



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Social Services

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

SUSAN OSBORNE • Assistant Secretary for County Operations for
Human Services

CHILD WELFARE SERVICES

CHILD WELFARE IN NORTH CAROLINA

Pre-Service Training



TOOLS WORKBOOK

MAY 2020

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF SOCIAL SERVICES • CHILD WELFARE SERVICES

LOCATION: 820 S. Boylan Avenue, McBryde Building, Raleigh, NC 27603

MAILING ADDRESS: 2406 Mail Service Center, Raleigh, NC 27699-2406

www.ncdhhs.gov • TEL: 919-527-6340 • FAX: 919-733-6714

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

Child Welfare in North Carolina: Pre-Service

TOOLS WORKBOOK

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**PST TOOLS WORKBOOK
DAY 2**

Child Protective Services Structured Intake Form

Section I: Demographics

Date: _____

Time: _____

Received by (Name): _____

County: _____

Screening Decision: _____

Referred Due to Residency: _____

Assigned to: (County/Worker Name) _____

Referred to: (County Name) _____

Date/Time: _____

Confirmed with: _____

Was Safety Assessed Yes Date: _____ By: _____

No Reason: _____

Type of Report: Abuse Neglect Dependency

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

Family Assessment Investigative Assessment

Initiation Response Time: Immediate 24 Hours 72 Hours

Case Name: _____ Case Number: _____

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

Substance Affected Infant notification by a healthcare provider

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

Section II: Reporter Information

Name: _____

Relationship: _____

Address: _____

Phone Number: _____

Reporter waives right to notification? Yes No

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

Child Protective Services Structured Intake Form

Section III: Maltreatment Information

Children's Information

| Name (include nicknames) | Sex | Race | <u>Ethnicity</u> | Age/ DOB | School/Child Care | Relationship to Perpetrator A | Relationship to Perpetrator B |
|--------------------------|-------|-------|------------------|-------------|----------------------|----------------------------------|----------------------------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Parent/Caretaker's Information

| Name (include aliases/nicknames) | Sex | Race | <u>Ethnicity</u> | Age/DOB | Employment/School |
|----------------------------------|-------|-------|------------------|---------|-------------------|
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ |

Alleged Perpetrator's Information

| Name (include aliases/nicknames) | Sex | Race | <u>Ethnicity</u> | Age/DOB | Employment/School |
|----------------------------------|-------|-------|------------------|---------|-------------------|
| A. _____ | _____ | _____ | _____ | _____ | _____ |
| B. _____ | _____ | _____ | _____ | _____ | _____ |

Other Household Members

| Name (include aliases/nicknames) | Sex | Race | <u>Ethnicity</u> | Age/DOB | Employment/ School | Relationship |
|----------------------------------|-------|-------|------------------|---------|-----------------------|--------------|
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ |

Child Protective Services Structured Intake Form

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

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

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

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

What is the location in which that care is provided?

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

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

Driving Directions: _____

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

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

Family's Primary Language: _____

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

Child Protective Services Structured Intake Form

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

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

What

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

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

Child Protective Services Structured Intake Form

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

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

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

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

If yes, describe _____

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

If yes, describe _____

When

Approximately when did this incident occur? _____

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

Where

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

How

How do you know what happened to the family? _____

Child Protective Services Structured Intake Form

How long has this being going on? _____

Section IV: Family Strengths

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

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

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

Section V: Safety Factors

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

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

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

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

Section VI: Health Insurance Information

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

Medicaid Private Insurance/HMO Health Choice Other No Insurance

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

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

No Regular Care

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

Child Protective Services Structured Intake Form

Section VII: Abuse, Neglect, and Dependency

N/A

Physical Abuse

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

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

What part of the body was injured? _____

Is there need for medical treatment? _____

What is the parent/caretaker's explanation? _____

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

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

Did anyone witness the abuse? _____

Are any family members taking protective action? _____

Have you had previous concerns about this family? _____

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

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

Child Protective Services Structured Intake Form

N/A **Moral Turpitude**

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

N/A **Sexual Abuse**

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

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

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

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

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

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

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

N/A **Human Trafficking**

General

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

If yes, describe _____

Sex Trafficking and Labor Trafficking

Child Protective Services Structured Intake Form

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

If so, who are the people involved? _____

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

Do you know where this is happening? Yes No Unknown

If yes, describe _____

Is anyone else involved in the trafficking? Yes No Unknown

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

Is a parent or caretaker involved? Yes No Unknown

If yes, how? _____

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

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

Labor Trafficking

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

If yes, describe _____

Residency and Movement

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

Child Protective Services Structured Intake Form

If yes, what was promised? _____

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

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

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

N/A **Emotional Abuse**

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

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

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

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

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

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

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

Child Protective Services Structured Intake Form

N/A **Domestic / Family Violence**

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

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

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

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

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

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

Are there weapons present or have weapons been used? _____

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

Child Protective Services Structured Intake Form

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

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

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

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

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

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

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

N/A **Substance Abuse**

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

What is the frequency of use? _____

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

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

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

Child Protective Services Structured Intake Form

Do the children have access to the drugs? _____

Has the parent ever experienced blackouts? _____

Is there adequate food in the house? _____

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

N/A **Substance Affected Infant**

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

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

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

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

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

Child Protective Services Structured Intake Form

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

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

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

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

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

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

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

N/A **Abandonment**

How long has the parent/caretaker been gone? _____

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

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

Child Protective Services Structured Intake Form

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

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

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

N/A

Supervision

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

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

What are your supervision concerns? _____

N/A

Injurious Environment

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

Child Protective Services Structured Intake Form

N/A **Illegal Placement for Adoption**

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

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

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

N/A **Improper Discipline**

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

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

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

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

Child Protective Services Structured Intake Form

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

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

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

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

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

N/A **Dependency**

Is the child without a parent/caretaker? _____

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

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

Child Protective Services Structured Intake Form

Section VIII: Maltreatment Screening Tools

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

Abuse:

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

Neglect:

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

Dependency

And/Or

- Substance Abuse
- Substance Affected Infant
- Domestic Violence

Response Priority Decision Tree

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

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

This report is being accepted for:

Abuse:

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

Neglect:

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

Dependency

And/Or

- Substance Abuse
- Domestic Violence

Response Time

- Immediate
- 24 Hours
- 72 Hours

Report Not Accepted

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

Child Protective Services Structured Intake Form

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

Section IX: Mandated Reports

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

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

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

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

Regulation (staff) _____ on (date) _____.

Division of Health Services Regulation (DHSR) contact information:

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

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

(staff) _____ on (date) _____.

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

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

Oral Report: _____ Written Report: _____

Section X: Signatures

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

Name/Signature: _____ Position: _____ Date: _____

Name/Signature: _____ Position: _____ Date: _____

North Carolina Department of Health and Human Services, Division of Social Services
Instructions for Completing the CPS Structured Intake Form

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

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

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

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

The following pages cover each section of the CPS Structured Intake Form and review the type of information each section should contain. These instructions are intended as a guide and should be used in combination with [Child- Welfare /Policy Manuals-CPS Intake](#). CPS Intake social workers might find that additional or alternative questions may be necessary in order to ensure that an appropriately informed screening decision can be made.

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

Instructions for Completing the CPS Structured Intake Form

Section I:
Demographics

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

Date and Time CPS Report was received.

Indicate who, as well as the county that, received the report.

Indicate the screening decision.

If the CPS Report was referred to another county due to residency issues, indicate the proper county.

If the CPS Report has been deemed to pose a Conflict of Interest for the county, indicate the county who will be responsible for the CPS Assessment. The question, "Was Safety Assessed?", should be completed when the CPS Report is a Conflict of Interest but immediate safety had to be assessed. Use this section to indicate who assessed the immediate safety or if not assessed, the reason.

Identify the type of report.

Indicate the assessment type and assigned response time.

Complete the case name and case number when acquired.

Indicate if the CPS Report involves a Conflict of Interest, Out of Home Placement, Request for Assistance, Substance Affected Infant notification by a healthcare provider.

Section II:
Reporter
Information

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

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

Section III:
Maltreatment
Information

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

Who:

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

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

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

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

***When documenting the child/children's, parents/caretakers, alleged perpetrators and other household members' race and ethnicity on page 2, use the following guide:**

| Race | Ethnicity |
|--|-------------------------------|
| American Indian or Alaskan Native | Hispanic or Latino |
| Asian | Not Hispanic or Latino |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |

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

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

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Driving directions to the family's residence.

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

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

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

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

Do you have any information about the children's other relatives? (Include name, address, telephone number) Include information on maternal and paternal relatives whether they are subjects of the allegations or not. Efforts should begin during CPS Intake to collect information regarding any family members or kin who have a significant relationship with the child(ren).

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

What:

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

Did you see physical evidence of abuse or neglect?

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

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

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

Human trafficking occurs when individuals buy, sell, trade, or exchange people for the purposes of sex or labor. To your knowledge, has the child been a victim of trafficking? Yes/No *(Inform reporter this is a routine question asked of every reporter)*

If yes, describe

Does the child have any distinguishing characteristics (physical or other)? Yes/No *(Inform the reporter this is a routine question asked of every reporter)*

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Examples may include the child or youth is very tall, has purple hair, a distinctive birth mark.

If yes, describe

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

When: Approximately when did the incident occur?

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

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

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

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

How long has this been going on?

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

Section IV:
Family
Strengths

What are the strengths of this family?

Tell me anything good about this family.

How do family members usually solve this problem?

What have you seen them do in the past?

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

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

What is different about those times?

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

What did the parent and child do instead?

What do you think contributed to the parent responding differently?

If the reporter has difficulty identifying strengths within the family, it may be helpful to ask some exception and strength questions to explore the family situation. Exception and strengths questions may cause the reporter to think more carefully about the situation. This also communicates to the reporter

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that the agency is seeking a balanced approach; that ensuring safety through a family-centered approach is the goal.

Section V:
Safety Factors

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

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

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

Is there anything you can do to help the family?

Has anything happened recently that prompted you to call today?

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

Section VI:
Health
Insurance
Information

Does the child(ren) have health insurance?

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

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

Section VII:
Abuse,
Neglect, and
Dependency

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

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Section VII for all maltreatment types that have been alleged prior to completing the Maltreatment Screening Tools in Section VIII.

Physical Abuse

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

Describe the injury, for example: (Thursday, May 23, 2016, a.m. or p.m., red and blue mark, 1" by 4" shaped like a belt mark, fresh or fading)

What part of the body was injured?

Is there a need for medical treatment?

What is parent/caretaker's explanation?

What is the child's explanation?

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

Did anyone witness the abuse?

Are any family members taking protective action?

Have you had previous concerns about this family?

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

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

Moral Turpitude

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

Sexual Abuse

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

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

Did the child disclose directly to the reporter?

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

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

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

Has the child(ren) had a medical exam?

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

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

**Human
Trafficking**

General

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

If yes, describe.

Sex Trafficking and Labor Trafficking

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

If so, who are the people involved?

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

Do you know where this is happening? Yes/No/Unknown

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

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

If yes, how?

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

- *Whether the parent has knowledge of the child or youth engaging in risky behavior;*
- *Whether the parent has knowledge of the trafficking or of a relationship the child or youth may have with another individual that poses a threat or risk of trafficking; and,*

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- *What, if any, protective action the parent has taken to prevent or stop trafficking from occurring.*

Is the child being exchanged for something of value or to pay a debt? Yes/No/Unknown Tell me what you know about how the child is being trafficked.

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

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

Labor Trafficking

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

If yes, describe

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

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

Residency and Movement

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

If yes, what was promised?

Is the child from North Carolina? Yes/No/Unknown

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

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

Intake workers must gather information from the reporter including:

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

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

Possible Indicators of Human Trafficking

Behavioral:

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

Physical:

- Signs of trauma (physical or other);
- Special indelible marks or tattoos;

Environmental – Working/Living Conditions:

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

Other:

- Anyone under the age of 18 years old involved in a commercial sex act;

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- Child/youth lacks healthcare, appears malnourished, or shows signs of torture, physical restraint, confinement, or deprivation;
- Untreated sexually transmitted infections or other untreated medical concerns
- Child/youth travels with an adult person who is not a parent, guardian, custodian, or caretaker;
- Child/youth owes a debt and is unable to pay it off;
- History of trauma, or history of involvement with the child welfare system;
- Reporter indicates the child/youth has a “boyfriend”, “girlfriend”, or “significant other” that they make money for, or makes any reference to a “pimp”;
- Reporter uses words like “slave” or “slave like” or “the child is treated like a slave” or talks about the child being “sold”

Emotional Abuse

How does the child(ren) function in school?

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

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

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

Is there a bond between the parent/caretaker and the child(ren)? How does the child respond to/act in the presence of the parent?

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

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

Domestic Violence

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

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

Describe how the violence is affecting the child.

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

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

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Have the police ever been called to the house to stop assaults against either the adults or child? Was anyone arrested? Were charges filed?
Are there weapons present or have weapons been used?

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

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

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

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

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

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

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

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

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

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

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

Substance Abuse

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

What is the frequency of use?

Do the children have knowledge of the drug use?

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

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

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Do the children have access to the drugs?

Has the parent ever experienced black outs?

Is there adequate food in the home?

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

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

**Substance
Affected Infant**

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

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

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

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

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

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

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

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

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

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neglect?

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

Based on what you know about the infant and family, would they benefit from any of the following services: Evidence-Based Parenting Programs, LME/MCO or mental health provider, Home visiting programs, Housing resources, Food resources (WIC, SNAP, food pantries), Assistance with transportation, Identification of appropriate childcare resources, Other?

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

A CPS report in which the only allegation is prenatal substance use does not in itself meet the statutory criteria for child abuse, neglect, and/or dependency. It is the effect that the substance use has had on the infant and the infant's safety that guides decision making rather than purely the prenatal use of the substance. Agency intervention without such justification is inappropriate.

Abandonment How long has the parent/caretaker been gone?

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

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

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

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

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

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

Supervision Is the child left alone?

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

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What is the age and developmental status of the child(ren)?

What is the child(ren)'s ability to contact emergency personnel?

Is the child(ren) caring for siblings or other children?

Is the child(ren) afraid to be alone?

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

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

What are your supervision concerns?

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

Injurious Environment

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

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

Illegal Placement for Adoption

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

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

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

"Re-homing" is used to describe the behavior of parents who relinquish care of their adopted child(ren) (frequently internationally adopted children) outside the courts and child welfare agencies. These parents were unable to meet the emotional and behavioral needs that emerged post-adoption so they placed their children without background checks or a home study. Often

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the authority to make education and health decisions on behalf of the child(ren) was given through power of attorney documents and there may not have been an exchange of money.

Improper Discipline

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

Describe any instrument used to discipline. Does the parent/caretaker have a pattern of disciplining inappropriately?

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

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

Improper Care/Improper Medical/Improper Remedial Care

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

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

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

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

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

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

Dependency

Is the child without a parent/caretaker?

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

What other circumstances make the child dependent?

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

Children and youth who appear to be unaccompanied, whose parent/caretaker is absent, or who have run away from home may be vulnerable to exploitation or may have already been exploited through sex trafficking or labor trafficking. Intake workers should consider if the child is a victim of human trafficking and consult the Human Trafficking Screening Tool. Intake Workers need to ask questions to further explore the child's circumstances regarding access to basic needs (food, clothing, shelter), who is providing those needs, and whether the child is exchanging sexual acts to meet these needs or for anything else of value.

Section VIII:
Maltreatment
Screening
Tools

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

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

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

The CPS Intake social worker will have collected as much information from the reporter as possible. The CPS Intake social worker will consult all maltreatment screening tools ([Child -Welfare /Policy Manuals-CPS Intake](#)) which correspond with the allegations made by the reporter and will indicate

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on the report which of the maltreatment screening tools were used by checking the corresponding boxes. Often times, more than one screening tool is completed. The use of maltreatment screening tools increases consistency throughout the decision-making process. It is a requirement that the screening tools utilized are identified.

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

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

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

Response Time Indicate the appropriate response time for the CPS Report.

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

Include information regarding any referrals that were offered including human trafficking resources.

Indicate whether report information was transferred to another county due to residency issues.

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

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

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

- (a.) give immediate verbal notifications to the District Attorney or designee;
- (b.) send subsequent written notification to the District Attorney within 48 hours;
- (c.) give immediate verbal notification to the appropriate local law enforcement agency, and
- (d.) send subsequent written notification to the appropriate local law enforcement agency within 48 hours.

North Carolina Department of Health and Human Services, Division of Social Services
Instructions for Completing the CPS Structured Intake Form

Section X: All reports require a two-level review; indicate who reviewed the report.
Signatures

Sample Five Day Letter to the Reporter

[Date]

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

Re: Family

Dear [Reporter's Name],

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

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

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

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

Sincerely,

Social Worker

Supervisor

Cc: file

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

TO: _____, District Attorney

FROM: _____, Director
_____ County Department of Social Services

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

REPORT OF FINDINGS:

Identifying information:

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

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

3. Name and Address of alleged perpetrator: _____

4. Relationship of perpetrator to alleged victim(s): _____

5. Summary of report of abuse: _____

_____ Date of report: _____

6. Actions taken by County Child Welfare Agency
CPS Assessment initiated on: _____ by _____ (social worker)

Findings indicative of abuse or other criminal act: _____

For further information, please contact _____ (SW name) at _____ (tel) _____.

cc: (law enforcement agency)

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

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 | e. Child's ethnicity | f. Child's sex | g. Are you part of Federally recognized tribe? If so what tribe | h. Child's school / grade | i. Child's primary language | j. Child's status | k. Social Security Number |
|--------------------------------|-------------------------|-----------------------------|--------------------|-------------------------|--|--|------------------------------|--------------------------------|--|------------------------------|
| 1. | | | | | <input type="checkbox"/> male <input type="checkbox"/> female | | | | <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"/> 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"/> 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"/> 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"/> 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"/> 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"/> R <input type="checkbox"/> A <input type="checkbox"/> V <input type="checkbox"/> O | |

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

| 1. Adult full name/nickname | m. Relationship to child(ren) | n. Adult's date of birth | o. Adult's race | p. Adult's ethnicity | q. Adult's sex | r. Are you part of Federally recognized tribe? If so what tribe | s. Adult's employer / Military affiliation | t. Adult's primary language | u. Custodial parent? | v. Social Security Number |
|-----------------------------|---|--------------------------|-----------------|----------------------|--|---|---|-----------------------------|---|---------------------------|
| 1. | <input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr/> <input type="checkbox"/> Other: | | | | <input type="checkbox"/> male <input type="checkbox"/> female | | <hr/> 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: <hr/> <input type="checkbox"/> Other: | | | | <input type="checkbox"/> male <input type="checkbox"/> female | | <hr/> 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: <hr/> <input type="checkbox"/> Other: | | | | <input type="checkbox"/> male <input type="checkbox"/> female | | <hr/> 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: <hr/> <input type="checkbox"/> Other: | | | | <input type="checkbox"/> male <input type="checkbox"/> female | | <hr/> 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: <hr/> <input type="checkbox"/> Other: | | | | <input type="checkbox"/> male <input type="checkbox"/> female | | <hr/> 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: <hr/> <input type="checkbox"/> Other: | | | | <input type="checkbox"/> male <input type="checkbox"/> female | | <hr/> 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: _____

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

2. Household mailing address (if different than physical address): _____

3. Contact numbers: _____

4. Other information: _____

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

| w. Adult full name/nickname | x. Relationship to child(ren) | y. Adult's date of birth | z. Adult's race | aa. Adult's ethnicity | bb. Adult's sex | cc. Are you part of Federally recognized tribe? If so what tribe | dd. Adult's employer / Military affiliation | ee. Adult's primary language | ff. Custodial parent? | gg. Social Security Number |
|--------------------------------|--|-----------------------------------|-----------------------|-----------------------------|--|---|--|---------------------------------------|---|-------------------------------------|
| 1. | <input type="checkbox"/> Mother <input type="checkbox"/> Father of: <hr/> <input type="checkbox"/> Other: <hr/> | | | | <input type="checkbox"/> male <input type="checkbox"/> female | | <hr/> 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: <hr/> <input type="checkbox"/> Other: <hr/> | | | | <input type="checkbox"/> male <input type="checkbox"/> female | | <hr/> 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: <hr/> <input type="checkbox"/> Other: <hr/> | | | | <input type="checkbox"/> male <input type="checkbox"/> female | | <hr/> 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: <hr/> <input type="checkbox"/> Other: <hr/> | | | | <input type="checkbox"/> male <input type="checkbox"/> female | | <hr/> 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 RECORD

If 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

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

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

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

hospitalization? _____

For what reason? _____

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: N/A

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

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

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> |
| <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> |

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

| |
|--|
| 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: _____ |
| 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: _____ |
| 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: _____ |

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

| |
|---|
| 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: _____ |
| 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): _____

NORTH CAROLINA CPS ASSESSMENT DOCUMENTATION TOOL

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.

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Children

| <u>NAME</u> | <u>AGE</u> | <u>Case Decision for each Child</u> | <u>Maltreatment Findings</u> <i>(Complete for Substantiated Investigative Assessments ONLY)</i> | |
|-------------|------------|---|--|---|
| 1. | | <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 |
| 2. | | <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 |
| 3. | | <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 |
| 4. | | <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 |

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 Continuing Needs and Safety Requirements (DSS-5010a) addresses any concerns, activities, and identified services needed to maintain the child(ren)'s safety and remain in effect until a Family Services Agreement is developed. This document 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

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.)

NCDCD 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.

Case Number _____

Parent/Legal Guardian _____

Parent/Legal Guardian _____

Child _____

Child _____

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 | Child’s Parent or Legal Guardian: X | Date |
| Child’s Parent or Legal Guardian: X | Date | CPS Social Worker: X | Date |
| Other (Relationship): X | Date | Other (Relationship): X | Date |

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 Explanations: 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 COMPOSTION 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.

NORTH CAROLINA

CPS ASSESSMENTS DOCUMENTATION TOOL (DSS-5010) INSTRUCTIONS

- 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 as reported by the family. The worker will enter the same race 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 based on appearances. Rather, it is critical that worker engage the family in a discussion around the child's race that the family most identifies for the child.
- e. This item captures the child's ethnicity as reported by the family. The worker will enter the same 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 ethnicity based on appearances. Rather, it is critical that worker engage the family in a discussion around the child's ethnicity that the family most identifies for the child.
- f. The child's sex is captured in this item as a check box. The worker may select:
 - FEMALE
 - MALE
- g. This item captures the child's American Indian status in a check box.

During each CPS Assessment, the agency will ask the family if any child within the family is American Indian. Should the family disclose if the child is American Indian, 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 Permanency Planning of the [Child-Welfare/Policy Manuals](#) for direction on how to proceed.

NORTH CAROLINA

CPS ASSESSMENTS DOCUMENTATION TOOL (DSS-5010) INSTRUCTIONS

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

- h. 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.
- i. This item captures the primary language that the child speaks or will learn to speak based on the primary language spoken in the home.
- j. 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 Child-Welfare/Policy Manuals- Cross Function. The worker should select:
 - RESIDENT
 - ABSENT
 - VISITING
 - OTHER
- k. 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
- l. 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.
- m. 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."
- n. This item captures the adult's date of birth in the MM/DD/YYYY format.
- o. This item captures the adult's race as reported by the adult. 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 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.

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CPS ASSESSMENTS DOCUMENTATION TOOL (DSS-5010) INSTRUCTIONS

- p. This item captures the adult's ethnicity as reported by the family. The worker will enter the same 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 ethnicity based on appearances. Rather, it is critical that worker engage the family in a discussion around the child's ethnicity that the family most identifies for the child.
- q. The adult's gender is captured in this item as a checkbox. The worker may select:
- FEMALE
 - MALE
- r. This item captures the adult's American Indian status.
During each CPS assessment, the agency must ask all adult family members if they are part of a Federally Recognized Tribe. The adult's disclosure as to the status of their American Indian heritage will be captured in the checkbox provided in this column:
- If American Indian Heritage is identified, the worker should write in the appropriate tribal affiliation for the child.
- s. 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.
- t. This item captures the primary language the adult speaks.
- u. 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
- v. 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.
- w. 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. Another example would be to capture contact information for any extended family that might be involved with the children and/or family.

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

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

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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
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

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

- 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.

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

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

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.

VIII. CHILD AND FAMILY MEDICAL/

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

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WELL-BEING

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 well as provide information if the case goes beyond the CPS assessment.
2. This items 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.
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

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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)
4. This item captures the type of activity completed by the contact. The type of contacts includes:
 - FAMILY CONTACT
 - COLLATERAL CONTACT
 - REFERRAL

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- 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.

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

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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.

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

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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 Child-Welfare/policy manuals-Appendix 1-CPS Data Collection for further details.

Disposition of Case

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

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.

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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.

Continuing Needs and Safety Requirements

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 Continuing Needs and Safety Requirements (5010a) must be copied and provided to the parent(s) or legal guardian(s) and the original document is maintained in agency's record. The signature of the parent(s) or legal guardian(s) must be requested as an indication that they received and reviewed the Continuing Needs and Safety Requirements.

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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CPS ASSESSMENTS DOCUMENTATION TOOL (DSS-5010) INSTRUCTIONS**

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.

PST TOOLS WORKBOOK
DAY 3

**NORTH CAROLINA
SAFETY ASSESSMENT**

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**

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**

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: _____

**NORTH CAROLINA
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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: _____

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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: |

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.
-
-

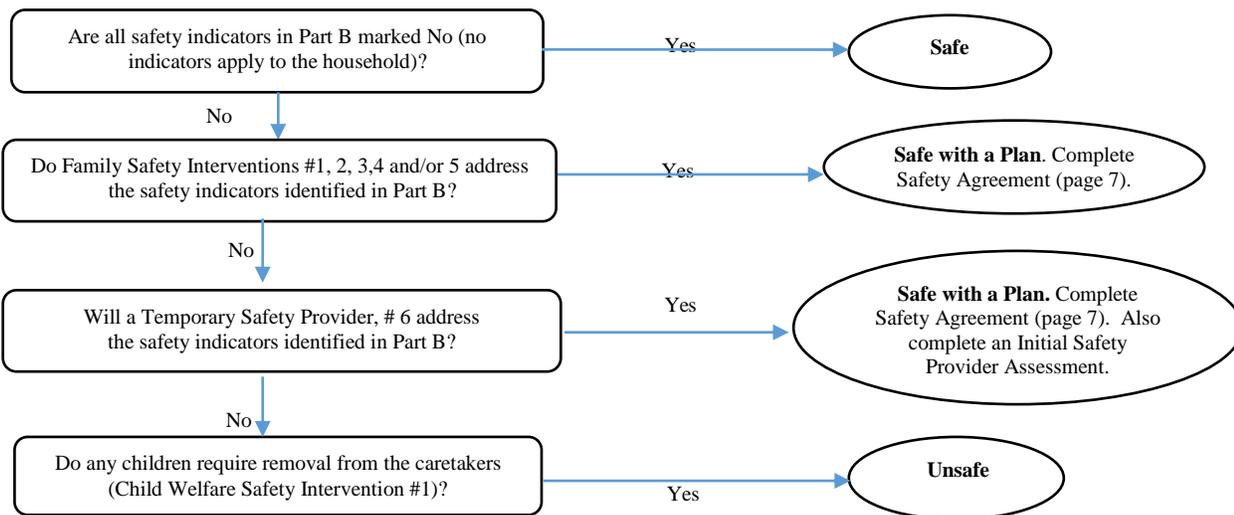
Child Welfare Safety Intervention (Unsafe)

- 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

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: |

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

Signed: _____ Date: _____

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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 go 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 health care (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.

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

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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.

Initial Provider Assessment

Temporary Safety Provider

Kinship (Relative or Fictive Kin) Care Provider

| | | |
|------------|---------------------|-------|
| Case Name: | County Case Number: | Date: |
|------------|---------------------|-------|

Children to be placed

| | Child's Name | SIS Number | DOB | Gender | Race | Ethnicity | Needs/Behavioral Considerations |
|---|--------------|------------|-----|--------|------|-----------|---------------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

Safety or Kinship Provider (Caretaker) Information

| | Provider(s) Name | SS# | DOB | Gender | Race | Ethnicity | Relationship to Children | Place of Employment/ Source of Income |
|---|------------------|-----|-----|--------|------|-----------|--------------------------|---------------------------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

*Provider Address:

Provider Phone(s):

Other Members of the Household

| | Name | SS# | DOB | Gender | Race | Ethnicity | Relationship to Provider | To participate in care of children? Y/N |
|---|------|-----|-----|--------|------|-----------|--------------------------|---|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

Background Checks Completed for all household members over age of 16, including providers

| | Name | Criminal History Found Y/N | Criminal Activity identified | CPS History Found Y/N | CPS History |
|---|------|----------------------------|------------------------------|-----------------------|-------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Be sure to obtain any other names that may have been used by any household member (maiden name, AKA, etc.) for background checks.

911 calls for provider's address(es) have been reviewed. Date/Reason for 911 calls: _____

(Enter NA if no 911 calls)

*Ask Provider the length of time he/she resided at this address. If under 2 years, request previous address(es).

| A/F/U | Requirements | Elements to Discuss | Documentation of Discussion |
|---------------------------|--|---|-----------------------------|
| Child(ren)'s Needs | | | |
| | 1. The provider has/had a relationship with the child(ren) and/or family and understands the child(ren)'s needs. | Discuss provider's relationship with the children and the provider's understanding of all the child(ren)'s needs and/or behaviors (see child(ren)'s needs on page 1). Discuss the relationship between the children and other members of the provider's household. Discuss the relationship between the provider(s) and the child(ren)'s parents. | |
| | 2. The provider is willing to provide age-appropriate supervision for the child(ren). | Discuss the family's plan for supervising the child(ren), including any needs for additional services (day care, for example) to provide supervision. | |
| | 3. The provider will use fair, reasonable discipline which emphasizes positive reinforcement. | Discuss family's discipline practices. Does the family agree to not use physical punishment, isolation, deprivation of food, threats of harm, or humiliation? Discuss appropriate disciplinary measures for the above listed child(ren) based on age and maturity and needs and the agency's expectations about use of positive reinforcement. | |
| | 4. The provider is willing and able to ensure that the child(ren)'s well-being needs will be met. | Discuss with the provider any upcoming needs for the child(ren). a. Does the provider have the means to transport the child(ren) to upcoming medical, dental or mental health appointments? Do they have ability to respond to an emergency need (medical or other)? Do they have first aid | |

| A/F/U | Requirements | Elements to Discuss | Documentation of Discussion |
|-------|---|---|-----------------------------|
| | | <p>supplies? Does the child have any allergies that need to be addressed?</p> <p>b. How will the child be maintained in current educational setting? If not, how will the child(ren) be supported through the transition?</p> <p>c. Are there any cultural or faith considerations?</p> | |
| | <p>5. The provider is willing and able to protect the child(ren) from continued maltreatment. The family will report any evidence that the child has been abused or neglected.</p> | <p>a. The provider agrees to not take sides regarding the allegations; will not blame the child.</p> <p>b. Discuss reporting requirements with the family; obtain and document provider's commitment to report any concerns to the agency. Discuss behavioral indicators of abuse and neglect.</p> | |
| | <p>6. The provider is willing and able to provide appropriate boundaries to protect the child. The provider will enable the child(ren) to maintain connections with other family members.</p> | <p>Discuss with the providers any requirements around contact between the child(ren) and parents (including phone calls). Determine that the provider is able and willing to support appropriate contact with the birth parents. <u>Include additional documentation if needed that defines visitation and supervision requirements.</u> Determine if there are any issues regarding visits by friends or extended family members.</p> <p>Discuss how contact can be maintained with friends, siblings and extended family members.</p> | |
| | <p>7. The provider has sufficient financial resources to meet the child(ren)'s basic needs, immediate needs, and/or has access to resources.</p> | <p>a. The provider has sufficient resources to provide for child(ren)'s basic needs (shelter, food, clothing, basic health care, etc.).</p> <p>b. The provider has sufficient resources to be able to take on the extra responsibility of the child(ren) in addition to covering the needs of the current household members (consider</p> | |

| A/F/U | Requirements | Elements to Discuss | Documentation of Discussion |
|---------------|--|--|-----------------------------|
| | | <p>possibility of higher utility bills, medical needs, transportation expenses, etc.).</p> <p>Discuss eligibility requirements for IV-E assistance or other agency assistance available.</p> | |
| | 8. The provider's home will have adequate sleeping space with reasonable privacy and comfort for each child. | The bedroom for all children must be seen. The provider has a reasonable plan for each child that considers the child(ren)'s age, gender, needs and history. | |
| Safety | | | |
| | 9. The provider's home is free of safety hazards. | <p>Assessment requires all rooms of the home are seen and assessed for safety, including:</p> <ul style="list-style-type: none"> a. There are working smoke detector(s). b. The family has approved car seats based on age and weight. Children up to age 8 or 80 pounds must have a car seat. c. All dangerous cleaning supplies, medicines, and any other dangerous chemicals are inaccessible to children. d. All weapons are locked and inaccessible to children. e. All entrances/exits to and from the home are unobstructed. f. There are no observable safety hazards (uncovered electrical outlets or exposed wires, broken windows, doors or steps, or rodent/insect infestation). g. <u>The Water Hazard Safety Assessment Form-DSS-5018-is complete and attached</u> h. <u>If a Water Hazard is identified, MUST complete 5018a for each child placed in the home</u> | |
| | 10. The provider's home has adequate and sanitary utilities. | Toilet (outhouse), and kitchen facilities and utilities (refrigerator, stove, oven) viewed by assessor, determined to be in reasonably sanitary and working | |

| A/F/U | Requirements | Elements to Discuss | Documentation of Discussion |
|-------|--|---|-----------------------------|
| | | condition. The home has all basic utilities (water, electricity, and heat) and in full operating condition. The provider has a working telephone (or cell phone). | |
| | 11. The provider(s) have a clear background (NO history of involvement with child protective services and NO criminal history that precludes them from caring for the child(ren)). | <p>a. CPS records check has been completed. The provider(s) provides a self-report with no CPS history of concern.</p> <p>b. Criminal checks has been completed. There must be NO findings of convictions or pending charges for violence, sexual offenses, crime against minors, or other criminal acts that would place the child(ren) at risk.</p> <p>Any exceptions require supervisory approval.</p> | |
| | 12. The provider(s) (and no other household member) use of alcohol or any other substance use does not present risk of harm to the child(ren). | Provider(s) understands and acknowledges risks associated with use of substances, including alcohol, while providing care to children. Any criminal history related to alcohol use or possession was discussed. Assessment of this element should include: The provider(s) provided a self-statement regarding use of alcohol or other drugs, observations of the provider(s) and the home, and other possible indicators. | |
| | 13. Provider(s) do not have a history of domestic violence. | Assess the provider(s) knowledge and understanding of domestic violence and impact on children. Obtain and document a self-statement regarding control and fear in any intimate relationship in provider(s) personal history. Discuss any 911 responses to the home related to domestic violence resulting with or without arrest. Discuss any past or current 50B orders regarding household members or prior partners of household members. | |
| | 14. Provider(s) are physically and mentally | Document self-statement, observation, and evidence. Discuss any medication that any providers in the home are prescribed or use on a regular basis. | |

| A/F/U | Requirements | Elements to Discuss | Documentation of Discussion |
|------------------------|---|--|-----------------------------|
| | capable of providing care for the child(ren). | Discuss chronic illness for any member of the household (this may not have any impact on ability to provide care but may eliminate issues and/or future questions). Example: infant child can be lifted by provider even with provider history of back issues. | |
| Summary / Other | | | |
| | 15. Other: Provider(s) are able to meet any other special needs for the child(ren). | <ul style="list-style-type: none"> a. Discuss any identified special needs (not already addressed), for example, child’s fear of pets, smoke allergies and confirm how the needs will be met. b. Discuss any case specific considerations that could impact the Temporary Parental Safety Agreement or the In-Home or Out-of-Home Family Services Agreement and assess the provider(s) ability to handle (threats by a parent, past relationship between provider and parent, etc.). | |
| | 16. Provider(s) are willing to provide care for the child(ren) and for how long. | Discuss provider’s willingness to care for the child(ren) with agency involvement and following agency requirements and the length of time they are willing to provide care. Discuss the agency’s requirement to monitor the children and the anticipated frequency of home visits. | |

Other Notes (visitation plan, follow up needed, other comments, etc.). Attach additional documentation if needed.

Agreement regarding care of the child(ren) (BOTH types of providers):

- The Provider understands that the following cannot happen without the county child welfare agency knowledge:
 - The child(ren) shall not return to the parents care (as defined by assessment or in-home Safety Agreement or non-secure order).
 - Any change to the make-up of the provider's household or a household move by the provider shall be immediately communicated to the agency.
 - All contact between the child(ren) and parents shall be according to the supervision/visitation plan developed with the parents.
 - The child(ren) shall not move to another home/out of the home approved by this assessment. Any need for a move of the child(ren) shall be immediately communicated to the agency.
- The Provider is able to maintain contact with the parents to communicate about the child(ren)'s needs and well-being.
- The Provider agrees to ensure that the child(ren) get to needed medical, dental, mental health and educational services.
- The Provider understands that if for any reason the county child welfare agency determines that the needs of the child(ren) are not being met, the child(ren) may be removed from the home.
- The Provider agrees to notify the Social Worker immediately if there are any changes related to the care of the child(ren).
- The Provider understands that the county child welfare agency has the responsibility of assessing the safety and well-being of the child(ren) and will need to have access to the child(ren) and the provider's home whenever requested.
- If the need for a Temporary Safety Provider(s) continues beyond 45 days or for a Kinship Provider continues beyond 30 days, another assessment will be completed and the children may be removed from the home at or around that time.

