATERAL CONTACTS

1. Complete table. Inquire from family the names of people who may have knowledge regarding the allegations and other aspects of the family.

<u>Name</u>	<u>Contact Information</u>	<u>Type of Collateral (CPS Referral, SW Determined/Required, Parent Provided)</u>

2. Other social service / child welfare agencies contacted for information on household members that have resided elsewhere within North Carolina and/or outside of North Carolina: ☐ YES ☐ NO ☐ N/A
- If yes, identify agency and include contact information:
3. Was reporter contacted during the CPS Assessment? ☐ YES ☐ NO If no, explain:
If yes, document in Ongoing Case Activities and Contacts section, IX.

VIII. CHILD AND FAMILY MEDICAL / WELL-BEING

This information is for the following family member(s): Repeat page as needed for other family members.

1. When was child last seen by a medical provider for any reason including emergency room or hospitalization?
For what reason?

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2. Primary medical provider:
Contact information:
Date of last appointment:
3. Dentist name:
Contact information:
Date of last appointment:
4. Therapist / psychiatrist name: ☐ N/A
Contact information:
Date of last appointment:
5. Specialist name: ☐ N/A
Contact information:
6. Place of birth (city, state, hospital):
Any issues at birth? ☐ N/A
7. Does child have any allergies (food, medication, animals, etc.)? ☐ YES ☐ NO If yes, identify allergy and describe the reaction.
8. Medication name & use (include dosing, dispensing, & refill information): ☐ N/A
9. Status of child(ren)'s immunizations: ☐ up-to-date ☐ other:
10. How is child doing in general with eating, drinking, sleeping and otherwise?
11. Family's status as related to health insurance: ☐ Medicaid ☐ Health Choice ☐ Private ☐ None
12. Explain any medical issues for family members: ☐ N/A
13. Explain any mental health and/or substance abuse issues for family members: ☐ N/A
14. Explain any educational issues / challenges facing family members: ☐ N/A
15. Explain the need for any child in the family under the age of 3 to be referred to CDSA in cases in which the social worker has determined the need for a referral or in cases in which item S6 on the Family Strengths and Needs Assessment is scored a "1" or a "3" (Need) OR describe any ongoing services already in place: ☐ N/A
16. Home visit completed of the entire home and any outside structures the child(ren) may have access to:
☐ YES ☐ NO If no, explain:
17. Discuss environmental/safety factors.
- i. Safe sleeping arrangements for infants discussed with family (for more information see [Safe Sleeping Arrangements](#)): ☐ YES ☐ NO ☐ N/A
 - ii. Fire safety plan discussed with family: ☐ YES ☐ NO
 - iii. Functioning smoke detectors in home verified: ☐ YES ☐ NO
 - iv. Are there firearms in the home or on the property? ☐ YES ☐ NO
If yes, are firearms safely stored (as per [GS 14-315.1](#)): ☐ YES ☐ NO Explain:

As a result of the information above, this worker took / needs to take the following action:
☐ N/A

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IX. ONGOING CASE ACTIVITIES AND CONTACTS

Repeat as needed for all activities, including referrals, meetings and contacts throughout the CPS Assessment.

<p>1. Date:</p> <p>2. Name / Relationship:</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other:</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other:</p> <p>5. Safety/Risk Addressed During Contact:</p> <p>6. Narrative:</p>
<p>1. Date:</p> <p>2. Name / Relationship:</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other:</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other:</p> <p>5. Safety/Risk Addressed During Contact:</p> <p>6. Narrative:</p>
<p>1. Date:</p> <p>2. Name / Relationship:</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other:</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other:</p> <p>5. Safety/Risk Addressed During Contact:</p> <p>6. Narrative:</p>
<p>1. Date:</p> <p>2. Name / Relationship:</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other:</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other:</p> <p>5. Safety/Risk Addressed During Contact:</p> <p>6. Narrative:</p>
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<p>1. Date:</p> <p>2. Name / Relationship:</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other:</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other:</p> <p>5. Safety/Risk Addressed During Contact:</p> <p>6. Narrative:</p>
<p>1. Date:</p> <p>2. Name / Relationship:</p> <p>3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other:</p> <p>4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other:</p> <p>5. Safety/Risk Addressed During Contact:</p> <p>6. Narrative:</p>

