Intake in Child Welfare Services Training

Participant Workbook

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TABLE OF CONTENTS

DAY 1 - AGENDA Intake: The Basis

I. Welcome/Trainer Introductions

II. Training Overview
- Agenda Day One
- Logistics
- Child Welfare in NC
- Training Materials

III. Participant Introductions Activity

IV. Creating a Safe Learning Environment

MORNING BREAK

V. Knowledge Assessment

VI. Competency-Based Learning

VII. Intake Defined: Goals, Skills, Roles and Duties

- The Goal of Structured Intake
- Five Steps of CPS Intake
- Structured Intake Strategies

LUNCH

VIII. Understanding Laws and Policy
- Legal Criteria
- Legal Definitions
- NC Reporting Law Activity

IX. Intake Worker Skills
- Customer Service
- Skills Needed by an Effective Intake Worker
- Concerns About Reporting

X. Transfer of Learning/Closing

Competencies & Learning Objectives

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

Competencies & Learning Objectives *(continued)*

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

NC GENERAL STATUTE 7B-101: LEGAL DEFINITIONS

Juvenile: A person who has not reached the person's eighteenth birthday and is not married, emancipated, or a member of the Armed Forces of the United States.

Parent: A child's biological or adoptive parent.

Relative: An individual directly related to the juvenile by blood, marriage, or adoption. This includes but is not limited to the following examples: a grandparent, sibling, aunt, or uncle.

Guardian: Someone appointed by the court to have the care, custody, and control of a child (or to arrange an appropriate placement for the child), with authority to consent on the child's behalf to medical care and other things for which a parent's consent ordinarily would be required.

Custodian: A person or agency that has been awarded legal custody of a juvenile by a court.

Caretaker: Any person other than a parent, guardian, or custodian who has responsibility for the health and welfare of a juvenile in a residential setting. A person responsible for a juvenile's health and welfare means a stepparent, foster parent, an adult member of the juvenile's household, an adult entrusted with the juvenile's care, a potential adoptive parent during a visit or trial placement with a juvenile in the custody of a department, any person such as a house parent or cottage parent who has primary responsibility for supervising a juvenile's health and welfare in a residential child care facility or residential educational facility, or any employee or volunteer of a division, institution, or school operated by the Department of Health and Human Services. Nothing in this subdivision shall be construed to impose a legal duty of support under Chapter 50 or Chapter 110 of the General Statutes. The duty imposed upon a caretaker as defined in this subdivision shall be for the purpose of this Subchapter only. See also Caretaker Definition Decision Tool in the Intake Policy.

Neglected Juvenile: Any juvenile less than 18 years of age (i) who is found to be a minor victim of human trafficking under G.S. 14-43.15 or (ii) whose parent, guardian, custodian, or caretaker does any of the following:

a. Does not provide proper care, supervision, or discipline.

b. Has abandoned the juvenile.

c. Has not provided or arranged for the provision of necessary medical or remedial care.

d. Or whose parent, guardian, or custodian has refused to follow the recommendations of the Juvenile and Family Team made pursuant to Article 27A of this Chapter.

e. Creates or allows to be created a living environment that is injurious to the juvenile's welfare.

f. Has participated or attempted to participate in the unlawful transfer of custody of the juvenile under G.S.14-321.2.

g. Has placed the juvenile for care or adoption in violation of law.

In determining whether a juvenile is a neglected juvenile, it is relevant whether that juvenile lives in a home where another juvenile has died as a result of suspected abuse or neglect or lives in a home where another juvenile has been subjected to abuse or neglect by an adult who regularly lives in the home.

Abused Juvenile: Any juvenile less than 18 years of age (i) who is found to be a minor victim of human trafficking under G.S. 14-43.15 or (ii) whose parent, guardian, custodian, or caretaker:

a. Inflicts or allows to be inflicted upon the juvenile a serious physical injury by other than accidental means;

b. Creates or allows to be created a substantial risk of serious physical injury to the juvenile by other than accidental means;

c. Uses or allows to be used upon the juvenile cruel or grossly inappropriate procedures or cruel or grossly inappropriate devices to modify behavior;

d. Commits, permits, or encourages the commission of a violation of the following laws by, with, or upon the juvenile: first-degree forcible rape, as provided in G.S. 14-27.21; second-degree forcible rape as provided in G.S. 14-27.22; statutory rape of a child by an adult as provided in G.S. 14-27.23; first-degree statutory rape as provided in G.S. 14-27.24; first-degree forcible sex offense as provided in G.S. 14-27.26; second-degree forcible sex offense as provided in G.S. 14-27.27; statutory sexual offense with a child by an adult as provided in G.S. 14-27.28; first-degree statutory sexual offense as provided in G.S. 14-27.29; sexual activity by a substitute parent or custodian as provided in G.S. 14-27.31; sexual activity with a student as provided in G.S. 14-27.32; unlawful sale, surrender, or purchase of a minor, as provided in G.S. 14-43.14; crime against nature, as provided in G.S. 14-177; incest, as provided in G.S. 14-178; preparation of obscene photographs, slides, or motion pictures of the juvenile, as provided in G.S. 14-190.5; employing or permitting the juvenile to assist in a violation of the obscenity laws as provided in G.S. 14-190.6; dissemination of obscene material to the juvenile as provided in G.S. 14-190.7 and G.S. 14-190.8; displaying or disseminating material harmful to the juvenile as provided in G.S. 14-190.14 and G.S. 14-190.15; first and second degree sexual exploitation of the juvenile as provided in G.S. 14-190.16 and G.S. 14-190.17; promoting the prostitution of the juvenile as provided in G.S. 14-205.3(b); and taking indecent liberties with the juvenile, as provided in G.S. 14-202.1;

e. Creates or allows to be created serious emotional damage to the juvenile; serious emotional damage is evidenced by a juvenile's severe anxiety, depression, withdrawal, or aggressive behavior toward himself or others;

f. Encourages, directs, or approves of delinquent acts involving moral turpitude committed by the juvenile; or

g. Commits or allows to be committed an offense under G.S. 14-43.11 (human trafficking), G.S. 14-43.12 (involuntary servitude), or G.S. 14-43.13 (sexual servitude) against the child.

Sources: https://www.ncleg.net/EnactedLegislation/Statutes/HTML/ByChapter/Chapter_7B.html

NC Laws, Policy, Protocol and Guidance

Anonymity: North Carolina legislation requires that the person making the report give their name, address, and telephone number. However, refusal of the person making the report to identify himself or herself does not relieve the county child welfare services agency of its responsibility for conducting a CPS Assessment. The law does not grant the right for the reporter to remain anonymous.