Agreement for Temporary Safety Providers (NOT kinship providers):

- **The provider understands that this is a voluntary arrangement made by the parents and the county agency does not have custody of the child(ren). If a parent indicates to the Temporary Safety Provider that they desire to end this voluntary arrangement, the Temporary Safety Provider must contact the county agency immediately.**
- If the need to modify or review use of a Temporary Safety Provider occurs, this Initial Provider Assessment will be updated as needed, and the children may be removed from the home at or around that time.

The purpose of this Initial Provider Assessment is to determine that the child(ren) can safely live in another household, one that the parent(s) have identified and agree with, without their parents OR as defined by a Safety Agreement (during the provision of Child Protective Services) that a Temporary Safety Provider can reside in the family home. The Initial Provider Assessment should determine: a) if all individuals in the provider's home are appropriate (or that the Temporary Safety Provider is appropriate to reside in family home), b) that the provider's household and physical environment is safe (except for when the Temporary

Safety Provider will reside in family home), and c) that the child(ren)'s needs can be met. While using a provider the parent(s) should continue to be involved in the care of and in meeting the needs of their child(ren). A plan to meet the child(ren)'s safety and well-being has/will be developed and there is common understanding about that plan (which also addresses visitation and contact between the parent(s) and child(ren)).

| | | | |
|----------------------------|--|--------------------------|--|
| Start Date for Child(ren): | | Review Date (if needed): | |
|----------------------------|--|--------------------------|--|

We, the undersigned, have reviewed the above assessment and agree to work together to provide a safe and nurturing environment for the above- named children.

| | | | |
|----------------------|------|----------------------|------|
| Provider's Signature | Date | Provider's Signature | Date |
| | | | |
| Provider's Signature | Date | Provider's Signature | Date |
| | | | |

To be completed by county child welfare agency:

Recommendation. Approve Not Approve

If the recommendation is to approve and there are any findings of F (Follow up Needed), justification should be provided below. The recommendation should be to Not Approve with a U (Unacceptable) finding for any requirement.

| | | | |
|---------------------------|------|------------------------|------|
| Social Worker's Signature | Date | Supervisor's Signature | Date |
| | | | |

Initial Provider Assessment Instructions

When placement of a child in the home of an identified provider, including a relative or other kin, is being explored, the agency is required to assess the suitability of that home. **The Initial Provider Assessment Form must be completed prior to placement of any child with a provider. It must also be used when a Temporary Safety Provider is identified to move into the family home to meet the need for a parent’s access to their child(ren) to be restricted/supervised during the provision of Child Protective Services.**

| Child Welfare Service | Assessment Forms To Be Completed |
|---|---|
| CPS Assessment--child cannot be safely maintained in own home or a Temporary Safety Provider will move into the family home. Parent identifies the Temporary Safety Provider. | Initial Provider Assessment (check Temporary Safety Provider box), Safety Assessment that reflects use of Temporary Safety Provider |
| CPS In-Home Services--child cannot be safely maintained in own home or a Temporary Safety Provider will move into the family home. Parent identifies the Temporary Safety Provider. | Initial Provider Assessment (check Temporary Safety Provider box), Safety Assessment that reflects use of Temporary Safety Provider, Comprehensive Provider Assessment must be completed when arrangement continues beyond one month. |
| Child Placement Services--relative/kinship homes are explored as resources when a child(ren) is in agency custody. | Initial Provider Assessment (check Kinship Care Provider box), Comprehensive Provider Assessment must be completed when placement continues beyond one month. |

Definitions

Temporary Safety Provider: Any provider identified during the provision of Child Protective Services. A parent should identify the Temporary Safety Provider and a parent must voluntarily agree with the decision to use a Temporary Safety Provider. Use of a Temporary Safety Provider is intended to be short term and to address an immediate or impending safety threat.

Kinship Care Provider: Any provider (relative or fictive kin) identified or in place during Child Placement Services. Identification of a Kinship Care Provider by a parent is desired; however a parent may not always agree with the decision to evaluate or place a child with a specific kinship care provider. Placement with a Kinship Care Provider often lasts for months or years, has court oversight, and addresses safety and/or risk factors.

Ratings for the Requirements (A/F/U)

Acceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be safe and appropriate for consideration for the child(ren) regarding this requirement.

Follow Up Needed: Based on the information obtained, services and/or modifications are required for the provider(s) and/or his or her home to be found safe and/or appropriate for the child(ren) regarding this requirement. Any identified services or modifications must be clearly identified with a plan for resolution with a required completion date (indicate on Page 8 Review Date). Use page 7-8 to document additional details if needed. If a provider is unable to provide care immediately, but could do so within a short time frame, assess if this is the best resource for the child and, if so, arrange for another provider (preferably with a relative) and assess this resource as a backup placement.

Initial Provider Assessment Instructions

Unacceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be unsafe and/or inappropriate for the child(ren) regarding this requirement.

Completing the Initial Provider Assessment

Any restriction of a parent's access to his or her child is traumatic for that child. The Initial Provider Assessment will support decisions about use of a provider that is safe and able to meet the child(ren)'s needs.

All the information requested on Page 1 must be completed and updated as additional information is received. Note: Development of a diagram of the kinship network is a helpful tool in working with the family to help them identify its support system, the nature of the interrelationships and recurring patterns in issues such as abuse, substance use, suicide, etc.

Page 1 captures demographic information and information required for background checks, including criminal, CPS, and 911 call logs. Be sure to ask the provider how long he/she lived at the current address. If under 2 years, obtain previous addresses and request the 911 call logs at those addresses. Also be sure to request from the parent information about the child(ren)'s needs as this information will be needed to complete the following pages of the Initial Provider Assessment.

***When documenting the child's, kinship caregivers', and other household members' race and ethnicity on page 1, use the following:**

| Race | Ethnicity |
|---|------------------------|
| American Indian or Alaskan Native | Hispanic or Latino |
| Asian | Not Hispanic or Latino |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |

The provider assessment tool, starting on page 2, has four columns: 1) ratings (Acceptable, Follow Up Needed or Unacceptable regarding the provider's ability to meet the requirement); 2) requirements to assure a reasonably safe, stable, and nurturing environment; 3) elements to guide the interview/assessment process; and 4) documentation for comments and service needs. The documentation section must describe the specific discussion with the provider in regards to each requirement. For example, regarding discipline, documentation section must describe what forms of discipline the provider agrees to use and not use. The documentation section must also address any reservations the social worker may have, as well as plans to address any needs that preclude or interfere with compliance with the requirement. If more room is needed for any section, comments can be continued on page 7-8 of the form or with use of attachments.

Initial Provider Assessment Instructions

The Initial Provider Assessment is designed to address critical factors of safety and stability. Some questions, for example school placement, may require more time to fully assess, but must be addressed with the prospective provider before placement to avoid future disruption.

Upon completion of the assessment, the form must be reviewed with the provider(s), signed and dated by the provider(s), signed and dated by the social worker, and reviewed and signed and dated by the social work supervisor. The social work supervisor may sign the assessment the next business day but must have verbally discussed the findings with the social worker and approved the provider before the arrangement is made. The discussion/review with the social work supervisor must be documented in case documentation.

When completing the Initial Provider Assessment for a Temporary Safety Provider who will reside in the family home, it is only necessary to complete the following requirements: 1 through 6, and 11 through 16. Requirements 7 through 10 should be marked out for the assessment of a Temporary Safety Provider that will reside in the family home and provide safety interventions in the family home.

This Initial Provider Assessment must be reviewed whenever Temporary Parental Safety Agreement is reviewed and/or modified. At the review, if changes have been made, the last page must be signed by all participants including the provider, social worker, and supervisor. The social work supervisor may sign the assessment the next business day.

During CPS In-Home Services and Child Placement Services, the Comprehensive Provider Assessment must be completed within a month of the Initial Provider Assessment.

Guidance on Initial Provider Assessment requirements

1. Ask the provider about his or her history with the family and knowledge of the child(ren)'s needs that may be associated with separation from their parents. Do providers know the child(ren)'s daily routine and are they willing to make changes to accommodate child(ren)'s daily and emotional needs? Is the provider familiar with any child behavioral issues and how to best deal with those behaviors.
2. Supervision needs vary with the age and maturity of the child. The family should be referred to appropriate resources, both within and outside the agency that can help them meet the needs. For a preschool child, this would include day care; for a young school-aged child, the need might be an afterschool arrangement; for teenagers, referrals might be to community recreation, work, or volunteer opportunities.
3. Be prepared to offer a variety of alternative disciplinary methods that are appropriate to the age and maturity of the child. The material from TIPS-MAPP on "Teaching Children Healthy Behaviors" is a useful guide.
4. Discuss the medical and educational needs of each child to be placed and how these needs will be met. Are there any scheduled appointments for the child(ren)? Does the provider have the ability to ensure the child(ren) keeps those appointments? Is there a need to schedule treatment for any condition or to assess for any medical, dental, developmental, or educational needs? Who will be responsible for making these appointments and how will the parent(s) be involved? What information needs to be provided to the provider regarding any medical, dental, developmental or educational needs? If the child(ren) is school aged, what does the provider know about the child(ren)'s behavior and academic performance in school? Are there

Initial Provider Assessment Instructions

issues that need to be discussed with school personnel? Who will notify the school of the temporary changes required to support use of this Temporary Safety Provider or longer-term use of a Kinship Provider?

5. Discuss the provider's relationship with the family. Discuss the allegations or findings of fact with the provider in an objective manner, and the immediate plans that are being developed with the parent(s). Listen for the provider's attitude about the allegations or findings. Discuss any concerns you may have about the provider's expressed or observed attitudes. Discuss what constitutes abuse and neglect with the provider(s). Make sure the provider understands his or her requirement to report to the social worker any concerns or observations he or she has that could indicate additional instances of abuse or neglect while in the parent's care. Be prepared to educate the provider regarding reporting requirements and behavioral indicators. Prepare any written material that may be helpful for the provider to use for review.
6. Listen for the provider's attitude about the birth family and about family contact. Discuss any concerns the social worker may have about the provider's expressed or observed attitudes. Discuss the way that he or she would be expected to interact with the child. Discuss parental visitation rights and the next planned contact; ask for and incorporate to the extent possible provider's wishes regarding his or her involvement with any visitation arrangements. Discuss contact with other extended family members.
7. Discuss signs of financial security. Discuss the immediate financial needs of the child, health problems, or other issues that will impact the family's finances. Ask if the financial resources will be sufficient to provide for the child, as well as for the other members of the household. Discuss the family's sources of income and current expenses.
8. Observe the area designated for the child; address any concerns. If resources are needed such as a bed, ask the provider if someone in the family might have the needed items. If not, see if the agency has resources to help purchase such items or ask about donations. Some second-hand stores may be willing to provide furniture free or at reduced prices. The agency may want to recruit donations from the community to have available in emergencies. Will the child(ren) have adequate privacy?
9. Observe the condition of the home. Tour the house looking for the listed items. If a small repair would allow the family to meet the requirement, ask about the resources within the provider's network. If needed, discuss voluntary resources within the community or agency funds to accomplish the repair(s) quickly. **Complete the Water Hazard Safety Assessment Form- DSS-5018.**
10. Personally observe and evaluate the functioning of the bathroom fixtures and kitchen appliances. Determine if the outhouse is far enough away from water source to present no health hazard. Evaluate condition of outhouse regarding cleanliness, presence of dangerous insects, rodents, and snakes. Ask about the frequency of cleaning the facilities.
11. If a person has a criminal record of convictions, discuss with the agency supervisor whether or not the criminal behavior would preclude the approval of this provider. Factors to be considered on convictions include: the length of time since the conviction; the number of convictions that might indicate a pattern of criminal behavior; the types of crimes; and/or criminal behavior that suggests alcohol or substance abuse. Exceptions to this requirement **MUST** have immediate supervisory approval, with the rationale for exceptions documented by the supervisor. CPS substantiations or Services Needed can preclude use of this provider. If the provider's explanation of the incident suggests the possibility of granting an exception, review the CPS findings in

Initial Provider Assessment Instructions

the case to determine if an exception could be appropriate. For example, if a person was substantiated for neglect several years ago, completed parenting classes, and has demonstrated adequate and appropriate parenting skills since, they might be considered as a provider. As above, exceptions to this requirement MUST have immediate supervisory approval, with the rationale for exceptions documented by the supervisor.

12. An accurate assessment of the use of alcohol and/or other substances by the potential provider(s) that could interfere with his or her ability to provide care is required. Introduction of this discussion should, therefore, be non-judgmental. For example, if a person had several convictions for driving under the influence, it will be important to determine whether he or she continues to drink or use other substances.
13. If domestic violence is suspected or confirmed, utilize the domestic violence resources/assessment tools for enhanced practice. Assess the provider's relationship(s) to determine if there is/has been an established pattern of domestic violence, and if there are current safety issues that could put the child at risk of future emotional and/or physical harm. If the provider has been a perpetrator of domestic violence, discuss if he or she has completed a batterer intervention program. If the provider has been victim of domestic violence, discuss if he or she has sought support services such as a protective order, domestic violence education, counseling, etc. Assess the provider's view of domestic violence, its effect on the child, and his or her capability and willingness to protect the child. Discuss any concerns with the supervisor regarding the appropriateness of the provider.
14. Social worker assessment is key to this requirement. The social worker must document statement that the provider makes about his or her physical and mental state during the interview process. Observations of affect, responses to other household members, and outlook on life are good clues to a person's status. During the assessment of this factor, explore any issues of concern. If needed, ask for release of information to get a physician's report of health and the likely physical and mental impact of caring for the child.
15. This requirement is intended to identify case specific issues that may impact the success of the child in the care of this provider.
16. Ask the provider if he or she is willing and able to provide a home for the child on a temporary basis, and how long they can provide it. If he or she cannot provide care for a minimum of 45 days, determine whether involvement as a provider will meet the needs of the situation.

Child and Family Team (CFT) Meetings and Use of Initial Provider Assessment

As stated in CFT policy ([Chapter VII: Child and Family Team Meetings](#)), a CFT should be held regarding any separation of child(ren) from their parents or when a placement change/disruption for a child may occur. A CFT will support open communication between all involved, can help address issues around safety planning, decisions regarding initial agreements and about services, and identify ways to help child(ren) transition successfully, and could reduce issues regarding use of a provider. If a CFT cannot be held prior to use of a new provider, then a CFT must be scheduled as soon as possible. The times that a CFT will be of value when a provider (Temporary or Kinship) is identified:

During Child Protective Services:

- If a Temporary Parental Safety Agreement requiring separation or restriction is being proposed,
- If a Safety Provider is being considered for use during In-Home Services, or
- If nonsecure custody is considered the only means necessary to ensure safety of the child.

Initial Provider Assessment Instructions

During this CFT meeting, other safety interventions, as well as all possible providers must be discussed.

During Child Placement Services:

- When a child's placement is at risk of disruption, or
- When a relative/fictive kin have been identified for possible placement.

Comprehensive Provider Assessment

- Kinship Assessment
 Guardianship Assessment

| | | |
|------------|---------------------|-------|
| Case Name: | County Case Number: | Date: |
|------------|---------------------|-------|

Children to be placed

| # | Child's Name | SIS Number | DOB | Gender | Ethnicity | Race | Needs/Behavioral Considerations |
|---|--------------|------------|-----|--------|-----------|------|---------------------------------|
| 1 | | | | | | | |
| 2 | | | | | | | |
| 3 | | | | | | | |
| 4 | | | | | | | |

Kinship Provider (Caretaker) Information

| # | Provider(s) Name | SS# | DOB | Gender | Ethnicity | Race | Relationship to Children | Place of Employment/Source of Income |
|---|------------------|-----|-----|--------|-----------|------|--------------------------|--------------------------------------|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |

*Provider Address:

Provider Phone(s):

Other Members of the Household

| # | Name | SS# | DOB | Gender | Ethnicity | Race | Relationship to Provider | To participate in care of children? Y/N |
|---|------|-----|-----|--------|-----------|------|--------------------------|---|
| 1 | | | | | | | | |
| 2 | | | | | | | | |
| 3 | | | | | | | | |
| 4 | | | | | | | | |
| 5 | | | | | | | | |

Background Checks Completed for all household members over age of 16, including caretakers

| # | Name | Criminal History Found Y/N | Criminal Activity identified | CPS History Found Y/N | CPS History |
|---|------|----------------------------|------------------------------|-----------------------|-------------|
| 1 | | | | | |
| 2 | | | | | |
| 3 | | | | | |
| 4 | | | | | |
| 5 | | | | | |

Be sure to obtain any other names that may have been used by any household member (maiden name, AKA, etc.) for background checks.

911 calls for provider's address(es) have been reviewed. Date/Reason for 911 calls: (Enter NA if no 911 calls)

*Ask Provider the length of time he/she resided at this address. If under 2 years, request previous address(es).

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Child Welfare Services

Comprehensive Provider Assessment

| A/F/U | Requirements | Elements to Discuss | Documentation of Discussion |
|-------------------------|---|--|-----------------------------|
| Home Environment | | | |
| | 1. Caregiver / Family has a strong, quality relationship with the child(ren) | Bonding/attachment is observed in the 1:1 relationship between the caregiver and each child during visits. Caregiver demonstrates commitment to the child in responding to child's needs. Child(ren) have a bond with other family members. | |
| | 2. Caregiver/Family is able to provide a nurturing environment for the child. | Recognizes needs of child(ren) and places priority appropriately. Demonstrates caring/nurturing verbally and behaviorally. | |
| | 3. The caretaker's family and family dynamics in the kinship home will support the child(ren)'s recovery from abuse or neglect. | Caregiver is supportive of the child's recovery process. Supervision and disciplinary methods used with the child(ren) have been adequate and age-appropriate. Caregiver understands the impact of trauma on a child(ren)'s behaviors and responds appropriately. Discuss additional trauma education with the kinship provider. | |

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

| A/F/U | Requirements | Elements to Discuss | Documentation of Discussion |
|------------------------------------|---|--|-----------------------------|
| Birth Family/Community Ties | | | |
| | 4. The caregiver has a relationship with the parent that will allow the placement to succeed and the permanent plan to be achieved. | Caregiver is able to recognize the needs of the parent and can set appropriate boundaries with the parent. Caregiver is cooperating with the visitation plan, including phone contact. Are there any lifelong conflicts with the parents that may impact this placement? Is the caregiver willing to participate in shared parenting (make sure shared parenting is well described and understood)? | |
| | 5. The caregiver supports the child(ren) in maintaining family/ community relationships? | <ul style="list-style-type: none"> ▪ Is the caretaker willing to facilitate contact with the child(ren)'s a siblings? How has this been demonstrated? What is the plan for the contact to continue? ▪ Is the caretaker willing to facilitate contact with the child(ren)'s maternal and paternal relatives? How has this been demonstrated? What is the plan for the contact to continue? Are there any lifelong conflicts between the caretaker and extended family that may impact this placement or ongoing contact with the children? If there is not a plan to maintain these relationships how can the child(ren) maintain his or her roots? ▪ What prior community relationships has the child(ren) been able to maintain in the home of this caretaker? ▪ Does this placement support the child(ren)'s cultural, ethnic and/or faith identity and how? | |

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

| A/F/U | Requirements | Elements to Discuss | Documentation of Discussion |
|---------------------------|---|--|-----------------------------|
| Child(ren)'s Needs | | | |
| | 6. Caregiver has the willingness and ability to meet all needs of the child(ren). | <p>Kinship provider is working in partnership with the agency and treatment providers to identify needs of child(ren) and appropriate interventions.</p> <ul style="list-style-type: none"> ▪ Does the kinship provider understand and support the child(ren)'s treatment plan? ▪ Discuss special needs (especially any needs that have been identified since completion of the Initial Assessment) and confirm how the needs are or will be met. ▪ Are there educational issues? How are they being addressed? ▪ How are or will the child(ren)'s "normalcy" needs being met? What social activities are or will be provided? | |
| | 7. The provider's home will have adequate space with reasonable privacy and comfort for each child. | <p>Confirm the provider continues to have a reasonable plan for each child that considers the child(ren)'s age, gender, needs and history. Will the kinship provider's home continue to meet the child(ren)'s needs as they get older?</p> | |

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

| A/F/U | Requirements | Elements to Discuss | Documentation of Discussion |
|----------------------------|--|---|-----------------------------|
| Placement Stability | | | |
| | 8. The provider accesses existing supports to strengthen the family unit. | <p>Caregiver can identify and access formal and informal support network, follows through with agency referrals, and cooperates with service providers.</p> <p>What is the kinship provider's plan for emergencies? Who will care for the child(ren) if the kinship provider is unable?</p> | |
| | 9. Caregiver has the willingness and ability to meet the needs of the other members of the household | Discuss emotional impact of caring for placed child(ren) in the caretaker's home on the caretaker's family members. Offer assistance as appropriate. Discuss the other children's functioning at school. Discuss emotional health of all family members, including the caregiver. | |
| | 10. Caregiver's health status (and other household member's health) will permit kinship care parent to care for child(ren) | Self-report. Discussion of relevant physical or mental health issues (short and long term health issues). Verification by MD if appropriate. Discuss any medication that any household member of home is prescribed or use on a regular basis. Obtain an update regarding any chronic illness for any member of the household. Discuss kinship provider's access to health care. Does the provider have health insurance? | |

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

| A/F/U | Requirements | Elements to Discuss | Documentation of Discussion |
|--------------------------------|---|--|-----------------------------|
| Compliance & Safety | | | |
| | 12. The caregiver is willing and able to cooperate with the agency. | Follows policies, procedures, recommendations of agency or constructively engages with agency staff about needs for difference. Willing to attend PPAT/CFT meetings, etc., as needed. Ensure kinship provider understands the court process, the requirement for concurrent planning, and expectation of their involvement in this process. Ensure kinship provider understands his or her role and the roles of the social worker, GAL, attorneys, etc. | |
| | 13. The provider(s) have a clear CPS and criminal background. | Review or complete the Initial Provider Assessment Requirement #11. Complete an updated search of CPS and criminal history. Complete updated 911 call log review. Any exceptions require supervisory approval. | |
| | 14. Other safety: a. Substance use b. Domestic violence | Review or complete the Initial Provider Assessment Requirements #12 & 13. Are there any observations, concerns, or indications that have been identified since the Initial Assessment that need to be discussed? | |
| Planning / Other | | | |
| | 15. Other topics. | Any issues that the caretaker identified? Are there any other issues that the agency needs to review with the caretaker? | |

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

| A/F/U | Requirements | Elements to Discuss | Documentation of Discussion |
|-------|--|---|-----------------------------|
| | 16. Provider(s) are willing to provide care for the child(ren) and for how long. | <p>Discuss provider’s willingness to care for the child(ren) with agency involvement and following agency requirements and the length of time they are willing to provide care.</p> <p>Discuss the agency’s requirement to monitor the children and the anticipated frequency of home visits.</p> <p>For Kinship Assessments: Discuss the possible future permanency plans for the child(ren) that may apply. Will the kinship providers consider adoption or other options for long term permanence?</p> | |

Other Notes (visitation plan, follow up needed, other comments, etc.). Attach additional documentation if needed.

A – Acceptable, F – Follow up Needed, U- Unacceptable (child(ren) cannot be placed in this home)

Comprehensive Provider Assessment

For Use on Guardianship Assessments Only:

| Y/N | Requirement | Indicator | Comments/Service Needs |
|-----|--|---|------------------------|
| | 1. Reunification and adoption have been ruled out as permanency options for the child. | The court has determined reunification and adoption are not appropriate permanency options for the child. | |
| | 2. The child is eligible for foster care maintenance payments and has been placed in the licensed home of the caregiver for a minimum of 6 consecutive months. | Caregiver is a licensed foster parent and has provided full-time care for the child, and has received foster care maintenance payments for at least 6 consecutive months. | |
| | 3. The child is between the ages of 14 and 17, or the child is under age 14 but is placed with a sibling between the ages of 14 to 17 in the home of the same caregiver. | Child meets the age requirement at time guardianship is being awarded by the court. | |
| | 4. The child has a strong attachment to the caregiver and has been consulted regarding the guardianship arrangement. | Child demonstrates a strong attachment to the caregiver, and has been consulted regarding guardianship as a permanent option. | |
| | 5. The caregiver has a strong commitment to permanently care for the child, and is willing to assume guardianship. | Caregiver has expressed a commitment to provide long-term care for the child through guardianship. The caregiver is willing to meet all of the needs of the child, including medical, dental, mental health, educational, financial, and any other reasonable needs of the child. | |
| | 6. It has been determined that continued placement with this caregiver would be in the best interests of the child, and meets the need for permanency and safety. | Determined by permanency planning team and during court review. | |

Comprehensive Provider Assessment

Agreement regarding care of the child(ren):

- The provider understands that the following cannot happen without the county child welfare agency knowledge:
 - The child(ren) shall not return to the parent's care.
 - Any change to the make-up of the Kinship Provider's household or a household move by the Kinship Provider shall be immediately communicated to the agency.
 - All contact between the child(ren) and parents shall be according to the supervision/visitation plan developed with the parents
- The provider agrees to ensure that the child(ren) obtain needed medical, dental, mental health and educational services.
- The provider understands that if for any reason the county child welfare agency determines that the needs of the child(ren) are not being met, the child(ren) may be removed from the home.
- The provider agrees to notify the Social Worker immediately if there are any changes related to the care of the child(ren).
- The provider understands that the county child welfare agency has the responsibility of assessing the safety and well-being of the child(ren) and will need to have access to the child(ren) and the Kinship Provider's home whenever requested.
- The provider will adhere to these discipline requirements:
 - Corporal punishment is prohibited; and
 - Child discipline must be appropriate to the child's chronological age, intelligence, emotional make-up, and experience;
 - No cruel, severe, or unusual punishment shall be allowed;
 - Deprivation of a meal for punishment, isolation for more than one hour, verbal abuse, humiliation, or threats about the child or family will not be tolerated.
- The agency agrees to:
 - Provide medical, mental health, educational, and other relevant information about the child(ren) to the provider
 - Keep the provider informed about the case and court status (invite provider to agency meetings regarding the children)

The purpose of this Comprehensive Assessment is to determine that the child(ren) can continue to safely live with the kinship provider. The Comprehensive Assessment is designed to build upon the Initial Provider Assessment and confirm the placement will continue to be stable and meet the child(ren)'s ongoing needs. The agency must review the Initial Provider Assessment, and confirm that all Requirements, specifically 7 and 8, are still being adequately satisfied. The parent(s) should continue to be involved in the care of and in meeting the needs of their child(ren) as appropriate and allowed by the court. A plan for the child(ren)'s safety and well-being has/will be developed and there is common understanding about that plan.

Comprehensive Provider Assessment

We, the undersigned, have reviewed the above assessment and agree to work together to provide a safe and nurturing environment for the above-named children.

| | | | |
|----------------------|------|----------------------|------|
| Provider's Signature | Date | Provider's Signature | Date |
| | | | |
| Provider's Signature | Date | Provider's Signature | Date |
| | | | |

To be completed by county child welfare agency:

Recommendation. Approve Not Approve

If the recommendation is to approve and there are any findings of F (Follow up Needed), justification should be provided below. The recommendation should be to Not Approve with a U (Unacceptable) finding for any requirement.

| | | | |
|---------------------------|------|------------------------|------|
| Social Worker's Signature | Date | Supervisor's Signature | Date |
| | | | |

Comprehensive Provider Assessment Instructions

These instructions are designed to be used when completing the Comprehensive Provider Assessment, including assessing for Guardianship.

When placement with a relative or other kin is being explored, the agency is required to assess the suitability of that home. This table provides an overview of when the Provider Assessment forms are required. This information is provided to ensure that county child welfare agencies use the appropriate assessment form based on the case point in case decision making.

| Point in Case Decision Making | Assessment Forms to be Completed | When to Complete |
|---|--|--|
| CPS Assessment; child cannot be safely maintained in own home. Parent identifies Temporary Safety Provider. | Initial Provider Assessment | Prior to child being placed with Temporary Safety Provider, and reviewed and updated prior to case decision. |
| CPS In-Home Services; child cannot be safely maintained in own home. Parent identified Temporary Safety Provider. | Initial Provider Assessment Comprehensive Provider Assessment | Initial: Prior to child being placed with Temporary Safety Provider. Comprehensive: Within 30 days of placement with Temporary Safety Provider. |
| CPS In-Home Services; child was placed with Temporary Safety Provider during the assessment and case was transferred to In-Home Services. | Comprehensive Provider Assessment | Within 30 days of case being transferred to In-Home Services. |
| Permanency Planning Services; relative/fictive kin has been identified as a placement resource. | Initial Provider Assessment Comprehensive Provider Assessment | Initial: Prior to child being placed with relative/fictive kin. Comprehensive: Within 30 days of placement with relative/fictive kin. |
| Permanency Planning Services; child was placed with Temporary Safety Provider during In-Home Services and custody was assumed within 30 days of placement. | Comprehensive Provider Assessment | Within 30 days of custody. |
| **Permanency Planning Services; guardianship with a relative, fictive kin, or foster parent is being considered after reunification and adoption have been ruled out as suitable options. | Comprehensive Provider Assessment, including the assessment for Guardianship on page 10. | Within 30 days of recommending to the court that Guardianship be awarded. |

**Optional, but recommended in order to assess the child and potential guardian prior to recommending to the court that guardianship be awarded to the caregiver.

Comprehensive Provider Assessment Instructions

Initial Provider Assessment

The Initial Provider Assessment is designed to address critical factors of safety and stability. The Initial Provider Assessment should be completed prior to the child(ren)'s placement in the home. Upon completion, the assessment form should be reviewed with the caretaker(s), signed and dated by the caretaker(s) and the county child welfare worker. The social work supervisor should review and sign the form as soon as possible, or on the next working day. See the Initial Provider Assessment Instructions (DSS-5203ins) for additional instructions on that form.

Completing the Comprehensive Provider Assessment

The Comprehensive Provider Assessment will support decisions about use of a kinship provider that is safe and able to meet the child(ren)'s ongoing needs.

All the information requested on Page 1 can be carried over from the Initial Provider Assessment form, but it must also be updated as additional information is received. Note: Development of a diagram of the kinship network is a helpful tool in working with the family to help them identify its support system, the nature of the interrelationships and recurring patterns in issues such as abuse, substance use, suicide, etc.

Page 1 captures demographic information and information required for background checks, including criminal, CPS, and 911 call logs.

It is important that all information requested on the face sheet be updated as needed. This face sheet will follow the case from initial placement through case closure.

*When documenting the child's, kinship caregivers', and other household members' race and ethnicity on page 1, use the following guide:

| Race | Ethnicity |
|---|------------------------|
| American Indian or Alaskan Native | Hispanic or Latino |
| Asian | Not Hispanic or Latino |
| Black or African American | |
| Native Hawaiian or Other Pacific Islander | |
| White | |

The comprehensive assessment is designed to evaluate relational issues such as bonding, attachment, nurturance, commitment, and intrafamilial relationships. This assessment is to be used with the Initial Provider Assessment as a base, and completed within 30 days of the placement, or within 30 days of initiating In-Home or Permanency Planning Services. The Comprehensive Assessment may also be used to update information about the placement in preparation for court reviews and permanency planning reviews. The county child welfare worker will need professional expertise to evaluate these factors. If the child welfare worker does not have the training and experience to accurately assess the family, another child welfare worker or supervisor should accompany them on this assessment visit.

Page 2

Comprehensive Provider Assessment Instructions

Ratings for the Requirements (A/F/U)

Acceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be safe and appropriate for consideration for the child(ren) regarding this requirement.

Follow Up Needed: Based on the information obtained, services and/or modifications are required for the provider(s) and/or his or her home to be found safe and/or appropriate for the child(ren) regarding this requirement. Any identified services or modifications must be clearly identified with a plan for resolution with a required completion date (indicate on Page 8 Review Date). Use page 7-8 to document additional details if needed. If a provider is unable to provide care immediately, but could do so within a short time frame, assess if this is the best resource for the child and, if so, arrange for another provider (preferably with a relative) and assess this resource as a backup placement.

Unacceptable: Based on the information obtained, the provider(s) and/or his or her home is found to be unsafe and/or inappropriate for the child(ren) regarding this requirement.

Upon completion, the assessment form must be reviewed with the caretaker(s), signed and dated by the caretaker(s) and the county child welfare worker. The child welfare supervisor must review and sign the form as soon as possible, or on the next working day.

Guidance on Comprehensive Provider Assessment Tool

1. As the child welfare worker visits the home, he or she should create opportunities to observe how the caretaker, the child, and other household members interrelate. This may mean scheduling appointment times when the entire family and the placed child are at home.
2. Ask the caretaker if they are interested in continuing to provide a home for the child, if this is appropriate. If they are, determine through the interview and observation process their understanding and response to the child's needs.
3. Determine the attitude of the parent and the caretaker about the child's living arrangement and the current visitation/contact plan. Determine if these attitudes are having a negative influence on the Family Time and Contact Plan (frequency of visits, supervision, times, etc.).
4. Regardless of the case status (open investigation or case substantiation), the child needs support to deal with the trauma of maltreatment and/or separation from the parent. It is damaging for the caretaker to "take sides" about the incident, and supportive neutrality should be encouraged. For children placed out of the home, it is critically important that disciplinary methods used are sensitive to the emotional and physical injuries that may have been experienced by the child.
5. Evaluate the caretaker's working relationship with the agency, both from the caretaker's perspective and from the agency perspective.
6. Discuss with the caretaker which kinship resources and agency services they have accessed since the child was placed with them. Determine if other referrals have been made that were not used, and whether the family needs help to follow through. Talk with the caretaker about developmental issues that may have emerged during the placement, and possible interventive strategies.
7. Talk with the caretaker about the status of the other members of the household, including the caretaker, and the impact of placement on the family. Choose appropriate indicators of

Comprehensive Provider Assessment Instructions

functioning based on the day-to-day activities.

8. If health issues have arisen since the initial assessment, discuss them with the caretaker.

Guardianship Assessment

This section of the assessment tool should be completed when recommending guardianship be awarded to a specific person(s), including relatives, fictive kin, and foster parents. This tool assesses the potential guardian's willingness to provide a permanent home for the child and meet the child's well-being needs, the child's attachment to the potential guardian, the child's feelings about the guardianship arrangement, and the child's eligibility for guardianship assistance. All factors listed in this section must be met in order for guardianship to be pursued.

Guardianship Assistance Program

Factors 1-5 must be met in order for the child to be eligible for the Guardianship Assistance Program (GAP). If the child is not eligible for GAP, the potential guardian should be made fully aware that if they assume guardianship, they may be eligible for adoption assistance if they later decide to adopt.

**FOSTER HOME LICENSING
WATER HAZARD SAFETY ASSESSMENT FORM
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

Instructions: The supervising agency shall assess the (prospective) foster family's home, property and surrounding property for the existence of water hazards. The results of the assessment and the information gathered based upon the child's age and developmental level, will be used to determine the family's ability to keep children safe from water hazards. The Supervising Agency shall take photographs of the body of water or pool from four different vantage points. The Supervising Agency shall attach the four photographs to the DSS-5016 Foster Home License Application.

Supervising Agency Name: _____

Licensing Social Worker Name: _____ Assessment Date: _____

Foster Parent(s) Name: _____

Address of foster home: _____

I. SWIMMING POOLS

Does the family have a swimming pool on their property or on the property on which they live (i.e. apartment or condominium complex)? **yes** **no**; If yes, answer the following questions; If no, skip to Section II.

- Is the pool above ground? **yes** **no**; If you answer yes, does the ladder lock into place or can it be removed so it is inaccessible? **yes** **no**; **If the answer to this question is no, STOP. The home cannot be licensed until the family complies with this rule.**
- Is the pool inground? **yes** **no**; If you answer yes, is the pool enclosed by a fence that is at least 48" high with a gate that locks or does the family have a fence with a locked gate around the yard? **If the answer to this question is no, STOP. The home cannot be licensed until the family complies with this rule.**

II. OTHER WATER HAZARDS

1. Is there a water hazard such as a pond, lake, river or beach on the property of the home of the family that can be seen from the foster home at any time of year? **yes** **no**; If you answered yes, please describe the potential hazard.
2. If you answer yes to question 1, does the family have a fence with a locked gate that provides for a safe play space for children? **yes** **no**; **If the answer to this question is no, STOP. The home cannot be licensed until the family complies with this rule.**
3. Is there a water hazard such as a pond, lake, river or beach that is not on the family's property but may pose a risk? **yes** **no**; if yes, describe the potential water hazard. Please provide information that describes the proximity of the potential hazard to the home.

**FOSTER HOME LICENSING
WATER HAZARD SAFETY ASSESSMENT FORM
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

WATER SAFETY PLAN

Instructions: If any water safety hazard was identified during the Water Hazard Safety Assessment, or if any water safety hazard was identified during the Initial Kinship Provider Assessment, this section must be thoughtfully completed by the (prospective) foster family / kinship provider.