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1. Date: 2. Name / Relationship: 3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other: 4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other: 5. Safety/Risk Addressed During Contact: 6. Narrative:
1. Date: 2. Name / Relationship: 3. Method of contact: <input type="checkbox"/> phone call <input type="checkbox"/> home visit (provide address in narrative if not at family address) <input type="checkbox"/> office visit <input type="checkbox"/> school visit <input type="checkbox"/> other: 4. Type of Activity: <input type="checkbox"/> family contact <input type="checkbox"/> collateral contact <input type="checkbox"/> referral (identify type of referral in narrative) <input type="checkbox"/> record review <input type="checkbox"/> staffing <input type="checkbox"/> meeting preparation/attendance (CFT, treatment, etc., identify type of meeting in narrative) <input type="checkbox"/> other: 5. Safety/Risk Addressed During Contact: 6. Narrative:

SERVICE REFERRALS MADE DURING THE CPS ASSESSMENT

What services were in place prior to the CPS Assessment? ☐ N/A (no services in place)
 Were referrals made during the CPS Assessment? Describe: ☐ N/A (no referrals needed)
 Describe level of family engagement in the service(s). ☐ N/A

X. JUVENILE PETITION (☐ N/A for this section)

- a. Was a juvenile petition filed in relation to this case? ☐ YES ☐ NO
- b. Was non-secure custody assumed? ☐ YES ☐ NO
- c. Placement of the child(ren):

XI. STRUCTURED DECISION-MAKING TOOLS

(Please verify by checking that following tools have been completed, discussed with family, and are placed in the case file)

- ☐ [DSS-5231](#) North Carolina Safety Assessment (if case is being closed with no further action there must be a Safety Assessment with a Safe finding).

Safety Outcome: Safe: ☐ Safe with a Plan: ☐ Unsafe: ☐

- ☐ [DSS-5230](#) North Carolina Family Risk Assessment of Child Abuse / Neglect

Risk Assessment Outcome

Neglect Score	Abuse Score	Risk Level
Override: <input type="checkbox"/> YES <input type="checkbox"/> NO		

- ☐ [DSS-5229](#) North Carolina Family Assessment of Strengths and Needs.

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

XII. TWO-LEVEL REVIEW STAFFING AND CASE DECISION SUMMARY

Case Decision Summary

Give rationale for both “yes” and “no” answers to the following questions.

1. Has the maltreatment occurred with frequency and/or is the maltreatment severe?
☐ YES ☐ NO
2. Are there current safety issues that indicate the child(ren) is likely to be in immediate danger of serious harm?
☐ YES ☐ NO

(Note: If the child(ren) is separated from his/her parents or access is restricted and that separation/restriction continues to be necessary due to safety issues, then this question must be answered “yes”.)

3. Are there significant assessed risk factors that are likely to result in serious harm to the child(ren) in the foreseeable future?
☐ YES ☐ NO
4. Is the child in need of CPS In-home Services or Out-of-home Services (answer “yes” if the caretaker’s protective capacity is insufficient to provide adequate protection and “no” if the family’s protective capacity is sufficient to provide adequate protection)?
☐ YES ☐ NO

Rationale for Case Decision & Disposition

Document the factual information regarding the findings as they relate to the allegations of abuse, neglect, and/or dependency, including behaviorally specific information regarding the frequency and severity of maltreatment, safety issues, and future risk of harm. Include information to support Yes and No answers above.

Assessment completed within the specified timeframe: ☐ YES ☐ NO If no, explain:

Family notified of the delay in making case decision: ☐ YES ☐ NO Document the discussion here or in narrative:

Optional Supervisor Use Only

Optional comments or clarification by the supervisor can be noted here.

If the case decision and/or disposition is different from that indicated in the above Rationale for Case Decision and Disposition, the supervisor must provide documentation to justify the decision and/or disposition.