Policy Guidance: If the agency has Caller Identification, the staff should make any caller aware that they have this information especially if the identifying information the caller is giving is different from the information on the Caller Identification. If DSS knows the identity of the reporter, that information should be recorded on the Structured Intake Report tool, even if the caller wishes to remain anonymous. In that case, the fact that the caller wants to remain anonymous should be noted as well.

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

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

Immunity Liability: **N.C.G.S. §7B-309: Immunity of persons reporting and cooperating in an assessment.** Anyone who makes a report pursuant to this Article, cooperates with the county department of social services in a protective services assessment, testifies in any judicial proceeding resulting from a protective services report or assessment, or otherwise participates in the program authorized by this Article, is immune from any civil or criminal liability that might otherwise be incurred or imposed for that action provided that the person was acting in good faith.

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

Duty to Report: N.C.G.S. §7B-301, Duty to report abuse, neglect, dependency, or death due to maltreatment:(a)Any person or institution who has cause to suspect that any juvenile is abused, neglected, or dependent, as defined N.C.G.S. §7B-101, or has died as the result of maltreatment, shall report the case of that juvenile to the director of the department of social services in the county where the juvenile resides or is found. The report may be made orally, by telephone, or in writing. The report shall include information as is known to the person making it including: the name and address of the juvenile; the name and address of the juvenile's parent, guardian, or caretaker; the age of the juvenile; the names and ages of other juveniles in the home; the present whereabouts of the juvenile if not at the home address; the nature and extent of any injury or condition resulting from abuse, neglect, or dependency; and any other information which the person making the report believes might be helpful in establishing the need for protective services or court intervention. If the report is made orally or by telephone, the person making the report shall give the person's name, address, and telephone number. Refusal of the person making the report to give a name shall not preclude the department's assessment of the alleged abuse, neglect, dependency, or death because of maltreatment.

Rights of

Reporter:

- The right to know whether DSS accepts the report, plans to investigate it, and whether it was reported to law enforcement.
- If DSS does not accept the report, the right to request an agency review of that decision.
- If the report was accepted, if the department found abuse, neglect, or dependency, and if so, what action the department took including whether to file a petition in district court.
- If the reporter thinks that DSS should have filed a petition in court alleging the child was abused, neglected, or dependent but did not, he has a right to have the decision reviewed by the district attorney within five workdays of receipt of the notice. *Note that the first review is by the agency (and is permitted by administrative code, not statute); the second review is by prosecutor and is authorized by statute.*

Source: Adapted from: Mason, J. (2013). Reporting child abuse and neglect in North Carolina. Chapel Hill, NC: Institute of Government, UNC Chapel Hill. Reprinted with permission of the School of Government, copyright 2013. This copyrighted material may not be reproduced in whole or in part without the express written permission of the School of Government, CB# 3330, UNC Chapel Hill, Chapel Hill, North Carolina 27599-3330; telephone: 919-966- 4119; fax 919-962-2707; Web address: www.sog.unc.edu.
Source: https://policies.ncdhhs.gov/divisional/social-services/child-welfare/policy-manuals

Effective Intake Skills

- ✓ Being inquisitive! Asking probing questions in a non-threatening manner using a family-centered approach.
- ✓ Good communication skills – both oral and written.
- ✓ Great listening skills - Listening closely to the information provided by the reporter.
- ✓ Using a friendly yet professional and calm voice. Provide comfort, support, and reassurance to the reporter.
- ✓ Clarifying confusing information, especially names and relationships of anyone mentioned by the reporter.
- ✓ Obtaining behaviorally-specific information. For example: Instead of, "their father messes with them" – "Mr. Smith, their father, brags to his friends that when he is alone with Clara and Ruby, he puts his finger inside their vaginas." Instead of, just saying, "Timmy says his dad hit him in the face", add other additional descriptions, "a large blue bruise is on Timmy's left cheek. It is shaped like a handprint."
- ✓ Obtaining as much identifying information as possible including names, dates, ages, schools, race, household members, parents (whether in the home or not), employment, residence, current location of the children, etc.
- ✓ Always asking the questions in Section III regarding domestic violence, substance abuse and human trafficking. If the caller indicates concerns with any of these, you would also ask the corresponding questions in Section VII.
- ✓ Trying to help the caller share family strengths as well as needs and concerns.
- ✓ Completing a thorough check of your agency files. (REMEMBER: Neither central registry checks nor phone calls to other agencies or counties is allowed until a report has been screened in.)
- ✓ Having a thorough knowledge of CPS laws, policies, and procedures with the ability to explain this information in layman's terms.
- ✓ Having the ability to prioritize work based upon risks/potential risks to children.
- ✓ Having the ability to thoroughly document information in a logical and concise manner that focuses on how the caretaker's behaviors affect the safety of children in their care.
- ✓ Helping the caller understand the reasons why DSS may need to follow-up later with them to clarify information in the report.
- ✓ Having an awareness of the importance of explaining to the caller if DSS has "Caller Identification," (especially if the identifying information the caller is giving is different from information on the "caller identification.")
- ✓ Having the ability to work in a fast paced and crisis-oriented environment on an ongoing basis.

DAY 2 - AGENDA Intake: The Process

I. Opening

II. Strengths-Based Interviewing
- Purpose of Strengths-Based Questions
- The Art of Information Gathering

MORNING BREAK

III. Step One: Collect Information on the Intake Form
- CPS Mandates for Intake
- CPS Intake Tool: DSS-1402
- A Walk Through the Structured Intake Tool
- Agency Records Check

LUNCH

IV. Intake Interview Practice

AFTERNOON BREAK

V. Structured Decision-Making Tools
- Step Two: Consult the Maltreatment Tool
- Step Three: Determine Responsible County
- Step Four: Response Priority Decision Tree
- Step Five: CPS Assessment Track
- Special Types of Neglect

VI. Transfer of Learning/Closing

CHECKLIST FOR INTAKE INTERVIEW

Name: _____

Complete this form as the intake worker talks to the reporter. List specific examples on the back of this page to provide helpful feedback.