For (prospective) foster families, this section must be completed in full regardless of the preferred age of the child the family wishes to foster.

Regarding potential water hazards, what is the family's plan to maintain adequate supervision to ensure the safety of a child in your care according to the following age/developmental age groups?

| Age Group | Plan for Supervision and Water Safety |
|--------------------|---------------------------------------|
| 0 – 3 years | |
| 4 – 7 years | |
| 8 – 11 years | |
| 12 – 15 years | |
| 16 years and older | |

| | |
|--|--|
| Applicant's printed name and signature: | |
| Applicant's printed name and signature: | |
| Applicant's Phone Number: | |
| Applicant's E-mail Address | |

| | |
|--|--|
| Social Worker's printed name and signature: | |
| Social Worker's Phone Number: | |
| Social Worker's E-mail Address | |

**FOSTER HOME LICENSING
INDIVIDUAL WATER HAZARD SAFETY PLAN
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

Purpose: This safety plan is developed to provide the foster family the opportunity to document the safety measures they will implement to ensure that a child placed under their care will be safe while living in close proximity of a known, potential water hazard such as a pool, pond, lake, river, or beach.

Given the variation of developmental stage, age, and competencies around water, this form is to be completed for each child placed in a foster home where a water safety hazard has been identified during the licensure process. The foster parent should complete this form within three (3) calendar days of the child being placed in the home.

This form shall be filed in the case record for the child and a copy of this form shall be filed in the foster family licensing record.

Foster Parent(s)'s Name: _____

Child's Name: _____ Age: _____

Date of Placement: _____ Date of Safety Plan _____

Supervising Agency's Name: _____

I. Child's Specific Information:

1. Describe any developmental delays, learning disabilities, concerning behaviors, and/or physical limitations the child is known to have at the time of placement.

2. Does the child know how to swim and/or is aware of safety precautions around bodies of water to include but not limited to pools, lakes, rivers, streams, etc.?

II. Safety Plan

1. What types of safety devices i.e. lifejackets, flotation devices, etc. the foster parent(s) has for the child to use when around bodies of water.

**FOSTER HOME LICENSING
INDIVIDUAL WATER HAZARD SAFETY PLAN
NORTH CAROLINA DIVISION OF SOCIAL SERVICES**

2. Foster parent(s)'s description of supervision that will be provided when the child is near bodies of water to include but not limited to pools, hot tubs, wading pools, ponds, lakes, etc.

3. What are the rules the foster parent(s)'s has communicated to the child about the potential water hazard?

4. What techniques and strategies the foster parent(s) has knowledge of and the ability to perform in the event of an emergency? Please list any certifications or trainings received with dates.

III. Signatures:

| | |
|---------------------------------------|---------------------------------------|
| | |
| Foster Parent 1 | Foster Parent 2 |
| | |
| Foster Parent's Signature/Date | Foster Parent's Signature/Date |

PST TOOLS WORKBOOK
DAY 4

**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 | | A1. Current report is for abuse or both neglect and abuse | |
| a. No.....0 | | a. No0 | |
| b. Yes1 _____ | | b. Yes.....1 _____ | |
| N2. Number of prior CPS assessments (take highest score) | | A2. Number of prior CPS investigative assessments | |
| a. None.....0 | | a. None0 | |
| b. One or more family assessments.....1 | | b. One or more2 _____ | |
| c. One or more investigative assessments.....2 _____ | | A3. Prior CPS in-home/out-of-home service history | |
| N3. Prior CPS in-home/out-of-home service history | | a. No0 | |
| a. No.....0 | | b. One or more apply1 _____ | |
| b. Yes1 _____ | | <input type="checkbox"/> Prior case open for in-home, CPS services | |
| N4. Number of children residing in the home at time of current report | | <input type="checkbox"/> Prior case open for foster care services | |
| a. Two or fewer.....0 | | A4. Age of youngest child in the home | |
| b. Three or more.....1 _____ | | a. 4 or under.....0 | |
| N5. Age of primary caretaker (note: score is either 0 or -1) | | b. 5 or older.....1 _____ | |
| a. 30 or older..... -1 | | A5. Number of children residing in home at time of current report | |
| b. 29 or younger.....0 _____ | | a. Two or fewer0 | |
| N6. Age of youngest child in the home | | b. Three or more1 _____ | |
| a. 3 or older.....0 | | A6. Caretaker(s) history of abuse/neglect | |
| b. 2 or younger.....1 _____ | | a. No0 | |
| N7. Number of adults residing in home at time of report | | b. Yes.....1 _____ | |
| a. Two or more.....0 | | A7. Child characteristics | |
| b. One or none.....1 _____ | | a. Not applicable.....0 | |
| N8. Caretaker(s) history of abuse/neglect | | b. One or more apply1 _____ | |
| a. No.....0 | | <input type="checkbox"/> Developmental disability | |
| b. Yes1 _____ | | <input type="checkbox"/> Mental Health and/or behavioral problems | |
| N9. Either caretaker has/had a drug or alcohol problem | | <input type="checkbox"/> History of delinquency | |
| a. No.....0 | | A8. Either caretaker is a domineering parent | |
| b. One or more apply.....1 _____ | | a. No0 | |
| Primary: <input type="checkbox"/> Within last 12 months | | b. Yes.....1 _____ | |
| <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 applicable0
- 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 applicable0
- 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 applicable0
- 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> |
|----------------------|--------------------|-------------------|
| ___ -1-2 | ___ 0-2 | ___ Low |
| ___ 3-5 | ___ 3-5 | ___ Moderate |
| ___ 6-16 | ___ 6-12 | ___ 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

- a. Score 0 if the caretaker(s) does not have a current or past mental health problem and caretaker demonstrates good coping skills.
- b. 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

- a. 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.
- b. 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

- a. 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.
- b. 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

- 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.
- 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

- Score 0 if the current report is not for abuse.
- 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.

- Score 0 if there were no CPS investigative assessments prior to the current report.
- 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.

- 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.
- 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).

- 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 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. | | |
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| | 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, Accurint)
- 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.

**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 problem0
 - b. Caregiver(s) abused/neglected as a child 1
 - c. Caregiver(s) in foster care as a child2
 - d. Caregiver(s) perpetrator of abuse/neglect in the last five years.....3 _____

- S9. Communication/
Interpersonal Skills**
 - a. Strong skills-1
 - b. Appropriate skills0
 - c. Limited or ineffective skills1
 - d. Hostile/destructive2 _____

- S10. Caregiver(s) Life Skills**
 - a. Good life skills.....-1
 - b. Adequate life skills0
 - c. Poor life skills1
 - 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 employment0
 - c. Underemployed1
 - 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 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 problem0
 - b. Caregiver(s) abused/neglected as a child 1
 - c. Caregiver(s) in foster care as a child2
 - d. Caregiver(s) perpetrator of abuse/neglect in the last five years.....3 _____

- S9. Communication/
Interpersonal Skills**
 - a. Strong skills-1
 - b. Appropriate skills0
 - c. Limited or ineffective skills1
 - d. Hostile/destructive2 _____

- S10. Caregiver(s) Life Skills**
 - a. Good life skills.....-1
 - b. Adequate life skills0
 - c. Poor life skills1
 - 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 employment0
 - c. Underemployed1
 - 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 DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF SOCIAL SERVICES
CHILD PROTECTIVE SERVICES REPORT
REPORT TO CENTRAL REGISTRY/CPS APPLICATION**

Form # _____ enter # assigned by system

| | | | | | | |
|---------------------------|------------------------------|----------------------------|---|----|------------------------|---------------------------|
| 1. County | 2. City Case Number | 3. Case Manager Name, Last | FI | MI | 4. Case Manager Number | 9. Request for Assistance |
| 5. Date of Initial Report | 6. Date Assessment Initiated | 7. Date of Case Decision | 8. Risk Assess Rating L = Low M = Medium H = High N = N/A | | | |

| | | | |
|-------------------|---------------------------|----------------------------|-------------------|
| 10. Child ID | 11. Child Name, Last | 12. Social Security Number | MI |
| 13. Date of Birth | 14. Sex | 15. Race | 16. Sch |
| | 17. Cr | 18. Lv Ar | 19. Special Areas |
| | 20. Source of Referral(s) | 21. Juv | 22. Cri |
| | 23. Perp Rel | 24. Post Svcs | |

25. Failure to Report Reason (select all that apply)
 Did not want to get involved/Family matters/Religious beliefs
 Did not know how to report
 Thought it would be a breach of confidentiality
 Thought DSS would not respond
 Fear of Retaliation/Financial distress
 Thought someone else would report it/Better handled by other resource or service
 Did not consider actions inappropriate/Disbelief of possible allegations
 Other/Refused to say/Unknown

26. Contributory Factors-Order By Priority (number all that apply for caretaker, child and household separately)

| | | | | | |
|--|--------------------------|--------------------------------------|--------------------------|--|--|
| Caretaker - Alcohol Abuse | <input type="checkbox"/> | Child - Alcohol Problem | <input type="checkbox"/> | | |
| Caretaker - Drug Abuse | <input type="checkbox"/> | Child - Drug Problem | <input type="checkbox"/> | | |
| Caretaker - Mental Retardation | <input type="checkbox"/> | Child - Mental Retardation | <input type="checkbox"/> | | |
| Caretaker - Emotionally Disturbed | <input type="checkbox"/> | Child - Emotionally Disturbed | <input type="checkbox"/> | | |
| Caretaker - Visually or Hearing Impaired | <input type="checkbox"/> | Child - Visually or Hearing Impaired | <input type="checkbox"/> | | |
| Caretaker - Learning Disability | <input type="checkbox"/> | Child - Physically Disabled | <input type="checkbox"/> | | |
| Caretaker - Physically Disabled | <input type="checkbox"/> | Child - Behavior Problem | <input type="checkbox"/> | | |
| Caretaker - Other Medical Condition | <input type="checkbox"/> | Child - Learning Disability | <input type="checkbox"/> | | |
| Caretaker - Lack of Child Dev. Knowledge | <input type="checkbox"/> | Child - Other Medical Condition | <input type="checkbox"/> | | |
| None of These Apply For This Child | <input type="checkbox"/> | Household - Domestic Violence | <input type="checkbox"/> | | |
| | | Household - Inadequate Housing | <input type="checkbox"/> | | |
| | | Household - Financial Problem | <input type="checkbox"/> | | |
| | | Household - Public Assistance | <input type="checkbox"/> | | |

27. Maltreatment Type Reported (number all that apply based on priority of maltreatment type reported)

| | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------|-----------------------------|---------------------------|----------------------------|----------------------------|----------------------------|---------------------------|----------------------------|--|--------------------------|
| ABUSE | NEGLIGENCE | Improper Supervision | Improper Care | Improper Disc (No Injuries) | Improper Disc (Injuries) | Injurious Environment | Injurious Environment (DV) | Injurious Environment (SA) | Abandonment | Safe Surrender | No Alleged Maltreatment For This Child | Adoption Law Violation |
| Physical | Emotional | Sexual | Delinquent Acts Involving Turpitude | Human Trafficking (Sexual) | Human Trafficking (Labor) | Human Trafficking (Sexual) | Human Trafficking (Labor) | Human Trafficking (Sexual) | Human Trafficking (Labor) | Human Trafficking (Sexual) | Human Trafficking (Labor) | Adopt. Law Violation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

28. Type Reported

| | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------|-----------------------------|---------------------------|----------------------------|----------------------------|----------------------------|---------------------------|----------------------------|--|--------------------------|
| ABUSE | NEGLIGENCE | Improper Supervision | Improper Care | Improper Disc (No Injuries) | Improper Disc (Injuries) | Injurious Environment | Injurious Environment (DV) | Injurious Environment (SA) | Abandonment | Safe Surrender | No Alleged Maltreatment For This Child | Adoption Law Violation |
| Physical | Emotional | Sexual | Delinquent Acts Involving Turpitude | Human Trafficking (Sexual) | Human Trafficking (Labor) | Human Trafficking (Sexual) | Human Trafficking (Labor) | Human Trafficking (Sexual) | Human Trafficking (Labor) | Human Trafficking (Sexual) | Human Trafficking (Labor) | Adopt. Law Violation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

29. Maltreatment Type Found (number all that apply based on priority of maltreatment type reported.)

| | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------|----------------------------|---------------------------|----------------------------|---------------------------|----------------------------|---------------------------|----------------------------|---------------------------|--------------------------|
| ABUSE | NEGLIGENCE | Imp. Supervision | Imp. Care | Imp. Disc (No Injuries) | Imp. Disc (Injuries) | Inj. Environment | Inj. Environment (DV) | Inj. Environment (SA) | Abandonment | Safe Surrender | Imp. Med/Rem Care | Adopt. Law Violation |
| Physical | Emotional | Sexual | Delinquent Acts Involving Turpitude | Human Trafficking (Sexual) | Human Trafficking (Labor) | Adopt. Law Violation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

30. Type Found

31. Findings Reason

32. Maltreatment Type Found (number all that apply based on priority of maltreatment type reported.)

| | | | | | | | | | | | | |
|--------------------------|--------------------------|--------------------------|-------------------------------------|----------------------------|---------------------------|----------------------------|---------------------------|----------------------------|---------------------------|----------------------------|---------------------------|--------------------------|
| ABUSE | NEGLIGENCE | Imp. Supervision | Imp. Care | Imp. Disc (No Injuries) | Imp. Disc (Injuries) | Inj. Environment | Inj. Environment (DV) | Inj. Environment (SA) | Abandonment | Safe Surrender | Imp. Med/Rem Care | Adopt. Law Violation |
| Physical | Emotional | Sexual | Delinquent Acts Involving Turpitude | Human Trafficking (Sexual) | Human Trafficking (Labor) | Adopt. Law Violation |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

33. Perpetrator Name, Last

| | | | | | | | |
|----|-------------------|---------|----------|---------|------------------------|---------|---------|
| MI | 34. Date of Birth | 35. Age | 36. Race | 37. Sex | 38. Social Security No | 39. RIL | 40. MIL |
| | | | | | | | |

33. Perpetrator Name, First

| | | | | | | | |
|----|-------------------|---------|----------|---------|------------------------|---------|---------|
| MI | 34. Date of Birth | 35. Age | 36. Race | 37. Sex | 38. Social Security No | 39. RIL | 40. MIL |
| | | | | | | | |

41. Child Care Group Home/Institution

**Central Registry Report
Continuation Page - Perpetrator**

County Case # _____

Form # _____
enter # assigned by system

| 33. Perpetrator Name, Last | Perpetrator Name, First | MI | 34. Date of Birth | 35. Age | 36. Race | 37. Sex | 38. Social Security No | 39.RI | 40.Mil |
|----------------------------|-------------------------|----|-------------------|---------|----------|---------|------------------------|-------|--------|
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |
| | | | | | | | | | |

DSS Referral Form for Early Intervention Services (CDSA)

(Referral must be completed and sent to Early Intervention Services **within 72 hours of Substantiation or In Need of Services Finding**)

(Please attach copy of DSS Family Strengths and Needs Assessment)

| | |
|--|---|
| Date of DSS Referral: | Date of DSS Finding of "Substantiation" or "In Need of Services": |
| Basis of "Substantiation" or "In Need of Services": | |
| Child's Name: | |
| Date of Birth: _____ Male _____ Female : _____ | |
| Race: <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black/African American <input type="checkbox"/> Native Hawaiian/Other Pacific Islander <input type="checkbox"/> White | |
| Ethnicity: <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino | |
| Language, if other than English | |
| Address | |
| Telephone Number: | |
| Referring County Department of Social Services: | |
| DSS Contact Person | Telephone: |
| Parent/Caretaker Name: | |
| (If parent is not legal guardian, list who has legal custody and how they can be contacted) | |
| Legal guardian contact information | |
| Does parent/caretaker have any known or suspected physical or mental health problems? | |
| Is parent/caretaker involved with any other agencies or medical providers? | |
| Any prior assessments for medical and/or developmental needs? By whom? | |
| Does child have any diagnosed or suspected developmental delays or other special needs? | |
| Child's primary medical provider. (Please provide telephone number and/or address) | |
| Is child seen by any other social service agency or medical provider? | |
| Child has: Medicaid/HealthChoice? (Y/N) _____ Other Insurance? (Y/N) ___ Other? | |

(see reverse of form)

Has family been informed about CDSA referral? (Must be done prior to referral)

Any other information that would help Child Developmental Service Agency (CDSA) understand this family

Directions to Home:

PST TOOLS WORKBOOK
DAY 5

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

County:

Case Number:

| | |
|--|--|
| Case Name: | |
| Agency Worker Name, Phone Number & Email | |
| Agency Supervisor Name Phone Number & Email | |

This document serves multiple purposes. It:

- Compiles important information about the family and children, including their strengths and needs
- Documents how all participants will work together to achieve the identified goals and the progress toward those goals
- Meets federal and state requirements

| Family Demographics | Name & Address | DOB: | Age: |
|---------------------|----------------|--------|------|
| Child | | DOB: | Age: |
| Mother | | Phone: | Age: |
| Father of: | | Phone: | Age: |
| Father of: | | Phone: | Age: |
| Other Caregiver | | Phone: | Age: |
| Other Caregiver | | Phone: | Age: |

| Temporary Safety Provider | Name & Address |
|---------------------------|----------------|
| Caregiver | |
| Caregiver | |
| Caregiver | |
| Caregiver | |

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Strengths & Resources

Identify family and family member strengths.

Identify services in place for the family & Describe family's use of those services.

Identify natural family supports, including extended family members. Specify current involvement of those supports, including the CFT meeting participants.

The following build upon family strengths and resources to address family issues and needs. They also address the findings of the CPS Assessment, which are based on the NC Child Welfare assessment tools, and provide specific activities to prevent the child(ren) from entering county child welfare custody.

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Objectives and Activities to Address Identified Safety Threats.

Include safety activities identified on the TPSA that have not been completed. If child(ren) are placed with a Temporary Safety Provider, specify what needs to take place for the child(ren) to return to the care of one or both of their parents and what services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the child(ren).

Is there a current Safety Threat? Yes, complete this page No, go to objectives and activities

If there is more than 1 safety threat, duplicate this page for each safety threat.

| | |
|--------------------------------|--|
| Describe Behaviors of Concern: | |
| Objective: | |

| Activities (by Family/Child Welfare Agency) | Who is Responsible | Target Date | Activity Progress Notes |
|---|--------------------|-------------|-------------------------|
| | | | |
| | | | |
| | | | |

Progress toward Addressing the Identified Safety Threats

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer needed | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Completed | |

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer needed | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Completed | |

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Is there a Temporary Safety Provider? Yes No

Provider Name:

Child(ren) Name:

What services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the children?

Comprehensive Provider Assessment completed and approved? Yes No

If no, reason:

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Objectives and Activities to Address Identified Factors

| | |
|--|--|
| Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children): | |
| Describe Behaviors of Concern: | |
| Objective: | |

| Activities (by Family/Child Welfare Agency) | Who is Responsible | Target Date | Activity Progress Notes |
|---|--------------------|-------------|-------------------------|
| | | | |
| | | | |
| | | | |

Progress toward Achieving the Factor

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer needed | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Completed | |

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer needed | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Completed | |

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer needed | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Completed | |

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Objectives and Activities to Address Identified Factors

| | |
|--|--|
| Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children): | |
| Describe Behaviors of Concern: | |
| Objective: | |

| Activities (by Family/Child Welfare Agency) | Who is Responsible | Target Date | Activity Progress Notes |
|---|--------------------|-------------|-------------------------|
| | | | |
| | | | |
| | | | |

Progress toward Achieving the Factor

| | |
|--|-----------|
| Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer needed <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Completed | Comments: |
|--|-----------|

| | |
|--|-----------|
| Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer needed <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Completed | Comments: |
|--|-----------|

| | |
|--|-----------|
| Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer needed <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Completed | Comments: |
|--|-----------|

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Objectives and Activities to Address Identified Factors

| | |
|--|--|
| Need (from Strengths and Needs Assessment) for all involved parents (as well as needs of the child or children): | |
| Describe Behaviors of Concern: | |
| Objective: | |

| Activities (by Family/Child Welfare Agency) | Who is Responsible | Target Date | Activity Progress Notes |
|---|--------------------|-------------|-------------------------|
| | | | |
| | | | |
| | | | |

Progress toward Achieving the Factor

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer needed | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Completed | |

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer needed | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Completed | |

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer needed | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Completed | |

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Parent/Caretaker Well-Being Needs

Parent Name(s):

Are all the parent(s)/caretaker(s) wellbeing needs (educational, physical health and mental health) incorporated into the objectives and activities of the Family Services Agreement above? Yes No

If not, how are these needs being addressed?

Voluntary Services

Other needs of the parent/caretaker that may impact achievement of goal

Identify any voluntary services that are not addressed in the Plan:

Progress toward meeting the parent/caretaker voluntary services:

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Child Specific Review (Complete this section for each child/youth. Make extra copies as needed.)

Childs Name:

| Service Provider and Contact Information | | Needs/Issues/Strengths | Follow Up/Next Steps, if needed |
|--|---|--|---|
| Educational / Developmental | School/Daycare: Grade: Has the child ever been retained/advanced in a grade? <input type="checkbox"/> Yes: Explain: <input type="checkbox"/> No Services in place, IEP, A/G: | <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: | Progress / Follow Up / Next Steps, if needed: |
| Physical / Medical/ Medication | Physician/Address/Phone: Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last medical checkup? | Any health needs/issues/strengths (i.e., Allergies, medications)? | Progress / Follow Up / Next Steps, if needed: |
| Dental | Dentist/Address/Phone: Date of last dental appointment? | Needs/Issues/Strengths: | Progress / Follow Up / Next Steps, if needed: |
| Mental Health / Behavioral Health / Juvenile Justice needs | Provider/Address/Phone: Diagnosis/Behavior Concern: | Needs/Issues/Strengths: | Progress / Follow Up / Next Steps, if needed: |
| Social / Other | Activities: | Needs/Issues/Strengths: | Progress / Follow Up / Next Steps, if needed: |
| Health Insurance | Service Provider & Contact information: | Needs/Issues/Strengths: | Progress / Follow Up / Next Steps, if needed: |
| Child/Youth's Participation in Case Planning | How was the child provided an opportunity to participate in the development of this In-Home Family Services Agreement and identify their input (concerns, desires)? | | |

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Child(ren):

Is the child at imminent risk of removal? Yes No

If Yes, provide clear and concise language regarding the specific reason that the child(ren) is/are at imminent risk of removal if services are not promptly provided to prevent county child welfare agency custody. Absent the following preventative services,

If there is a non-resident parent, describe how they (and their family members) are assisting in the planning of the child(ren)/youth's safety. Describe the engagement of the non-resident parent, if applicable.

If the child cannot be safely maintained in the home, what are the parent's preferences for placement?

Describe any knowledge of the family having American Indian Heritage and agency efforts to notify the tribe if applicable.

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

Court

Is there an open legal action on this case? Yes No

If yes, are the orders of the court incorporated into the objectives and activities of the Service Agreement?

Yes No If not, explain:

Date of Next Court Review:

Recommendations regarding the parents/caretakers or barriers for the next court hearing:

NORTH CAROLINA IN-HOME FAMILY SERVICES AGREEMENT

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 for the development and/or update of the Family Services Agreement.

| 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 |
| Temporary Safety Provider (if being used) | | | <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: | | | |

In-Home Family Services Agreement Instructions

Which Cases:

- All cases assigned in which the family is receiving CPS In-Home Services after substantiation or a “services needed” finding is made.
- The plan can also be used to document a plan of voluntary services to families.

If the DSS is granted custody, the Permanency Planning Family Services Agreement form is to be used even if the child physically remains in the home.

Purpose:

The purpose of the In-Home Family Services Agreement is to specify a plan to respond to the conditions or needs that threaten a child's safety and place him or her at risk of future harm, while identifying and building on the family's strengths.

The conditions and needs of the family, as well as family strengths, are identified through the Safety Assessment, Risk Assessment, the Family Assessment of Strengths and Needs, and in the Case Decision Summary section of the DSS-5010.

The In-Home Family Services Agreement addresses the needs of the family identified in the Family Strengths and Needs Assessment, safety issues and the future risk of harm to the child. It also outlines a plan to meet those needs, safety issues, and future risk of harm contingent upon the actions and activities of the family and the worker. Although priority needs will be addressed first, the family needs to be aware of all the needs that must be addressed with target dates based on the priority level. Other needs may also be addressed in the agreement when the family requests voluntary services. Additionally, the In-Home Services Agreement must identify the child and family well-being issues and include a plan for how the worker and family will ensure these issues are addressed. Failure to resolve the well-being issues will not result in continuation of involuntary services.

Plan Development:

The In-Home Family Services Agreement form is completed by the CPS In-Home Services social worker or other worker as assigned. The agreement must be developed jointly with the family, their personal support systems, and any other persons who are involved in and critical to the successful completion of the agreement and the safety and welfare of the children as per CFT protocol and guidance. **The county child welfare services agency must engage or make efforts to engage all parents and caretakers in the process of developing the In-Home Family Services Agreement.** If a nonresidential parent is not involved in the planning, documentation should reflect why. An example of this would be a nonresidential parent who has expressed a desire to not be involved in the child's life, who has never had any involvement in the child's life, who refuses any contact with the child, provides no possible relative supports and refuses to cooperate with the social worker in the development of an agreement.

Children's participation in the development of the Family Services Agreement is required and must be documented to help achieve that requirement in an effective manner.

In domestic violence cases, separate Family Services Agreements should be completed with the non-offending parent/adult victim and the perpetrator of domestic violence. The perpetrator

In-Home Family Services Agreement Instructions

domestic violence should not have access to the non-offending parent/adult victim's Family Services Agreement. In some cases, the non-offending parent/adult victim may want the perpetrator of domestic violence to participate in the Child and Family Team meeting together. The County DSS and or facilitator should review the completed Structured Decision-Making Tools before deciding if it is safe and appropriate to initiate a joint Child and Family Team meeting. Ultimately, if the County DSS and/or facilitator believe it is too dangerous to conduct the Child Family Team Meeting with the perpetrator of domestic violence present, complete them separately. Refer to Domestic Violence protocol and guidance.

When:

The In-Home Family Services Agreement must be developed within 30 days of the case decision to substantiate or of finding of services needed, updated every three months thereafter to coincide with the Family Strengths and Needs Assessment and Risk Reassessment updates, or modified whenever family circumstances warrant a change. All counties may use the Child and Family Team (CFT) meetings to develop and update the Family Service Agreement. For the exceptions when the Agreement cannot be completed within 30 days, or in a CFT meeting, documentation shall reflect diligent efforts made or the rationale for extra time to develop the plan. If the Agreement is not updated, documentation shall reflect diligent efforts to engage the family or the rationale for continuing the previous plan.

Completion of the Family Services Agreement must occur within timeframes both to support effective planning and communication with the family but also to comply with IV-E eligibility requirements. In- Home Services is an involuntary service that has an impact on a family's right to make decisions about how they function. *Prompt provision of In-Home services that motivate the family to make the necessary, sustainable changes to address safety and risk* must occur to close the case in a timely manner that will also prevent the occurrence of repeat maltreatment.

The Agreement Completion:

Family Demographics

- Include the family name, address, and telephone number and the social worker's name and telephone number so that the family can contact the worker with questions or concerns.
- List the names of all the children who live in the household including their dates of birth and age.
- Record the name of other child/children's caregiver(s)

Temporary Safety Provider

- Record the name(s) and address(es) of the Temporary Safety Provider

Strengths & Resources

The emphasis of this area is to build upon family strengths and resources to address family issues and needs to enhance the capacity of parent) s)/caretaker(s) to care for their children.

In-Home Family Services Agreement Instructions

Objectives and Activities to Address Identified Safety Threats

This part of the meeting should lead into the planning to address the safety and needs associated with the reason for child welfare involvement. If there is an identified safety threat objectives and activities must be developed. The development of the Family Services Agreement Objectives and Activities to Address Safety Threats must describe behavior, circumstance, and/or conditions that has put the child(ren) at imminent risk of removal and must be reviewed and updated in the Progress toward Addressing the Identified Safety Threat.

Progress toward Addressing the Identified Safety Threats

Use the Risk Reassessment and Family Strengths and Needs Assessment, as well as observations and the family's report to assist in determining the family's progress. Describe the progress made. Enter the date of the review of the In-Home Family Services Agreement and check the current status outcome. There is room on this form for four progress updates toward achieving the objective. If the block "not completed" is selected, please explain why, and explain how this does not negatively affect the child's safety and risk of future harm. If some but not all the objectives are achieved, you would check "partially achieved" and explain in the space provided in the Comment section below the Review Status update section.

Is there a Temporary Safety Provider

Identify safety activities identified on the TPSA that have not been completed or any new safety threats that have developed. This section is not required for all cases. If child(ren) are placed with a Temporary Safety Provider, describe specify what needs to take place for the child(ren) to return to the care of one or both of their parents and what services are being provided to support the Temporary Safety Provider to ensure they can provide a safe and stable home for the child(ren).

Indicate whether the Comprehensive Provider Assessment was completed and approved. If it was not completed and approved, provide an explanation.

Describe the behavior/condition that created the safety threat. For the objective, clearly state how the agency will determine that the safety threat has been resolved.

Objectives toward Achieving the Factor

Identify needs from the Family Strengths and Needs Assessment that affect the child's present safety or places the child at future risk of harm. The greatest need should be addressed first in the In-Home Family Services Agreement. Only one need per page should be addressed.

(Example: S2. Parenting Skills) In identifying needs of the family, please be sure that the safety and risk assessment concerns of the family are incorporated into the service agreement.

If needs from an involved noncustodial parent are identified, their needs should also be addressed within the In-Home Family Services Agreement on a separate agreement.

Specify the behaviors of concerns affecting the child's present safety or that put the child at risk of future harm as identified in the Family Assessment of Strengths and Needs and the NC Case Plan Decision Summary.

(Example: Mrs. Brown's use of a paddle for disciplining her son Johnny Brown while she was angry resulted in severe bruising on his buttocks, lower torso, and thighs.)

In-Home Family Services Agreement Instructions

Describe the objective by specifying what the desired behavior/condition or expected changes will look like when the need is met so the caregiver and the worker are clear about what is expected and when it has been accomplished. The family should be involved in the development of these outcome statements.

(Example: Mrs. Brown will learn and demonstrate her ability to apply age-appropriate methods of discipline that do not harm Johnny.)

Activities/Responsibility/Target Dates

List the activities that are planned to correct the identified need/behavior and the date the activity should be start or be completed. Activities should state what will be done, where it will be done, by whom and when it will be begun/completed. The caregivers should be involved in developing these activities. The caregiver should also have input into decisions concerning who will be service providers, as needed.

(Example: Mrs. Brown will complete parenting classes with the Barnard Family Resource Center by October 30. Rev. Stillwell will be available to Mrs. Brown if she needs to talk to him to diffuse her anger. Mrs. Brown will demonstrate her ability to use effective discipline techniques with Johnny (for example: restricting activities, using time out and talking with Johnny). Mrs. Brown's mother will be available 24 hours a day to provide supervision to Johnny if Mrs. Brown is concerned about losing control of her temper. Lois Chappell will work as an In-Home Aide to coach age-appropriate discipline techniques.)

Also listed here should be the specific activities the worker agrees to do to assist the family in successfully completing the plan.

(Example: Agency worker will make referrals to required services. Agency worker will visit weekly and will be available by telephone to help Mrs. Brown progress in learning and using discipline techniques, as well as, to discuss any other areas of concern that Mrs. Brown may have).

Progress toward Achieving the Factor

Use the Risk Reassessment and Family Strengths and Needs Assessment, as well as observations and the family's report to assist in determining the family's progress. Describe the progress made. Enter the date of the review of the In-Home Family Services Agreement and check the current status outcome. There is room on this form for four progress updates toward achieving the objective. If the block "not completed" is selected, please explain why, and explain how this does not negatively affect the child's safety and risk of future harm. If some but not all the objectives are achieved, you would check "partially achieved" and explain in the space provided in the comment section.

Parent/Caretaker Wellbeing Needs

The child welfare agency should identify with the family any needs of the parent(s) that are not identified in the objectives and activities and describe how those needs will be addressed. These needs were not significant enough to cause county child welfare involvement but if addressed could enhance the parent(s) ability to provide for his or her children. An example may be a medical need that a parent has neglected but impacts the quality of daily living.

In-Home Family Services Agreement Instructions

Voluntary Services

The family may request voluntary services in addition to the services addressed in **Objectives and Activities to Address Identified Needs**. This section is used when services are directed at assisting the family to promote the well-being of children and families and enhancing the parent's ability to become self-sufficient and to care for their children. These services are voluntary on the part of the family and offered at county option. Families have the right to refuse voluntary services for any reason. The agency cannot justify initiating involuntary services or court action based solely upon the client's refusal of voluntary/requested services.

Child Specific Review: Child Wellbeing Strengths and Needs and how they will be addressed

Child Well-being needs identified through the Family Assessment of Strengths and Needs should be noted in the In-Home Family Services Agreement.

Remember that lack of adherence to the well-being issues is not a reason to initiate court proceedings against the parent if it is not seen as a risk/safety issue or was not part of the case decision to substantiate or finding of 'In Need of Services'. The well-being issues are not reasons to keep the case open when it would otherwise be closed for services.

Example: Johnny has not had a routine physical exam in three years.

Once well-being needs are identified, the worker should give assistance to the family in meeting these needs by providing the information, services or referral to service providers to meet the needs. The actions taken by the worker to assist the family should also be noted in this section.

Example: Mrs. Brown will make an appointment to take Johnny to the Children's Health Clinic for a routine checkup. The caseworker, Ms. Friend, will provide transportation if needed.

Note the progress of the family and worker toward meeting the identified needs in the follow up/next steps section. **Note: If a "well-being" issue deteriorates to the point that it meets the definition of abuse, neglect or dependency, then a new CPS report must be initiated.**

Whenever possible workers are encouraged to enter known information into this section of the document prior to the meeting in the interest of meeting time. Review of the information for accuracy, needs, progress, and follow-up should occur during the meeting.

Child(ren)'s Imminent Risk of Removal

Indicate if the child is at imminent risk of removal from their home. If the answer is yes, provide detailed information describing why the child is at imminent risk of removal and what services are being provided to prevent county child welfare agency custody.

Update to this section may be done every three months (quarterly reviews). The child is only eligible for IV-E funded in-home services if agency services are critical to prevent removal from the home.

In-Home Family Services Agreement Instructions

If there is an involved non-resident parent, describe how are they (and their family members) are assisting in the planning of the child(ren)'s safety:

Are they present for the development of an In-Home Family Services Agreement? Did they provide relatives that are a support for the child? Is there a child support order in place to provide financially?

If the child cannot be safely maintained in the home, what are the parent's preferences for placement?

Allowing the family to be involved in placement decision-making when out-of-home care of the child is needed reflects a family centered approach. It emphasizes the importance of parental involvement and facilitates the development of the casework relationship. Parents who are involved in out-of-home placement planning are usually less likely to disrupt, sabotage, or interrupt the placement.

The plan for out-of-home placement should include the family's ideas on options for care if the child should be removed from the home. It then becomes the worker's responsibility to assess any placement resource/safety resource, if out-of-home placement appears imminent, to ensure that it is a safe and nurturing environment for the child.

(Example: Mrs. Brown prefers that her mother, Wilhemena Davis (include Ms. Davis's contact information), provide care for Johnny if out-of-home placement is necessary.)

Describe any knowledge of the family having American Indian Heritage and agency efforts to notify the tribe if applicable.

The Indian Child Welfare Act (ICWA) applies only when the child is a member or is eligible to be a member of a federally recognized Indian tribe and is the biological child of a member of a federally recognized tribe.

The Multi Ethnic Placement Act applies to placement of Indian children not covered by ICWA such as American Indian children of a state recognized tribe. When considering placement for any American Indian child, every effort should be made to involve the tribal community in planning for the child in a setting that reflects his or her Indian culture.

If an American Indian child is identified, it remains the responsibility of the county department of social services to provide CPS In-Home Services. Having knowledge of a child's American Indian tribe membership whether a state recognized, or federally recognized tribe is important for recognition of culturally competent practice as well as for possible future placement planning. If there is any indication/question that the child may be an American Indian child, refer to the "Special Legal Consideration" section of the Cross Function Topic Policy as well as the Indian Child Welfare Act Compliance Checklist (DSS-5291) for guidance.

Court

This section is not required for all in-home cases. In the event legal action is required this section must be completed.

"when the court is involved in a case, the court may order the parent or caretaker to participate in services or to complete certain actions on behalf of the child (N.C.G.S. § 7B-904). If the child cannot be maintained safely in their own home, then the agency may seek juvenile court intervention." (In-Home Services policy page 1)

In-Home Family Services Agreement Instructions

The Family Services Agreement can be reviewed as often as needed but must be updated no less than once every three months.

Signatures

The signatures of the parent/caregiver, the child if cognitively and emotionally able to participate with the development of the agreement, the worker and the supervisor are all required on the In-Home Services Agreement. If the child was able to participate and did not sign the form, the worker should include an explanation of why the child did not sign. The children whom did not participate in the development of the agreement sign the plan if deemed appropriate by the worker and the family. By signing the agreement, the family, the worker, the child or children and any others who were involved with the development of the plan acknowledge their participation in the development and/or update of the Agreement.