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

Children

<u>NAME</u>	<u>AGE</u>	<u>Case Decision for each Child</u>	<u>Maltreatment Findings</u> (Complete for Substantiated Investigative Assessments ONLY)	
1.		<input type="checkbox"/> Substantiated (enter maltreatment finding(s) in next two columns) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
2.		<input type="checkbox"/> Substantiated (enter maltreatment finding(s) in next two columns) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
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NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

5.		<input type="checkbox"/> Substantiated (<u>enter maltreatment finding(s) in next two columns</u>) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
6.		<input type="checkbox"/> Substantiated (<u>enter maltreatment finding(s) in next two columns</u>) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law
7.		<input type="checkbox"/> Substantiated (<u>enter maltreatment finding(s) in next two columns</u>) <input type="checkbox"/> Unsubstantiated <input type="checkbox"/> Services Needed <input type="checkbox"/> Services Recommended <input type="checkbox"/> Services Not Recommended <input type="checkbox"/> Services Provided, No Longer Needed	<input type="checkbox"/> Physical Abuse <input type="checkbox"/> Emotional Abuse <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> Delinquent Acts Involving Moral Turpitude Human Trafficking: <input type="checkbox"/> Sexual <input type="checkbox"/> Labor <input type="checkbox"/> Dependency	Neglect: <input type="checkbox"/> <input type="checkbox"/> Imp. Supervision <input type="checkbox"/> Improper Care Improper Discipline: <input type="checkbox"/> w/ injuries <input type="checkbox"/> w/out injuries <input type="checkbox"/> Environment Injurious: <input type="checkbox"/> Domestic Violence <input type="checkbox"/> Substance Abuse <input type="checkbox"/> Abandonment <input type="checkbox"/> Safe Surrender <input type="checkbox"/> Improper medical/ remedial care <input type="checkbox"/> Violation of Adoption Law

Parents / Caretakers

Parent / Guardian / Custodian / Caretaker / Agency / Foster Home / Group Care / Institution	Relationship to Child	Perpetrator
1.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
2.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
3.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
4.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
5.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
6.		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A

(Complete for Investigation Assessments only)

- ☐ At least one of the perpetrators is a candidate for placement on the RIL.
 (if so all required letters must be placed in the record and delivered as policy requires.)

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

Disposition of Case

Case closed (date):

☐ Transferred to:

County (date):

☐ Case transferred to CPS In-home Services (date):

☐ Case transferred to CPS Out-of-home Services (date):

☐ Case transferred to Voluntary Services (date):

Staffing

Names of others present for staffing:

Name of CPR contact (if applicable):

Social worker signature: _____ Date: _____

Supervisor's signature: _____ Date: _____

☐ 5104 completed and submitted

XIII. ONGOING SERVICES (☐ N/A for this section)

This section must be completed for cases that continue to In-Home or Out-of-Home Services

The Structured Documentation Instrument (DSS-5010) documents the social activities, economic situation, environmental issues, mental health needs, activities of daily living, physical health needs, and summary of strengths (SEEMAPS) identified during the completion of a CPS Assessment. This information, along with the outcomes from the Risk Assessment and the Strengths and Needs Assessment should guide the development of the Ongoing Needs and Safety Requirements document and should detail the needs and the activities intended to prevent foster care placement of child for whom, absent effective preventive services, the plan would be removal from the home.

Identify the Family Strengths and/or Protective Safety Factors in Place:

The Ongoing Needs and Safety Requirements document on the next page is not used for Group Care or Institutional Assessments but may be used for licensed family foster home and kinship care providers that are receiving continued CPS services as caretakers to children in their home.

NORTH CAROLINA CPS ASSESSMENT

Continuing Needs and Safety Requirements

This document communicates the county child welfare agency's concerns, identifies services or actions the agency believes will assist in addressing those concerns, and states requirements to maintain your child(ren)'s safety. The activities to ensure your children's safety must remain in effect until a Family Services Agreement is developed. The county child welfare agency will work with you and your family to develop a Family Services Agreement to specify how the agency will work with you, your family, your family supports, and service providers to reduce the safety and/or risk and, when applicable, to improve the well-being of your children.