YES **NO**

____ ____ Answered phone by identifying themselves with their name and agency?

____ ____ Asked for the reporter's name and number at the beginning?

____ ____ Thanked the reporter for their concern for the child and decision to report?

____ ____ Sounded supportive and concerned and maintained a conversational tone?

____ ____ Asked clarifying questions throughout the phone call?

____ ____ Asked for family strengths and encouraged the caller to identify some?

____ ____ Determined the relationship between the reporter and the family?

____ ____ Explained the intake report process and time involved?

____ ____ Asked questions to determine the sequence of actions reported?

____ ____ Determined whether information is firsthand or secondhand?

____ ____ Repeated numbers back to the caller?

____ ____ Asked about driving directions?

____ ____ Discussed confidentiality?

____ ____ Informed reporter of the five-day letter and next steps?

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

____ Your call on behalf of a child was appreciated.

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

____ You understood the intake process.

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

____ You understood what would happen after your call.

____ Length of interview.

CASE SCENARIO ONE

A reporter called to say there was an argument last night between her sister, Valerie Daily, and her sister's husband, George Daily. George was drunk and grabbed a gun. He put the gun to Valerie's head in front of the five-year-old son, Jordan, and threatened to pull the trigger. She stated that no one was injured at the time. The reporter also stated that George has been arrested for assault on her sister twice in the past year, but Valerie keeps dropping the charges. The reporter stated George is very violent towards Valerie and Jordan. This is not the first time there has been an altercation, the reporter is aware of several altercations including one earlier this month. The reporter also shared that Jordan is always trying to stop George from hitting the mother. The reporter has seen bruises on the child in the past that she suspected were inflicted by the father, but Valerie claimed Jordan fell and hurt himself. Reporter has encouraged Valerie to leave on several occasions and provided her sister and her child with safe housing. Valerie will bring Jordan and stay for a few days, but always returns home. The reporter fears that George will shoot her sister or their son either on purpose or accidentally, especially when the fighting occurs after he has been drinking. The reporter stated that he doesn't drink often, once every couple of months at the most. However, George is more aggressive and violent when he has been drinking. The reporter also shared that George was sent away from the home last night by police to "cool off." Jordan and Valerie are at their own home.

CASE SCENARIO TWO

A reporter called and stated that two children Marley and Max, ages 13 months and 22 months, were brought into the Emergency Room by their mother, Ms. Smith, who stated that they may have eaten hair relaxer gel which they had been playing in. There was no evidence of the hair gel on the children, as the mother stated she cleaned them up before bringing them to the hospital. The reporter did not know where Ms. Smith was at the time the children were playing in the hair gel and reporter did not ask. Ms. Smith left before the hospital social worker could meet with her. The doctor advised the mother to remain at the hospital for three to four hours in case the chemical had been ingested as it could cause the esophageal muscle to constrict and cause possible death. During their time at the hospital, the reporter stated Ms. Smith was pacing the floor and mumbling to herself. She kept asking if it was necessary to stay the entire time. The reporter stated the family was at the ER for a total of 2 hours from the time they entered the hospital The reporter stated the mother left the hospital with the children without saying where they were going and the reporter is concerned about the health of Marley and Max. Reporter stated the last time they were checked prior to leaving the hospital that the children were sitting on the bed in the room playing. The only records on file for the children at the hospital are their birth records. The reporter is not aware if Ms. Smith has any other minor children.

CASE SCENARIO THREE

Reporter calls the DSS intake worker about Alice Smith. She reports that she has struggled for a long time about doing something about this and is just tired of seeing this situation. James, an eleven-year-old friend of her son, comes from a family that has a lot of problems. Reporter had some clothes her son had outgrown and went to offer them to James's mother. No one came to the door at first when she knocked but then James opened the door. He told her he was heating up some macaroni and cheese in the microwave and invited her inside. She went in with the child and described it as "nasty"—roaches all over, dirty, boarded up windows, toys and junk strewn everywhere. James is often left at home alone at night while his mother works at a bar. James always looks a little dirty, his hair is not always clean, and his clothes are wrinkled and messy. One night, James spent the night with her son, and when he took his shoes off, there were maggots in them. He was very ashamed. They had to scoop the maggots up and throw them outside. James says he pulled the shoes out of a closet where they had been all summer and didn't look in them before he put them on. The family lives on 100 Old Jones Road in Raleigh in a run-down blue house on the right after the sharp curve just past the Burger King. There is an old, junk car in the yard. The front steps and porch are "rickety," and rotten in places. There is an old refrigerator on the front porch. James says he is not afraid to be at home alone even though it is 2 AM sometimes before his mother comes home most nights. He has no known disabilities. After talking for a while, the reporter blurts out that she doesn't think Mrs. Smith should be working in a bar. It is not respectable, and she is setting a bad example for James. Reporter thinks James would be better off with his father who she thinks lives in South Carolina. She knows that James's maternal grandmother, Mary Jones, lives in Raleigh in a retirement home and that Mrs. Smith has a sister in town somewhere also. Reporter

stated that James would be better off with any of his relatives than living where he is.

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

DAY 3 Intake: The Practice

I. Opening Activity

II. Intake Practice

MORNING BREAK

Intake Practice (continued)

LUNCH

III. Special Reporting Circumstances

IV. Notifications

- Abuse
- Neglect
- Non-Caretaker
- DCDEE
- Reporter
- Human Trafficking

V. Extended Duty/On-Call

VI. Knowledge Assessment

VII. Transfer of Learning/Closing

PRACTICE SCENARIOS

Critical Thinking, Screening, Assessment Type and Response Time

Read the following scenarios. If you were conducting a structured interview, develop a list of questions you would ask the reporter in order to gain the necessary information to assist with making a screening decision.

1. **Demographics:** Newborn

Reporter Stated: A newborn with a positive toxicology screen will be discharged in two days. The hospital has minimal information regarding the parents or their history with DSS. Hospital is concerned the parents show little interest in caring for the newborn.

2. **Demographics:** Two-month-old girl

Reporter Stated: His nephew and nephew's girlfriend are not taking proper care of their two-month-old baby. He looks in on the family every other day. Since he was last there two days ago, the couple ran out of formula and so they gave the baby whole milk. The baby is crying constantly, and he believes the baby is constipated and having stomach pains. The reporter says the parents do not appear bonded with the baby and seem unconcerned about her care. The baby was crying and lethargic when he visited today, and he is concerned for the child's safety.