In domestic violence situations, the non-offending adult victim and perpetrator should sign separate agreements. The written plan with the adult victim should not be shared with the perpetrator.

Other signatures may include service providers, community representatives, or family members and friends who have a role with the parent or child and support the plan. These signatures are optional and not required.

If a parent/caregiver refuses to sign the In-Home Family Services Agreement, the worker should try to address the caregiver's concerns and stress the need for working together to prevent the removal of the child from the home. The caregiver may verbally agree to the agreement even if they refuse to sign the agreement. The worker must note that each need and activity has been agreed to by the caregiver if he or she refuses to sign the agreement. If the caregiver refuses to sign the agreement and refuses to verbally agree to its provisions, the agency has the responsibility to ensure that the child is safe whether he is in his own home or in another type of placement. The child welfare agency may file a petition based on the abuse or neglect occurred, without petitioning for custody of the child. The court hearing that results from the petition can bring the court's authority to bear on the parent and the court order can then contain the plan for the family. This gives immediate authority to the agency if the situation deteriorates to the point of removal and petitioning for custody.

The date of the signatures must be documented on the Services Agreement. Even though the Services Agreement is a 'living' document, and there is a place to track progress, use a different signature page for each update. A copy of the Services Agreement must be given to all parties involved in the completion of the agreement and the date the copy was provided must be recorded on the In-Home Services Agreement form. The signature page can be signed at any time during the meeting.

**NORTH CAROLINA
SDM® FAMILY RISK REASSESSMENT**

Case Name: _____ Case #: _____ Date: _____

County Name: _____ Date Report Received: _____

Social Worker Name: _____ Reassessment #: 1 2 3 4 5 _____

Children: _____

Primary Caretaker: _____ Secondary Caretaker: _____

| R1. Number of prior CPS assessments | Score |
|--|--------------|
| a. None | 0 |
| b. One or more family assessments | 1 |
| c. One or more investigative assessments | 2 |

| | |
|---|---|
| R2. Prior CPS In-Home or Out-of-Home service history | |
| a. No | 0 |
| b. Yes | 1 |

| | |
|--|---|
| R3. Either caretaker has history of abuse/neglect | |
| a. No | 0 |
| b. Yes | 1 |

The following case observations pertain to the period since the last assessment/reassessment.

| | |
|--|---|
| R4. Age of youngest child in the home | |
| a. 3 or older | 0 |
| b. 2 or younger | 1 |

| | |
|--|---|
| R5. Number of children residing in the home | |
| a. Two or fewer | 0 |
| b. Three or more | 1 |

| | |
|--|---|
| R6. Child characteristics | |
| a. None applicable | 0 |
| b. One or more apply | 1 |
| <input type="checkbox"/> Mental health and/or behavioral problems | |
| <input type="checkbox"/> Medically fragile/failure to thrive diagnosis | |
| <input type="checkbox"/> Developmental disability | |
| <input type="checkbox"/> Learning disability | |
| <input type="checkbox"/> Physical disability | |

| | |
|--|---|
| R7. Lacks parenting skills | |
| a. No | 0 |
| b. One or more apply | 1 |
| <input type="checkbox"/> Inadequate supervision of children | |
| <input type="checkbox"/> Uses excessive physical/verbal discipline | |
| <input type="checkbox"/> Lacks knowledge of child development | |

R8. Either caretaker has a drug or alcohol problem

a. No.....0

b. One or more apply.....1 _____

R9. Either caretaker has a mental health problem

a. No.....0

b. One or more apply.....1 _____

R10. Either caretaker currently involved in domestic violence

a. No.....0

b. Yes1 _____

R11. Caretaker's use of treatment/training programs

a. Successfully completed all programs recommended or actively participating in programs; pursuing objectives detailed in service agreement0

b. Minimal participation in pursuing objectives in service agreement1

c. Refuses involvement in programs or failed to comply/participate as required2 _____

TOTAL SCORE _____

SCORED RISK LEVEL. Assign the family's risk level based on the following chart:

| <u>Score</u> | <u>Risk Level</u> |
|--------------|-------------------|
| 0-2 | _____ Low |
| 3-5 | _____ Moderate |
| 6-13 | _____ 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 to an infant
- _____ 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
FAMILY RISK REASSESSMENT
DEFINITIONS**

The primary caretaker is the adult (typically the parent) living in the household who assumes the most responsibility for childcare. 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 children 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 childcare, but less responsibility than the primary caretaker. A living together partner can be a secondary caretaker even though they have minimal responsibility for the care of the child(ren).

R1. 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. 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).

R2. 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 a new CPS assessment and finding of services needed or substantiation.

R3. Either caretaker has history of abuse/neglect

- a. Score 0 if neither caretaker was abused and or neglected as children, 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.

R4. 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.
- b. Score 1 if the youngest child is 2 years old or younger.

R5. Number of children residing in the home

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.

R6. 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.

R7. Either caretaker lacks parenting skills

- a. Score 0 if caretaker(s) displays parenting patterns which are age-appropriate for children in the home, including realistic expectations and appropriate discipline.
- b. 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.

R8. Either caretaker has a drug or alcohol problem

Either caretaker has 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 a drug or alcohol problem, or has some substance use problems that minimally impact family functioning.
- b. Score 1 if either caretaker has a current alcohol/drug abuse problem (within the last 12 months) 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 year for DUI or refusing breathalyzer testing;
 - Self-report of a problem;
 - Treatment currently received ;
 - 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.

R9. Either caretaker has a mental health problem

- a. Score 0 if the caretaker(s) does not have a current mental health problem (diagnosed within the last 12 months) OR caretaker demonstrates good coping skills.
- b. Score 1 if credible and/or verifiable statements by either caretaker or other indicate that either caretaker:
 - Has a current diagnosis of 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 within the last 12 months.

R10. Either caretaker involved in domestic violence

- a. Score 0 if neither caretaker is involved in domestic violence, or if caretakers have had an identified existence of domestic violence in a relationship but after receiving services are able to understand the impact of violence on the children and can demonstrate a respectful, non-violent relationship that is free of power and control.
- b. Score 1 if either caretaker is involved in 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.

R11. Caretaker's use of treatment/training programs

Rate this item based on whether the primary caretaker has mastered or is mastering skills learned from participation in program(s). If two or more caretakers are present, indicate the least progress made among the most frequent caretaker(s).

- a. Score 0 if observation demonstrates caretaker's application of learned skills in interaction(s) between child and caretaker, caretaker and caretaker, caretaker and other significant adult(s); in self-care, home maintenance, or financial management; or if observation demonstrates caretaker's mastery of skills toward reaching the behavioral objectives agreed upon in the service agreement.
- b. Score 1 if the caretaker is minimally participating in services, has made progress but is not fully complying with the objectives in the service agreement.
- c. Score 2 if the caretaker refuses services, sporadically follows the service agreement or has not mastered the necessary skills due to a failure or inability to participate.

**NORTH CAROLINA
FAMILY RISK REASSESSMENT
POLICY AND PROCEDURES**

The Family Risk Reassessment is a tool used to assist the CPS In-Home and Out-of-Home Services social worker in determining risk of future abuse and/or neglect. Together with the Family Strengths and Needs Assessment and the progress made in the service agreement, it assists the social worker in determining the required service level intensity.

Reassessments are performed at established intervals as long as the case is open. Case reassessment ensures that both risk of maltreatment and family service needs will be considered in later stages of the service delivery process and that case decisions will be made accordingly. At each reassessment, the social worker reevaluates the family, using instruments which help systematically assess changes in risk levels. Case progress will determine if a case should remain open or if the case can be closed.

While the initial risk assessment has separate scales for abuse and neglect, there is only one risk scale for reassessment. The focus at reassessment is the impact of services provided to the family during the period assessed or on whether certain events in the family have occurred since the last assessment.

Which cases: All CPS In-Home Services cases or Out-of-Home Services cases when the agency has legal custody and the children have not been removed from the home.

Who completes: Social worker assigned to the case.

When: **CPS In-Home Services:** Risk Reassessments shall be completed:

- a) At the time of the Service Agreement updates
- b) Whenever a significant change occurs in the family
- c) Within 30 days prior to case closure.

CPS Out-of-Home Services: In cases where the agency has legal custody of the child(ren) and the child(ren) has not been removed from the home, the Family Risk Reassessment of Abuse and Neglect shall track with the required scheduled Permanency Planning Action Team meetings and shall occur within 30 days prior to any court hearing or review. (If reviews are held frequently, documentation on the Risk Reassessment form may state that there have been no changes since the last update and that the current information is correct)

Trial Home Visit: The Family Risk Reassessment shall 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 Action Team meeting falls within that trial home visit period.

Decision: The Risk Reassessment is used to guide decision making following the provision of services to clients. While the initial assessment projects a risk level prior to agency service provision, the reassessment takes into account the provision of services. The reassessment of each family provides an efficient mechanism to assess changes in family risk due to the provision of services. At reassessment, a family may be continued for services or the case may be closed.

Appropriate Completion: Complete all identifying information. Indicate appropriate Risk Reassessment by circling #1, 2, 3, 4, or 5. If the family has had more than five Risk Reassessments, indicate the reassessment number in the blank provided.

As on the initial Family Risk Assessment, each Risk Reassessment item is scored by the social worker. All scoring is completed based on the status of the case since the last Risk

Assessment/Reassessment, although the first three items, (R1 – R3), generally do not change from one reassessment period to the next.

Using the definitions, determine the appropriate response to each item and enter the corresponding score. After entering the score for each individual item, enter the total score and indicate the corresponding risk level. This level is used to set the appropriate family service level, or to determine whether the risk level is now low enough to close the case.

Policy Override

Policy overrides have been determined by the agency as applying to specific case situations that warrant the highest level of service from the agency regardless of the risk scale score at reassessments. If any policy override reasons exist; the risk level is increased to high.

The social worker then indicates if any of the policy override reasons exist. If more than one reason exists, indicate the primary override reason. Only one reason can be selected.

Discretionary Override

Discretionary overrides are used by the social worker whenever s/he believes that the risk score does not accurately portray the family's actual risk level. The social worker can increase or decrease the risk level by one step with supervisory approval.

If the social worker applies a discretionary override, the reason should be written in on the available line for discretionary override, and a check should be placed next to the appropriate level.

All overrides must be approved in writing by the supervisor.

NORTH CAROLINA MONTHLY IN-HOME CONTACT RECORD

County _____ Case Number: _____

Month: _____ Visit Date _____

Took Place: Where Child Lives

Case Name: _____

Other Location

Case Members Present for Visit. Check the box for each person that was present at the visit.

- First _____ Last _____ Age _____ Relationship: _____
- First _____ Last _____ Age _____ Relationship: _____
- First _____ Last _____ Age _____ Relationship: _____
- First _____ Last _____ Age _____ Relationship: _____
- First _____ Last _____ Age _____ Relationship: _____
- First _____ Last _____ Age _____ Relationship: _____
- First _____ Last _____ Age _____ Relationship: _____

Others Present at the Visit. Check box for those who were present at the visit.

- First _____ Last _____ Age _____ Relationship: _____
- First _____ Last _____ Age _____ Relationship: _____
- First _____ Last _____ Age _____ Relationship: _____
- First _____ Last _____ Age _____ Relationship: _____

Note: Relationship to the case child(ren)

1. Home environment

• Home

If this visit occurred in the home: What is the condition of the home? Are there any safety hazards? _____

Did agency worker tour the entire home? Yes No If not, why?

*Did agency worker tour the property and any outside buildings that the child(ren) have access to?
 Yes No If not, why?*

Are firearms safely stored? Yes No If not, why?

Are there smoke alarms and are they functioning? Yes No If not, why?

Observe and document the sleeping arrangements in the home. If there are infants in the home, are safe sleeping arrangements being utilized? Yes No If not, why?

NORTH CAROLINA MONTHLY IN-HOME CONTACT RECORD

• Changes in the household

Is new childcare being provided? New pets? Remodeling? New job or financial status?

Is anyone new living in the house, staying temporarily, or spending most of his/her time here? Has anyone left the home? Yes No *If yes, Name/Relationship/dob:*

When? Why?

Note: If new house hold member, complete criminal check, within 7 days.

2. Safety and supervision in the home

a. Do all family members have options for privacy? What is the family's practice surrounding privacy and setting personal boundaries? Is there an appropriate level of supervision for children in the home?

b. If a Temporary Safety Provider is being utilized, what is the progress toward eliminating the need for that Safety Provider?

3. Family Interaction

a. Child behaviors and parenting skills

What's going well for the child behaviorally? Is any child displaying challenging/concerning behaviors? How capable and successful do parents feel managing the child's behavior? What's working/not working? What disciplinary practices are used to address a child's inappropriate behavior? What do the caretaker(s) consider to be inappropriate behavior? How are the children getting along? What about relationships between parents/caretakers and children?

b. Family Relationships

Between adults? What's the greatest source of conflict in the family? How are issues resolved?

Note: If DV is an issue, follow DV protocol to assess family relationships.

NORTH CAROLINA MONTHLY IN-HOME CONTACT RECORD

4. Social support and access to and participation in community and in age or developmentally-appropriate activities

Who does the family turn to for help and advice—friends, extended family, coworkers, church, school? Does the family have social/emotional support and connections outside the home? Has the child(ren) been given regular opportunities to engage in age or developmentally-appropriate activities, such as sports, field trips, youth organization activities, social activities, etc.?

5. Non-resident parent &/or Extended Family Connections

If there is a non-resident parent,

a. has that parent been in contact or involved with the child(ren)? Yes No *If yes, describe:*

Inquire regarding non-resident parent's location and/or contact information.

b. has that parent's family been in contact or involved with the child(ren)? Yes No *If yes, describe:*

Are there maternal or paternal extended family members/kin that have contact or provide support? Yes No *If yes, describe:*

REMINDER: THE IN-HOME FAMILY SERVICES AGREEMENT IS A "LIVING" DOCUMENT. BRING A COPY OF THE NEEDS, OBJECTIVES AND ACTIVITIES PAGES AND ANY OTHER PAGES REQUIRING FOLLOW UP TO REVIEW WITH FAMILY MEMBERS.

6. Review of In Home Services Agreement in its entirety, including Well-Being Needs: Yes No
If agreement is not reviewed, rationale:

Complete a. and b. **only** if this information is not documented directly on the Family Services Agreement.

a. Services in place or needed and progress on Goals and Objectives

*What resources/referrals are needed for child or parents—e.g. child care, substance abuse, etc.?
What skill would the parent or child benefit from learning/embracing right now?*

| Need (from FSA) | Services/Activities Identified to Address | Progress/Comments |
|-----------------|---|-------------------|
| | | |
| | | |
| | | |

b. Well-being needs in place or needed and progress on those Identified Needs

Schooling/education of the child

NORTH CAROLINA MONTHLY IN-HOME CONTACT RECORD

How is the child doing in school? Consider social as well as academic issues. What does the child or family need to increase success? If applicable, ask about afterschool, preschool, or child care.

Physical and mental health status/needs of family

Are all family members in good health? Are there any unmet or ongoing medical needs? Is it time to schedule a medical/dental check-up? Have parents noticed any recent changes in the child's mood or behavior? Does the child or parent have questions about the quality or frequency of mental health services?

Additional Parent Well-Being Needs

Are the voluntary services or other identified parent needs being addressed?

c. Upcoming Child and Family Team Meeting (CFT)

Is the next CFT meeting within the next 30 days? Yes No

If yes, discussion/preparation for next CFT meeting:

Who needs to be invited & who's responsible for the invitation:

Topics to discuss:

How will the child(ren) be included and/or prepared?

7. Relationship with agency, upcoming events

How could partnership with the agency be improved? What has been helpful? What information or input would the parents or child like to have about the Family Services Agreement, or upcoming events? When is the next child and family team meeting?

NORTH CAROLINA MONTHLY IN-HOME CONTACT RECORD INSTRUCTIONS

Purpose

This contact form provides a guide for an effective, purposeful visit with children & families. Use this form for home visits, particularly visits made after development of the In-Home Family Services Agreement. The purpose of the form is to:

1. Focus discussion and attention on safety, risk, and well-being of children and family;
2. Facilitate timely documentation of the home visit;
3. Facilitate follow-up on identified needs; and
4. Support movement toward the intended objectives on the Family Services Agreement.

ITEMS TO COVER

- Discuss activities or issues identified at previous visit
- Changes in the household
- Any current safety issues
- Social support
- Services provided or needed
- Relationship with the agency, upcoming events
- Risk or Needs
- Progress on Family Services Agreement
- Child behaviors and parenting skills
- Schooling/education of child(ren)
- Physical health and mental health of child(ren) and other members of family
- Child(ren)'s access to and participation in age or developmentally-appropriate activities.
- Interactions between family members
- Follow-up activities
- General narrative comments

When It Must be Used

- County child welfare agency In-Home Services workers must complete this tool during monthly face-to-face contacts with children and families in the home. The entire form must be completed every month. If there are multiple visits to the home during the same month, completion of the form can be distributed over those visits, or completed during one visit.
- At least one face to face visit must occur each month in the place where the child lives. For high risk cases, at least two visits each month must occur in the place where the child lives.

How to Use

- Review each item on this tool. Exactly how each item is addressed or assessed should be decided by the worker on a case-by-case basis.
- To gain an accurate picture, spend time speaking privately with the child and observe interactions between the child and parents and/or caregivers; when and how this is done should be decided by the worker on a case-by-case basis.
- If the family, child, or worker has a question, concern, or need related to an item, describe it in the space provided.
- Record any general narrative comments on the last page. Append additional pages for narrative as needed.
- This tool can also be used to provide examples or descriptions of strengths or resources already in place.
- Number 6 is provided to document any impact on the Family Services Agreement. If the Family Services Agreement is modified at the visit, the same information does not need to be captured on this form.

NORTH CAROLINA MONTHLY IN-HOME CONTACT RECORD INSTRUCTIONS

- This form is designed to provide structure and organization to documentation of a home visit and if added to the case file should not be re-entered elsewhere in the case documentation.

Questions to Discuss for Each Item

Below each numbered item are questions child welfare workers may wish to use to inquire about each item. These are merely a sample – this is not a comprehensive list, nor is it a script. Ideally, each person will discuss with the family and child the items on this tool in a way that is natural and conversational.

Signatures

The county child welfare worker must sign the form once it has been completed each month. The form must then be provided to the supervisor for review and approval (indicated by signature). Significant issues identified should be discussed during case staffing.

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: <small>(from current assessment form)</small> | <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 | <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: | 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: | |
| Facilitator Type: | <input type="checkbox"/> Facilitator (no case responsibility) <input type="checkbox"/> Case supervisor | <input type="checkbox"/> Case worker <input type="checkbox"/> Other: | |
| Service Needs: | Interpreter: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify language: Other: Describe: | Disability: <input type="checkbox"/> No <input type="checkbox"/> Yes, specify disability/accommodations needed: | |
| Child Living Arrangement: | <input type="checkbox"/> Parent(s)/caretaker(s) <input type="checkbox"/> Family foster home <input type="checkbox"/> Therapeutic foster home <input type="checkbox"/> Other: | <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 | |
| 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:**

| | | | | |
|---|---|------------------------------|---|-----------------------------------|
| | <p>Discuss potential safety concerns.</p> <p>What is best time of day/ day of week for the family members?</p> <p>Prepare/introduce the parent(s) to the need to complete required forms (and why).</p> | | | |
| 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: | <p>Discuss purpose of the CFT meeting.</p> <p>Discuss the requirement for confidentiality.</p> <p>Discuss the meeting expectations, to include but not limited to:</p> <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"> ○ I would like to have <u>regular</u> visits with (focus on family members, name of person and how often): ○ Additionally, I want to have visits with the following people who are important to me: ○ 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

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: |
| 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.

PST TOOLS WORKBOOK
DAY 6

Relative Interest Form

I, _____ understand that _____
Relative's Name Child/ren's Name(s)

_____ (has been/have been/will be) placed in the custody of _____ (County DSS), and may be in need of a temporary and or permanent home. Children also benefit from having a family connection and receiving support from their relatives.

1. Please indicate if you wish DSS to consider you for having contact with the child/ren, such as writing letters, phone contact, visitation or other type of involvement:

| | | |
|------------------|--|---|
| (Check only one) | | Yes. <u>Do</u> consider me for having some type of contact with child/ren. |
| | | No. <u>Do not</u> consider me for having contact with child/ren. |

2. Please indicate whether you wish DSS to consider you as a possible temporary placement (see back of this form for description of temporary placement options):

| | | |
|------------------|--|--|
| (Check only one) | | Yes. <u>Do</u> consider me as a temporary placement for child/ren. |
| | | No. <u>Do not</u> consider me as a temporary placement for child/ren. |

3. Please indicate whether you wish DSS to consider you as a possible permanent placement (see back of this form for description of permanent placement options):

| | | |
|------------------|--|--|
| (Check only one) | | Yes. <u>Do</u> consider me as a permanent placement for child/ren. |
| | | No. <u>Do not</u> consider me as a permanent placement for child/ren. |

To be considered for any of the above options, please sign, date and return this form in the self addressed envelope within 30 days. If you do not return this form or if DSS is unable to communicate with you in some other way, DSS will assume that you are currently unable to provide a family connection or a home for the child/ren to live. If you are unsure and would like to discuss the child/ren's needs and options available to you, please contact _____ (social worker) at _____ (phone number).

(Relative Signature) / /
(Date)

Contact Number: () _____ Email: _____

cc: case file Date mailed to relative: _____

When children are removed from the custody of their parents they may be placed in a temporary home. Below you will find **temporary placement** options that relatives may provide:

| | Kinship Provider (Non-Licensed) | Licensed Foster Care/Kinship Provider |
|--|--|---|
| <p>Requirements for <u>temporary</u> placement resource</p> <p>Criminal and child welfare background checks are required for both options</p> | Kinship home assessment; Court approved/designated | Participate in 30 hours of pre-service foster parent training; First Aid/Universal precautions/CPR training; fire inspection; fingerprint check; physical exam; provide identification document (driver's license, social security card, auto insurance etc); proof of adequate income to support self; Approved home study |
| <p>Financial supports that <u>may</u> be available to children/relative providers</p> | Work First grants, medical/dental coverage, food stamps, daycare | Foster care reimbursement payments, medical/dental coverage |

When children are not able to return to the care their parents, an alternate permanent placement is made for children. Below you will find **permanent placement** options that relatives may provide:

| | Adoption | Guardianship | Legal Custody |
|---|---|---|--|
| <p>Requirements for <u>permanent</u> placement resource</p> <p>Criminal and child welfare background checks are required for all options</p> | Approved adoption home study | Guardianship suitability study | Home study Court sanctioned |
| <p>Financial supports that <u>may</u> be available to children/relative providers</p> | Adoption assistance payments, medical/dental coverage; Adoption tax credit for adoptive parents | Subsidized guardianship payments (if offered by the county) | Work First grants, medical/dental coverage, food stamps, daycare |

_____(Date)

Relative Name:
Street Address:
City/State/Zip:

Dear _____,

_____(Child/ren Name/s) _____(has been, have been, will be) removed from the physical custody of _____ (caretaker name) and _____ (is/are/will be) placed into the care and custody of _____ (County DSS). You are being contacted because you have been identified as a relative. North Carolina recognizes and values the importance of children's relationships with relatives. Under federal law when a child is removed from parental custody, close adult relatives have a right to be notified and given options about how they can participate in the care and planning of the child.

As a relative, you may consider having contact with _____ (Child/ren Name) such as writing letters, phone contact or visitation. You may also consider providing a temporary or permanent home where _____ (Child/ren Name) can live. Where children live depends on the needs of each child, your interests and the assessment of the home.

Enclosed you will find a self addressed stamped envelope and two forms. One form is called, "**Relative Interest Form.**" This form includes a place to check if you would like to have contact with _____ (Child/ren Name/s) and, or if you might be able to provide a home for _____ (Child/ren Name/s). The back of the form lists options on how relatives may be able to provide a home to children. The other form is the "**Relative Search Information Form,**" and can be used to write down contact information of other family members you know of that we may contact.

Since we are currently planning for _____ (Child/ren Name/s), please complete and return the forms within 30 days. If the forms are not returned and, or DSS is unable to communicate with you in some other way, DSS will assume that you are currently unable to provide a family connection or a home for {Child's Name} to live. You may return forms to: _____ (Social Worker), _____ (County DSS), _____ (Address), _____ (City/State/Zip).

If you have any questions regarding the information in this letter, please don't hesitate to contact _____ (Social Worker) at _____ (Phone #).

Sincerely,

SAMPLE

Relative Search Information

Name of Person Completing Form:

Social Worker:

County:

Child's/Children's Name: _____

| | | | |
|--|------------------------------|-----------------------------------|-----------------------------------|
| 1. Relative Information | Relationship to Child: _____ | <input type="checkbox"/> Maternal | <input type="checkbox"/> Paternal |
| Name: _____ | | | |
| Street: _____ | | | |
| City: _____ State: _____ Zip Code: _____ Country: _____ | | | |
| Home Phone: () Cell/Work Phone: () Email: _____ | | | |
| For county use only: Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/> | | | |

| | | | |
|--|------------------------------|-----------------------------------|-----------------------------------|
| 2. Relative Information | Relationship to Child: _____ | <input type="checkbox"/> Maternal | <input type="checkbox"/> Paternal |
| Name: _____ | | | |
| Street: _____ | | | |
| City: _____ State: _____ Zip Code: _____ Country: _____ | | | |
| Home Phone: () Cell/Work Phone: () Email: _____ | | | |
| For county use only: Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/> | | | |

| | | | |
|--|------------------------------|-----------------------------------|-----------------------------------|
| 3. Relative Information | Relationship to Child: _____ | <input type="checkbox"/> Maternal | <input type="checkbox"/> Paternal |
| Name: _____ | | | |
| Street: _____ | | | |
| City: _____ State: _____ Zip Code: _____ Country: _____ | | | |
| Home Phone: () Cell/Work Phone: () Email: _____ | | | |
| For county use only: Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/> | | | |

| | | | |
|--|------------------------------|-----------------------------------|-----------------------------------|
| 4. Relative Information | Relationship to Child: _____ | <input type="checkbox"/> Maternal | <input type="checkbox"/> Paternal |
| Name: _____ | | | |
| Street: _____ | | | |
| City: _____ State: _____ Zip Code: _____ Country: _____ | | | |
| Home Phone: () Cell/Work Phone: () Email: _____ | | | |
| For county use only: Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/> | | | |

| | | | |
|--|------------------------------|-----------------------------------|-----------------------------------|
| 5. Relative Information | Relationship to Child: _____ | <input type="checkbox"/> Maternal | <input type="checkbox"/> Paternal |
| Name: _____ | | | |
| Street: _____ | | | |
| City: _____ State: _____ Zip Code: _____ Country: _____ | | | |
| Home Phone: () Cell/Work Phone: () Email: _____ | | | |
| For county use only: Date contacted: _____ Resource: Permanent <input type="checkbox"/> Temporary <input type="checkbox"/> Contact <input type="checkbox"/> | | | |

NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD

(For all Out of Home Placements)

DEMOGRAPHICS – complete in advance if possible **Agency Name** _____

Visit Date: ___ / ___ / _____

Took Place: Where Child Lives Other Location

Placement Type: Foster Care Therapeutic Foster Care Specialized Foster Care Kinship Care Residential

Provider Type: Family Foster Home Group Home Out of State Residential Treatment

Other _____

Child or Sibling Group Being Visited. Check the box if the child participated in today's conversation.

First _____ Last _____ Age _____ Permanent Plan _____

First _____ Last _____ Age _____ Permanent Plan _____

First _____ Last _____ Age _____ Permanent Plan _____

First _____ Last _____ Age _____ Permanent Plan _____

First _____ Last _____ Age _____ Permanent Plan _____

Other Child(ren) in Home. List only gender, age, and status (adoptive, birth, foster, other).

N/A (child is in a group home/residential setting)

Name of Foster/Kinship Parent(s): _____ _____

Check box by the parent's name if he or she participated in today's conversation.

Name of Direct Care Providers (if placement is in a group home/residential setting):

_____ _____ _____

Check box by the parent's name if he or she participated in today's conversation.

Names of Other Adults Living in Home: _____

N/A (Placement is in a group home/residential setting)

1. Placement Environment

• Changes in the household

Foster/Kinship Placement: *Is new childcare being provided? New pets? Remodeling? New job or financial status?*

Is anyone new living in the house, staying temporarily, or spending most of his/her time here? Has anyone left the home?

Group Home/Residential Placement: *Is anyone new living in the group home/residential setting? Have caregivers changed? What impact has this had on children in the group home/residential setting?*

• Relationships with Placement Provider

What are the relationships between the placement provider(s) and child(ren) in the home? Between the child(ren) and other adults in the home? Between providers? What's the greatest source of conflict in the placement? How are issues resolved?

NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD
(For all Out of Home Placements)

2. Placement Provider Well-Being

- **Social support and respite** N/A (child is placed in a group home/residential setting)
Who does the foster/kinship family turn to for help and advice—friends, extended family, coworkers, church, school? What is the plan for ensuring the family/child get respite when they need it?

- **Services and training**
What resources/referrals are needed for members of the placement—e.g. child care, etc.? What skill would the placement provider(s) or child benefit from learning/embracing right now?

- **Shared Parenting**
What shared parenting has occurred? Does the placement provider need support regarding shared parenting?

- **Physical and mental health** N/A (child is placed in a group home/residential setting)
What are the physical and mental health needs of members of the foster/kinship home? Are any resources or referrals needed? Does the foster/kinship family have any medical concerns?

- **Relationship with agency, court process, child's plan, upcoming events**
How could partnership and communication with the agency be improved? What has been helpful? What information or input would the placement provider(s) or child like to have about the court process, the child's plan, or upcoming events? Have the placement provider(s) attended child and family team meetings?

3. Safety and supervision in the placement

For example, does the child feel safe in the home? Is each child sleeping in a separate bed? Are all placement provider(s) respecting privacy and appropriate boundaries? Is safe and appropriate discipline being used? Is there an appropriate level of supervision for children in the home?

4. Child Status

- **Behavior**
What's going well for the child behaviorally? Is any child displaying challenging/concerning behaviors? How capable and successful do placement provider(s) feel managing the child's behavior? What's working/not working? How are the children within the placement getting along with one another?

NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD
(For all Out of Home Placements)

• **Schooling/education of the child**

How is the child doing in school? Consider social as well as academic issues. What does the child or placement provider(s) need to increase success? If applicable, ask about afterschool, preschool, or child care. Has the child had a change in school? If yes, was a Best Interest Determination Meeting (BID) held prior to the school change?

• **Physical, dental and mental health status/needs of child**

Is the child in good health? Does the child have unmet or ongoing medical or dental needs? Has placement provider(s) noticed any recent changes in the child's mood or behavior? Does the child or placement provider(s) have questions about the quality or frequency of mental health services? For youth in foster care, are there any sexual health concerns that need to be addressed?

• **Child's access to and participation in age or developmentally-appropriate activities**

Has the child been given regular opportunities to engage in age or developmentally-appropriate activities, such as sports, field trips, youth organization activities, social activities, etc.?

• **Maintaining Connections with birth family, siblings, extended family, and community**

Does the child have concerns or needs related to birth family or visits with them? How does the placement provider(s) respond? What is the placement provider(s) doing to maintain the connection between the child and the birth family, including extended family, and siblings? What has worked or not worked? What help do they need? Does the child have social/emotional support and connections outside the home?

• **Lifebook**

Has there been any activity in maintaining the child's lifebook? Yes No Explain:

Are there opportunities for the placement provider(s) to assist with updating the child's lifebook? What help do they need?

Did you spend time speaking privately with the child? Yes No

General Narrative:

| Follow Up Activities Identified During Visit | Person Responsible | Target Date |
|--|--------------------|-------------|
| | | |
| | | |
| | | |

NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD INSTRUCTIONS

Purpose

1. Focus discussion and attention on safety and well-being for children in foster care and placement provider(s) who are caring for them;
2. Facilitate timely documentation and follow-up on identified needs; and
3. Support movement toward the intended outcomes (e.g. permanency plan) for the children being visited.

Items to Cover

- Changes in the household
- Relationships between the child and the placement provider(s)
- Social support and respite
- Services and training
- Shared Parenting
- Physical and mental health needs of placement provider(s) and other members of the household
- Relationship with the agency, court process, child's plan, upcoming events
- Safety and supervision in the placement
- Child behaviors
- Schooling/education of child
- Physical, dental, and mental health needs of child
- Child's access to and participation in age or developmentally-appropriate activities.
- Maintaining connections
- Lifebooks
- General narrative comments
- Follow Up Activities

When to Use

- County child welfare Permanency Planning workers must complete this tool during monthly face-to-face contacts with children in foster care. The entire form must be completed each month. If there are multiple visits to the home during the same month, completion of the form can be distributed over those visits, or completed during one visit.
- At least four out of every six visits must occur in the place where the child lives.

How to Use

- Review each item on this tool. Exactly how each item is addressed or assessed should be decided by the worker on a case-by-case basis.
- To gain an accurate picture, spend time speaking privately with the child, and observe interactions between the child and placement provider(s); when and how this is done should be decided by the worker on a case-by-case basis.
- If the placement provider, child, or worker has a question, concern, or need related to an item, describe it in the space provided.
- Indicate any follow-up activities in the appropriate section, and record any narrative in the space provided. Attach additional pages for narrative as needed.
- This tool can also be used to provide examples or descriptions of strengths or resources already in place.

Questions to Discuss for Each Item

Below each numbered item are questions child welfare workers may wish to use to inquire about each item. These are merely a sample – this is not a comprehensive list, nor is it a script. Ideally, each person will discuss with the placement provider(s) and child the items on this tool in a way that is natural and conversational.

NORTH CAROLINA MONTHLY PERMANENCY PLANNING CONTACT RECORD INSTRUCTIONS

Follow-up Activities Identified During Visit

Record follow-up activities identified during the visit, the primary parties responsible for carrying out these activities, and the timeframe for completing the activities. These activities should be reviewed at the next monthly visit.

Signatures

The county child welfare worker must sign the form once it has been completed each month. The form must then be provided to the supervisor for review and approval (indicated by signature). Significant issues identified should be discussed during case staffing.

Distribution

After the form has been approved and signed by the supervisor, child welfare workers must distribute the completed form to relevant members of the team serving the child, including the agency's licensing worker, assigned child welfare worker, and the placement provider(s) caring for the child.

General Authorization for Treatment and Medication

| Section A – Identifying Information | |
|--|-------------------|
| Child's Name: | Date of Birth: |
| Medical Home Provider: | Telephone Number: |
| Other Medical, Dental, or Mental Health Provider or Specialist Prescribing or Administering Treatment: | Telephone Number: |

| Section B – Care, Treatment, and Parental Consent (N.C.G.S. § 7B-505.1) |
|---|
| <p>When a child is in the custody of the county child welfare agency, the county director may arrange for, provide, or consent to any of the following without obtaining parental consent:</p> <ul style="list-style-type: none"> • Routine medical or dental care or treatment (including immunizations in most cases); • Emergency medical, surgical, psychiatric, psychological, or mental health care or treatment; and, • Testing and evaluation in exigent circumstances <p>I hereby authorize _____ county child welfare agency to consent to the following treatment of the child identified above (include description):</p> <p><input type="checkbox"/> Prescriptions for psychotropic medication(s): _____</p> <p>_____</p> <p><input type="checkbox"/> Participation in a clinical trial: _____</p> <p>_____</p> <p><input type="checkbox"/> Child Medical Evaluation not otherwise authorized (DSS-5143 Consent/Authorization for Child Medical/Child/Family Evaluation must also be completed): _____</p> <p>_____</p> <p><input type="checkbox"/> Comprehensive clinical assessment, or other mental health evaluation(s): _____</p> <p>_____</p> <p><input type="checkbox"/> Surgical, medical, or dental procedure or test that requires informed consent: _____</p> <p>_____</p> <p><input type="checkbox"/> Psychiatric, psychological, or mental health care or treatment that requires informed consent: _____</p> <p>_____</p> <p><input type="checkbox"/> Other non-routine or non-emergency treatment or procedure: _____</p> <p>_____</p> |

General Authorization for Treatment and Medication

Initial all that apply:

I have been informed of the recommendation that medication be prescribed to my child as part of their treatment plan.

I have been informed of the recommendation that a surgical, medical, dental, or mental health treatment or procedure be completed on my child as part of their treatment plan.

I have been notified, of my child's condition;

If I have questions about my child's treatment, I will contact the health care provider named at the top of this form.

I have been given a copy of this form.

I understand that I may revoke this authorization at any time. If I do not revoke this authorization it expires automatically as follows:

1. Upon closure of my case; or,
2. One year from the date this authorization is signed; whichever occurs first.

I understand that medication, a medical procedure or mental health treatment is only one aspect of my child's treatment plan and that success and continued improvement depends on my active involvement in treatment planning. Although this medication or procedure is expected to be helpful in the treatment of my child's condition, there is no guarantee that improvement will be seen.