The following strengths, needs, and concerns regarding your child(ren)'s present safety or that put them at risk of future harm were identified during the CPS Assessment.

The following activities and/or services have been recommended for your family and will be discussed during the development of your Family Services Agreement.

The following activities (agreed to in your Temporary Parental Safety Agreement) to ensure the safety of your children must continue until development of the Family Services Agreement.

SIGNATURES (Received and Reviewed)			
Child's Parent or Legal Guardian: X	Date Signed:	Child's Parent or Legal Guardian: X	Date Signed:
Child's Parent or Legal Guardian: X	Date Signed:	CPS Social Worker: X	Date Signed:

NORTH CAROLINA CPS ASSESSMENT

XIV. Licensing authority notified for CPS assessments involving out-of-home placements

(Note: The appropriate licensing agency must be notified at the beginning of a CPS Assessment involving an out-of-home placement, as well as at the time of the case decision.)

☐ NCD CD ☐ NCDSS ☐ NCDHSR ☐ OTHER:

Recommendations for the Division of Child Development and Early Education (DCDEE), Division of Social Services (DSS), or Division of Health Services Regulation (DHSR) Utilize the Notification of CPS Case Decision ([DSS-5282](#)) to notify the appropriate licensing agency of the case decision information. For children placed in DSS or DHSR licensed foster homes / facilities, identify the recommendations discussed with the involved counties and their Children's Program Representative(s) prior to case decision.

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

County:

Case Number:

Case Name:		Worker Name:	
		Phone Number:	
Risk Level: (from current assessment form)	<input type="checkbox"/> Low <input type="checkbox"/> Medium <input type="checkbox"/> High <input type="checkbox"/> NA (for Permanency Planning with a plan other than Reunification)	Supervisor Name:	
		Phone Number:	
Meeting Purpose: Multiple boxes may be selected. *Should be a CFT	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Safety Planning or Pre-petition/custody* In-Home <input type="checkbox"/> Initial Family Services Agreement * <input type="checkbox"/> Review of Family Services Agreement* Other <input type="checkbox"/> Family Requested*, Describe: <input type="checkbox"/> Other, Describe: </div> <div> Permanency Planning (multiple boxes may be selected) <input type="checkbox"/> Development of Family Services Agreement* <input type="checkbox"/> Permanency Planning Review <input type="checkbox"/> Family Services Agreement Update* <input type="checkbox"/> Foster Care 18-21 <input type="checkbox"/> Change (placement, school, other)*, Describe: </div> </div>		
Facilitator Type:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Facilitator (no case responsibility) <input type="checkbox"/> Case supervisor </div> <div> <input type="checkbox"/> Case worker <input type="checkbox"/> Other: </div> </div>		
Service Needs:	<div style="display: flex; justify-content: space-between;"> <div> Interpreter: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify language: Other: Describe: </div> <div> Disability: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify disability/accommodations needed: </div> </div>		
Child Living Arrangement:	<div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Parent(s)/caretaker(s) <input type="checkbox"/> Family foster home <input type="checkbox"/> Therapeutic foster home <input type="checkbox"/> Other: </div> <div> <input type="checkbox"/> Temporary Safety Provider <input type="checkbox"/> Kinship Provider (licensed or not licensed) <input type="checkbox"/> Group home or juvenile justice placement <input type="checkbox"/> PRTF / Hospital </div> </div>		
Parents/ Caretakers Status:	Are both parents involved? Describe the relationship between parents/caretakers? What efforts have been made to engage non-resident parent? <input type="checkbox"/> NA		
Meeting Objective / Issue to be Addressed:			
Relevant Safety Issues:			
Parent/ Caretaker Preparation:	What does the parent want to address during the meeting? What concerns does parent/caretaker have about the meeting? How will children be involved? Encourage parents(s) to bring family pictures and items to “entertain” children. Who are the family supports? Who does the parent/caretaker want to attend this meeting?		