3. **Demographics:** Three-year-old boy

Reporter Stated: A call came in regarding the reporter's three-year-old son who lives with his ex-wife and her new husband. Last night, the child slipped out of the house without his mother or his stepfather's knowledge when his stepfather left to go to the store for milk. The child ran to the car and the stepfather hit the child and ran over the child's leg with the car in the driveway. The child was immediately taken to the hospital, treated, and released. The father did not find this out until the next day, from a friend of the mother. The father feels the child is not being adequately supervised.

4. **Demographics:** Four or Five-year-old child

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

5. **Demographics:** 10-year-old child

Reporter Stated: A car was seen swerving across the road and was pulled over. There were three adults and a 10-year-old child in the car. Needles and methamphetamines

were present in the car as well. The reporter stated that all three individuals which included the mother were being arrested. The mother provided a friend's name at a nearby hotel where they were staying to provide care for the child. Once at the room there was observed to be used needles, drug paraphernalia, and more methamphetamines. The child had only met the friend earlier in the day and the reporter did not think that it was appropriate to leave the child with this person. The reporter states that they need someone to come and get the child.

6. **Demographics**: One child ~ 3 years old

Reporter stated: While visiting the neighborhood pool I saw a very young child unattended sitting by the pool. Reporter stated he has been waiting there for about 10 minutes and no one has appeared for the child.

7. **Demographics:** One child 9 years old

Reporter stated: Mother is the reporter; she states she is entering a substance abuse treatment unit in 3 days and will be there for 28 days and maybe longer. She says she needs someone to care for her child while she is in treatment. Mom says the child can be violent because the child believes mom cares more about men and drugs than she does about her.

8. **Demographics:** One child, 3 years old

Reporter stated: Reporter is a staff person at a homeless shelter where the mother has been staying. Reporter states that the mother was recently hospitalized and there are no kin available to care for the mother's 3-year-old child.

9. **Demographics:** 9-10 year old child

Reporter stated: I was driving down the road heading towards a busy intersection and I nearly hit a child who was roller-blading in the street. The child looked to be about 9-10 years old. Reporter is calling from his cell phone and has driven past the child at this point.

10. **Demographics:** One child, 13 years old

Reporter stated: Reporter is a hospital social worker. She reports that this 13 year old child was hospitalized for injuries received from a fight with another child in the home. The parents have not visited the child while he has been hospitalized and have stated they do not want him to return home due to his bad behavior and inability to control him.

11. **Demographics:** 5 year old child

Reporter stated: Reporter is a school bus driver. He stated that he transports a 5 year old child that has cerebral palsy. Recently the doctor put casts on both of the child's legs and the driver was told that he had to wear those casts for at least 8 weeks. When the driver picked the child up today he did not have the casts on.

12. **Demographics:** 17 year old

Reporter stated: Reporter is a doctor at the hospital where this 17 year old child arrived to the emergency room because she was throwing up blood. The staff assessed her but then she became uncooperative and refused treatment. The mother was called, but she told the hospital staff that she is tired of worrying about her daughter and that she is not coming to the hospital to sign anything. According to the child, she is actually living with another relative. Doctors have stated that they do not believe that the situation is life threatening but they are very concerned about a child throwing up blood.

13. **Demographics:** Age not provided

Reporter stated: She was in the parking lot at the local credit union. She had her windows rolled up but could hear the woman in the car next to her screaming at her child and cursing at the child. Then she saw the woman get out of the car and run around to the back seat, passenger side of the car and she began hitting the child, continuing to scream and cuss at the child, calling the child a M-F and a bitch. Reporter heard the woman saying she was sick of the child while she was hitting her. Reporter could not see where on the child's body the child was being hit, but she did see that the child was lying down while being hit at least 10 or more times and the reporter could see the mother's hands flying. The reporter then got out of her car and went into the credit union to call DSS. A credit union employee also verified that the mother had been in the credit union while leaving the child alone in the car. When the reporter returned to the parking lot, the car was gone.

14. **Demographics:** 17 month old and 5 month old

Reporter stated: Reporter is a LE who responded to a call at the home of the mother last night. The parents are in the process of getting a divorce. The father was at the mother's residence to visit with the children. During the visit, the parents got into a verbal argument, they ended up going outside to the breezeway of the apartment. The father claims that the mother slapped him twice in the face. The father was the one who contacted the police. When police arrived, the parents were still in the breezeway arguing. The parents had different stories. The father said the mother slapped him twice in the face – he did not have any marks or injuries. The mother claims that the father dragged her out of the apartment by her hair and punched her, the children were present for this.

Special Reporting Circumstances

1. When a report is received concerning a child who resides in another county, how should the intake worker handle the call? Should the worker take the report or tell the caller to call DSS where the child resides?

2. When an agency receives a report on a child that resides in another county or state but is "found" in NC, who is responsible for taking the report and following up on it?

3. What happens if the other state, when contacted will not accept the county's report because the maltreatment occurred in NC even though the child is a resident of their state and is "found" in that state now?

4. If there are multiple reports involving the same child or family does each report have to be documented?

5. What if the county receives a report involving a deceased child with suspicion of child maltreatment contributing to the death of the child?

6. What if the county receives a report involving a deceased child in an institutional setting due to suspected child maltreatment?

7. Is a report of domestic violence alone considered child maltreatment?

8. How would you handle a report of a child not attending school?

APPENDIX

A. Transfer of Learning Tool (TOL)

B. Critical Thinking

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

D. CPS Intake Tool Instructions-DSS 1402ins

E. CMARC Referral - DSS-1404

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

Transfer of Learning Tool (TOL)

Instructions: Part A is completed before the child welfare worker attends the training event. Part B is completed during the training and Part C is completed soon after the training event.
Tool goals:
1. Ensure child welfare workers get as much as possible from training;
2. Support child welfare workers in transferring learning and skills from training to the workplace.