Based on the information provided to me:

I authorize _____ county child welfare agency to consent to the administration of the above mentioned medication, treatment, or procedure.

I refuse to authorize the administration of immunizations due to a religious objection.

Section C – Appointment and Follow-Up Information

An appointment has been scheduled for _____ at _____. With the
following provider: _____ at _____.
Date Time
Name of Provider/Practice Address/Location

Section D - Signatures

Parent/Guardian/Custodian signature: _____ Date: _____

Print Name: _____ Relationship: _____

County child welfare staff signature: _____ Date: _____

Print Name: _____ Date: _____

Written revocation of this consent should be mailed to:

General Authorization for Treatment and Medication Instructions

Purpose and Use

The purpose of the DSS-1812 General Authorization for Treatment and Medication is to ensure children in the legal custody of a county child welfare agency receive necessary care and treatment and that county child welfare agencies engage parents in the care and treatment of their children. The DSS-1812 General Authorization for Treatment and Medication should be used to obtain parental authorization for the agency to consent to care or treatment for which a county child welfare agency director or director's representative does not have the authority to consent by operation of law under N.C.G.S. § 7B-505.1, as described below.

Section A – Identifying Information

Please provide the following identifying information in Section A:

- The child's full name
- The child's date of birth
- The medical home provider
- The telephone number of the medical home provider
- Other medical, dental, or mental health provider or specialist prescribing or administering treatment
- The telephone number of other medical, dental, mental health provider or specialist prescribing or administering treatment

Section B – Care, Treatment, and Parental Consent (N.C.G.S. § 7B-505.1)

Unless the court orders otherwise, when a child is in the custody of the county child welfare agency, a county director or the director's representative under N.C.G.S. § 7B-101(10) is authorized to arrange for, provide, or consent to any of the following without prior parental consent:

- Routine medical and dental care or treatment
- Emergency medical, surgical, psychiatric, psychological, or mental health care or treatment
- Testing and evaluation in exigent circumstances

The applicable statutory language does not preclude the director or director's representative from involving parents in the process in appropriate cases, when parental involvement can occur without significant delay.

If the court finds there are compelling circumstances requiring a Child Medical Evaluation prior to the 7-Day Nonsecure Custody Review Hearing, the court may, at the initial *ex parte* Nonsecure Custody Hearing, authorize the director of the county child welfare agency or the director's representative to consent to a Child Medical Evaluation. Consent for the Child Medical Evaluation in less urgent circumstances follows the procedures outlined below for non-routine care and treatment.

County child welfare agencies are required to obtain authorization from the juvenile's parent, guardian, or custodian for all care or treatment not covered by subsection (a) or (b) of G.S. 7B-505.1 (as described above), except that the court may authorize the director to provide consent after a hearing at which the court finds by clear and convincing evidence that the care, treatment, or evaluation requested is in the child's best interest. Care and treatment covered by this subsection includes:

- Prescriptions for psychotropic medication (discussion with parent(s) should include that medication and or dosage could be changed by the physician to address what is being treated)

General Authorization for Treatment and Medication Instructions

- Participation in clinical trials (all documents and information about the clinical trial should be shared with parents)
- Immunizations when it is known that the parent has a bona fide religious objection to the standard schedule of immunizations
- Child Medical Evaluations not governed by subsection (b) of G.S. 7B-505.1, comprehensive clinical assessments, or other mental health evaluations
- Surgical, medical, or dental procedures or tests that require informed consent (be sure to specify what surgical, medical, or dental procedure the consent is covering)
- Psychiatric, psychological, or mental health care or treatment that requires informed consent (be sure to specify what treatment the consent is covering)

For any care or treatment provided the child welfare agency shall make reasonable efforts to promptly notify the parent, guardian, or custodian that care or treatment will be or has been provided and give the parent or guardian frequent status reports on the child's treatment and the care provided.

Whenever possible, county child welfare agencies should work with parents to address foreseeable non-routine care and treatment needs of the child prior to the 7-Day Nonsecure Custody Review Hearing. If no parent is able or willing to authorize the county to provide consent, the county child welfare agency should ask the court for authority to consent to and arrange for care and treatment in the child's best interest.

The DSS-5143 Consent/Authorization for Child Medical/Child/Family Evaluation must be completed in addition to the DSS-1812 General Authorization for Treatment and Medication for all Child Medical Evaluations, whether the court has authorized the child welfare agency to consent, or the non-offending parent is providing consent or has authorized the county child welfare agency to consent.

Note that the form provides fields for parent(s) to initial that they have been informed of or received information regarding, the recommendation that medication be prescribed to their child as part of the child's treatment plan, the recommendation that a surgical, medical, or dental procedure be completed on the child as part of the child's treatment plan, the child's condition,, and contact information for the medical or mental health provider recommending a particular course of treatment should the parent have any questions..

Parents may (and should be encouraged to) communicate with the medical or mental health provider who has prescribed or recommended the medication, surgery, or other course of treatment, as appropriate, to discuss the risks, benefits, and potential side effects. Child welfare workers should ensure that the parents are provided with contact information for the relevant providers. Parent's receipt of verbal and written information directly from the provider ensures that information about the child's condition and recommended course of treatment is communicated accurately.

Section C – Appointment and Follow-Up Information

Pursuant to N.C.G.S. § 7B-505.1 child welfare agencies shall make reasonable efforts to promptly notify the parent, guardian, or custodian that care or treatment will be or has been provided and give the parent or guardian frequent status reports on the child's treatment and care provided. Therefore, child welfare workers should use this section of the form to provide information to the parent, guardian, or custodian, as appropriate, concerning the child's upcoming appointment date, time, and location.

General Authorization for Treatment and Medication Instructions

Section D – Signatures

Required signatures:

- The parent or pre-removal guardian;
- The county child welfare worker; and/or

The judge does not need to sign the DSS-1812 General Consent for Treatment and Medication form; simply provide the date, and attach the court order.

Child welfare workers should provide signed copies of the consent to the following parties:

- Original (with signature) to the health care provider
- Copy for CPS file
- Copy for parent or pre-removal guardian
- Copy attached to court report (DSS-531 Model Court Report for Dispositional and Review Hearings, DSS-5311 Model Court Report for Permanency Planning Hearings)

Child welfare workers should provide the address where the parent or pre-removal guardian can mail written revocation of the consent if the parent chooses to revoke.

Health Summary Form - Initial

PSYCHOTROPIC MEDICATION REVIEW REQUESTED: YES NO

Treatment plan (follow-up appointment/labs/testing/needed immunizations):

Comments or instructions for DSS/caregivers/school personnel:

30-day Comprehensive Visit date/time: ____/____/____ :____ AM/PM

Provider name: _____

(stamp)

Provider signature: _____

THIS FORM & REQUESTED ATTACHMENTS FAXED/SENT TO DSS & CCNC/CC4C CARE MANAGER:

DATE: ____ / ____ / ____ INITIALS: _____

*Adapted from AAP's Healthy Foster Care America Health Summary Form

Health History Form

Copy given to _____ (caregiver) on ___/___/___ by _____

FORM COMPLETION

DSS caseworkers should complete this form and fax/send it to the medical home provider at least **one week prior** to the scheduled 30-day Comprehensive Visit. Please see DSS-5207ins Health History Form Instructions to complete appropriately.

I. CONTACT INFORMATION

COUNTY DSS CONTACT

Name _____

Phone _____ Fax _____

Email _____ County _____

CC4C/CCNC NETWORK CONTACT

Name _____ Phone _____

Email _____

GUARDIAN AD LITEM (if assigned)

Name _____ Phone _____

Email _____

INSURANCE AND PROVIDER INFORMATION

Child's Name _____ D.O.B. ___/___/___ Sex ___ Race/Ethnicity _____

Child's Medicaid ID Number _____

Other Insurance _____

Current/Most Recent Medical Home/Primary Care Provider: Unknown. No history of care.

Provider _____ Practice _____

Address _____ County _____

Phone _____ Fax _____ Email _____

Date of last physical exam _____

Health History Form

Medical Home Assignment: Same as above. Assigned to the following practice:

Provider _____ Practice _____

Address _____ County _____

Phone _____ Fax _____ Email _____

Dental Care Provider: Unknown. No history of dental care.

Practice _____

Address _____ County _____

Phone _____ Fax _____ Email _____

Date of last dental exam _____

Specialty Care/Behavioral Health Providers/Other Health Professionals (OT, PT, Speech):

Provider/Credentials _____ Practice _____

Address _____ County _____

Phone _____ Fax _____ Email _____

Date of last visit _____

Provider/Credentials _____ Practice _____

Address _____ County _____

Phone _____ Fax _____ Email _____

Date of last visit _____

II. CURRENT PLACEMENT INFORMATION

Date of entry into DSS care ___/___/_____ Total number of lifetime placements _____

Length of time the child has been in *this* home _____

Reason for placement (or change of placement) _____

People in this placement home and relationship to the child (include names of foster parents)

Health History Form

Are the siblings placed together? Yes No No siblings

Are the siblings able to have contact? Yes No

Are biological parents permitted contact? Yes No

Any restrictions or safety concerns?

III. MEDICAL AND DENTAL HISTORY/CONCERNS (from biological parent or previous records)

Include significant illness, injury, chronic condition, recent ER visits, hospitalization, surgery, or dental concerns:

Does the child have signs/symptoms of any **communicable disease** (i.e. hepatitis, TB, lice) that would pose a risk of transmission in a household setting? YES NO UNKNOWN

If yes, describe: _____

Special dietary needs/formula/WIC _____

Glasses/contacts required? YES NO Does he/she have them now? YES NO

Hearing aid required? YES NO Does he/she have them now? YES NO

Other medical equipment required (i.e. spacer for inhaler, insulin pump, oxygen, bath aids, wheelchair, stander, communication device)? _____

KNOWN ALLERGIES/DRUG SENSITIVITIES

Allergy/Drug _____ Reaction _____

Allergy/Drug _____ Reaction _____

Allergy/Drug _____ Reaction _____

Does the child have an EpiPen or other medication for response? YES NO

Health History Form

IV. CURRENT MEDICATIONS

| MEDICATION | DOSAGE/FREQUENCY | WHY PRESCRIBED? | NEED REFILL? |
|------------|------------------|-----------------|--------------|
| | | | |
| | | | |
| | | | |
| | | | |

V. DEVELOPMENTAL, BEHAVIORAL, MENTAL HEALTH, AND SUBSTANCE ABUSE HISTORY

Concerns/diagnoses/interventions/treatment _____

Describe child's involvement with the juvenile justice system (if any) _____

CHILD CARE/EDUCATION INFORMATION

| NAME OF SCHOOL OR CHILD CARE FACILITY AND PHONE NUMBER | CURRENT GRADE | CONCERNS | SERVICES (i.e. speech, OT) |
|--|---------------|----------|----------------------------|
| | | | |

VI. FAMILY HEALTH & BIRTH HISTORY

Household composition before coming into care _____

Summary of relevant health status/conditions/genetic disorders of biological parents & siblings

Is there a history of family violence? Yes No

Is there a history of alcohol or substance abuse? Yes No

Health History Form

Prenatal or perinatal risk factors _____

Name/location of child's birth hospital _____

VII. ATTACHMENTS:

IF AVAILABLE, please attach the following:

FROM BIOLOGICAL PARENT:

- Any medical records
- Age-appropriate developmental screening record—for example:
 - ASQ-3 (Ages and Stages Questionnaire) or PEDS (age 0-5 years)
 - PSC (Pediatric Symptom Checklist) (age 6-10 years)
 - Bright Futures Supplemental Questionnaire or PSC-Y (completed by adolescent, age 11-21 years)

For copies of these tools, please contact your CC4C/CCNC Network Care Manager or medical home provider

For further guidance, please see *Best Practices for DSS Social Workers* (<http://www.ncpeds.org/county-dept-social-services-professionals-online-library>)

FROM HEALTH CARE PROVIDERS:

- Discharge summaries from hospital of birth and other hospitalizations/ER visits
- Growth chart/record from primary care provider
- Medical records (or documentation from CCNC's Provider Portal) related to health conditions, medications, allergies, and immunizations
- Care plans for asthma / diabetes / or other chronic health conditions
- Screenings/measures to evaluate social-emotional, behavioral concerns
- Therapy or specialty provider reports (i.e. speech, audiology, mental health)

FROM CDSA OR CHILD'S SCHOOL:

- Individualized Family Service Plan (IFSP) or Individualized Education Plan (IEP)

INITIAL VISIT completed (date): ____/____/____

30-DAY COMPREHENSIVE VISIT scheduled for: ____/____/____ at ____:____AM/PM

THIS FORM (AND ATTACHMENTS) FAXED/SENT TO COMPREHENSIVE VISIT PROVIDER:

Provider name _____

Practice name _____

Fax number _____

DATE FAXED/SENT ____/____/____ INITIALS _____

Health History Form Instructions

The Health History Form is designed to provide the child's medical home with valuable health history and background information that may be difficult for medical home providers to obtain (especially if the child has not been seen recently or at all by the medical home). This information is needed in order to develop the best treatment plan to address the child's physical, behavioral, and oral health needs. Some of the information requested on this form may be obtained via the CCNC Provider Portal; other elements will require communication with biological parents. Medical providers recognize that some of the information requested may not be obtainable.

Who completes: The child's foster care social worker or someone assigned to their duties.

When completed: The form should be an ongoing effort from the time custody is taken to a week prior to the 30 day comprehensive medical visit.

- I. **Contact Information:** This section is requesting the name, phone numbers, email, fax numbers, etc. for the child's foster care social worker, CC4C/CCNC network contact, Guardian ad Litem. Also provide the insurance for the child as well as all medical/dental/specialist the child has been or is currently seeing. Sources for this information include the birth parent, CCNC provider portal, the assessment and/or in-home records.
- II. **Current Placement Information:** The date of entry is the date that DSS was given custody of the child. Total number of lifetime placements includes the placements prior to foster care and any other period of foster care if this is a re-entry. In responding to the information regarding who is currently in the placement home, please ensure the privacy of other foster children. Answers can be 17 year old male, 3 year old female, foster parent's 10 year old son, etc. In responding to restrictions or safety concerns about the biological parents be sure to note if the parents are required to be supervised when visiting/seeing child. Sources for this should be information currently known to the foster care worker.
- III. **Medical and Dental History/Concerns:** Be sure to include everything known at this time, especially any allergies including food, animals, and seasonal as well as drug allergies. Sources of information may include the birth parents, CCNC provider portal, the assessment and/or in-home records.
- IV. **Current Medications:** It is very important to include everything known at this time, especially anything that the child may need a refill on in the near future. Sources of information for this include the birth parent, Health Summary-Initial Visit (DSS-5206), CCNC provider portal.
- V. **Developmental, Behavioral, Mental Health, and Substance Abuse History:** Please include all information known at this time. Be sure to include the phone number for school or child care facility in the table. Sources of information include the assessment and/or in-home record, court documents, CCNC provider portal, birth parents, etc.

Health History Form Instructions

- VI. Family Health & Birth History:** Household composition can be generic such as mom, mom's boyfriend, older sister, younger brother, maternal grandmother. Be sure to include any information known at this time about the family's history. Identifying the child's birth hospital is important. Sources of information are birth parents, grandparents, CCNC provider portal, medical records, etc.

- VII. Attachments:** Please include any attachments with this form when it is faxed to the provider one week in advance of the 30 day comprehensive visit.

Health Summary Form - Comprehensive

30-day Comprehensive Visit for Infants/Children/Youth in DSS Custody

Instructions: Providers complete this form at the time of the comprehensive medical appointment. Please attach summary of visit and enter any information on the form that is not included in the summary.

Date of Visit: / / **Patient's Name:** _____ **D.O.B:** / /

Patient's Medicaid ID Number: _____

COUNTY DSS CONTACT

Name _____

Phone _____ Fax _____

Email _____ County _____

MEDICAL HISTORY

Birth History

Location of birth (if hospital, name and location) _____

BW _____ Term ___ Preterm ___ Gestation _____ wks

Prenatal and perinatal risks _____

NICU: YES NO Detail _____

Acute illness or other health needs _____

Does the child have signs/symptoms of any **communicable disease** (i.e. hepatitis, TB, lice) that would pose a risk of transmission in a household setting? YES NO UNKNOWN

If yes, describe: _____

Chronic physical or mental health conditions (e.g., asthma, diabetes) *Attach copy of the care plan* _____

Surgery/hospitalizations/ER visits (when/where/why) _____

Health Summary Form - Comprehensive

Past injuries (what; when) _____

Allergies/drug sensitivities (with type of reaction) _____

| Current medications | Dosage | Why prescribed | Need refill? |
|---------------------|--------|----------------|--|
| _____ | _____ | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | _____ | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | _____ | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | _____ | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| _____ | _____ | _____ | <input type="checkbox"/> YES <input type="checkbox"/> NO |

Medical equipment/supplies required _____

Nutritional assessment (diet/formula and any special needs) _____

VISION, HEARING

Visual impairment YES NO

Glasses/contacts required? YES NO

Hearing impairment YES NO

Hearing aid or cochlear implant YES NO Detail _____

ORAL HEALTH

Dental home YES NO

Dentist _____ Most recent visit _____

Current dental problems _____

Dental/oral health appointment scheduled _____

DEVELOPMENTAL HISTORY- Attach screening records and growth chart(s)

- o **ASQ-3 (Ages and Stages Questionnaire) or PEDS (age 0-5)**
- o **PSC (Pediatric Symptom Checklist) (age 6-10)**
- o **Bright Futures Supp. Questionnaire or PSC-Y (completed by adolescent, age 11-21)**

Health Summary Form - Comprehensive

EDUCATION (If available, attach Individualized Education Plan (IEP) or Section 504 Plan)

Child care or preschool _____

School _____ Grade _____ Grades repeated _____

Attendance problems? _____ Reason _____

In- or out- of school suspension: YES NO Most recent? _____ How often? _____

Has the child received counseling at school? YES NO _____

Learning Issues:

- Learning disability
- ADHD
- Dysgraphia
- Intellectual disability
- Other

IEP? YES NO; 504 Plan? YES NO; Other accommodations/equipment needs at school?

Extracurricular activities _____

FAMILY AND SOCIAL HISTORY

Provider comments--genetic/hereditary risk or in utero exposure _____

Provider comments--current placement and visitation plan _____

EVALUATION

Physical Examination: ATTACH Visit Summary with vitals, growth parameters and exam findings.

Screenings:

Vision: Pass Fail With glasses? YES NO Referral? _____

Hearing: Pass Fail

Development (circle one): ASQ/PEDS/MCHAT/PSC/Bright Futures Supplemental-Adolescent:

No Concerns _____ **At Risk/Concerns** _____

Specific Social-Emotional Screen: (e.g. ASQ-SW, ECSA, PHQ-9, Vanderbilt, SCARED)

No Concerns _____ **At Risk/Concerns** _____

Health Summary Form - Comprehensive

Social/behavioral assessment (by integrated mental health professional, if applicable)

Overall assessment and diagnoses

PLAN/RECOMMENDATIONS

Follow-up treatment(s)/interventions for current health conditions including any labs, testing, or evaluation with dates/times

Referrals for specialist care, mental health, oral health or developmental services with dates/times

PLAN/RECOMMENDATIONS CONTINUED

Medications provided and/or prescribed today

Immunizations administered today

Immunizations still needed, if any

Limitations on physical activity

Diet/formula/WIC

Health Summary Form - Comprehensive

Special instructions for school and child care staff related to medications, allergies, diet _____

Special instructions for foster parents/DSS contact _____

Well-Visit scheduled for (date/time): _____ / _____ / _____ : _____ **AM/PM**

Evaluation Team:

Primary Care Provider: _____

Behavioral Health Provider: _____

Specialty Providers: _____

Others: _____

ATTACHMENTS:

Visit Summary (EHR print-out)

Immunization Record

Age-appropriate developmental screening record, including growth record

Screenings/measures to evaluate social-emotional, behavioral concerns

Discharge summaries from hospitals from birth and other hospitalizations

Care plans for asthma / diabetes / other chronic health conditions

Medical records related to chronic health conditions, medications, or allergies

Therapy or specialty provider reports (examples: speech, audiology, mental health)

THIS FORM & ATTACHMENTS FAXED/SENT TO DSS & CCNC/CC4C CARE MANAGER:

DATE: _____

INITIALS: _____

Health Summary Form – Well-Visit

Well-Visit for Infants/Children/Youth in DSS Custody*

Instructions: Provider completes this form at each well visit or provides a summary containing the requested information.

Copy given to _____ (caregiver) on ____/____/____ by _____

Date of Visit: _____ **Patient's Name:** _____ **D.O.B:** / /

Patient's Medicaid ID Number: _____

Physical Examination: ATTACH Visit Summary with vitals, growth parameters and exam findings

Screenings:

Vision: Pass____ Fail____ With glasses? Yes ____ No____ Referral? _____

Hearing: Pass____ Fail____

Development (circle one): ASQ/PEDS/MCHAT/PSC/Bright Futures Supplemental-Adolescent:

No Concerns____ **At Risk/Concerns**____

Specific Social-Emotional Screen: (e.g. ASQ-SE, ECSA, PHQ-9, Vanderbilt, SCARED)

No Concerns____ **At Risk/Concerns**____

Current health conditions/issues (acute/chronic):

Medications provided/prescribed:

Other concerns (home, school, community):_____

Immunizations (administered this visit):

Allergies:

Health Summary Form – Well-Visit

Referrals (specialty care/CC4C/home visits):

Addressing what need:

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

PSYCHOTROPIC MEDICATION REVIEW REQUESTED: YES NO

Treatment plan (follow-up appointment/labs/testing/needed immunizations):

Comments or instructions for DSS/caregivers/school personnel:

Next Well-Visit date/time: _____

Provider name: _____

Provider signature: _____

| |
|---------|
| (stamp) |
|---------|

THIS FORM & VISIT SUMMARY FAXED/SENT TO DSS & CCNC/CC4C CARE MANAGER:

DATE: _____ **INITIALS:** _____

*Adapted from AAP's Healthy Foster Care America Health Summary Form

NORTH CAROLINA CHILD EDUCATION STATUS

Case Number: _____ Child/Youth's Name: _____

Copy provided to child/youth's placement provider: _____ on: _____
Name

Completed by: _____ Date: _____

Check one: **Initial Entry into Custody** **Annual Review** **Placement/School Change**
 Educational Services (ES) Meeting **Other**

| |
|---|
| <p>Child/Youth's Permanency Plan, check one:</p> <p><input type="checkbox"/> Reunification <input type="checkbox"/> Legal Guardianship <input type="checkbox"/> Legal Custody <input type="checkbox"/> Adoption</p> <p><input type="checkbox"/> Another Planned Permanent Living Arrangement <input type="checkbox"/> Reinstatement of Parental Rights</p> |
|---|

This child is not school age. Complete this section by checking all of the following that apply.

Child is not enrolled in an educational setting.

Child is enrolled in day care at: _____

Child's developmental status was evaluated. Date: _____ Where: _____

Results: _____

Stop here for children who are not school age.

| |
|---|
| <p>School: _____ School Address: _____ Grade: _____</p> <p>School Contact (name/role/phone number): _____</p> <p>Child/Youth functioning above grade in any subjects (list): _____</p> <p>Child/Youth functioning below grade in any subjects (list): _____</p> <p>If retained, what grade was repeated: _____</p> <p>Special services (IEP, 504, list): _____</p> <p>Attendance issues (absences, tardy days): _____</p> <p>Child/Youth's Academic/Social Strengths: _____</p> <p>Behavioral issues: _____</p> <p>Social, Sports, Activities, Other: _____</p> <p>Additional school related information: _____</p> <p>Are services appropriate (or changes needed)?: _____</p> <p>Mode of School Transportation: _____ Any issues?: _____</p> <p>Surrogate Parent Needed/Identified: _____</p> |
|---|

| |
|--|
| <p>For youth age 14 and above:</p> <p>What are the youth's post-secondary plans?</p> <p>What is in place to assist youth in achieving those plans?</p> |
|--|

NORTH CAROLINA CHILD EDUCATION STATUS

Date of most recent school records:

Supporting documentation (Attach supporting documents.)

- | | |
|--|---|
| <input type="checkbox"/> Report cards (required) | <input type="checkbox"/> IEP or 504 Plan |
| <input type="checkbox"/> Progress reports | <input type="checkbox"/> E-mails or correspondence from individuals consulted |
| <input type="checkbox"/> Achievement data (test scores) | <input type="checkbox"/> Disciplinary referrals |
| <input type="checkbox"/> Attendance data (required) | <input type="checkbox"/> Health reports/records |
| <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

Best Interest Determination (BID) or Educational Services (ES) meeting required? Yes No

If yes, complete the Best Interest Determination Form (DSS-5137) and answer the following questions:

Date/Time of Best Interest Determination (BID) or Educational Services (ES) meeting:

Date student was informed about BID/ES meeting and purpose:

Was the student provided the opportunity to identify a significant person to attend the meeting?

Yes If a person was identified, who did the student invite?:

No If no, explain why:

Date parent(s) were notified of BID/ES meeting:

NORTH CAROLINA CHILD EDUCATION STATUS FORM INSTRUCTIONS

Purpose

The Child Education Status form documents a child/youth's educational/developmental needs and services over time, and is required for every child/youth in the custody of a county child welfare agency.

When to use this form

The Child Education Status form must be completed within seven days of a child entering custody of a county child welfare agency, any subsequent placements, and anytime there is a change in the child's school. At a minimum, the form must be updated every 12 months. Ongoing educational stability must be updated at the Permanency Planning Reviews and documented on the Permanency Planning Review form (DSS-5241). The Child Education Status form must be maintained in the child's county child welfare case file and provided to the child's placement provider.

Using the form

For pre-school age children, only developmental information at the top of page 1 is required. Complete the form in its entirety for all school-age children. The form should document all information about the child's previous school performance and/or activities as well as the child's current education status.

Education Status Documentation

The Child Education Status form, together with the Best Interest Determination (BID) form (DSS-5137), meet the requirements of Fostering Connections and Every Student Succeeds Act (ESSA) for documentation that must be maintained in the child welfare case file for every child regarding the best interest determination and the review of ongoing educational stability.

Included with the Child Education Status form and BID form should be:

- Report cards
- IEP or 504 Plan
- Progress reports
- Emails or correspondence from individuals consulted
- Achievement data (test scores)
- Disciplinary referrals
- Attendance data
- Health reports/records
- Other

Both the Child Education Status and Best Interest Determination forms are required. However, if a Best Interest Determination (BID) or Educational Services (ES) meeting is not required for the child at the time of placement, only complete the Child Education Status, documenting on page 2 that a BID/ES meeting was not required. The Best Interest Determination form must be completed within five school days of a child's initial placement, change in placement, or change in school. The form must also be completed any time there is an ES meeting.

The Best Interest Determination meeting and form are required to ensure that:

- The child's placement takes into account the appropriateness of the current education setting and the proximity to the school in which the child was enrolled at the time of the placement (or placement change);
- The county child welfare agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at to the time of placement (or placement change);
- If remaining in the school is not in the child's best interests, assurances by the county child welfare agency and the local educational agencies are made to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school;
- Services are in place to meet the child's needs after the transition to a new school.

Foster Child Notification of Placement (Change) Form

For children in the custody of a NC County Child Welfare Agency

Confidential

Child Information

Date of Notification:

Child's Name:

Age:

DOB:

Sex:

County Child Welfare Agency:

County Child Welfare Agency Contact:

Phone:

Fax:

Email:

Foster Care Provider Name:

Phone:

Foster Care Provider Address:

Type of Foster Care Provider: Family Foster Home Relative/ Kinship Home Therapeutic Home Facility # _____

Foster Care Placement: Within School of Origin Transportation Not within School of Origin Transportation Unknown

Check one: Initial Foster Care Placement Foster Care Placement Change Exiting Foster Care

Date of Non-secure Custody:

Date of Placement/Plan Change (if different):

Medical Provider:

Phone:

Medical Provider Address:

Special safety concerns or special conditions, medications, or allergies (attach additional pages as needed):

This document provides all information required for the county child welfare agency to notify the school principal and/or school superintendent that a child is in the non-secure custody of the county child welfare agency and/or there has been a foster care placement provider change.

County Child Welfare Social Worker signature

Date

Foster Child Notification of Placement (Change) Form

For children in the custody of a NC County Child Welfare Agency

Confidential

Release of Information

I, _____, as legal custodian/guardian of
_____, hereby authorize _____, their
Child's name Schools, medical providers, etc.
agents and employees in possession of this child's _____ records to release such information to
Educational, medical, etc.
the _____ County Child Welfare Agency.

Legal Custodian/Guardian Signature

Date

A copy of the non-secure custody court order was provided with this form.

When a local child welfare agency has legal responsibility (nonsecure custody) for the care of a child, parental consent is not required to access to educational records. The county child welfare agency is entitled to all educational records through the Uninterrupted Scholars Act ([Public Law 112-278](#)). Educational records include, but are not limited to:

- Educational records (report cards, progress reports, attendance records, achievement data)
- IEP or 504 plan
- Disciplinary referrals
- Health reports/records
- Other behavioral records
- Special activities participation (sports, clubs, tutoring services, community events)

The county child welfare agency shall coordinate with the county school representative to ensure that the child in foster care is appropriately enrolled with all educational records provided ([Fostering Connections to Success and Increasing Adoptions Act of 2008 \(P.L. 110-351\)](#); [Social Security Act, Title IV, § 475 \(1\) \(G\) \[42 USC 675\]](#)).

Best Interest Determination Meeting (for Educational Stability)

A Best Interest Determination Meeting (BID) must be held within three days of child's placement if it did not occur prior to child's initial foster care placement or foster care placement change.

The only exception is when the child's foster care placement is a) within the existing transportation system for the current school he or she attends and b) there is no intent to change the child's school assignment. In those cases, the BID Meeting must be held within 30 days of the child's placement.

The Best Interest Determination Meeting has been scheduled at the following time and place:

Date: _____ Time: _____ Location: _____

The purpose of the BID meeting is to ensure each child has the appropriate services to meet his or her educational, social, transportation, and other needs. The county child welfare agency social worker must invite, prepare as needed, and/or represent the child, parents, and court partners (GAL, etc.) for the meeting. The local educational agency point of contact is responsible to invite and/or represent the teachers, coaches, IEP services, transportation services, or any other educational service for the meeting.

Foster Child Notification of Placement (Change) Form

For children in the custody of a NC County Child Welfare Agency

Confidential

Child Information

**THIS PAGE FOR
INTERNAL COUNTY AGENCY USE ONLY**

Date:

Child's Name:

Age:

DOB:

Sex:

Child's
Permanent Plan

Reunification

Adoption

Other _____

Is this notification due to a change
in permanency? Yes No

Previous Medical Provider:

Phone:

New Medical Provider:

Phone:

New Medical Provider Address:

Medicaid Number:

Special safety concerns or special conditions, medications, or allergies (attach additional pages as needed):

Foster Child Notification of Placement (Change) Form

For children in the nonsecure custody of a NC County Child Welfare Agency

Instructions

Purpose of Foster Child Notification of Placement (Change) Form

The purpose of the Foster Child Notification of Placement (Change) Form is for the county child welfare agency to provide information to notify the school principal and/or school superintendent that a child has entered the nonsecure custody of a county child welfare agency or that a change in a foster child's foster provider has occurred. Pages 1 and 2 are used for this purpose.

Page 3 is available for county child welfare agencies to provide notification within the agency regarding a change in status of a child in the nonsecure custody of the county child welfare agency.

Use of Foster Child Notification of Placement (Change) Form

Within a day of a foster child's placement the Foster Child Notification of Placement (Change) Form (pages 1 and 2) must be provided to the child's school. Either the county child welfare agency worker or the child's placement provider can deliver the form, along with a copy of the nonsecure order. The time and place for the BID is provided on this form (if not held prior to the child's placement decision).

If it is determined in the CFT/BID meeting that it is in the best interest of the child to attend a new school, the Foster Child Immediate Enrollment Form shall be used, and not the Foster Child Notification of Placement (Change) Form.

For a child that was not enrolled in school prior to entering foster care or a foster care placement change, the Foster Care Immediate Enrollment Form (DSS-5135) will be used at the time of enrollment. Check the box for New Enrollment on Page 1.

Page 3 of the Foster Child Notification of Placement (Change) Form is for internal agency use only. Often an agency must notify other services within the agency of the change in a child's status. Page 1 and 3 are designed to be used together for this purpose.

Confidentiality

Agencies must protect individually identifiable information from unauthorized use or disclosure and to further protect such information from tampering, loss, alteration, or damage. The HIPAA Privacy Rule requires safeguards be in place to avoid unauthorized use or disclosure of individually identifiable health information. For this reason, page 3 must only be utilized within the agency.

Foster Child Immediate Enrollment Form

For children in the custody of a NC County Child Welfare Agency

Confidential

Student Information

| | | | |
|--|---|--|--|
| Date Student Presented for Enrollment: | | | |
| Receiving School: | | | |
| Student Name: | | | |
| Age: | DOB: | Sex: | |
| County Child Welfare Agency: | | | |
| County Child Welfare Agency Contact: Email: | | Phone: | Fax: |
| Foster Care Provider Name: | | Phone: | |
| Foster Care Provider Address: | | | |
| Date of Nonsecure Custody: | | Date of Placement Change (if different): | |
| School Enrollment Needed Due to: | <input type="checkbox"/> Best Interest Determination Meeting Date of Meeting: | <input type="checkbox"/> Emergency Foster Care Placement (or Placement Change) | <input type="checkbox"/> New Enrollment |
| Last School Attended: | | Current Grade: | |
| Does student have IEP? | Yes No Unknown | 504 Plan? | Yes No Unknown |
| Any special safety concerns or special conditions? | | | |

The county child welfare agency shall coordinate with the local educational agency to ensure that the child in foster care is immediately and appropriately enrolled with all educational records provided to the new school ([Fostering Connections to Success and Increasing Adoptions Act of 2008 \(P.L. 110-351\)](#); [Social Security Act, Title IV, § 475 \(1\) \(G\) \[42 USC 675\]](#)). The sending and receiving schools shall expedite the transfer of the student's record.

This document provides information for the county child welfare agency to notify the school principal and/or school superintendent and for the school to immediately enroll the child. ESSA requires enrollment to occur even if not all information is available. Any available information helps ensure a smooth transition for the child.

"Immediate" means as soon as possible, in most cases, this should be no later than the beginning of the next school day after the presentment for enrollment. "Presentment" means the person enrolling the child has appeared at the school and presented all required information and certifications. "Enrollment" means the child is attending classes and participating fully in school activities. If, despite all reasonable efforts, school officials are unable to enroll the child by the beginning of the next school day following presentment for enrollment, the student shall be enrolled no later than the second school day following presentment. If enrollment is delayed until the second school day after presentment, school officials shall document reasons for the delay and attach these reasons to this form.

This form shall be applicable for all foster children in the custody of a NC county child welfare agency and will ensure immediate enrollment for such child at time of initial custody or at the time of a child's placement change or disruption.

Foster Child Immediate Enrollment Form

For children in the custody of a NC County Child Welfare Agency

Confidential

Enrollment Certifications

I am a representative of county child welfare agency with custody of above-named child. This child meets the definition of a child placed in foster care; therefore, I am certifying the child is eligible for *immediate* enrollment. Under ESSA a child cannot be denied enrollment, even if information is unavailable.

To the best of my knowledge, _____ has/has/unknown not (circle one) been expelled from school attendance at a private school or public school division of the State of North Carolina, or in another state, for an offense in violation of school board policies relating to weapons, alcohol or drugs, or for the willful infliction of injury to another person.

To the best of my knowledge, _____ has/has/unknown not (circle one) been found guilty of or adjudicated delinquent for any offense in North Carolina or any substantially similar offense under the laws of any other state, the District of Columbia, or the United States or its territories.

To the best of my knowledge, _____ is in good health and is free from communicable or contagious disease. If documentation of a physical exam, birth certificate, social security number, and/or immunization record is unavailable at time of enrollment, they must be provided to the school within 30 days of enrollment.

County Child Welfare Social Worker Signature

Date

Release of Information

Schools, their agents and employees from the previous school, _____, in possession of this student's educational records are required by ESSA to release such information as necessary for the purposes of immediate, educational enrollment at _____ (school of enrollment).

A copy of the court order was provided with this form.

Educational Services Meeting

When a foster child/student is enrolled in a new school an Educational Services (ES) Meeting should be held within 30 days of the child's enrollment in the new school. The purpose of the meeting is to ensure each child has the appropriate services to meet his or her educational, social, transportation, and other needs. The county child welfare agency social worker must invite, prepare as needed, and/or represent the child, parents, and court partners (GAL, etc.) for the meeting. The local educational agency point of contact is responsible to invite and/or represent the teachers, coaches, IEP services, transportation services, or any other educational service for the meeting.