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

County: **Case Number:**

	Discuss potential safety concerns. What is best time of day/ day of week for the family members? Prepare/introduce the parent(s) to the need to complete required forms (and why).			
Service Providers, Family Supports or Community Members:				
Considerations:	<ul style="list-style-type: none"> How many attendees are anticipated? How long is the meeting expected to last? 	<ul style="list-style-type: none"> Should childcare be provided/available? Is the meeting location family-friendly? 		
Meeting Location:				
Participant Preparation: Who is responsible?	Name	Contact Method/Number	Relationship to Child	Date contacted and outcome
	1.			
	2.			
	3.			
	4.			
	5.			
	6.			
	7.			
	8.			
	9.			
	10.			
	11.			
	12.			
All Attendee Preparation:	Discuss purpose of the CFT meeting. Discuss the requirement for confidentiality. Discuss the meeting expectations, to include but not limited to: <ul style="list-style-type: none"> Participants agree to arrive on time and can expect the meeting to last (minutes or hours). Participants understand that there may not be time to address all topics during this meeting and that there will be agency requirements that must be covered. Participants agree to use of a “parking lot” to identify ideas or items for follow up. 			

NORTH CAROLINA FAMILY MEETING PREPARATION

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

Name of Child/Youth:	Age:	Repeat this page for each child.	
Child Preparation (all meetings)	<p>A. Describe how child was prepared. <input type="checkbox"/> NA. If NA, explain why: _____ Answer question B. at the end of this section.</p> <p>Child should answer:</p> <ul style="list-style-type: none"> These are my ideas regarding the decisions that will be made in the meeting: I do <input type="checkbox"/> / do not <input type="checkbox"/> wish to attend the meeting. Explain: Answer question B. at the end of this section if child does not plan to attend the meeting or expresses an inability to participate/express views. How things are with my family right now: How things are in school: How things are between me and my caseworker or between me and the agency: What is going well: What I am worried about: What I would like to be different: Other: <p>B. What is the plan to have child represented if unable to participate in the meeting? <input type="checkbox"/> NA (child will participate)</p>		
Additional Child Preparation for Permanency Planning cases <input type="checkbox"/> Check if child is in county child welfare custody	<p>If box (to the left indicating child in custody) is checked, child should also be asked the following: <input type="checkbox"/> NA. If NA, explain why: _____</p> <ul style="list-style-type: none"> How things are in my current placement: Where I want to live while I am in foster care <ul style="list-style-type: none"> <input type="checkbox"/> I want to stay where I live now, with <input type="checkbox"/> I want to live somewhere else: (describe the kind of setting that would be best for you) The following permanent plan would be in my best interest <ul style="list-style-type: none"> <input type="checkbox"/> Going to live with my parent(s). Explain if checked: <input type="checkbox"/> Going to live with a relative. Explain if checked: _____ Name of person, relationship <input type="checkbox"/> Going to live with: _____ Relationship to child: _____ Explain if checked: <input type="checkbox"/> Going out on my own. Explain if checked: <input type="checkbox"/> Being adopted. Explain if checked: <input type="checkbox"/> Participating in Foster Care 18-21 (check only if child is 17 years old) <input type="checkbox"/> Other (describe). Explain if checked: My second choice for a permanent plan would be: While I am in foster care, I want to have visits/contact with the following: <ul style="list-style-type: none"> <input type="checkbox"/> I would like to have <u>regular</u> visits with (focus on family members, name of person and how often): <input type="checkbox"/> Additionally, I want to have visits with the following people who are important to me: <input type="checkbox"/> I would like to have contact with the following people: If age 14 or older, my participation in development of my transitional living plan has been: 		

Follow up with the child(ren) after the meeting to discuss the meeting (whether or not they attended), especially any decisions made during the meetin Page 3 of 3

NORTH CAROLINA FAMILY MEETING PLANNING INSTRUCTIONS

For use in planning all family meetings including CFTs, Family Services Agreements, Permanency Planning Reviews, and other child welfare agency meetings.

Child and Family Team (CFT) meetings are a critical aspect of family engagement. CFT meetings should not be viewed as a single event but as a process. Introduction to CFT meetings should begin during the CPS Assessment phase of a case. Documenting the process is as important as documentation of the actual meeting.