Course Title: **Intake in Child Welfare**

Training Dates: _____

Competencies

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

Part A: Training Preparation

Complete before training

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

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

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

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

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

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

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

Supervisor's initials:_____ Date: _____
Worker's initials: _____ Date: _____

Part B: During the Training

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

<u>Day One Reflections</u>

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

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

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

<u>Day Two Reflections</u>

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

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

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

Day Three Reflections

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

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

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

Summary of Reflections

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

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

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

3. What resources or supports will you request?

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

Part C: Post-Training Debrief

Complete within 7 days after training

Date of debrief meeting with supervisor: _____

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

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

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

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

Supervisor's signature: _____Date: _____

Social Worker's signature: _____Date: _____

Child Protective Services Structured Intake Form

Section I: Demographics

Date: _____ Time: _____

Received by (Name): _____ County: _____

Screening Decision: _____ Referred Due to Residency: _____

Assigned to: (County/Worker Name) _____

Referred to: (County Name) _____ Date/Time: _____

Confirmed with: _____

Was Safety Assessed ☐ Yes Date: _____ By: _____

☐ No Reason: _____

Type of Report: ☐ Abuse ☐ Neglect ☐ Dependency

If referring to another county for assessment, do not complete the information below:
Family Assessment ☐ Investigative Assessment ☐

Initiation Response Time: Immediate ☐ 24 Hours ☐ 72 Hours ☐

Case Name: _____ Case Number: _____

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

Substance Affected Infant notification by a healthcare provider ☐

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

Section II: Reporter Information

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Reporter waives right to notification? ☐ Yes ☐ No

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

Section III: Maltreatment Information

Children's Information

Name (include nicknames)	Sex	Race	Ethnicity	Age/ DOB	School/Child Care	Relationship to Perpetrator A	Relationship to Perpetrator B

Parent/Caretaker's Information

Name (include aliases/nicknames)	Sex	Race	Ethnicity	Age/DOB	Employment/School

Alleged Perpetrator's Information

Name (include aliases/nicknames)	Sex	Race	Ethnicity	Age/DOB	Employment/School
A.					
B.					

Other Household Members

Name (include aliases/nicknames)	Sex	Race	Ethnicity	Age/DOB	Employment/ School	Relationship

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

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

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

_____

_____

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

_____

_____

What is the location in which that care is provided?

_____

_____

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

_____

_____

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

_____

_____

Driving Directions: _____

_____

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

_____

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

_____

Family's Primary Language: _____

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

_____

_____

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

_____

_____

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

_____

_____

What

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

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

_____

_____

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

_____

_____

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

_____

_____

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

_____

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

If yes, describe _____

_____

_____

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

If yes, describe_____

_____

When

Approximately when did this incident occur? _____

_____

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

_____

Where

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

_____

How

How do you know what happened to the family? _____

How long has this being going on? _____

Section IV: Family Strengths

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

_____

_____

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

_____

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

_____

Section V: Safety Factors

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

_____

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

_____

_____

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

_____

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

Section VI: Health Insurance Information

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

☐ Medicaid ☐ Private Insurance/HMO ☐ Health Choice ☐ Other ☐ No Insurance

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

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

☐ No Regular Care

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

Section VII: Abuse, Neglect, and Dependency

☐ N/A **Physical Abuse**

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

_____

_____

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

_____

_____

_____

What part of the body was injured? _____

_____

Is there need for medical treatment? _____

What is the parent/caretaker's explanation? _____

_____

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

_____

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

_____

Did anyone witness the abuse? _____

Are any family members taking protective action? _____

Have you had previous concerns about this family? _____

_____

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

_____

_____

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

_____

☐ N/A **Moral Turpitude**

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

_____

_____

☐ N/A **Sexual Abuse**

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

_____

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

_____

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

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

_____

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

_____

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

_____

_____

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

☐ N/A **Human Trafficking**

General

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

If yes, describe _____

_____

Sex Trafficking and Labor Trafficking

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

If so, who are the people involved? _____

_____

_____

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

_____

_____

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

If yes, describe _____

Is anyone else involved in the trafficking? ☐ Yes ☐ No ☐ Unknown

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

_____

Is a parent or caretaker involved? ☐ Yes ☐ No ☐ Unknown

If yes, how? _____

_____

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

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

_____

_____

Labor Trafficking

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

If yes, describe_____

_____

Residency and Movement

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

If yes, what was promised? _____

_____

_____

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

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

_____

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

_____

☐ N/A **Emotional Abuse**

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

_____

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

_____

_____

_____

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

_____

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

_____

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

_____

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

_____

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

_____

☐ N/A **Domestic / Family Violence**

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

_____

_____

_____

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

_____

_____

_____

_____

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

_____

_____

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

_____

_____

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

_____

_____

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

_____

_____

Are there weapons present or have weapons been used? _____

_____

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

_____

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

_____

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

_____

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

_____

_____

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

_____

_____

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

_____

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

_____

_____

_____

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

_____

☐ N/A **Substance Abuse**

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

_____

What is the frequency of use? _____

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

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

_____

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

_____

_____

Do the children have access to the drugs? _____

_____

Has the parent ever experienced blackouts? _____

Is there adequate food in the house? _____

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

_____

_____

_____

_____

☐ N/A **Substance Affected Infant**

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

_____

_____

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

_____

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

_____

_____

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

_____

_____

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

_____

_____

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

_____

_____

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

_____

_____

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

_____

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

_____

_____

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

_____

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

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

☐ N/A **Abandonment**

How long has the parent/caretaker been gone? _____

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

_____

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

_____

_____

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

_____

_____

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

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

_____

_____

☐ N/A **Supervision**

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

_____

_____

_____

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

_____

_____

_____

What are your supervision concerns? _____

_____

_____

☐ N/A **Injurious Environment**

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

_____

_____

☐ N/A **Illegal Placement for Adoption**

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

_____

_____

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

_____

_____

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

_____

_____

☐ N/A **Improper Discipline**

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

_____

_____

_____

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

_____

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

_____

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

_____

_____

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

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

_____

_____

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

_____

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

_____

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

_____

☐ N/A **Dependency**

Is the child without a parent/caretaker? _____

_____

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

_____

_____

_____

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

_____

_____

_____

Section VIII: Maltreatment Screening Tools

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

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

Neglect:
☐ Improper Care
☐ Improper Supervision
☐ Improper Discipline
☐ Improper Medical/Remedial Care
☐ Illegal Placement/Adoption
☐ Injurious Environment
☐ Abandonment

☐ **Dependency**

And/Or
☐ Substance Abuse
☐ Substance Affected Infant
☐ Domestic Violence

Response Priority Decision Tree

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

☐ Physical Abuse ☐ Sexual Abuse ☐ Human Trafficking ☐ Moral Turpitude ☐ Neglect

☐ Dependency ☐ Emotional Abuse

This report is being accepted for:

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

☐ **Neglect:**
☐ Improper Care
☐ Improper Supervision
☐ Improper Discipline
☐ Improper Medical/Remedial Care
☐ Illegal Placement/Adoption
☐ Injurious Environment
☐ Abandonment

And/Or
☐ Substance Abuse
☐ Domestic Violence

☐ **Dependency**

Response Time

☐ Immediate ☐ 24 Hours ☐ 72 Hours

Report Not Accepted

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

_____

_____

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

_____

Section IX: Mandated Reports

This report involves a child care setting. Allegations were reported to the Division of Child Development

and Early Education (staff) _____ on (date) _____.