The Educational Services Meeting has been scheduled:

Date: _____ Time: _____ Location: _____

Contact Information for Questions

Local Educational Agency Contact: _____

County Child Welfare Agency Contact: _____

Foster Child Immediate Enrollment Form

For children in the nonsecure custody of a NC County Child Welfare Agency

Instructions

Purpose

When a county child welfare agency places a child in foster care or in a new foster home, the child should continue to attend his or her current school and the child welfare social worker or placement provider should notify the school with the Foster Child Notification of Placement (Change) Form (DSS-5133). Policy requires a Child and Family Team (CFT) Meeting be held prior to assuming non-secure custody or a Permanency Planning Action Team (PPAT) meeting be held prior to making a foster care placement change. The Best Interest Determination (BID) Meeting regarding the child's school placement shall be a part of the CFT/PPAT meeting, if possible. If the determination in that meeting is that it is in the best interest of the child to attend a new school, then the Foster Child Immediate Enrollment Form is used and delivered to the new school by the child welfare social worker or placement provider.

RARE exceptions may exist when a change in the school placement is necessary for emergency foster care placements or placement changes and there is inadequate time to schedule a CFT/PPAT/BID. A change in school placement even when an emergency foster care placement (change) occurs, should only be considered before the BID meeting when it is detrimental to the child's best interests to remain in his or her school of origin and must be approved by the CWA director (or designee). The child should continue to attend the current school (referred to as the school of origin) until a BID can be scheduled and the Foster Child Notification of Placement (Change) Form is delivered to the current school and the BID meeting is scheduled. Only in an emergency situation, approved by the county director (or designee) should the change schools and the Foster Child Immediate Enrollment Form would be used in this situation.

Immediate enrollment means that a child in foster care should be enrolled in a new school as soon as possible in order to prevent educational discontinuity, in most cases by the next school day. In addition, enrollment must not be denied or delayed because documents normally required for enrollment have not been provided.

The Foster Care Immediate Enrollment Form will also be used at the time of enrollment for a child that was not enrolled in public school prior to entering foster care or a foster care placement change (i.e., a pre-school aged child). An Educational Services (ES) meeting is not required for this child but may be considered if the child has any special needs.

Use of the Foster Care Immediate Enrollment Form

When a child requires enrollment in a new school, the county child welfare social worker or the foster care placement provider shall deliver the Foster Care Enrollment Form to the new school within 1 school day of the foster care placement or foster care placement change.

The receiving school must immediately contact the child's school of origin to obtain the relevant records and documentation, and the school of origin should immediately transfer those records. In addition to ensuring immediate enrollment, local educational agencies and county child welfare agencies should ensure that children in foster care are regularly attending and fully participating in school and that all of their educational needs are met.

Educational Services Meeting

The Immediate Enrollment Form also serves to communicate the need for an Educational Services meeting. Even when there was a Best Interest Determination (BID) meeting, an Educational Services (ES) Meeting should be scheduled when a child is enrolled in a new school. The purpose of the ES meeting is to ensure the child has all required educational services and to discuss the child's school transition. Scheduling of an ES meeting after enrollment in a new school is the responsibility of the county child welfare agency. The county child welfare agency worker should collaborate with the LEA to schedule the ED Meeting within 30 days of the child's enrollment in a new school.

To ensure that the best decision is made about a child's school selection, the following staff or representatives with the following information should attend or be represented:

- Teachers, IEP team members, school social workers or counselors (Child's academic performance and school behavioral history), School Transportation representative,
- Placement provider (current and previous with knowledge of provider's resources and capabilities),
- Child, birth parent and GAL (or representation of their desires and/or recommendations), and
- County child welfare placement worker.

The BID form (DSS-5137) used to document a BID meeting is also used to document an ES meeting.

BEST INTEREST DETERMINATION FORM

Case Number: _____

Child's Name: _____

Copy provided to child's placement provider: _____ on: _____

Completed by: _____

Date: _____

Check 1: Initial Entry into Custody Placement Change Educational Services Meeting

Section I: Best Interest Determination / Educational Needs

1. How many schools has the child attended? _____
How many schools has the child attended this year? _____
How have the school transfers affected the child emotionally, socially, academically, and physically?

2. How does the student feel about any upcoming moves?

3. What, if any, are the safety considerations related to school placement?

4. Which school is preferred by the student, birth parent and placement provider and why?

| | School Preference | Why? |
|--------------------|-------------------|------|
| Student | | |
| Birth Parent | | |
| Placement Provider | | |

5. What school(s) do the student's siblings attend?

6. How is the student performing academically?

7. Does the student have a current IEP or a 504 Plan? If so, for what need?

8. If the student has a current IEP, is specialized transportation identified as a related service?

9. How does the student's behavior impact his or her educational success? Should additional services be considered?

10. Does the student participate in other specialized instruction? (e.g., gifted program, career and technical program)?

BEST INTEREST DETERMINATION FORM

Case Number: _____

Child's Name: _____

- 11. What are the student's academic/career goals? Does one school have programs and activities that address the unique needs or interests of the student that the other school does not have?

- 12. Describe the student's ties to his or her current school, including significant relationships and involvement in extracurricular activities? Can these ties or relationships be maintained if a school change is determined to be in the child's best interests?

- 13. Would (or has) a change in schools affect the student's ability to earn full academic credit, participate in sports or other extra-curricular activities, proceed to the next grade, or graduate on time? If so, how?

- 14. Would (or did) the timing of the school transfer coincide with a logical juncture, such as after testing, after an event that is significant to the student or at the end of the school semester or year?

- 15. How would the length of the commute to school impact the student?

- 16. Would a school change impact on the child's permanency goal? Yes No
 If yes, explain:

Section II: Best Interest Determination (check one) (Not completed for ES Meetings)

The child shall remain in the school in which the child was enrolled

Based on the best interest determination, a change in school is needed

If it is NOT in the best interest of the child to stay in the same school in which he or she was previously enrolled, explain why:

Based on child's best interests, what educational services must be available at the selected school?

Name of School Selected:

Enrollment in selected school will be completed by: _____ by (date): _____

BEST INTEREST DETERMINATION FORM

Case Number: _____

Child's Name: _____

Section III: Next Steps/Educational Services Needed (attach additional pages if needed)

| | What? | Who is responsible? | By when? |
|---|-------|---------------------|----------|
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |

Section IV: Comments

Child/Youth Desires and/or Comments:

Parent's Desire and/or Comments:

Placement Provider Comments:

BEST INTEREST DETERMINATION FORM

Case Number: _____

Child's Name: _____

Section V: Signature Page

The following individuals participated in determining the school placement in the student's best interest.

| Participant Role (** indicates essential role) | Printed name | Title and/or Relationship with child | Signature | Agree with determination? |
|---|--------------|---|-----------|------------------------------|
| Student ** | | | | Yes No |
| Child welfare social worker or supervisor** | | | | Yes No |
| Current placement/care provider | | | | Yes No |
| School representative from student's school at time of placement** | | | | Yes No |
| IEP team for special education purposes, if applicable | | | | Yes No |
| Birth parent(s) and/or prior caretakers(s) | | | | Yes No |
| The student's Guardian ad Litem | | | | Yes No |
| Other significant person(s) the student wishes to attend** | | | | Yes No |
| Other _____ | | | | Yes No |
| Other _____ | | | | Yes No |
| Other _____ | | | | Yes No |

NORTH CAROLINA BEST INTEREST DETERMINATION FORM
INSTRUCTIONS

Purpose

The Best Interest Determination Form serves two purposes. The form documents a child's:

1. Educational best interest determination when a child enters the custody of a county child welfare agency, or a change in placement is necessary, and/or
2. Educational needs and services whenever a child must change schools.

The Best Interest Determination Form meets the requirements of Fostering Connections and Every Student Succeeds Act (ESSA) for documentation that must be maintained in the child welfare case file for every child regarding the best interest determination for educational stability.

When to use this form

The Best Interest Determination form must be completed within five school days of a child's initial placement, change in placement, or change in school. The form must also be completed any time there is an ES meeting. The form must be maintained in the child's county child welfare case file and provided to the child's placement provider.

This form must be completed at the:

1. Best Interest Determination (BID) Meeting/CFT must occur within five school days whenever a child enters the custody of a county child welfare agency or when a placement change is necessary, and prior to a child changing schools;
2. Educational Services (ES) Meeting after a child enrolls in a new school; or
3. Educational Services (ES) Meeting when a change in school is being considered (independent of a placement change).

Using the form

Section I is designed to assist in preparing for the BID or ES meeting. Information about the child's previous school performance and/or activities should be obtained prior to the meeting. Sections II, III, and IV are to be completed during the meeting.

Best Interest Determination Meeting & Documentation

Per the Fostering Connections to Success and Increasing Adoptions Act (P.L., 110-351) Section 204, the child's case plan must include:

1. Assurances that the child's placement takes into account the appropriateness of the current education setting and the proximity to the school in which the child was enrolled at the time of the placement;
2. An assurance that the state agency has coordinated with appropriate local educational agencies to ensure that the child remains in the school in which the child is enrolled at the time of placement; and
3. If remaining in the school is not in the child's best interests, assurances by the state agency and the local educational agencies to provide immediate and appropriate enrollment in a new school, with all of the educational records of the child provided to the school.

Fostering Connections and ESSA require that every child remain in his or her school of origin unless a determination is made that it is not in his or her best interest. The decision as to what is in the child's best interests must take place at a Best Interest Determination Meeting ("BID meeting"). Scheduling of the BID meeting is the responsibility of the county child welfare worker. The worker should collaborate with the local education agency to schedule a BID Meeting prior the child(ren) entering custody or a placement change as a part of a CFT meeting. The county child welfare agency must also discuss with the child the purpose of the meeting, prepare the child for the meeting (unless it is determined that the child should not

NORTH CAROLINA BEST INTEREST DETERMINATION FORM
INSTRUCTIONS

attend the meeting), and assist the child in the identification of a supportive adult who the child would like to attend the meeting.

When the BID does not occur prior to foster care placement or a placement change, it must occur within five school days of the local educational agency's receipt of the Notification of Placement Form. For counties that hold a Child Planning Conference or Day One Conference, the BID meeting could be held at the same time whenever possible.

In making the determination as to whether it is in the child's best interest to remain in his or her school of origin, the county child welfare agency and local education agency must consider the appropriateness of the current educational setting and proximity of placement. In addition, the county child welfare agency and local education agency should consider all factors relating to a child's best interest, including:

- Preferences of the child;
- Preferences of the child's parent(s) or education decision maker(s);
- The child's attachment to the school, including meaningful relationships with staff and peers;
- Placement of the child's sibling(s);
- Influence of the school climate on the child, including safety;
- The availability and quality of the services in the school to meet the child's educational and socioemotional needs;
- History of school transfers and how they have impacted the child;
- How the length of the commute would impact the child, based on the child's developmental stage;
- Whether the child is a student with a disability under the IDEA who is receiving special education and related services or a student with a disability under Section 504 who is receiving special education or related aids and services and, if so, the availability of those required services in a school other than the school of origin; and
- Whether the child is an EL and is receiving language services, and, if so, the availability of those required services in a school other than the school of origin, consistent with Title VI and the EEOA.

Transportation costs should NOT be considered when determining a child's best interest.

The following parties should be invited to attend the BID meeting:

- The Point of Contact for the county child welfare agency, and/or the social worker with the most information about child;
- The Point of Contact for the local education agency, and/or the representative from the school of origin who has the most knowledge about the child and who is best able to provide feedback on significant relationships the child may have formed with staff and peers and how changing schools would impact the child's academic, social, and emotional well-being. This could be a teacher, counselor, coach, another meaningful person in the child's life, or any or all of the above;
- If the child has an IEP or a Section 504 Plan, the relevant school staff members who could speak to the special needs of the child should also be invited to participate;
- If the child is an English Learner, a student identified as having limited English proficiency in speaking, listening, reading, or writing English, other relevant school staff may need to participate;
- The child, depending on age;
- Foster parents, when appropriate;
- Biological parents, guardians, or custodians when appropriate;
- Relatives of the child with perspective on which school the child should attend while in foster care; and
- The child's court appointed Guardian ad Litem, or a representative from the appropriate GAL program.

The county child welfare worker must invite, and prepare as needed, the child, parents, and court partners (GAL, etc.). The local educational agency point of contact must invite teachers, coaches, special education services, transportation services, or any other educational services, as appropriate.

NORTH CAROLINA BEST INTEREST DETERMINATION FORM
INSTRUCTIONS

The outcome of the BID meeting should be

- Selection of the school based on the child's best interests,
- Identification of the transportation method (if there is adequate information), and
- Clear tasks for follow up, as needed, including transportation funding, or new enrollment.

When a child enters a county child welfare agency's custody or when a child must change his or her placement, the child should continue to attend his or her current school. Exceptions may exist when a change in the school placement is necessary for emergency placements or placement changes. A change in school placement should only occur before the BID meeting when it is detrimental to the child's best interests to remain in his or her school of origin, a school placement change is necessary before a BID meeting can be held, and requires approval by the county child welfare agency director (or designee).

Educational Services Meeting & Documentation

When the outcome of the BID meeting is that a school change is necessary, even when there was a Best Interest Determination (BID) meeting, an Educational Services (ES) Meeting should be scheduled after enrollment in the new school. The purpose of the ES meeting is to ensure the child has all required educational services and to discuss the child's school transition. Scheduling of an ES meeting is the responsibility of the county child welfare agency. The county child welfare worker should collaborate with the LEA to schedule the ED Meeting within 30 days of the child's enrollment in a new school.

An Educational Services meeting should also be scheduled when there are concerns related to a child's performance in school that may require a change of schools.

The BID Form must be used to document the ES meeting. Check on the top of the form the box for Educational Services meeting. For an ES meeting, all questions in Section I may not apply. Section II is not required for an ES meeting, but will be used in circumstances when a change in school, independent of a placement change, is being considered.

Additional Educational Stability Documentation

The Best Interest Determination form, together with the Child Educational Status form (DSS-5245), meet the requirements of the Fostering Connections and Every Student Succeeds Act (ESSA) that documentation be maintained in the child welfare case file for every child in the custody of a county child welfare agency regarding educational stability. The Child Educational Status form must be completed at a minimum of every 12 months. Ongoing educational stability must be updated at the Permanency Planning Reviews and documented on the Permanency Planning Review/Family Services Agreement form (DSS-5240).

The forms must be maintained in the child's county child welfare case file and provided to the child's placement provider.

NORTH CAROLINA 'Best Interest Determination' Meeting Override

For children in the custody of a NC County Child Welfare Agency when a BID meeting is
waived upon Agency Director approval

County: _____ Case Number: _____

Child Information

Child's Name:

Age:

DOB:

Sex:

County Child Welfare Agency:

County Child Welfare Agency Contact Name:

Email:

Phone:

Fax:

Care Provider Name:

Phone:

Care Provider Address:

Type of Care Provider:

Family Foster Home

Relative/Kinship Home

Therapeutic Foster Home

Facility # _____

Child's Placement is:

Within School of Origin
Transportation Zone

Not within School of Origin
Transportation Zone

Unknown

Check one:

Initial Placement

Placement Change

Date of Custody:

Date of Placement/Plan Change (if different):

Director approves override of Best Interest Determination Meeting due to:

Safety Threat. Provide description:

Child's Need (immediate medical, mental health need). Provide description:

Child's Best Interest/Other. Provide description:

Make sure that the description provided above includes justification for waiving BID. ES meeting must occur.

This document must be maintained in the case file of child as record of a school change where no Best Interest Determination meet was held and Director approval was obtained. **Signatures are REQUIRED**

County Child Welfare Social Worker signature

Date

County Child Welfare Director/Designee signature

Date

Date: _____

Dear

A change of placement for _____ is planned by/within _____
Child/youth date/number of days

because

I would like to discuss the plan for _____ with you. Please contact me at
Child/youth

_____ by _____
Phone number Date

Check one:

- This change of placement will affect your Family Time and Contact Plan; it is important that we meet to modify the Family Time and Contact Plan.
- This change of placement will **NOT** affect your Family Time and Contact Plan.

Check one:

- This change of placement will/may require a school change.
- This change of placement will **NOT** require a school change.

If you do not agree with the change in placement for _____, you have the right to
Child/youth
ask for a review of the move by the Permanency Planning Review Team. If you would like to do this, contact me within 10 days of the date of this letter. You also have the right to have your attorney ask the court to review this matter.

Sincerely,

Child Welfare Agency Worker
_____ County

Phone number: _____

DSS-5189-I (Rev. 03/2019)
Child Welfare Services

Date: _____

Dear

On _____, a change of placement for _____ was necessary
Date Child/youth
because

Unfortunately, the agency was unable to let you know about this change before it occurred.

Please contact me at _____ by _____ to discuss this change.
Phone number Date

Check one:

- This change of placement will affect your Family Time and Contact Plan; it is important that we meet prior to your next scheduled visit to modify the Family Time and Contact Plan.
- This change of placement will **NOT** affect your Family Time and Contact Plan.

Check one:

- This change of placement required a school change.
- This change of placement did **NOT** require a school change.

If you do not agree with this change in placement for _____ you have the right
Child/youth
to ask for a review of the move by the Permanency Planning Review Team. If you would like to do this, contact me within 10 days of the date of this letter. You also have the right to have your attorney ask the court to review this matter.

Sincerely,

Child Welfare Agency Worker

County

Phone number: _____

Date: _____

Dear

The _____ County child welfare agency has scheduled a Permanency Planning Review to discuss the goals and plans for _____.
Child/youth

Because you are the child's/youth's _____, your input is important. The meeting

Will be held on _____ at _____.
Date Time/Location

If you are the child's/youth's parent, you have the right to attend and bring your attorney. However, you are not required to bring your attorney.

If you have any questions about this meeting please contact me at _____ by _____.
Phone number Date

Sincerely,

Child Welfare Agency Worker

County

Phone number: _____

Date: _____

Dear

On _____, a Permanency Planning Review was held to review the goals and plans for
Date
_____. As a result of that meeting, the following decisions were made:
Child/youth

Check this box only if there was a decision that a placement change was necessary.

A placement change is necessary for _____ on/by_____.
Child/youth Date
because

Check one:

- Family Time and Contact Plan must be changed. If you are the parent, it is important that we meet prior to your next scheduled visit to modify the Family Time and Contact Plan.
- This does **NOT** affect your Family Time and Contact Plan.

Check one:

- A change of school for _____ is required because
Child/youth
- A change of school is **NOT** required.

Please contact me at _____ by _____ to discuss any decisions made in the Permanency
Phone number Date
Planning Review within 10 days of the date of this letter.

Sincerely,

Child Welfare Agency Worker
_____ County

Phone number: _____

DSS-5189-IV (Rev. 03/2019)
Child Welfare Services

PST TOOLS WORKBOOK
DAY 7

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

County: Case Number:

| | | | |
|------------|--|---|--|
| Case Name: | | Agency Worker Name: Phone number & Email: | |
| | | Agency Supervisor Name: Phone number & Email: | |

| I. Family Demographics | Name: | DOB: | Age: | Date of Custody/ 1 st out-of-home placement: |
|------------------------|-------|------|------|--|
| Child/Youth: | | | | |

| | | | |
|---------------------|--|--------|--------|
| Mother of: | | Age: | |
| Address | | Phone: | Email: |
| Attorney for Mother | | Phone: | Email: |
| Mother of: | | Age: | |
| Address | | Phone: | Email: |
| Attorney for Mother | | Phone: | Email: |
| Father of: | | Age: | |
| Address | | Phone: | Email: |
| Attorney for Father | | Phone: | Email: |
| Father of: | | Age: | |
| Address | | Phone: | Email: |
| Attorney for Father | | Phone: | Email: |
| Father of: | | Age: | |
| Address | | Phone: | Email: |
| Attorney for Father | | Phone: | Email: |
| Other Caregiver | | Age: | |
| Address | | Phone: | Email: |
| Other Caregiver | | Age: | |
| Address | | Phone: | Email: |
| Guardian ad litem | | Phone: | Email: |

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

II. (a) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)

To Accomplish the Primary Plan or Secondary Plan If plan is reunification, identify parent(s):

| |
|---|
| 1. <input type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): <input type="checkbox"/> Barrier: |
| 2. Describe behaviors that are of concern or Status of Barrier: |
| 3. Objective/Desired Outcome: |

| Activities (for parents/family member) | Who is Responsible | Target Date | Activity Progress Notes |
|--|--------------------|-------------|-------------------------|
| | | | |
| | | | |
| | | | |
| Activities (for child welfare agency) | Who is Responsible | Target Date | Activity Progress Notes |
| | | | |
| | | | |

Progress toward Achieving the Objective/Desired Outcome

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer appropriate | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Achieved | |

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer appropriate | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Achieved | |

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer appropriate | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Achieved | |

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

II. (b) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)

To Accomplish the Primary Plan or Secondary Plan If plan is reunification, identify parent(s):

| |
|---|
| 1. <input type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): <input type="checkbox"/> Barrier: |
| 2. Describe behaviors that are of concern or Status of Barrier: |
| 3. Objective/Desired Outcome: |

| Activities (for parents/family member) | Who is Responsible | Target Date | Activity Progress Notes |
|--|--------------------|-------------|-------------------------|
| | | | |
| | | | |
| | | | |
| Activities (for child welfare agency) | Who is Responsible | Target Date | Activity Progress Notes |
| | | | |
| | | | |

Progress toward Achieving the Objective/Desired Outcome

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer appropriate | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Achieved | |

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer appropriate | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Achieved | |

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer appropriate | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Achieved | |

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

II. (c) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)

To Accomplish the Primary Plan or Secondary Plan If plan is reunification, identify parent(s):

| |
|---|
| 1. <input type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): <input type="checkbox"/> Barrier: |
| 2. Describe behaviors that are of concern or Status of Barrier: |
| 3. Objective/Desired Outcome: |

| Activities (for parents/family member) | Who is Responsible | Target Date | Activity Progress Notes |
|--|--------------------|-------------|-------------------------|
| | | | |
| | | | |
| | | | |
| Activities (for child welfare agency) | Who is Responsible | Target Date | Activity Progress Notes |
| | | | |
| | | | |

Progress toward Achieving the Objective/Desired Outcome

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer appropriate | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Achieved | |

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer appropriate | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Achieved | |

| | |
|---|-----------|
| Review status: Date | Comments: |
| <input type="checkbox"/> Objective Achieved in full | |
| <input type="checkbox"/> No longer appropriate | |
| <input type="checkbox"/> Partially Achieved | |
| <input type="checkbox"/> Not Achieved | |

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

II. (d) Objectives and Activities to Address Identified Needs or Barriers (complete 1 page for each identified Need or Barrier)

To Accomplish the Primary Plan or Secondary Plan If plan is reunification, identify parent(s):

| |
|---|
| 2. <input type="checkbox"/> Need (from Strengths and Needs Assessment when goal is reunification): <input type="checkbox"/> Barrier: |
| 2. Describe behaviors that are of concern or Status of Barrier: |
| 3. Objective/Desired Outcome: |

| Activities (for parents/family member) | Who is Responsible | Target Date | Activity Progress Notes |
|--|--------------------|-------------|-------------------------|
| | | | |
| | | | |
| | | | |
| Activities (for child welfare agency) | Who is Responsible | Target Date | Activity Progress Notes |
| | | | |
| | | | |

Progress toward Achieving the Objective/Desired Outcome

| | |
|--|-----------|
| Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer appropriate <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved | Comments: |
|--|-----------|

| | |
|--|-----------|
| Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer appropriate <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved | Comments: |
|--|-----------|

| | |
|--|-----------|
| Review status: Date <input type="checkbox"/> Objective Achieved in full <input type="checkbox"/> No longer appropriate <input type="checkbox"/> Partially Achieved <input type="checkbox"/> Not Achieved | Comments: |
|--|-----------|

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

III. *Parent(s) Wellbeing Needs/Additional Needs* Check N/A if parental rights have been terminated N/A

Are the parent(s)'s wellbeing needs incorporated into the objectives and activities of the Services Agreement above? Yes No

If not, how are these needs being addressed?

IV. *Court*

Are the orders of the court incorporated into the objectives and activities of the Services Agreement above? Yes No

If not, explain:

Date of next Court Review:

Date of last Court Review:

Recommendations regarding parents/caretakers or barriers for the next court hearing:

NORTH CAROLINA PERMANENCY PLANNING FAMILY SERVICES AGREEMENT

V. 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/youth 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 | Participated in: | Received copy |
|-------------------------------------|----------------------|------|---|------------------------------|
| Parent | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Parent | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Child/Youth | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Child/Youth | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Child/Youth | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Child/Youth | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Child/Youth | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Agency Worker | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Agency Supervisor | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Guardian ad litem | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Placement provider | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Placement provider | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Tribal Representative | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Other Relationship/Phone/Email | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Other Relationship/Phone/Email | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Others Invited but Unable to Attend | | | | |

Permanency Planning Family Services Agreement Instructions

Which Cases

The Permanency Planning Family Services Agreement must be completed for:

- All children and youth in the legal custody of a local child welfare agency;
- Children and youth for whom the local child welfare agency has placement responsibility who are placed outside the home;
- Children and youth who are placed with parents or relatives or other court-approved placements, including youth who are living in Another Planned Permanent Living Arrangement, when the local child welfare agency has been given or retains legal custody; and
- Families with children/youth who are returned home on a trial visit so long as the local child welfare agency retains custody.

Note: One Family Services Agreement is completed for the entire family **except** for cases:

- Involving domestic violence that require separate plans for the parents; or
- When the child welfare agency has identified a safety issue that requires separate plans for different parties of the case.

The **purpose** of the Permanency Planning Family Services Agreement is to:

- Clarify with the family reasons for county child welfare agency involvement;
- Identify resources within the family that will help the child achieve a safe, permanent home;
- Involve the family in identifying areas that need improvement;
- Clarify expectation for behavioral change with all persons involved; and
- Acknowledge the family's strengths and commitment to their child.

Required Timeframes

The Permanency Planning Family Services Agreement must be:

- Completed within 30 days of removal of the child from the home;
- Reviewed (and updated, if needed) within 60 days of removal of the child from the home;
- Updated every 90 days thereafter (these updates track with required Permanency Planning Reviews); and
- Updated within 30 days of the court's decision to change the child's permanent plan.

Participants

The Family Services Agreement development and updates must be completed jointly by the child welfare worker, the parents/caretakers, the child or youth as appropriate to age or developmental level, and any other person(s) identified by the family. If the child or youth is a member or is eligible to be a member of a federally recognized Indian Tribe or is the biological child of a tribal member, a person appointed by and representing the tribe must be involved in the development of the agreement. If the youth is 14 years of age or older he/she must be consulted during the development of the agreement and is allowed, at his/her option, to appoint up to **two** members of the team who are not a foster parent or the youth's social worker.

Permanency Planning Family Services Agreement Instructions

Development and Completion of Agreement:

One Permanency Planning Family Services Agreement is completed for the entire family **except** for cases:

- Involving domestic violence that require separate plans for the parents;
- In which the child welfare agency has identified a safety issue that requires separate plans for different parties of the case; or
- In which different permanent plans have been identified for siblings.

To best utilize the meeting time, case demographics can be completed by the agency worker prior to the meeting. The goal on the Family Services Agreement is the permanent plan identified for the child(ren) by the court. The needs are identified on the Family Assessment of Strengths and Needs (when the goal is reunification). The objectives and activities must be developed in partnership with the family and written in the family's terms.

The initial Permanency Planning Family Services Agreement can be developed during a Child and Family Team Meeting or individually with the family during a home visit. The family should drive the manner in which the agreement is developed. Families may choose to develop, review and update their Family Services Agreement in partnership with the members of the Permanency Planning Review Team, in a separate Child and Family Team meeting, or they may choose to review and update their agreement one-on-one with the assigned child welfare worker during a home or office visit. However, the Family Services Agreement is always reviewed as part of the Permanency Planning Review.

NOTE: It is important to identify the reason for child welfare involvement (to ensure the family understands what must be addressed).

➤ Objectives and Activities to Address Identified Needs or Barriers

• Primary and Secondary Plans

- Check the appropriate box to indicate whether the objective applies to the child/youth's primary or secondary permanent plan or both and indicate the primary and/or secondary plan.

• Factor: Need / Barrier

- Identify the three highest priority needs from the Family Assessment of Strengths and Needs using separate pages for each need.
- The greatest need should be addressed first in the Family Services Agreement.
- For permanent plans other than reunification, identify barriers to achieving the identified permanent plan.

NOTE: Barriers are defined as an activity or condition that would prevent achievement of the identified permanent plan.

• Describe Behaviors that are of Concern or Status of Barrier

- Specify the conditions or behaviors identified in the Family Strengths and Needs Assessment and Family Reunification Assessment tools that need to be resolved before reunification can occur or that place the child or youth at risk of future harm.
- For permanent plans other than reunification, describe the status of the barrier identified above.

Permanency Planning Family Services Agreement Instructions

- **Objective / Desired Outcome**

- In the family's terms, describe specifically what the desired behavior, condition, expected changes, or overcoming the barrier will look like when the need/barrier is met so the family and the worker are clear about what is expected and when it has to be accomplished.
- The family should be involved in the development of the outcome statements.
- The objective is a statement that clarifies for the family, the agency, and others supporting the plan, how everyone will know when a behavior of concern has been addressed.

- **Activities**

- The activity chart provides spaces to describe the activity, the person responsible for each activity, the target date for starting and/or accomplishing the activity, and activity progress notes (to be completed beginning with the first update of the Family Services Agreement).
- All activities and persons responsible for completing activities in order to achieve the objective should be included in this section.
- The chart includes a section for activities to be completed by the parent/family member and a separate section for activities to be completed by the child welfare agency.
- Be specific about each activity to be conducted.

NOTE: Objectives and Activities to address the identified needs/barriers must be completed regardless of the child/youth's permanent plan (primary and secondary plan).

- **Progress toward Achieving the Objective / Desired Outcome**

- The child welfare worker should note the date of the review of the Family Services Agreement and check the appropriate status.
- There is room on this form for three progress updates toward achieving the objective.
- If the box "no longer appropriate" is selected, please explain why, and explain why this does not negatively affect the child/youth's safety and risk of future harm.
- If some but not all of the objectives are achieved, check "partially achieved" and explain in the space provided.

- **Parent(s) Well-being Needs / Additional Needs**

The child welfare agency should identify any additional needs of the parent(s) that are not identified as a Factor and describe how those needs will be addressed. An example of a need that might be identified here is transportation or employment. Even though a lack of transportation or employment may not have been associated with the child(ren) coming into county child welfare custody, either of these needs could significantly impact a parent's ability to accomplish activities identified in the Family Services Agreement. Identification of a parent well-being need and activities to address that need may be very important in achieving reunification.

- **Court**

Ensure that court ordered services and/or activities are incorporated into the Family Services Agreement. If not, explain why. Provide the date of the next hearing and identify recommendations regarding the parent(s)/caretaker(s) services or barriers for the next court review. Also provide the date for the last court review.

Permanency Planning Family Services Agreement Instructions

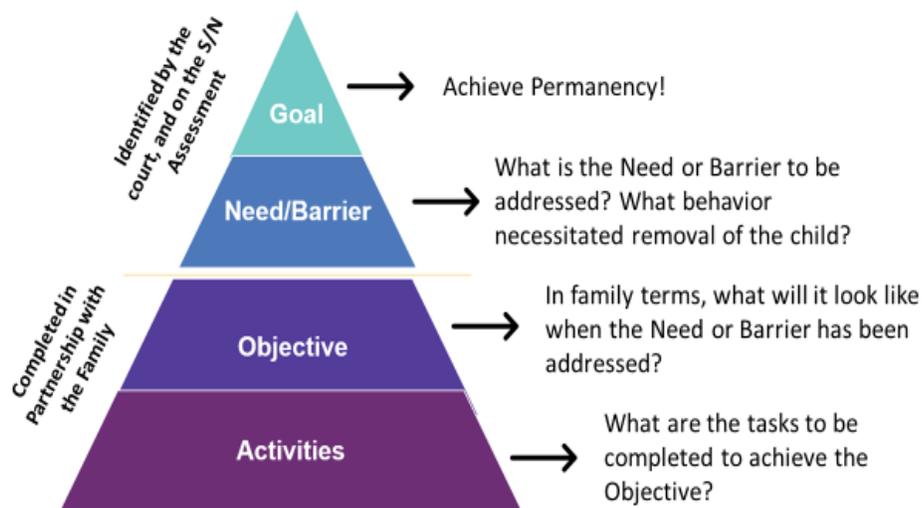
➤ Signatures

The signature page is to be signed by persons who participated in the development of and any updates to the Family Services Agreement, including but not limited to, the parent(s), child(ren)/youth, placement provider, potential adoptive parent or guardian, child welfare worker, child welfare supervisor, Guardian ad Litem, Tribal Representative, or others. By signing the agreement, parties involved with the development and updates of the agreement are acknowledging that they understand their role in the agreement and in meeting the identified needs.

If a parent or caregiver refuses to sign the Family Services Agreement, the worker should try to address the individual's concerns and stress the need for working together to reunify the child or youth with the family. The parent or caregiver may verbally agree to the agreement even if they refuse to sign the agreement. In this case, the social worker should document that the parent or caregiver verbally agreed to the agreement. If a parent or caregiver agrees with the objective but not with the activities, he or she should be given an opportunity to define activities that he or she feels would be appropriate to achieve the objective.

The date of the signature must be documented on the form. A copy of the agreement must be given to all parties involved in the development or updates of the agreement and the date the copy was provided must be recorded on the agreement.

Framework for Developing the Permanency Planning Family Services Agreement



Nonresident/Non-offending Parents

When either the primary or secondary plan is reunification, the activities to find, contact, and/or engage any nonparticipating parent must be identified on the Family Services Agreement. If a parent has not been located, contacted, and/or assessed, the agency will be unable to complete the Strengths and Needs Assessment and unable to identify the parent's needs. For cases with a plan of reunification and no ability to complete the Strengths and Needs Assessment, the agency must still create an objective and activities for locating and engaging the nonparticipating parent. The agency should specify a barrier to reunification as "locate and

Permanency Planning Family Services Agreement Instructions

engage parent". Activities entered to address that barrier should include, but are not limited to, what is appropriate from the following:

- Locate the parent;
- Contact the parent;
- Assess parent's strengths, needs, and ability to provide for his or her child; and
- Based on the assessment and the identified needs, engage parent to develop a Family Services Agreement with activities to address those needs.

Indicate how often the agency will make efforts to locate, assess, contact and engage the parent and who will be responsible for those activities.

Review Family Assessment of Strengths and Needs and Reunification Assessment/Risk Reassessment

Attach current assessments to include what is appropriate of:

- Strengths and Needs Assessment
- Reunification Assessment or Risk Reassessment

Review and/or update these forms concurrently with the permanency planning review and/or family services agreement update.

The top 3 Needs from the Strengths and Needs Assessment for the parent(s) should be the Needs identified and addressed on the Family Services Agreement.

NORTH CAROLINA FAMILY TIME AND CONTACT PLAN

County: _____ **Case Number:** _____

| | | | | | |
|---|--|---|----------------------------------|--|-------|
| <p>Parents: It is very important that you and your child(ren)/youth maintain consistent contact while they are out of your care. You know what activities your child(ren)/youth enjoy. Bring their favorite games or snacks. Ask your child(ren)/youth about their daily life (school, daycare, sports or hobbies they enjoy). Remember that your child(ren)/youth miss you as much as you miss them. If you tell your child(ren)/youth that you will bring an item to a visit, please make every attempt to bring that item or explain why you could not. Your child(ren)/youth remember what you tell them and interpret your follow through as a demonstration of your love for them. The following should <u>not</u> be discussed during a visit: the reason(s) the child(ren)/youth came into agency custody, blaming of the child(ren)/youth for being in agency custody, future contact or return of the child(ren)/youth to a parent's custody, as this will be determined by the court.</p> | | | | | |
| Child(ren)/Youth Name(s): | | | Child(ren)/Youth Name(s): | | |
| | | | | | |
| This plan with (parent(s)/caretaker(s)/siblings) | | is effective | Date: | through | Date: |
| Visit Location: Visits should be in an environment that is family-friendly and safe for the child(ren)/youth. | | Frequency of visits: | | | |
| Start Time and Day of the Week: | | Length of Visit: | | | |
| Attendees/ Participants: | Visits are primarily for you to spend time with your child(ren)/youth. Are there additional people you would like to include in your visits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who are they and why: _____ Approved by child welfare agency? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who and for how long? _____ If approved, how often would you want them to come to visits and what part of the visit would you like them to attend? _____ | | | | |
| Transportation Arrangements: | The child welfare agency will ensure transportation for your child(ren)/youth to visits. Details: Parent's transportation will be the responsibility of: _____ Other: _____ | | | | |
| Phone Calls Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Day of week and time for call: | | | |
| With Whom: | | Monitoring Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | By Whom: | |
| Monitoring of phone calls requires that all statements by all parties participating on the phone call be heard, either by listening on another phone on the same line or the phone call being on speaker phone. The monitor must redirect the conversation if any inappropriate statements are made. If unsuccessful the call must be ended. | | | | | |
| Other Communication Allowed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Other Communication Details: | | | |
| From Whom: | | Monitoring Needed: <input type="checkbox"/> Yes <input type="checkbox"/> No | | Conditions (by whom, time of day, etc.): | |
| Send All Mail/Cards/Letters/E-mail to: | | | | | |
| Physical Address: | | | | | |
| Email Address: | | | | | |

NORTH CAROLINA FAMILY TIME AND CONTACT PLAN

Visits: The priority of the child welfare agency is to keep your visits safe and promote quality time with your child(ren)/youth.