A CFT is designed to capture the best ideas of the family, informal, and formal supports that the family believes in, ideas that the agency can approve of, and that lessens risk and heightens safety for the child/youth and family, or that will promote permanency and well-being for a child(ren). The use of the Child and Family Team reflects the belief that families can solve their own problems, most of the time, if they are provided the opportunity and support. No one knows a family's strengths, needs and challenges better than the family. CFT meetings are structured, guided discussions that can be held during any aspect of a child welfare case (Assessment, In-Home or Permanency Planning). A CFT may be held to:

- Reach agreement on how identified child welfare issues and/or a safety threat will be addressed;
- Develop a Family Service Agreement;
- Review a Family Services Agreement;
- Address the placement of a child(ren) or disruption of a placement for that child(ren);
- Discuss or review permanency planning for a child(ren);
- Plan for how all participants will take part in, support, and implement a Family Service Agreement or any other agreement developed.

Use of the Family Meeting Planning form supports compliance with all CFT policies and practice. The Family Meeting Planning form is to be completed by the agency prior to a CFT meeting. The purpose of this form is to:

- Support the agency in preparing for a family meeting, ensuring consideration of the family needs (interpreter, disability) while also planning for any risk and any safety issues;
- Enhance CFT meeting quality by ensuring that resources are identified and in place prior to the meeting (interpreters, facilitators, child care, etc. when needed) and that a clear purpose has been established;
- Ensure that all appropriate participants are identified, notified and prepared for the meeting;
- Ensure that the agency has discussed with the parents/caretakers the meeting purpose, the parent's concerns, who the parents wish to have participate, and the parent's desire for how the child(ren) participate; and
- Provide guidance for the agency in preparing all children for the CFT meeting.

The Family Meeting Planning form is not designed for documentation of the meeting, just to support planning for the meeting.

The Family Meeting Planning form is designed to be shared electronically so that more than 1 person can add information. Exactly who completes each section of this form is left to the discretion of each agency. Some counties may have the worker assigned to the case complete beginning sections of the form and then forward it to a manager for assignment to a facilitator. Another agency may have the facilitator complete the form based on an email or verbal referral. An agency may also choose to route the form back to the worker once the meeting has been scheduled and the adult participants have been contacted, so the worker can prepare the child(ren).

The information required by this form need not be duplicated elsewhere in the record.

NORTH CAROLINA CHILD AND FAMILY TEAM MEETING SAFETY PLANNING

County #

Case #

Date

Family Name:		Worker Name:	
		Supervisor:	

I. Identifying Information	Name & Address	DOB	
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Child		DOB:	Age:
Mother			Age:
Address		Phone:	
Father			Age:
Address		Phone:	
Other Caregiver			Age:
Address		Phone:	
Other Caregiver			Age:
Address		Phone:	

This document serves multiple purposes. It:

- Identifies important information about families and children, including their strengths and needs
- Captures how all participants/team members will work together to achieve the identified goals/objectives
- Meets NC state policy requirements for CFT meetings, including documentation.

II. Meeting Introduction

Meeting Purpose: Family, with their supports, coming together with the child welfare agency to identify and create solutions.

Specific purpose for this meeting (if not covered in Reason or Goals below):

Ground Rules & Confidentiality Meeting specific ground rules:

Reason/Concern/Background for meeting:

Family Goal:

Agency Goal:

NORTH CAROLINA CHILD AND FAMILY TEAM MEETING SAFETY PLANNING

III. What is going well? Identify with the family their strengths & resources

- A. List family strengths. Include strengths of the entire family, parents/caretakers, and children.
- B. List services in place for the family & describe family's use of those services.
- C. List natural family supports. Explain current involvement of those supports and the CFT meeting participants.

IV. What needs to change and/or be addressed for child safety and to reduce risk?

- A. List the current safety issue(s)
Agency "bottom line" safety: Clearly state the safety issue(s) identified by the child welfare agency that must be addressed in this meeting:
- B. List other needs &/or concerns. Identify needs for the entire family, the parents/caretakers & the children.

V. What will support the needed changes? What needs to be put into place to help the family maintain child safety? Identify with the family ideas (brainstorm ideas) to address safety, issues, needs, &/or concerns.