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

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

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

Regulation (staff) _____ on (date) _____.

Division of Health Services Regulation (DHSR) contact information:

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

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

(staff) _____ on (date) _____.

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

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

Oral Report: _____ Written Report: _____

Section X: Signatures

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

Name/Signature: _____ Position: _____ Date: _____

Name/Signature: _____ Position: _____ Date: _____

Child Protective Services Structured Intake Form

Section I: Demographics

Date: _____ Time: _____

Received by (Name): _____ County: _____

Screening Decision: _____ Referred Due to Residency: _____

Assigned to: (County/Worker Name) _____

Referred to: (County Name) _____ Date/Time: _____

Confirmed with: _____

Was Safety Assessed ☐ Yes Date: _____ By: _____

☐ No Reason: _____

Type of Report: ☐ Abuse ☐ Neglect ☐ Dependency

If referring to another county for assessment, do not complete the information below:
Family Assessment ☐ Investigative Assessment ☐

Initiation Response Time: Immediate ☐ 24 Hours ☐ 72 Hours ☐

Case Name: _____ Case Number: _____

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

Substance Affected Infant notification by a healthcare provider ☐

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

Section II: Reporter Information

Name: _____ Relationship: _____

Address: _____

Phone Number: _____

Reporter waives right to notification? ☐ Yes ☐ No

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

Section III: Maltreatment Information

Children's Information

Name (include nicknames)	Sex	Race	Ethnicity	Age/ DOB	School/Child Care	Relationship to Perpetrator A	Relationship to Perpetrator B

Parent/Caretaker's Information

Name (include aliases/nicknames)	Sex	Race	Ethnicity	Age/DOB	Employment/School

Alleged Perpetrator's Information

Name (include aliases/nicknames)	Sex	Race	Ethnicity	Age/DOB	Employment/School
A.					
B.					

Other Household Members

Name (include aliases/nicknames)	Sex	Race	Ethnicity	Age/DOB	Employment/ School	Relationship

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

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

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

_____

_____

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

_____

_____

What is the location in which that care is provided?

_____

_____

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

_____

_____

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

_____

_____

Driving Directions: _____

_____

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

_____

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

_____

Family's Primary Language: _____

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

_____

_____

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

_____

_____

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

_____

_____

What

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

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

_____

_____

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

_____

_____

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

_____

_____

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

_____

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

If yes, describe _____

_____

_____

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

If yes, describe_____

_____

When

Approximately when did this incident occur? _____

_____

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

_____

Where

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

_____

How

How do you know what happened to the family? _____

How long has this being going on? _____

Section IV: Family Strengths

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

_____

_____

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

_____

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

_____

Section V: Safety Factors

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

_____

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

_____

_____

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

_____

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

Section VI: Health Insurance Information

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

☐ Medicaid ☐ Private Insurance/HMO ☐ Health Choice ☐ Other ☐ No Insurance

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

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

☐ No Regular Care

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

Section VII: Abuse, Neglect, and Dependency

☐ N/A **Physical Abuse**

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

_____

_____

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

_____

_____

_____

What part of the body was injured? _____

_____

Is there need for medical treatment? _____

What is the parent/caretaker's explanation? _____

_____

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

_____

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

_____

Did anyone witness the abuse? _____

Are any family members taking protective action? _____

Have you had previous concerns about this family? _____

_____

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

_____

_____

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

_____

☐ N/A **Moral Turpitude**

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

_____

_____

☐ N/A **Sexual Abuse**

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

_____

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

_____

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

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

_____

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

_____

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

_____

_____

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

☐ N/A **Human Trafficking**

General

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

If yes, describe _____

_____

Sex Trafficking and Labor Trafficking

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

If so, who are the people involved? _____

_____

_____

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

_____

_____

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

If yes, describe _____

Is anyone else involved in the trafficking? ☐ Yes ☐ No ☐ Unknown

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

_____

Is a parent or caretaker involved? ☐ Yes ☐ No ☐ Unknown

If yes, how? _____

_____

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

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

_____

_____

Labor Trafficking

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

If yes, describe_____

_____

Residency and Movement

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

If yes, what was promised? _____

_____

_____

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

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

_____

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

_____

☐ N/A **Emotional Abuse**

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

_____

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

_____

_____

_____

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

_____

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

_____

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

_____

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

_____

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

_____

☐ N/A **Domestic / Family Violence**

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

_____

_____

_____

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

_____

_____

_____

_____

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

_____

_____

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

_____

_____

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

_____

_____

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

_____

_____

Are there weapons present or have weapons been used? _____

_____

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

_____

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

_____

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

_____

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

_____

_____

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

_____

_____

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

_____

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

_____

_____

_____

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

_____

☐ N/A **Substance Abuse**

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

_____

What is the frequency of use? _____

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

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

_____

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

_____

_____

Do the children have access to the drugs? _____

_____

Has the parent ever experienced blackouts? _____

Is there adequate food in the house? _____

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

_____

_____

_____

_____

☐ N/A **Substance Affected Infant**

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

_____

_____

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

_____

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

_____

_____

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

_____

_____

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

_____

_____

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

_____

_____

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

_____

_____

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

_____

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

_____

_____

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

_____

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

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

☐ N/A **Abandonment**

How long has the parent/caretaker been gone? _____

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

_____

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

_____

_____

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

_____

_____

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

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

_____

_____

☐ N/A **Supervision**

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

_____

_____

_____

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

_____

_____

_____

What are your supervision concerns? _____

_____

_____

☐ N/A **Injurious Environment**

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

_____

_____

☐ N/A **Illegal Placement for Adoption**

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

_____

_____

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

_____

_____

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

_____

_____

☐ N/A **Improper Discipline**

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

_____

_____

_____

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

_____

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

_____

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

_____

_____

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

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

_____

_____

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

_____

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

_____

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

_____

☐ N/A **Dependency**

Is the child without a parent/caretaker? _____

_____

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

_____

_____

_____

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

_____

_____

_____

Section VIII: Maltreatment Screening Tools

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

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

Neglect:
☐ Improper Care
☐ Improper Supervision
☐ Improper Discipline
☐ Improper Medical/Remedial Care
☐ Illegal Placement/Adoption
☐ Injurious Environment
☐ Abandonment