For visits that are supervised, the role of the person supervising a visit is:

- To ensure safety for the child(ren)/youth. Interventions by the supervising person should only occur when necessary to ensure safety. Whenever possible, the supervising person should provide parent education or one-on-one coaching to the parent after the visit.
- To observe interaction between parents and child(ren)/youth. Visits are an opportunity for parents to demonstrate their parenting skills and their knowledge of their child's/youth's likes and needs.

When the court order states that visits are to be supervised, the person supervising the visit must be present and be able to see and hear all interactions between the parent and the child(ren)/youth throughout the entire visit.

If the visits are monitored (sometimes as an interim step before transitioning to unsupervised visits), the person designated to monitor the visit must check on the visit at least 2-3 times but is not required to be present throughout the visit.

| | | | | | | | |
|---|----|-----------------|-----|--|--|-----------------|--|
| Is Supervision Required: <input type="checkbox"/> Yes <input type="checkbox"/> No | | By Whom: | | Is Monitoring Required: <input type="checkbox"/> Yes <input type="checkbox"/> No | | By Whom: | |
| Agreements for Visits: Parent and agency worker should initial items that were discussed. Some items may not apply to every case. | 1 | ___ | ___ | Parent(s) agree to contact the agency worker 24 hours in advance to confirm the visit or request that the visit be rescheduled, or the visit will be canceled. | | | |
| | 2 | ___ | ___ | The agency agrees to make every effort to contact the parent 24 hours in advance when a visit must be rescheduled. | | | |
| | 3 | ___ | ___ | If a parent arrives more than _____ minutes after the scheduled start time and has not called the agency to communicate they will be late, the visit may be cancelled. | | | |
| | 4 | ___ | ___ | If the child/youth arrives more than _____ minutes after the scheduled start time, the agency agrees to: | | | |
| | 5 | ___ | ___ | If a parent arrives for a visit demonstrating behavior that will prevent a safe visit with their child(ren)/youth and the parent is unable to control that behavior, the behavior will be documented, and the visit may be canceled. | | | |
| | 6 | ___ | ___ | If a parent misses _____ consecutive visits, the agency will: _____ (request the court to modify the visitation plan to be _____) | | | |
| | 7 | ___ | ___ | Parent(s) should address a child's/youth's misbehavior during visits as appropriate but must not use physical discipline. | | | |
| | 8 | ___ | ___ | Visits may be interrupted (by taking a break) or ended if behaviors by the parent or the child/youth during the visit cause anyone to be or feel unsafe. | | | |
| | 9 | ___ | ___ | Parents should contact the agency worker or supervisor during agency hours to discuss visits with their child(ren)/youth (concerns, need to reschedule, question about bringing an item or individual, etc.). | | | |
| | 10 | ___ | ___ | This visitation plan complies with current court order. | | | |
| | 11 | ___ | ___ | Other: | | | |

| | | | | | | | | |
|--------------------------|--|------|--|------------------|--|--------|------|--|
| Signatures: Child/Youth: | | Date | | Child/Youth: | | Date | | |
| Child/ Youth: | | Date | | Child/Youth: | | Date | | |
| Parent: | | Date | | Parent Comments: | | | | |
| Parent: | | Date | | Parent Comments | | | | |
| Placement Provider: | | Date | | Other: | | | Date | |
| Agency Worker: | | Date | | Phone: | | Email: | | |
| Agency Supervisor: | | Date | | Phone: | | Email: | | |

Other considerations:

- A parent(s)'s noncompliance with a non-specific court order or the Family Services Agreement is not a reason to suspend a visit.
- Revise the visitation plan as frequently as needed.
- If there is a history of domestic violence between parents, visits with the parents must not be scheduled at the same time.
- Discuss what may occur if a child refuses to attend a visit.
- If siblings have a different visitation schedule, develop a Family Time and Contact Plan form for each child.
- If siblings are not placed together, a separate visitation plan (not necessarily on this form which is designed for parent visits) must be developed to address sibling visitation.

**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 problem0
 - b. Caregiver(s) abused/neglected as a child 1
 - c. Caregiver(s) in foster care as a child2
 - d. Caregiver(s) perpetrator of abuse/neglect in the last five years.....3 _____

- S9. Communication/
Interpersonal Skills**
 - a. Strong skills-1
 - b. Appropriate skills0
 - c. Limited or ineffective skills1
 - d. Hostile/destructive2 _____

- S10. Caregiver(s) Life Skills**
 - a. Good life skills.....-1
 - b. Adequate life skills0
 - c. Poor life skills1
 - 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 employment0
 - c. Underemployed1
 - 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
SDM® FAMILY REUNIFICATION ASSESSMENT**

Case Name: _____ Case #: _____ Date: _____
 County Name: _____ Social Worker Name: _____
 Date Report Received: _____ Date Custody Received: _____
 Children: _____
 Parent/caretaker: _____

SECTION A. RISK REASSESSMENT FOR OUT-OF-HOME CASES

| Code | Title | Score |
|--------------------|--|-------|
| 1. R1. | Risk Level at the point that the child entered DSS custody | |
| a. | Low..... | 0 |
| b. | Moderate..... | 3 |
| c. | High | 4 |
| R2. | Household's Progress Toward Goals | |
| a. | Successfully met all service agreement objectives and/or significant progress in ongoing programs | -2 |
| b. | Actively participating in programs; pursuing objectives detailed in service agreement; significant progress | -1 |
| c. | Partial participation in pursuing objectives in service agreement; some progress..... | 0 |
| d. | Refuses involvement in programs or has exhibited a minimal level of participation with service agreement /made little or no progress toward ameliorating needs | 4 |
| R3. | Has There Been a New Substantiation Since the Last Reunification Assessment? | |
| a. | No..... | 0 |
| b. | Yes..... | 6 |
| Total Score | | _____ |

2. RISK LEVEL
 Assign the family's risk level based on the following chart.

| <u>Score</u> | <u>Risk Level</u> |
|-------------------|-------------------|
| _____ -2 to 1 | _____ Low |
| _____ 2 to 3 | _____ Moderate |
| _____ 4 and above | _____ High |

3. OVERRIDES

Policy Overrides: (Override to High. check appropriate reason.)

- _____ 1. Prior sexual abuse, perpetrator has access to child(ren) and has not successfully completed treatment.
- _____ 2. Cases with non-accidental physical injury to an infant and parent(s) have not successfully completed treatment.
- _____ 3. Serious non-accidental physical injury warranting hospital or medical treatment and parent(s) have not successfully completed treatment.
- _____ 4. Death 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: _____

Case Name: _____ Case#: _____

SECTION B. VISITATION PLAN EVALUATION
(Check appropriate box for each child).

| | Child Name | Child Name | Child Name | Child Name |
|---|------------|------------|------------|------------|
| Compliance with Plan | | | | |
| a. If parents(s) cannot visit children, state the reason: 1) ___ Parents(s) incarcerated 2) ___ Parent(s) in Treatment Facility 3) ___ Court-Order Prohibits 4) ___ Other, specify: _____ _____ | | | | |
| Non Compliance - Parents(s) have failed to visit or visits have been suspended by court order due to parental behavior. | | | | |
| Low Compliance -parent(s) have met few objectives of plan or visitation has been changed from unsupervised to supervised due to parental behavior. <i>(Definition: More than one missed visit without legitimate explanation and/or advance notice or parent has demonstrated a pattern of poor parenting techniques or poor parent-child interaction during visitation).</i> | | | | |
| Moderate Compliance -parent (s) has met some objectives of plan. <i>(Definition: Parent-child interaction is appropriate or improving during visits but continued improvement required. No more than one missed visit without legitimate explanation or advance notice).</i> | | | | |
| High Compliance -parent (s) has met most objectives of plan. <i>(Definition: Parent-child interaction appropriate throughout all visits. Visitation changed from supervised to unsupervised due to parental behavior. Visits may have been rescheduled but arrangements made in advance).</i> | | | | |

REUNIFICATION SAFETY ASSESSMENT (If risk level is low or moderate and parents have attained at least a moderate level of compliance with the Visitation Plan, complete a Reunification Safety Assessment).

SECTION C

NORTH CAROLINA
REUNIFICATION SAFETY ASSESSMENT
(To be used when Reunification is considered)

Case Name: _____ Case #: _____
County Name: _____ Date Report Received: _____
Social Worker Name: _____
Children: _____
Caretakers: _____

SECTION 1: SAFETY ASSESSMENT

(a) Safety Factor Identification

Directions: The following is a list of factors that may be associated with a child(ren) being in immediate danger of serious harm. **Identify the presence or absence of each by checking either "yes" or "no"** if factor applies to any child in the household or to a child to be returned to the household. **Note: 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 based on most vulnerable child for each factor. **Please review examples from the NC Safety Assessment for clarification of these factors.**

1. Yes No Caretaker(s) current behavior is violent or out of control.
2. Yes No Caretaker(s) describes or acts toward child in predominantly negative terms or has extremely unrealistic expectations.
3. Yes No The family refuses access to the child, or there is reason to believe that the family is about to flee or the child's whereabouts cannot be ascertained.
4. Yes No Caretaker(s) is unwilling, or is unable to provide supervision or to meet the child's immediate needs for food, clothing, shelter, and/or medical or mental health care.
5. Yes No Child is fearful of caretaker(s), other family members, or other people living in or having access to the home.
6. Yes No The child's physical living conditions are hazardous and immediately threatening.
7. Yes No Caretaker(s) drug or alcohol use seriously affects his/her ability to supervise, protect, or care for the child.
8. Yes No Caretaker has a new live in partner with history of child maltreatment, domestic violence, or a criminal history.
9. Yes No Other, specify: _____

CHECK IF ALL SAFETY FACTORS ARE CHECKED "NO."

_____ **CHILD IS SAFE. Otherwise, complete Sections (b), (c), and (d) of the Reunification Safety Assessment listed below**

(b) Safety Factor Description

Directions: For all safety factors which are circled "Yes" note the applicable safety factor number and briefly describe the specific individuals behaviors, conditions, and/or circumstances associated with particular safety factor.

(c) Safety Response

For each factor identified in Section 1, consider the resources available in the family and the community that might help to keep the child safe in the home. Check each intervention taken to protect the child and explain below. Describe all protecting safety interventions taken or immediately planned by you or anyone else, and explain how each intervention protects (or protected) each child.

- _____ 1. Direct services provided by placement worker or other social worker.
- _____ 2. Use of family resources (relatives), neighbors, or other individuals in the community as safety factor.
- _____ 3. Use of community agencies or services as safety resources (check one or both):
 - _____ Intensive Home-Based
 - _____ Other Community
- _____ 4. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
- _____ 5. Other (specify): _____

For each intervention checked, describe all protecting interventions taken or immediately planned by you or anyone else, and explain how each intervention protects each child. Describe in detail the actions that any safety resource agrees to do.

(d) SAFETY DECISION

Identify your safety decision by checking the appropriate line below. **Check one line only.** This decision should be based on the assessment of all safety factors, protecting interventions, and any other information known about this case.

- 1. Safe to Return Home:** _____ No further interventions.
- 2. Safe with Services/Intervention:** _____ Protecting safety interventions allow child to return home for a trial home visit for no more than 6 months before custody is returned.
- 3. Unsafe:** _____ Placement remains the only protecting intervention possible for the child(ren). Without continued placement, the child(ren) will likely be in danger of immediate or future serious harm.

SECTION D.

RECOMMENDATION SUMMARY

| Children's Names | Recommendation (check column applicable for each child) | | |
|------------------|--|---|---|
| | Recommend Return Home | Continue with Reunification Efforts and Concurrent Planning | Proceed with new recommendation for next court hearing (Select and record "A", "B", or "C" below for each child)** |
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |
| 5. | | | |

****NEW GOAL**

A = TPR/Adoption

B = Custody/ Guardianship with a non-removal parent/relative

C = Custody or Guardianship with a court approved caretaker

- If the Case remains open and at least one child remains out-of-home, all assessment tools are required at the appropriate intervals as stated in policy and standard.
- If the Case remains open and all child(ren) are reunified but DSS retains custody, future risk reassessments and family strengths and needs assessments are required. (Further reunification assessments are no longer required.)
- If the Case remains open, child continues in out-of-home placement and the court ordered agency to cease reasonable efforts to reunify, no future reunification assessments, risk reassessments or strengths and needs assessments are required.

Social Worker: _____

Date: _____

Supervisor: _____

Date: _____

NORTH CAROLINA
FAMILY REUNIFICATION ASSESSMENT
POLICY AND PROCEDURES

The family reunification assessment consists of four parts that are used to evaluate risk, visitation compliance, safety issues, and the recommendation summary. Results are used to reach a permanency placement recommendation and to guide decisions about whether or not to return a child(ren) home.

Which cases: All cases where the agency holds custody, with at least one child in placement with a goal of return home. (**Note: Exclude cases in which the court has ordered the agency to cease reasonable efforts to reunify**). Use one Family Reunification Assessment form for all children in the family. If a household involves more than five children, use additional sheets.

Who completes: The assigned Social Worker. (Recommended Practice: Assigned social worker completes the form prior to the Permanency Planning Action Team meeting except for Section D. The Permanency Planning Action Team completes Section D at the meeting.)

When: The Family Reunification Assessment shall be completed when the agency holds legal custody and at least one child is in placement with a goal of return home (reunification). The assessment shall be completed:

- to track with the required scheduled Permanency Planning Action Team meetings;
- prior to any trial visit;
- prior to any time the child is being considered for a return home; and
- within 30 days prior to any court hearing or review.

(If reviews are held frequently, documentation on the Family Reunification Assessment form may state that there have been no changes since the last update and that the current information is correct.)

When reunification is no longer the plan, the Family Reunification Assessment form is no longer required.

Decision: The Family Reunification Risk Reassessment for Out-of-Home Care (A) results and the Visitation Plan Evaluation (B) results indicate if a child(ren) is eligible for a return home or if a new recommendation regarding another permanent plan should be made to the court.

If families have effectively **reduced risk to low or moderate and have achieved at least Moderate compliance with visitation, a reunification safety assessment is conducted** and results used to determine if the home environment is safe. The permanency plan guidelines and recommendation sections guide decisions to return a child(ren) home, to continue with current/concurrent planning, or proceed with a new recommendation for a new permanent plan goal for the next court hearing.

**Appropriate
Completion:**

Complete the case identifiers at the top of the page.

Section A. Family Reunification Risk Reassessment

Complete the Family Reunification Risk Reassessment. Based on the total score, indicate family risk level. Indicate if an override has been exercised. If so, indicate risk level after override. Supervisor must approve override.

Section B. Visitation Plan Evaluation

For each child, indicate the level at which the parent(s)/caretaker(s) has participated in the visitation plan. If the parent(s) is unable to visit the child(ren), supply a reason in "a" of the Visitation Plan Evaluation. Proceed to Section D.

If "a" does not apply, evaluate parent(s)/caretaker(s) participation in visitation. Visitation Plan Evaluation choices range from non compliance to high compliance. Rate parental/caretaker compliance with the visitation plan for each child.

Section C. Reunification Safety Assessment

If risk has been reduced to low or moderate *and* parents have achieved at least a moderate visitation compliance rating, complete a reunification safety assessment. Enter the results of the reunification safety assessment in Section C. If risk has *not* been reduced to low or moderate or parents receive a low visitation rating or have not complied, do not complete a reunification safety assessment. Proceed to Section D.

Section D. Permanency Plan Recommendation Summary

Complete Section D for all reunification assessments. Enter the name of each child in custody and check one of the three recommendations for each child. If "Proceed with new recommendation for next court hearing" is checked, you **MUST** enter the new permanency goal using the codes provided on the form.

The supervisor and social worker are to sign at the bottom of Section D.

NORTH CAROLINA PERMANENCY PLANNING REVIEW

County:

Case Number:

| | |
|---|--|
| Case Name: | |
| Agency Worker Name: Phone number & Email: | |
| Agency Supervisor Name: Phone number & Email: | |

| I. Family Demographics | Name: | DOB: | Age: | Date of Custody/ 1 st out-of-home placement: |
|------------------------|-------|------|------|--|
| Child/Youth: | | | | |

| | | | |
|---------------------|--|--------|--------|
| Mother of: | | Age: | |
| Address | | Phone: | Email: |
| Attorney for Mother | | Phone: | Email: |
| Mother of: | | Age: | |
| Address | | Phone: | Email: |
| Attorney for Mother | | Phone: | Email: |
| Father of: | | Age: | |
| Address | | Phone: | Email: |
| Attorney for Father | | Phone: | Email: |
| Father of: | | Age: | |
| Address | | Phone: | Email: |
| Attorney for Father | | Phone: | Email: |
| Father of: | | Age: | |
| Address | | Phone: | Email: |
| Attorney for Father | | Phone: | Email: |
| Other Caregiver | | Age: | |
| Address | | Phone: | Email: |
| Other Caregiver | | Age: | |
| Address | | Phone: | Email: |
| Guardian ad litem | | Phone: | Email: |

II. Child Specific Review (Complete this section for each child/youth. Make extra copies as needed.)

(a) Summary of Recommendations from Last Meeting: NA for 1st Permanency Planning Review

NORTH CAROLINA PERMANENCY PLANNING REVIEW

(b) Child/Youth Status (The second and third columns should be completed by the worker prior to the meeting. Review of the information for accuracy, progress and follow up should occur during the meeting with notes taken in the last column.

| At the 12-month (since date of custody) permanency planning review and every 12 months thereafter, complete DSS-5245 Educational Status form and include identified Progress/Follow up/Next Steps on this form. | | | |
|--|--|---|---|
| Educational / Developmental | School/Daycare: Grade: Has the child ever been retained/advanced in a grade? <input type="checkbox"/> Yes: Explain _____ <input type="checkbox"/> No Services in place, IEP, A/G: | Are child/youth's educational/developmental needs being met? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: | Progress / Follow Up / Next Steps, if needed: |
| At the 12-month (since date of custody) permanency planning review and every 12 months thereafter, complete DSS-5207 Health History Form and document identified Progress/Follow up/Next Steps relating to Physical/Medical/Dental/Mental Health & Behavioral. | | | |
| Physical / Medical | Physician: Immunizations current? <input type="checkbox"/> Yes <input type="checkbox"/> No Date of last medical checkup? | Any health issues, allergies, asthma, medication? | Progress / Follow Up / Next Steps, if needed: |
| Dental | Dentist: Date last dental appointment? | Issues: | Progress / Follow Up / Next Steps, if needed: |
| Mental Health / Behavioral Health / Juvenile Justice needs | Diagnosis/Behavior Concern: Provider: Issues and/or concerns? | Treatment Plan? Medication? Services Plan? | Progress / Follow Up / Next Steps, if needed: |
| Social / Other | Opportunities for age and/or developmentally appropriate activities, including employment: Community Resources: | Issues/Needs: | Progress / Follow Up / Next Steps, if needed: |
| Family Relationships | Visits & Contact with Parents (frequency, appropriateness): Is visitation in compliance with court order? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, explain: | Visits with Siblings (frequency, location, etc.): Visits with Extended Family Members / Kin (frequency, location, etc.): | Progress / Follow Up / Next Steps, if needed: |
| Child/Youth's Participation in Case Planning | Opportunities provided: | Child/Youth's Input: | Progress / Follow Up / Next Steps, if needed: |

NORTH CAROLINA PERMANENCY PLANNING REVIEW

| | |
|---|---|
| For youth over age of 12 <input type="checkbox"/> NA | <input type="checkbox"/> The youth been provided a copy of the DSS-1516 Understanding Foster Care – A Handbook for Youth <input type="checkbox"/> The youth has read or had read to them the Foster Care Rights Acknowledgement on page 9 of the handbook. <input type="checkbox"/> The youth has signed the Foster Care Rights Acknowledgement; and a signed copy of the acknowledgement is in the case file. |
| For youth 14 years of age or older <input type="checkbox"/> NA | Is youth receiving services from the LINKS program? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: Describe or attach the Transitional Living Plan (DSS-5096a) including: <ul style="list-style-type: none"> • The estimated date of discharge from out-of-home care • The youth’s anticipated living arrangement after discharge • What specific steps are being taken to help the youth prepare for discharge, including life skills training, work experience, a savings plan, education and job training, medical and mental health care, development of a personal support network • Supportive adults who are working with the youth as he/she progresses toward discharge • Credit checks completed: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, date: Has the Kinship Guardianship Assistance Program (KinGAP) been considered for the youth? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: |

Other:

Does the child/youth have any Native American or International Heritage? Yes No

If yes, describe Agency’s efforts to notify the tribe/consulate if applicable.

(c) Child/Youth Placement

Date of current placement:

Number of placements for this child/youth:

| Element | Yes / No | Explanation (if not, why?) |
|---|--|--|
| Least restrictive, most family-like setting which serves the child/youth’s individual needs. | <input type="checkbox"/> <input type="checkbox"/> | |
| Within the child/youth’s home community | <input type="checkbox"/> <input type="checkbox"/> | |
| Within the child/youth’s former school district | <input type="checkbox"/> <input type="checkbox"/> | |
| Placement is with a relative | <input type="checkbox"/> <input type="checkbox"/> | |
| If placement is with a relative, has the relative been given information about how to become licensed as a foster home? | <input type="checkbox"/> <input type="checkbox"/> | |
| Placement is with siblings | <input type="checkbox"/> <input type="checkbox"/> | If not, why not, and what are the efforts to place with siblings? |

Is the current placement appropriate to meet this child/youth’s needs? Yes No

NORTH CAROLINA PERMANENCY PLANNING REVIEW

Explain "No" answers and specify efforts that are being made to secure an appropriate placement:

(d) Child/Youth Concurrent Permanency Plans

CHILD/YOUTH NAME:

DOB:

| | | |
|---|--|--|
| What is the identified Primary plan? | <input type="checkbox"/> Reunification with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian / Custodian | Guardianship with: Relative <input type="checkbox"/> or Court approved caretaker <input type="checkbox"/> Custody with: Relative <input type="checkbox"/> or Court approved caretaker <input type="checkbox"/> <input type="checkbox"/> Adoption <input type="checkbox"/> Another Planned Permanent Living Arrangement <input type="checkbox"/> Reinstatement of Parental Rights |
| Regarding the Primary Plan: | Anticipated completion date for the primary plan is: Is the primary plan appropriate for this child/youth? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: | |
| What could prevent achievement of this plan? | Identify and explain any barriers to the primary plan. | |
| What is the identified Secondary plan? | <input type="checkbox"/> Reunification with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Parents <input type="checkbox"/> Guardian / Custodian | Guardianship with: Relative <input type="checkbox"/> or Court approved caretaker <input type="checkbox"/> Custody with: Relative <input type="checkbox"/> or Court approved caretaker <input type="checkbox"/> <input type="checkbox"/> Adoption <input type="checkbox"/> Another Planned Permanent Living Arrangement <input type="checkbox"/> Reinstatement of Parental Rights |
| Regarding the Secondary Plan: | Anticipated completion date for the secondary plan is: Is the secondary plan appropriate for this child/youth? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain: | |
| What could prevent achievement of this plan? | Identify and explain any barriers to the secondary plan. | |

(e) Timely permanence: (N.C.G.S. 7B-907-(d)):

This child/youth has been in agency custody _____ days of the past 22 months.

NORTH CAROLINA PERMANENCY PLANNING REVIEW

If 12 or more months, has TPR been filed? Yes No Not Applicable because child/youth has been in care less than 12 of the previous 22 months.

If TPR has been not been filed on a child/youth who has been in agency custody 12 or more of the past 22 months, indicate why:

- The child/youth is being cared for by a relative.
- The agency has documented in the case plan compelling reason for determining that TPR if not in the best interest of the child/youth.

Date court ordered TPR is not in the best interest of the child/youth:

- The agency has not provided to the child/youth the services deemed necessary for a safe return of the child/youth to the child/youth's home if reasonable efforts continue to be required by the court.

(f) Court

Are the orders of the court relating to services for this child/youth incorporated above? Yes No

If not, explain:

Date of next Court Review:

Recommendations regarding this child/youth for the next court hearing:

Services:

Primary Permanent Plan:

Secondary Permanent Plan:

PLACEMENT PROVIDER:

III. Placement Provider(s) (complete this section for each placement provider. Make extra copies if needed.)

Children in this placement:

- (a)** What is going well in this placement? What are the strengths?
- (b)** What are the concerns/needs, if any, regarding this placement?
- (c)** How is the placement provider meeting the needs of the child(ren)? Describe child/youth specific actions or activities (including age and/or developmentally appropriate activities).

NORTH CAROLINA PERMANENCY PLANNING REVIEW

(d) Describe services provided to placement provider designed to assure the child(ren)'s needs are being met. This should include meetings, referrals, and/or support provided by the county agency or a private licensing agency.

(e) Describe training provided to the placement provider to meet specific needs of the child(ren).

Has the placement provider received training on trauma-informed care?

Yes When?

No When will they receive training on trauma-informed care?

(f) Describe respite or other services provided to the placement provider to ensure self-care.

(g) Describe how the provider is engaged in shared parenting (if not appropriate, explain why).

(h) Other.

(i) Follow up, Next Steps:

NORTH CAROLINA PERMANENCY PLANNING REVIEW

VI. 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 providing services to the child/youth 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 | Participated in: | Received copy |
|-------------------------------------|----------------------|------|---|------------------------------|
| Parent | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Parent | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Child/Youth | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Child/Youth | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Child/Youth | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Child/Youth | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Agency Worker | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Agency Supervisor | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Guardian ad litem | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Placement provider | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Placement provider | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Tribal Representative | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Other Relationship/Phone/Email | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Other Relationship/Phone/Email | | | <input type="checkbox"/> PPR | <input type="checkbox"/> Yes |
| | | | <input type="checkbox"/> FSA <input type="checkbox"/> CFT | <input type="checkbox"/> No |
| Others Invited but Unable to Attend | | | | |

Permanency Planning Review Instructions

Which Cases

The Permanency Planning Review must be completed for:

- All children and youth in the legal custody of a local child welfare agency;
- Children and youth for whom the local child welfare agency has placement responsibility and are placed outside the home;
- Children and youth who are placed with parents, relatives, potential adoptive parents or other court-approved placements, including youth who are living in Another Planned Permanent Living Arrangement, when the local child welfare agency has been given or retains legal custody;
- Families with children/youth who are returned home on a trial visit so long as the local child welfare agency retains custody.

The **purpose** of the Permanency Planning Review (PPR) is to:

- Focus on the safety, permanency, and well-being needs of the child;
- Allow each party involved to have input into service needs of the child and family;
- Facilitate the sharing of information and to ensure the appropriateness of the permanency plan, the child(ren)'s placement, and the parent(s)' progress; and
- Review the effectiveness of agency and community services.

A PPR applies the concepts of a Child and Family Team (CFT) meeting and the Family Services Agreement (FSA), and ensures reasonable efforts are being made to achieve permanency by all parties involved in the case.

Required Timeframes

- Initial PPR must be completed within 60 days of removal of the child from the home; and
- Ongoing PPRs must be completed every 90 days thereafter, throughout the life of the case.

Participants

Participants who must be **invited** to the PPR include (but are not limited to) the following:

- The child's parent(s), unless parental rights have been terminated;
- The child, if age and developmentally appropriate;
- The child's placement provider;
- Natural supports identified by the family;
- Community resource persons, at least one of whom is not responsible for the case management or delivery of services to the child or parents; and
- The guardian ad litem.

NOTE: If reunification is no longer the primary plan then the potential custodian, guardian or adoptive family should be invited.

Preparing for the Meeting

To best utilize meeting time, parts of this form can be completed by the county agency worker prior to the meeting. Following are sections of the form that should be reviewed and completed as appropriate prior to the meeting:

Permanency Planning Review Instructions

- Section I: Family Demographics; and
- Section II: Child Specific Review (agency workers are encouraged to fill in as much of the child specific information as possible prior to the meeting. Review of the information for accuracy, progress and follow up should occur during the meeting)

Once the form is completed at the initial Permanency Planning Review, it should be maintained for quarterly reviews and updates. This document is meant to be a living document.

Development and Completion of the Permanency Planning Review

It is important to begin by identifying the reason for child welfare involvement to ensure all participants understand what must be addressed during the review.

I. Family Demographics

- Enter the name of the child(ren)/youth, their date of birth, age and date they entered agency custody.
- Enter the name the Mother(s) and Father(s) involved in the case, their age, phone number, address, email address and attorney's name.
- If appropriate, enter the name of any other caretaker involved in the case, their age, address, phone number and email address.
- Enter the name of the child/youth's Guardian ad Litem, their phone number and email address.

One Permanency Planning Review is completed for the family **except** for cases:

- Involving domestic violence that require separate reviews for the parents; or
- When the child welfare agency has identified a safety issue that requires separate reviews for different parties of the case.

II. Child Specific Review - this entire section must be completed for each child. Make copies as needed of this section to include in the larger packet.

(a) Summary of Recommendations from Last Meeting: Enter the summary of the recommendations developed during the last PPR. If this is the initial PPR, check the box for "NA for 1st Permanency Planning Review".

(b) Child/Youth Status: This subsection covers the strengths and needs, including well-being needs, for each child to include:

- Educational;
- Physical/Medical/Dental;
- Mental Health/Behavioral Needs/Juvenile Justice Needs;
- Social/Other Needs;
- Identify opportunities for the child or youth to engage in age and/or developmentally-appropriate activities and how these activities connect to the child or youth's development;
- Family Relationships (attach all court-ordered visitation/contact plans for the child or youth which includes frequency, supervision, and the date of the court order authorizing visitation in accordance with N.C.G.S. § 7B-905.1

Permanency Planning Review Instructions

http://www.ncleg.net/EnactedLegislation/Statutes/HTML/BySection/Chapter_7B/GS_7B-905.1.html);

- Case Planning Involvement;
- Requirements regarding Youth over age 12 and those age 14 and older; and
- Native American and International Heritage (ICWA/Mexican Heritage)
The Indian Child Welfare Act (ICWA) applies only when the child or youth is a member or is eligible to be a member of a federally recognized American Indian tribe and is the biological child of a member of a federally recognized tribe. When considering placement for any Indian child or youth, every effort should be made to involve the tribal community in planning for the child or youth in a setting that reflects his or her American Indian culture. For more information, go to:
<https://www.nicwa.org/about-icwa/>.

A Memorandum of Agreement was established on March 30, 2017 between the Consulate General of Mexico and the State of North Carolina. The purpose of this agreement is to ensure that children and their families are afforded the opportunity to receive necessary services that is beneficial to them. This agreement provides specific details for Child Welfare Agencies when considering securing custody of a child who has Mexican heritage. It is imperative that the identification of Mexican heritage is explored throughout the longevity of the case.

(c) Child/Youth Placement: Enter the date of the child/youth's current placement. Check "Yes" or "No" for each element listed. If the answer is "No," explain why and what type of placement would be appropriate. Some examples of other factors influencing the placement choice may include:

- Child's functioning and behaviors;
- Child's medical, educational, and developmental needs;
- Child's history and past experience;
- Child's connection with the community, school, or faith community.

NOTE: If the child/youth is not placed with siblings, discuss why and what efforts are being made to place the child/youth with siblings. Some examples of reasons for placing siblings separately are:

- Placement with the sibling is not in the child/youth's best interests; (state why)
- Placement is due solely to the child/youth's own behavior; (specify)
- Placement is with a non-custodial parent who is not the parent of all the siblings.

If the child/youth is placed with a relative, check whether or not the relative has been given information about how to become a licensed foster parent.

Indicate whether the current placement is appropriate to meet the child/youth's needs. If the answer is "No", explain why and what efforts are being made to secure an appropriate placement.

(d) Child/Youth Concurrent Permanency Plans: Indicate the child/youth's concurrent permanency plans; the anticipated completion date for the concurrent plans; whether

Permanency Planning Review Instructions

or not the concurrent plans are appropriate for the child, and if not, explain; and what barriers may prevent the child/youth from achieving the primary and/or secondary plans.

- (e) **Timely Permanence:** North Carolina General Statute 7B-907(d) requires that the agency file TPR on children who have been in care at least 12 of the past 22 months or that the reason for not filing for termination is justified. Complete for all Permanency Planning Reviews.
- (f) **Court:** Ensure that any court ordered services or activities for the child/youth have been incorporated in each section of the PPR. Identify the next court date. Based on completion of the sections above, develop recommendations for the next court hearing regarding services, placement, and the primary and secondary permanent plans for the child.

Document the date of the next court review.

III. Placement Provider(s)

Complete one page for each placement provider (residence).

Identify the strengths and needs of this placement in meeting the needs of the child/youth. Describe services to the placement provider that are designed to assure that the child/youth's needs are being met. Describe the frequency and purpose of meetings between the agency and the placement provider and the frequency of meetings and/or other communication between the placement provider and the parent/guardian. Identify and describe training that will be provided to the placement provider that are specific to the needs of the child/youth (including information and support for placement providers in implementing the reasonable and prudent parent standard). Identify opportunities for respite care, referrals to community resources, and other services provided to the placement provider. Describe the placement provider's involvement in shared parenting and what can be implemented to improve/increase the level of shared parenting.

IV. Signatures:

The signature page is to be signed by persons who **participated** in the meeting indicating their understanding that information obtained and discussed during the PPR must remain **confidential** and not be disclosed, and that they participated in the PPR.

The date of the signature must be documented on the form.

Voluntary Placement Agreement for Foster Care 18 to 21

PURPOSE:

This agreement is between the _____ County Department of Social Services
(Name of County)

and _____; _____, who has requested to receive Foster Care 18 to 21
(Full Name of Young Adult) (Date of Birth)

benefits and services, and meets at least one of the following eligibility requirements:

- Completing secondary education or a program leading to an equivalent credential;
- Enrolled in an institution that provides postsecondary or vocational education;
- Participating in a program or activity designed to promote, or remove barriers to employment;
- Employed for at least 80 hours per month; or
- Incapable of completing the education or employment requirements due to a medical condition or disability.

This agreement outlines the specific rights and responsibilities of the young adult and the county child welfare agency as it relates to the provision of Foster Care 18 to 21 services.

YOUNG ADULT'S RIGHTS:

As a young adult receiving Foster Care 18 to 21 services, you have the right to:

- Approve the release of your personal identifying information in order to obtain services, including placements.
- Reside in an approved placement as long as you continue to meet one of the eligibility requirements listed above.
- Live in a setting free of violence, abuse, neglect and fear.
- Receive adequate medical, dental, and mental health care as needed.
- Make and receive phone calls and send and receive unopened mail.
- Visit and have contact with your family and supports.
- Establish and have access to a bank or savings account in accordance with state laws and federal regulations.
- Communicate with your social worker, and have calls made to your social worker returned within a reasonable period of time.
- Attend school, social and religious services/activities of your choice (as coordinated with your placement provider and social worker).

YOUNG ADULT'S RESPONSIBILITIES:

As a young adult received Foster Care 18 to 21 services, I agree to the following responsibilities:

- Meet at least one of the eligibility requirements listed above in order receive Foster Care 18 to 21 services, and provide verification of my eligibility conditions when requested.
- Reside in a placement that has been approved by the county department of social services.
- Work in partnership with my Transition Support Team to develop an individualized Transitional Living Plan, and attend all Transition Support Team meetings and court reviews.

Voluntary Placement Agreement for Foster Care 18 to 21

- Follow through with my responsibilities as outlined on my Transitional Living Plan, participate in identified services and monthly contacts with my social worker, and keep my support team informed of my needs.
- Abide by the rules and regulations set within my placement setting.
- Abide by the rules and regulations set within my place of employment, if applicable.
- Communicate any problems with my placement, schooling, employment, or services, and work with my social worker to find solutions.
- Notify my social worker immediately when there has been a change in my placement, contact information, educational or vocational setting, or employment.

Further, I understand that:

- The county department of social services is required to verify my enrollment in school, employment, participation in a program to promote employment, or medical condition that affects my ability to work or go to school.
- My placement must be approved by the agency prior to receiving Foster Care 18 to 21 benefits.
- If I choose to terminate Foster Care 18 to 21 services, I can later request to resume services if am under the age of 21 and meet the eligibility requirements.

AGENCY RESPONSIBILITIES:

The county child welfare agency agrees to:

- Provide continued foster care benefits and services as long as the eligibility requirements are maintained and the young adult is residing in an approved placement; this includes but is not limited to: foster care maintenance payments, case management, monthly contacts, and other services according to the young adult's individualized plan.
- Work in partnership with the young adult to develop a written Transitional Living Plan, review the plan as required, provide notification of reviews, and provide a copy of the plan to the young adult.
- Assist the young adult in developing and achieving goals for independent living, and utilizing services and supports to help meet his/her needs and maintain eligibility for Foster Care 18 to 21 services.
- Establish a plan and make efforts to seek life-long permanent connections.
- Assist the young adult in finding a new placement in the event his/her current placement becomes an unsafe or inappropriate living arrangement.
- Ensure that the young adult has Medicaid or other health insurance, and assist with getting medical, dental, and/or mental health care as needed.