Consider the following:

- a. If there is a non-residential parent, describe how they are assisting in the planning of the child(ren)'s safety.
- b. What will happen if the child's safety can no longer be assured?
If the child must be removed from the home, what are the parent's preferences for placement?
- c. What services and/or community resources should be considered?

NORTH CAROLINA CHILD AND FAMILY TEAM MEETING SAFETY PLANNING

VI. Plan

Plan Purpose/Objective:

	Activity (family or family supports)	Who is responsible?	By when?
1			
2			
3			
4			
	Activity (child welfare agency)	Who is responsible?	By when?
1			
2			
3			
4			

What will indicate that the safety threat has been eliminated and/or the risk has been reduced?

NORTH CAROLINA CHILD AND FAMILY TEAM MEETING SAFETY PLANNING

VII. Next Steps

Next Meeting Date:	
Issues to be Discussed:	
Others to invite:	
Changes to meeting:	

Confidentiality & Signatures In signing below, I understand that the information obtained during this meeting shall remain **confidential** and not be disclosed. Strict confidentiality rules are necessary for the protection of the child(ren). Information will be shared only for the purpose of providing services to the child and family, and in accordance with North Carolina General Statute and Part V, Privacy Act of 1974. Any information about child abuse or neglect that is not already known to the child welfare agency is subject to child abuse and neglect reporting laws. Any disclosure about intent to harm self or others must be reported to the appropriate authorities to ensure the safety of all involved. My signature indicates that I participated in this meeting.

Role	Signature & Comments	Date	Received copy
Parent			<input type="checkbox"/> Yes <input type="checkbox"/> No
Parent			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Child			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Worker			<input type="checkbox"/> Yes <input type="checkbox"/> No
Agency Supervisor			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Other Agency/Phone/Email			<input type="checkbox"/> Yes <input type="checkbox"/> No
Others invited but unable to attend:			

NORTH CAROLINA CHILD AND FAMILY TEAM MEETING SAFETY PLANNING INSTRUCTIONS

The purpose of CFT Meeting Safety Planning form is to provide a structured form to document any meeting requiring an agreement with a family to address a safety threat or high risk. An example of when this form may be used is a pre-petition CFT meeting. This form follows the CFT format developed to facilitate the engagement of the family, along with family identified supports, in the development of a plan to address an agency identified issue or concern. During In-Home or Permanency Planning Services, this planning will usually be incorporated into a Family Services Agreement. However, at any time that a CFT is held to prevent the immediate need for a county child welfare agency to pursue custody of a child(ren), this form can be utilized. Most frequently, this form will be used during a CPS Assessment.

This document should be signed by all participants (to indicate that they participated), printed, and a copy provided to all participants. Whether or not the parents/caretakers agree with the plan, they should be provided the opportunity to sign the document and provided a copy. If this meeting is a pre-petition meeting and the parents refuse to engage in safety planning, the agency must do what is necessary to ensure child safety.

Page 3 of this form is particularly important in that it defines the activities, who is responsible, and by when. Activities for the agency, particularly describing how the plan will be monitored and what actions will be required if the plan is not adhered to, must be identified. If an open CPS Assessment has a Safety Assessment with a TPSA already developed, the activities identified during this meeting can be incorporated into the TPSA in lieu of using Page 3. If an open CPS Assessment has a Safety Assessment with a TPSA already developed, and this form is chosen to document the plan, then the existing TPSA must be modified to include reference to this plan. Often the TPSA developed at the time of the Safety Assessment was limited to the resources available at that time. The county child welfare agency has the authority to determine which form is best based on the circumstances of each case. At the end of the safety planning meeting the family must have a plan (either this document or a TPSA) that clearly states what must be in place for the safety of the child(ren) that the parents agree to adhere to as long as the agency requires.

Whenever time permits, the county child welfare agency should complete the Family Meeting Planning form prior to the Safety Planning meeting. As the purpose of these meetings is often to explore methods to prevent the immediate need for a county child welfare agency to pursue custody, use of a facilitator is appropriate.

The information required by this form need not be duplicated in the record.