☐ **Dependency**

And/Or
☐ Substance Abuse
☐ Substance Affected Infant
☐ Domestic Violence

Response Priority Decision Tree

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

☐ Physical Abuse ☐ Sexual Abuse ☐ Human Trafficking ☐ Moral Turpitude ☐ Neglect

☐ Dependency ☐ Emotional Abuse

This report is being accepted for:

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

☐ **Neglect:**
☐ Improper Care
☐ Improper Supervision
☐ Improper Discipline
☐ Improper Medical/Remedial Care
☐ Illegal Placement/Adoption
☐ Injurious Environment
☐ Abandonment

And/Or
☐ Substance Abuse
☐ Domestic Violence

☐ **Dependency**

Response Time

☐ Immediate ☐ 24 Hours ☐ 72 Hours

Report Not Accepted

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

_____

_____

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

_____

Section IX: Mandated Reports

This report involves a child care setting. Allegations were reported to the Division of Child Development

and Early Education (staff) _____ on (date) _____.

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

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

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

Regulation (staff) _____ on (date) _____.

Division of Health Services Regulation (DHSR) contact information:

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

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

(staff) _____ on (date) _____.

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

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

Oral Report: _____ Written Report: _____

Section X: Signatures

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

Name/Signature: _____ Position: _____ Date: _____

Name/Signature: _____ Position: _____ Date: _____

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

Instructions for Completing the CPS Structured Intake Form

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

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

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

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

The following pages cover each section of the CPS Structured Intake Form and review the type of information each section should contain. These instructions are intended as a guide and should be used in combination with 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.

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.

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.*

Driving directions to the family's residence.

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

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

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

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

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

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

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

Did you see physical evidence of abuse or neglect?

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

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

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

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

If yes, describe

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

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

If yes, describe

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

When: Approximately when did the incident occur?

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

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

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

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

How long has this been going on?

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

Section IV: Family Strengths

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

How do family members usually solve this problem?

What have you seen them do in the past?

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

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

What is different about those times?

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

What did the parent and child do instead?

What do you think contributed to the parent responding differently?

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

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

Section V: Safety Factors

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

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

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

Is there anything you can do to help the family?

Has anything happened recently that prompted you to call today?

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

Section VI: Health Insurance Information

Does the child(ren) have health insurance?

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

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

Section VII: Abuse, Neglect, and Dependency

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

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

Physical Abuse

Where was the child(ren) when the abuse occurred?
Describe the injury, for example: (Thursday, May 23, 2016, a.m. or p.m., red and blue mark, 1" by 4" shaped like a belt mark, fresh or fading)

What part of the body was injured?

Is there a need for medical treatment?

What is parent/caretaker's explanation?

What is the child's explanation?

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

Did anyone witness the abuse?

Are any family members taking protective action?

Have you had previous concerns about this family?

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

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

Moral Turpitude

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

Sexual Abuse

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

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

Did the child disclose directly to the reporter?

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

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

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

Has the child(ren) had a medical exam?

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

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

Human Trafficking

General

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

If yes, describe.

Sex Trafficking and Labor Trafficking

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

If so, who are the people involved?

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

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

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

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

If yes, how?

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

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

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

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

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

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

Labor Trafficking

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

If yes, describe

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

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

Residency and Movement

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

If yes, what was promised?

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

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

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

Intake workers must gather information from the reporter including:

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

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

Possible Indicators of Human Trafficking

Behavioral:

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

Environmental – Working/Living Conditions:

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

Physical:

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

Other:

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

- 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?

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

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

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

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

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

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

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

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

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

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

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

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

Substance Abuse

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

What is the frequency of use?

Do the children have knowledge of the drug use?

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

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

Do the children have access to the drugs?

Has the parent ever experienced black outs?

Is there adequate food in the home?

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

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

Substance Affected Infant

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

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

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

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

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

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

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

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

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

neglect?

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

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

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

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

Abandonment How long has the parent/caretaker been gone?

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

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

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

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

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

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

Supervision Is the child left alone?

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

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

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

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

Is the child(ren) afraid to be alone?

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

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

What are your supervision concerns?

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

Injurious Environment

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

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

Illegal Placement for Adoption

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

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

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

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

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

Improper Discipline

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

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

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

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

Improper Care/Improper Medical/ Improper Remedial Care

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

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

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

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

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

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

Dependency

Is the child without a parent/caretaker?

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

What other circumstances make the child dependent?

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

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

Section VIII: Maltreatment Screening Tools

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

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

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

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

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

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

Response Priority Decision Tree

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

This report is accepted for:

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

Response Time

Indicate the appropriate response time for the CPS Report.

Report Not Accepted

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

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

Section IX: Mandated Reports

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

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

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

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

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

Care Management for At Risk Children (CMARC) Referral Form

Internal Use: Date Referral Received:

CMARC - Target Population Birth to 5 Years

Child's Name:	Referral Date (mm/dd/yyyy):
Date of Birth (mm/dd/yyyy):	Gender: ☐ Female ☐ Male
Race: ☐ Asian ☐ American Indian or Alaska Native ☐ Native Hawaiian or Other Pacific Islander ☐ Caucasian or White ☐ Black or African American ☐ Other **If Hispanic/Latino**: ☐ Mexican ☐ Mexican-American ☐ Puerto Rican ☐ Cuban ☐ Other	
Medicaid ID #:	☐ Uninsured ☐ Health Choice ☐ Private Insurance
Applied for Medicaid? ☐ Yes ☐ No	Name Private Ins. Company:

Parent or Guardian Information

Parent/Guardian's Name:		Date of Birth (mm/dd/yyyy):	
Primary Language Spoken in Home:		Needs Interpreter? ☐ Yes ☐ No	
Street Address:			
P.O. Box:	City:	Zip Code:	County:
Home Phone #: ( ) -		Cell Phone #: ( ) -	
Employer:		Work Phone #: ( ) -	
Relative/Neighbor Contact Name:		Contact Phone #: ( ) -	

Referring Medical Home, Agency or Organization

Referral Organization:	Contact Person:
Contact Phone Number: - -	Contact Fax Number: - -
Contact Email:	☐ Check here if you are child's PCP/Medical Home.
Parent/Guardian Informed of Referral? ☐ Yes ☐ No	
Child's Primary Care Provider, if not listed above:	

Target Populations for Referrals[1]

☐ **Child with Special Health Care Needs (CSHCN)** - Defined as a child at increased risk for a chronic physical, developmental, behavioral, or emotional condition that has lasted or is expected to last at least 12 months and who requires health and related services of a type or amount beyond that required by children generally.