Voluntary Placement Agreement for Foster Care 18 to 21

SIGNATURES:

My signature below denotes I have been informed of Foster Care 18 to 21 services and understand that I will be eligible for services upon my 18th birthday. Further, I intend to enroll in Foster Care 18 to 21 services upon my 18th birthday and understand that it is a voluntary program and services can be terminated at my request.

| | | | |
|---|------|----------------------------|------|
| Signature of Young Adult | Date | Signature of Social Worker | Date |
| Signature of Legal Guardian (if applicable) | Date | Signature of Supervisor | Date |

AGREEMENT (to be signed on or after the young adult’s 18th birthday):

This agreement, between _____ County Department of Social Services and
(Name of County)
 _____, is effective on the date of the young adult’s 18th birthday, or if the
(Full Name of Young Adult)
 young adult is over 18 years of age, the date the agreement is signed.

I hereby request to remain the placement responsibility of _____ County Department of Social Services and I agree to the provisions contained in this agreement. My signature below gives the county department of social services authority to provide foster care benefits and services for which I am eligible.

| | |
|---|-------------------|
| Signature of Young Adult | Date of Agreement |
| Signature of Legal Guardian (if applicable) | Date of Agreement |
| Signature of Director or Designee | Date of Agreement |

TERMINATION OF AGREEMENT:

This Voluntary Placement Agreement has been terminated because:

- The young adult has reached his / her 21st birthday.
- The young adult no longer meets at least one of the eligibility requirements for Foster Care 18 to 21 services.
- The young adult requested to terminate the agreement by notifying the county department of social services verbally or in writing.
- The court has determined the young adult is not meeting the goals of the Transitional Living Plan and/or the young adult has violated the Voluntary Placement Agreement for Foster Care 18 to 21 Services.
- The young adult has been absent from his / her approved placement for more than 30 days without approval from the county department of social services, and the court has terminated services.

The Voluntary Placement Agreement for Foster Care 18 to 21 Services between the young adult named above and the county department of social services has hereby been terminated due to the reason stated above.

Date Terminated: _____

| | | | |
|---|------|-----------------------------------|------|
| Signature of Young Adult | Date | Signature of Social Worker | Date |
| Signature of Legal Guardian (if applicable) | Date | Signature of Director or Designee | Date |

Voluntary Placement Agreement for Foster Care 18 to 21

Addendum: Intercounty Agreement

THIS AGREEMENT made this _____ day of _____, 20____, by and between the _____ County Department of Social Services hereinafter called the RESIDENT COUNTY, and _____ County Department of Social Services hereinafter called the COUNTY OF ORIGIN, concerning the supervision and service delivery of:

| | |
|--|-----------------------------|
| Young Adult Name: | DOB: |
| Address: <i>(number, street, city, and ZIP code)</i> | Telephone Number: () |

The agreement will be effective on the _____ day of _____, 20____.
(This date must be the same date the VPA is signed)

Placement Approval:

The RESIDENT COUNTY / COUNTY OF ORIGIN hereby agrees to assess the young adult's desired placement and determine whether or not it is appropriate.

| |
|--|
| |
|--|

Payment:

The RESIDENT COUNTY / COUNTY OF ORIGIN hereby agrees to provide the monthly foster care maintenance payments and submit to the state for reimbursement.

| |
|--|
| |
|--|

Monthly Contacts and Supervision:

The following are terms and conditions regarding monthly contacts and supervision that the Resident County and County of Origin have agreed upon:

| |
|--|
| |
|--|

Transitional Living Plan:

The following are terms and conditions regarding the development of the young adult's Transitional Living Plan that the Resident County and the County of Origin have agreed upon:

| |
|--|
| |
|--|

Transition Support Team Meetings:

The following are terms and conditions regarding Transition Support Team Meetings that the Resident County and County of Origin have agreed upon:

| |
|--|
| |
|--|

Voluntary Placement Agreement for Foster Care 18 to 21

Addendum: Intercounty Agreement

Medicaid or Other Health Insurance:

The RESIDENT COUNTY / COUNTY OF ORIGIN will be responsible for providing Medicaid or ensuring the young adult is receiving other health insurance.

Verification of Eligibility Conditions:

The RESIDENT COUNTY / COUNTY OF ORIGIN will be responsible for verifying the young adult's ongoing eligibility conditions, including both program and funding eligibility.

Credit Checks:

The RESIDENT COUNTY / COUNTY OF ORIGIN will be responsible for assisting the young adult with yearly credit checks.

Other:

The following are additional terms and conditions regarding Foster Care 18 to 21 services for the above named young adult hereby agreed upon by the Resident County and County of Origin:

(Young Adult)

(Date)

(Director of Resident County/Designee)

(Date)

(Director of County of Origin/Designee)

(Date)

NORTH CAROLINA MONTHLY CONTACT RECORD FOR FOSTER CARE 18 TO 21

DEMOGRAPHICS – *complete in advance if possible*

Agency Name: _____

Contact Date: ____/____/____

Type of Contact: Face-to-Face Phone Email Skype

Does the young adult continue to live in an approved placement? **Yes** **No**

Placement Type: Foster Care Home/Facility College/University Dormitory Semi Supervised Independent Living Setting

Young Adult Being Visited: _____

Age: _____

(First and Last Name of Young Adult)

Young Adult’s Dependent Children Living in the Home:

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Name: _____

Age: _____

Name of Placement Provider (if applicable): _____

ITEMS TO COVER DURING MONTHLY VISIT:

- Follow-up activities identified last visit
- Placement setting
- Transitional Living Plan goals and activities
- Education/Employment/Training
- Independent Living Skills
- Relationships with supportive adults
- Physical/Mental/Dental health of the young adult
- Physical and Psychological Safety
- Follow-up activities identified this visit
- General narrative comments

List of activities to follow up on from last visit:

A. _____

Update: _____

B. _____

Update: _____

C. _____

Update: _____

Does this visit include the quarterly in-home assessment? **Yes** **No**

If yes, please describe the young adult’s residence, including any concerns that need to be addressed: *(attach additional sheets if needed)* _____

Address each section below with the young adult. This should be used as a guide to engage in conversation with the young adult rather than a questionnaire. If more space is needed, use the general narrative section.

1. Placement Setting

What type of changes have there been to the young adult's household since your last visit? What makes the young adult feel safe in his/her placement? Is the placement free of criminal activity and domestic violence? What is working well and what concerns does the young adult have with his/her placement?

2. Transitional Living Plan Goals and Activities

Review the current goals and activities on the young adult's Transitional Living Plan. Does the young adult feel the goals are realistic and obtainable? What progress has been made towards achieving the goals? Describe any setbacks that have occurred, if any, and what supports are needed to ensure they do not continue?

3. Education/Employment/Training

Describe any changes to the young adult's education/employment/training? Has there been a break in participation? If so, what efforts is the young adult making to meet eligibility requirements? Does the young adult have any concerns regarding his/her education/employment/training? What additional services could help the young adult succeed in school/work?

4. Independent Living Skills

What services are addressing the young adult's independent living skills? What services are still needed and/or referrals that need to be made? Are there any barriers regarding access to services?

5. Relationships with Supportive Adults

Who are the supportive adults in the young adult's life? Does the young adult know how to contact them in an emergency? What efforts are being made to establish additional and/or maintain such relationships? What additional supports does the young adult feel he/she needs?

6. Physical/Mental/Dental Health

What are the physical, mental, and dental health needs of the young adult? Referrals that need to be made? Does the young adult have any concerns, including any sexual health concerns that need to be addressed?

7. Physical and Psychological Safety

Describe any safety concerns the young adult may have within any aspect of their life, including but not limited to housing, social network, school and/or employment, family relationships, etc. What safeguards and/or supports are needed to help the young adult feel safe? Are any action steps needed to ensure the young adult is in a healthy environment free of violence, abuse, neglect, and fear?

8. Follow-up activities identified during visit:

- A. _____ Person responsible _____
B. _____ Person responsible _____
C. _____ Person responsible _____

General Narrative: *(to include social worker and young adult's statements)*

Does the young adult continue to meet eligibility criteria for Foster Care 18 to 21 benefits and services? Yes No

- High School / GED College / Vocational Program to remove barriers to employment
 Employment Medical condition/disability

Next Face-to-Face Visit: _____
Date

Next Transition Support Team Meeting: _____
Date

Does a Court Hearing need to be scheduled? Yes No

Signatures:

| | | | |
|---|-------|---|-------|
| Young Adult: | Date: | Agency Representative's Supervisor: | Date: |
| Agency Representative Completing This Tool: | Date: | Other Person Involved in Completion of This Tool: | Date: |

Youth/Young Adult Name: _____ DOB: _____

North Carolina Department of Health and Human Services | Division of Social Services
PART A: TRANSITIONAL LIVING PLAN FOR YOUTH/YOUNG ADULTS IN FOSTER CARE

| | |
|-----------------------|--|
| Instructions: | 1. This form must be completed within 30 days following the youth's 14 th birthday, or when the youth enters foster care, if age 14 or older; and updated every 90 days thereafter. 2. The Transition Plan (Part B) must be completed 90 days prior to the youth's 18 th birthday. The youth must be informed of his/her option to continue in Foster Care 18 to 21 at this time. Note: If the youth opts to continue in Foster Care 18 to 21, the Transition Plan must be completed <u>and</u> the goals of the TLP (Section I.B) must be updated to reflect how the youth plans to meet eligibility requirements of the program. |
| Foster Care 18 to 21: | 1. If the young adult opts to continue in Foster Care 18 to 21, the TLP (Section I – III) must be updated within 30 days of the young adult's 18 th birthday, and every 90 days thereafter. 2. If the young adult is over age 18 and wishes to re-enter into Foster Care 18 to 21, the TLP (Sections I – III) of this form must be completed within 30 days of re-entry, and every 90 days thereafter. 3. The Transition Plan (Part C) must be completed 90 days prior to the young adult's 21 st birthday, or planned exit from Foster Care 18 to 21. |

I. TRANSITIONAL LIVING PLAN

Case Worker Name: _____ **Case Worker Phone Number:** (____) _____

Parties to Case Plan:

Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Name: _____
Address: _____
Phone Number: _____
Email Address: _____

Name: _____
Address: _____
Phone Number: _____
Email Address: _____

A. YOUTH/YOUNG ADULT INFORMATION

Name: _____ Date of Birth: _____ Age: _____

Date of first admission to out-of-home care: _____ Date of last admission to out-of-home care: _____

Estimated date of exit from foster care: _____ Date of Initial Plan: _____

Placement Type: _____ Date of Placement: _____

Regular Foster Care Foster Care 18 to 21
If Foster Care 18 to 21, does placement continue to be approved? Yes No

Youth/Young Adult Name: _____ DOB: _____

B. GOALS AND ACTIVITIES

Date of Plan: _____

To be completed by youth/young adult and team:

| Youth/Young Adult's strengths: <i>(include hobbies, interests, extracurricular, enrichment, cultural, and social activities)</i> | | | | |
|---|-----------------------------------|----------------------|----------------------------|---|
| Life Skills Assessment Completed? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | Date Completed: _____ | |
| <i>Note: Items to consider when developing goals should include but are not limited to: educational and vocational training, personal support systems, independent living skills, safe and secure living arrangements upon exit from foster care, and any other specific items related to the youth/young adult's transition to self-sufficiency.</i> | | | | |
| Goal: | Activities/Steps to achieve goal: | Responsible Parties: | Projected Completion Date: | Progress: |
| | | | | Date: _____ <input type="checkbox"/> Met Goal <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time / assistance <input type="checkbox"/> Goal needs modification |
| | | | | Date: _____ <input type="checkbox"/> Met Goal <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time / assistance <input type="checkbox"/> Goal needs modification |
| | | | | Date: _____ <input type="checkbox"/> Met Goal <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time / assistance <input type="checkbox"/> Goal needs modification |
| | | | | Date: _____ <input type="checkbox"/> Met Goal <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time / assistance <input type="checkbox"/> Goal needs modification |
| | | | | Date: _____ <input type="checkbox"/> Met Goal <input type="checkbox"/> Satisfactory Progress <input type="checkbox"/> Needs more time / assistance <input type="checkbox"/> Goal needs modification |

Youth/Young Adult Name: _____ DOB: _____

C. SUPPORTIVE RELATIONSHIPS

| | | | | |
|---|--|----------|--------|-----------------------------|
| Name: | Relationship to Youth/ Young Adult: | Address: | Email: | Telephone Number: () |
| Supports offered: <i>(housing, budgeting, healthcare, career/education planning, etc.)</i> | | | | |
| Name: | Relationship to Youth/ Young Adult: | Address: | Email: | Telephone Number: () |
| Supports offered: <i>(housing, budgeting, healthcare, career/education planning, etc.)</i> | | | | |
| Name: | Relationship to Youth/ Young Adult: | Address: | Email: | Telephone Number: () |
| Supports offered: <i>(housing, budgeting, healthcare, career/education planning, etc.)</i> | | | | |
| Name: | Relationship to Youth/ Young Adult: | Address: | Email: | Telephone Number: () |
| Supports offered: <i>(housing, budgeting, healthcare, career/education planning, etc.)</i> | | | | |
| What additional steps will be taken to establish meaningful adult relationships and supports for the youth/young adult? | | | | |

D. HOUSING

| | |
|---|---|
| Current address: <i>(number and street, city, state, and ZIP code)</i> | Telephone or other contact information: |
| Where youth/young adult plans to live upon exit from foster care: <i>(number and street, city, state, and ZIP code)</i> | Telephone or other contact information: |
| What is the youth/young adult's back-up living arrangement if the above plan falls through? <i>(number and street, city, state, and ZIP code)</i> | Telephone or other contact information: |

Youth/Young Adult Name: _____ DOB: _____

E. ADDITIONAL SERVICES NEEDED

| | | |
|--|---------------------|---|
| Are any additional services needed to assist the youth/young adult with independent living skills, medical treatment, counseling, educational support, employment preparation and placement, and/or development of support networks? If yes, please list needed services below: | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Service: | Who is responsible? | Has referral been made? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ |
| Service: | Who is responsible? | Has referral been made? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ |
| Service: | Who is responsible? | Has referral been made? <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ |

II. ALTERNATE PLAN

In the event the above plan does not work out, an unexpected exit from Foster Care 18 to 21 occurs, or there is a sudden break in participation, what is the youth/young adult's back-up plan? *(please document a fully developed back-up plan that includes alternate plans for school and/or employment, resources that will be utilized, and any other information specific to these circumstances. This plan should be developed in partnership with the youth/young adult)*

Youth/Young Adult Name: _____ DOB: _____

III. FOSTER CARE 18 TO 21 SERVICES (only)

A. PROGRAM ELIGIBILITY

| | | |
|---|--|--|
| <input type="checkbox"/> High School Diploma / GED | Name of School: Address of School: Telephone Number: | Grade level: |
| | | Anticipated graduation date: |
| <input type="checkbox"/> College / Vocational | Name of School: Address of School: Telephone Number: Type of Program: | Hours/Semester: |
| | | Total credits earned: |
| <input type="checkbox"/> Program to remove barriers to employment | Name of Program: Address: Telephone Number: | Hours/week: |
| <input type="checkbox"/> Employment | Name of Employer: Address of Employer: Telephone Number: | Hours/week: |
| <input type="checkbox"/> Medical condition / disability | Condition Exempting Participation: | Documentation of condition in case record? <input type="checkbox"/> Yes <input type="checkbox"/> No |

B. SKILL DEVELOPMENT

| | |
|---|--|
| Educational/Vocational Assistance: | |
| Employment Assistance: | |
| Life Skills Training: | |
| Transitional Housing: | |
| Medical/Dental/Mental Health: | |
| Strengthening Personal Support Systems: | |
| Other: | |
| Identified Strengths: | |
| Identified Needs: | |
| Additional Services Requested: | |

Youth/Young Adult Name: _____ DOB: _____

C. SIGNATURES

| SIGNATURES | COMMENTS | DATE | I HAVE RECEIVED A COPY OF THIS PLAN |
|------------------------|----------|------|--|
| Youth/Young Adult | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Care Provider | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Care Provider | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent (if applicable) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Parent (if applicable) | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Worker | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Social Work Supervisor | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Service Provider | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Service Provider | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| Other | | | <input type="checkbox"/> Yes <input type="checkbox"/> No |

Youth's Name: _____ DOB: _____

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

I. PART B: TRANSITIONAL LIVING PLAN – 90 DAY TRANSITION PLAN FOR YOUTH IN FOSTER CARE

(To be completed 90 days prior to the youth's 18th birthday)

A. DETAILS AND RESOURCES

| FOSTER CARE 18 TO 21 | | | | | |
|---|---|--|---|---|--|
| Has the Foster Care 18 to 21 Program Been explained to the youth? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Does the youth wish to participate in Foster Care 18 to 21? | <input type="checkbox"/> Yes <input type="checkbox"/> No | Youth's initials: _____ | |
| <i>Note: If the youth plans to participate in Foster Care 18 to 21, the goals of the TLP must clearly reflect how the youth will meet eligibility requirements for the program.</i> | | | | | |
| HOUSING | | | | | |
| Current address: <i>(number and street, city, state, and ZIP code)</i> | | | | Telephone or other contact information: | |
| Where youth plans to live upon exit from foster care: <i>(number and street, city, state, and ZIP code)</i> | | | | Telephone or other contact information: | |
| What is the youth's back-up living arrangement if the above plan falls through? <i>(number and street, city, state, and ZIP code)</i> | | | | Telephone or other contact information: | |
| HOUSING RESOURCES | | | | | |
| Resource name: | | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> | | | |
| Resource name: | | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> | | | |
| Resource name: | | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> | | | |

| EDUCATION | | | | |
|---|--|--|--------------|--|
| Current grade level: | Current school youth is attending: | Expected graduation date: | Current GPA: | |
| Does youth have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No | Date of last IEP meeting: | If youth has/had an IEP, is youth involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | | |
| Educational goal: <input type="checkbox"/> Certificate <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Vocational Program <input type="checkbox"/> Two-Year College <input type="checkbox"/> Four-Year College <input type="checkbox"/> Other: _____ | | | | |
| Has youth received a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does youth plan to attend college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: <input type="checkbox"/> Full time <input type="checkbox"/> Part time | | |
| Has youth completed PSAT/SAT/ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | Date completed: Score: | Has youth applied for any educational grants, scholarships, or financial aid, such as Pell Grant, Education Training Vouchers, and/or NC Reach scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | | |
| List grants, scholarships, and financial aid the youth has applied for and the current status of the application: | | | | |

Youth's Name: _____

DOB: _____

EDUCATION, CONT.

| | | | |
|---|--|--------------|---|
| College or Vocational program application submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of school(s) or program(s) applied and current status of the application: | | |
| Other educational referrals made: | | | |
| Is the youth enrolled in a college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of school or program: | | |
| If yes, <input type="checkbox"/> Full time <input type="checkbox"/> Part time | | | |
| Area of study: | Expected graduation date: | Current GPA: | Attached: <input type="checkbox"/> Schedule <input type="checkbox"/> Transcripts |

EDUCATIONAL RESOURCES

| | |
|----------------|--|
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |

EMPLOYMENT / TRAINING PROGRAM / VOLUNTEER

| | | | |
|---|---|--|--|
| Has youth been referred to WIOA through NCWorks? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does youth have knowledge of how to complete an application for employment? <i>(If no, this should be a goal on the youth's TLP)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | Does youth have an updated resume? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has youth submitted any applications for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No |
| List applications submitted: <i>(attach additional sheets if needed)</i> | | | |
| Youth currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name and address of employer: <i>(number and street, city, state, and ZIP code)</i> | | Hours per week: |
| Is youth enrolled in a training program to limit or remove barriers to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name and address of program: <i>(number and street, city, state, and ZIP code)</i> | | Hours per week: |
| List any referrals that have been made in regards to employment and/or training and the current status of the referral: <i>(attach additional sheets if needed)</i> | | | |
| Does the youth have an Internship? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name and address of Internship: <i>(number and street, city, state, and ZIP code)</i> | | |
| Does the youth volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Volunteer location(s): | | Hours: |

Youth's Name: _____

DOB: _____

EMPLOYMENT / TRAINING / VOLUNTEER RESOURCES

| | |
|----------------|--|
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |

TRANSPORTATION

| | | | |
|---|---|---|--------------------------------|
| Will youth have access to consistent transportation upon discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does youth have his/her own car, truck, bicycle, or other form of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a public bus line near where the youth will be residing? <input type="checkbox"/> Yes <input type="checkbox"/> No | Other means of transportation: |
|---|---|---|--------------------------------|

TRANSPORTATION RESOURCES

| | |
|----------------|--|
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |

HEALTH INSURANCE

| | | |
|--|--|---|
| The youth is eligible for the Extended Foster Care Medicaid Program as per the Affordable Care Act. <input type="checkbox"/> Yes <input type="checkbox"/> No | The youth has received information and assistance regarding application procedures for Medicaid and other state/federal funded health insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No | Other private health insurance that will continue beyond the youth's 18 th birthday: Insurer: _____ Policy number: _____ |
| Youth is scheduled to be enrolled in the Extended Foster Care Medicaid Program at age 18. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

HEALTH INSURANCE RESOURCES

| | |
|----------------|--|
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |

HEALTHCARE

| | |
|--|----------------------------|
| Name of Medical Doctor: | Telephone Number: () |
| Address: <i>(number and street, city, state, and ZIP code)</i> | |
| Name of Dentist: | Telephone Number: () |
| Address: <i>(number and street, city, state, and ZIP code)</i> | |

Youth's Name: _____

DOB: _____

HEALTHCARE, CONT.

| | |
|---------------------------------|-------------------------------|
| Name of Mental Health Provider: | Telephone Number: () |
|---------------------------------|-------------------------------|

Address: *(number and street, city, state, and ZIP code)*

REQUIRED: Youth has received information on the importance of designating someone to make healthcare decisions on behalf of the youth, if the youth is unable to do so and does not have or want a relative who would otherwise be so designated under NC law to make such decisions. Yes No
 The youth has been given information on how to designate a power of attorney or healthcare proxy. Yes No
 The Healthcare Power of Attorney document can be found at:
https://www.sosnc.gov/documents/forms/advance_healthcare_directives/health_care_power_of_attorney.pdf

HEALTHCARE RESOURCES

| | |
|----------------|--|
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |

INCOME / CREDIT REPORT

| | | | | |
|---|--|--|---|------------------------------|
| Will youth have income other than from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list source(s) of income: | Amount of monthly supplemental income: | Is youth employed now, or will youth be employed at time of exit from foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list monthly income: |
| Has the child welfare agency conducted a credit report check for the youth from all three credit bureaus (Equifax, Transunion, and Experian)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, date of last check: _____ | Were there any issues on the youth's report? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, what were the issues? | | |
| How were the credit issues resolved? | | | If a credit report check has not been conducted, list the date the check will be completed: _____ | |

YOUTH: You are entitled to a credit report check from all three credit bureaus for each year you spend time in foster care between 14 and 17 years of age. You are also entitled to yearly credit checks when receiving Foster Care 18 to 21 services.

LINKS /INDEPENDENT LIVING

YOUTH: The LINKS program is available to you for services and resources until your 21st birthday. Contact the LINKS coordinator in your county of residence if you remain in North Carolina. If you move out of state, contact your home county, and ask for a referral to your new state of residence.

| | | |
|--------------------|-------------------------------|--------|
| LINKS Coordinator: | Telephone Number: () | Email: |
|--------------------|-------------------------------|--------|

| | |
|----------------|--|
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
|----------------|--|

Youth's Name: _____ DOB: _____

B. DOCUMENTS TO BE PROVIDED TO YOUTH AT DISCHARGE

- Original or certified copy of birth certificate
- Original or certified copy of Social Security Card
- Copies of all Health Summary Components (DSS-5206, DSS-5207, DSS-5208, and DSS-5209) and the latest complete Immunization Record
- Copies of all Child Education Status Components (DSS-5245) or Education Record Summary
- Copies of any legal documents that the youth might need for employment or benefits, including verification of eligibility for Extended Foster Care Medicaid, legal residency documentation, etc.
- Driver's license or identification card
- Copies of any credit reports and documentation related to issues resolved on the credit report.
- The original and signed copy of this document

C. YOUTH'S CONTACT INFORMATION

We would like to stay in touch with you. LINKS services are available to you until your 21st birthday. Sometimes new benefits become available and we would like to let you know about them. Please give us the name and contact information of people who will know how to contact you in the future.

D. SIGNATURES

Signature of Youth Date

Signature of Social Worker / LINKS Coordinator Date

Signature of Agency Director / Designee Date

Young Adult Name: _____ DOB: _____

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

PART C: TRANSITIONAL LIVING PLAN – 90 DAY TRANSITION PLAN FOR YOUNG ADULTS IN FOSTER CARE 18 TO 21

(To be completed 90 days prior to the young adult's 21st birthday, or planned exit from Foster Care 18 to 21)

A. DETAILS AND RESOURCES

| FOSTER CARE 18 TO 21 | |
|---|--|
| Has the Re-entry into Foster Care 18 to 21 policy been explained to the young adult? <input type="checkbox"/> Yes <input type="checkbox"/> No | Young adult's initials: _____ |
| HOUSING | |
| Current address: <i>(number and street, city, state, and ZIP code)</i> | Telephone or other contact information: |
| Where young adult plans to live upon exit from Foster Care 18 to 21: <i>(number and street, city, state, and ZIP code)</i> | Telephone or other contact information: |
| What is the young adult's back-up living arrangement if the above plan falls through? <i>(number and street, city, state, and ZIP code)</i> | Telephone or other contact information: |
| HOUSING RESOURCES | |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |

| EDUCATION | | | |
|---|---|---|--------------|
| Current grade level: | Current school young adult is attending: | Expected graduation date: | Current GPA: |
| Does young adult have an IEP? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | Date of last IEP meeting: | If youth has/had an IEP, is young adult involved with Vocational Rehabilitation? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | |
| Educational goal: <input type="checkbox"/> Certificate <input type="checkbox"/> HS Diploma <input type="checkbox"/> GED <input type="checkbox"/> Vocational Program <input type="checkbox"/> Two-Year College <input type="checkbox"/> Four-Year College <input type="checkbox"/> Other: _____ | | | |
| Has young adult received a High School Diploma or GED? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does young adult plan to attend college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes: <input type="checkbox"/> Full time <input type="checkbox"/> Part time | |
| Has young adult completed PSAT/SAT/ACT? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | Date completed: Score: | Has young adult applied for any educational grants, scholarships, or financial aid, such as Pell Grant, Education Training Vouchers, and/or NC Reach scholarships? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | |
| List grants, scholarships, and financial aid the young adult has applied for and the current status of the application: | | | |

Young Adult Name: _____ DOB: _____

EDUCATION, CONT.

| | | | |
|---|--|--------------|---|
| College or Vocational program application submitted? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | Name of school(s) or program(s) applied and current status of the application: | | |
| Other educational referrals made: | | | |
| Is the young adult enrolled in a college or vocational program? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | Name of school or program: | | |
| If yes, <input type="checkbox"/> Full time <input type="checkbox"/> Part time | | | |
| Area of study: | Expected graduation date: | Current GPA: | Attached: <input type="checkbox"/> Schedule <input type="checkbox"/> Transcripts |

EDUCATIONAL RESOURCES

| | |
|----------------|--|
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |

EMPLOYMENT / TRAINING PROGRAM / VOLUNTEER

| | | | |
|---|--|--|--|
| Has young adult been referred to WIOA through NCWorks? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable | Does young adult have knowledge of how to complete an application for employment? <i>(If no, this should be a goal on the TLP)</i> <input type="checkbox"/> Yes <input type="checkbox"/> No | Does young adult have an updated resume? <input type="checkbox"/> Yes <input type="checkbox"/> No | Has young adult submitted any applications for employment? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Not applicable |
| List applications submitted: <i>(attach additional sheets if needed)</i> | | | |
| Young adult currently employed? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name and address of employer: <i>(number and street, city, state, and ZIP code)</i> | | Hours per week: |
| Is young adult enrolled in a training program to limit or remove barriers to employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name and address of program: <i>(number and street, city, state, and ZIP code)</i> | | Hours per week: |
| List any referrals that have been made in regards to employment and/or training and the current status of the referral: <i>(attach additional sheets if needed)</i> | | | |
| Does the young adult have an Internship? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name and address of Internship: <i>(number and street, city, state, and ZIP code)</i> | | |
| Does the young adult volunteer? <input type="checkbox"/> Yes <input type="checkbox"/> No | Volunteer location(s): | | Hours: |

Young Adult Name: _____

DOB: _____

EMPLOYMENT / TRAINING / VOLUNTEER RESOURCES

| | |
|----------------|--|
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |

TRANSPORTATION

| | | | |
|---|---|---|--------------------------------|
| Will young adult have access to consistent transportation upon discharge? <input type="checkbox"/> Yes <input type="checkbox"/> No | Does young adult have his/her own car, truck, bicycle, or other form of transportation? <input type="checkbox"/> Yes <input type="checkbox"/> No | Is there a public bus line near where the young adult will be residing? <input type="checkbox"/> Yes <input type="checkbox"/> No | Other means of transportation: |
|---|---|---|--------------------------------|

TRANSPORTATION RESOURCES

| | |
|----------------|--|
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |

HEALTH INSURANCE

| | | |
|---|--|---|
| The young adult is eligible for the Extended Foster Care Medicaid Program as per the Affordable Care Act. <input type="checkbox"/> Yes <input type="checkbox"/> No | The young adult has received information and assistance regarding application procedures for Medicaid and other state/federal funded health insurance. <input type="checkbox"/> Yes <input type="checkbox"/> No | Other private health insurance: Insurer: _____ Policy number: _____ |
|---|--|---|

HEALTH INSURANCE RESOURCES

| | |
|----------------|--|
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |

HEALTHCARE

| | |
|--|---------------------------|
| Name of Medical Doctor: | Telephone Number: () |
| Address: <i>(number and street, city, state, and ZIP code)</i> | |
| Name of Dentist: | Telephone Number: () |
| Address: <i>(number and street, city, state, and ZIP code)</i> | |

Young Adult Name: _____ DOB: _____

HEALTHCARE, CONT.

| | |
|---------------------------------|------------------------------|
| Name of Mental Health Provider: | Telephone Number: () |
|---------------------------------|------------------------------|

Address: *(number and street, city, state, and ZIP code)*

REQUIRED: Young adult has received information on the importance of designating someone to make healthcare decisions on their behalf, if the young adult is unable to do so and does not have or want a relative who would otherwise be so designated under NC law to make such decisions. Yes No
 The young adult has been given information on how to designate a power of attorney or healthcare proxy. Yes No
 The Healthcare Power of Attorney document can be found at: <http://www.sosnc.gov/ahcdr/forms.aspx>

HEALTHCARE RESOURCES

| | |
|----------------|--|
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |

INCOME / CREDIT REPORT

| | | | | | |
|--|-----------------------------------|---|--|------------------------------|--|
| Will young adult have income other than from employment? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list source(s) of income: | Amount of monthly supplemental income: | Is young adult employed now, or will youth be employed at time of exit from foster care? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, list monthly income: | |
| Has the child welfare agency conducted a credit report check for the young adult from all three credit bureaus (Equifax, Transunion, and Experian)? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, date of last check: _____ | | Where there any issues on the young adult's report? <input type="checkbox"/> Yes <input type="checkbox"/> No | If so, what were the issues? | | |
| How were the credit issues resolved? | | | If a credit report check has not been conducted, list the date the check will be completed: _____ | | |

YOUNG ADULT: You are entitled to a yearly credit report check from all three credit bureaus (Equifax, Transunion, and Experian).

LINKS /INDEPENDENT LIVING

YOUNG ADULT: The LINKS program is available to you for services and resources until your 21st birthday. Foster Care 18 to 21 services are also available to you up to your 21st birthday. You can re-enter this program at any time. You can contact the LINKS Coordinator in your county of residence whether or not it is the same county in which you were in foster care.

| | | |
|--------------------|------------------------------|--------|
| LINKS Coordinator: | Telephone Number: () | Email: |
|--------------------|------------------------------|--------|

| | |
|----------------|--|
| Resource name: | Contact Information: <i>(include address, telephone number, website, and email, if applicable)</i> |
|----------------|--|

Young Adult Name: _____ DOB: _____

B. DOCUMENTS TO BE PROVIDED TO YOUNG ADULT AT DISCHARGE

- Original or certified copy of birth certificate
- Original or certified copy of Social Security Card
- Copies of any legal documents that the young adult might need for employment or benefits, including verification of eligibility for Extended Foster Care Medicaid, legal residency documentation, etc.
- Driver's license or identification card
- Copies of any credit reports and documentation related to issues resolved on the credit report.
- The original and signed copy of this document

C. YOUNG ADULT'S CONTACT INFORMATION

We would like to stay in touch with you. Please give us the name and contact information of people who will know how to contact you in the future.

D. SIGNATURES

Signature of Youth Date

Signature of Social Worker / LINKS Coordinator Date

Signature of Agency Director / Designee Date

Young Adult Name: _____ DOB: _____

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

PART D: TRANSITIONAL LIVING PLAN – HELPFUL RESOURCES FOR YOUNG ADULTS

NCWorks: The WIOA program, through JobLinks, offers assistance with job placement, job coaching, apprenticeships, job training. One of the groups that receive preference is youth who were in foster care.
Local contact number: _____
Address: _____

Credit Reports: Once you turn 18 years old, you are entitled to a free credit report on a yearly basis from each of the three credit bureaus (Equifax, Transunion and Experian). For more information on obtaining a free credit report visit the Federal Trade Commission consumer fact website at <http://www.ftc.gov/bcp/edu/pubs/consumer/credit/cre34.shtm>. North Carolina Department of Health and Human Services.

Vocational Rehabilitation: If you have a disabling condition that interferes with your ability to work, you may be eligible for Vocational Rehabilitation services. Disabling conditions may be physical, mental/emotional, or learning disabilities, which are diagnosed by a certified person. If you think you may have such a condition but are not diagnosed, VR can evaluate you to see if you qualify. VR services include training, adaptive equipment, job development and placement, job coaching, supported employment, job retention, and community based assessments. Job related services are provided without regard to income. For individuals with limited income, services can also include mental or physical restoration, transportation, home or job modifications, and other services.
Local contact number: _____
Address: _____

Housing: If you need emergency housing, the closest homeless shelter is located at:
Local contact number: _____
Address: _____

(If you aged out of foster care, LINKS funds may be available to help you pay your deposits on an apartment, but you will need to have enough income to pay for monthly expenses).

Education Training Vouchers (ETV) and NC Reach Scholarships: You are likely to be eligible for scholarship assistance to help you attend postsecondary schools such as vocational schools (like beauty school, truck driving school, HVAC, bricklaying and other building trades) or college level courses. Applications are on-line at <http://www.ncreach.org/> and <http://www.statevoucher.org>. If you need help, contact the LINKS worker in your county.
Local contact number: _____

Medicaid: If you were in foster care custody on your 18th birthday, you are automatically eligible for Extended Foster Care Medicaid Benefits. You do have to apply for the benefits, and must apply for all Medicaid programs before being approved for EFCP. Your LINKS worker can help you with the application process.
Local contact number: _____

Young Adult Name: _____ DOB: _____

Public Health Services: If you do not have a regular physician, much of your medical care can be secured through the public health agency in your community. Your Medicaid card will help pay for this. Many communities have physicians that will take Medicaid, which would assure treatment that is more consistent for you.

Local contact number: _____
Address: _____

Selective Service Registration: If you are, a male ages 18 through 25 and living in the U.S., then you must register with Selective Service. It is the law. You can register at any U.S. Post Office and do not need a social security number. If you prefer, you can register online at <https://www.sss.gov/Home/Registration>

Community Colleges: North Carolina has a broad network of community colleges that provide training for employment, basic skills training, vocational, technical and academic courses to citizens who wish to improve their employability and earning capacity. There are community colleges and branches within 25 miles of every resident of North Carolina. For further information about community college programs near you, visit <http://www.nccommunitycolleges.edu>.

Social community: You are encouraged to seek out connections with other people who share your interests or beliefs, people who value you for *who you are*. Everyone needs a support community, and everyone finds that community in their own way. In addition to your family, friends and support people you have known while you are in foster care, you can build a strong social network by becoming involved in organizations or groups. For example, *faith communities* provide a way to connect with other people who share your spiritual beliefs. If you are not sure which one would “fit” you best, you can visit several faith communities and talk with others who attend or lead worship. Most churches, mosques, and temples are listed in the yellow pages of the telephone directory or you may do an internet search. Most communities have *volunteer organizations* who would welcome your help, such as Habitat for Humanity, Meals on Wheels, and your local LINKS program. You can help others through your volunteer work while meeting others who share your interests. An internet search or a search of the local newspaper is likely to help you find places to volunteer. City sponsored *recreational programs* often include sports leagues as well as clubs with activities as diverse as bird watching, art, sports, music, book clubs, and hobbies.

Leadership Opportunities: Youth who were in foster care are encouraged to become a member of SaySo (Strong Able Youth Speaking Out). This group works together to influence laws and policies that have impact on youth in foster care. The SaySo website is <http://www.saysoinc.org>.

Other Referral Resources: There is a state network of resources that you can learn about by dialing 2-1-1 on your local phone. The State also has a Customer Service Center at 1-800-662-7030 to help you learn about other resources.

Signatures:

I have received and reviewed this document with my social worker:

Signature of Youth

Date

Signature of Social Worker

Date