Specific concern: _____

If developmental concern, has child been referred for Early Intervention Services? ☐ Yes ☐ No

☐ **Infant in Neonatal intensive Care Unit (NICU)**

☐ **Other Please specify:**_____

Child experienced adverse childhood event: includes, but is not limited to:

- ☐ Child in foster care
- ☐ History of abuse and neglect
- ☐ Caregiver unable to meet infant's health and safety needs/neglect
- ☐ Parent(s) has history of parental rights termination
- ☐ Parental/caregiver/household substance abuse, neonatal exposure to substances
- ☐ CPS Plan of Safe Care referral for "Substance Affected Infant" **(Complete section "Infant Plan of Safe Care")**
- ☐ Child exposed to family/domestic violence
- ☐ Unsafe where child lives / environmental hazards or violence
- ☐ Incarcerated family or household member
- ☐ Parent/guardian suffers from depression or other mental health condition, maternal postpartum depression
- ☐ Homeless or living in a shelter / Unstable housing
- ☐ Other Please specify: _____

Medical Home Referral[2]

☐ Check here if primary care provider (listed above) would like to make a direct referral for CMARC care management.

Specify reason for referral if not indicated above: _____

Notes:

[1] If any of the boxes under "Target Populations for Referral" is checked, the child is eligible for CMARC Program and will receive a comprehensive health assessment.

[2] If the Medical Home provider checks the "direct referral" box, the child is automatically referred for CMARC care management. The CMARC care manager may contact the Medical Home to clarify the need, as appropriate.

Care Management for At Risk Children (CMARC)
Referral Form

Internal Use: Date Referral Received:

Infant Plan of Safe Care	
Child's Name:	
Date of Birth (mm/dd/yyyy):	
Based on information known at intake and the services provided by CMARC, infant and family could benefit from the following (check all that apply): **Comments:**	☐ Comprehensive health assessment to identify a child's needs and plan of care, including Life Skills Progression ☐ Linkage to medical home and communication with primary care provider ☐ Services and education provided by CMARC care managers that are tailored to child and family needs and risk stratification guidelines. ☐ Identify and coordinate care with community agencies/resources to meet the specific needs of the family. Please specify below: ☐ Evidence-Based Parenting Programs ☐ LME/MCO or mental health provider ☐ Home visiting programs, if available ☐ Housing resources ☐ Food resources (WIC, SNAP, food pantries) ☐ Assistance with transportation ☐ Identification of appropriate childcare resources ☐ Other _____ ☐ Screening for referral to Infant-Toddler Program through Early Intervention for infants with diagnosis of Neonatal Abstinence Syndrome or for infants with developmental concerns ☐ Assessment of family strengths and needs and how they influence the health and wellbeing of the child

PART

Using Evidence to Promote Excellence in Child Welfare

Taking The Path Less Travelled:

CRITICAL THINKING FOR CHILD WELFARE PRACTITIONERS

PRINTABLE PDF

INTRODUCTION

The very nature of child welfare, with its fast pace and often limited information, makes critical thinking a challenging but essential process (Munro, 1996). There may be a tendency for child welfare practitioners to avoid careful examination of beliefs and perspectives about families even in the face of new and evolving information. Dr. Munro's report illustrates the importance of child welfare practitioners taking a more critical attitude towards their decision-making self-reflective processes. Practitioners need to be prepared to change their minds when presented with new and evolving information.

LEARNING OBJECTIVES

The learning objectives achieved in this booklet are as follows:

- Introduce the application of critical thinking in child welfare practice;
- Provide a framework for the development of critical thinking and analysis;
- Demonstrate strategies for the implementation of critical thinking in the everyday work of a child welfare practitioner.

Barriers to Critical Thinking

The majority of us are not as skilled at critical thinking as we would like to be. As a child welfare practitioner, it is a vital part of your daily decision-making process. We may occasionally acknowledge that:

- We feel pressure to make quick decisions even though the information is limited;
- Our own emotions may interfere with our capacity to listen to others;
- We feel ambivalent about seeing a family;
- We have difficulty admitting that we "do not know", even if we feel unsure.

What is Critical Thinking?

Critical thinking describes the processes that we use to make decisions about important events and issues in our daily work and personal lives. In order to make good decisions in life and at work, we need to be sure that the information we rely on is accurate, valid, and fits the situation or issue that we are trying to address. We do this through identifying the assumptions, beliefs, and perspectives that impact our decisions and actions. We do so by evaluating and examining their accuracy (Brookfield, 2007; Paul and Elder, 2006). It should be noted that the child welfare anti-oppressive framework invites us to examine five key factors that may challenge achieving anti-oppressive outcomes. These outcomes were identified by the field during the Anti-Oppressive Practice Consultation: 1) knowledge and awareness, 2) skills, 3) attitudes, 4) assumptions and 5) institutional factors.

Critical Thinking is:

- The art of analyzing and evaluating our thinking with a view to developing a deliberate process;
- Guided by careful examination of beliefs and perspectives;
- Self-directed, self-disciplined, self-monitored, and self-corrective (Paul and Elder, 2006);
- A journey which will be experienced differently by everyone.

Critical Thinkers are:

Creating New Habits

Developing the habits required to support critical thinking takes conscious effort. It is important to keep in mind that no one can ever completely master critical thinking. Over time however, the habits of critical thinking can begin to feel like second nature. Below are some suggestions that may help you to develop your critical thinking skills and foster new habits in your thinking processes:

- **Treat your first reaction to a situation, issue, or person as temporary.** Resist the urge to pass judgement based only upon initial reactions. Have you observed carefully?
- **Examine your reaction(s).** Try to understand why you reacted the way you did. What assumptions were you making? What previous experiences may have contributed to your reaction?
- **Think of alternative responses to the person, situation, or issue at hand.** Try to put yourself in someone else's shoes (Kennedy, 2012).

Decision-making in child welfare practice is an uncertain activity

Information is available from multiple (often conflicting) sources, or is difficult to find. It can be filled with crucial gaps, and important new information that may come to light after decisions have been made. It is only possible to make decisions according to current understandings of available information about each individual case (Munro, 1996). As a case progresses and new information comes to light, decisions should be reviewed and sometimes changed.

Making mistakes can help make better decisions in the future

It is important that practitioners are willing and able to recognize that a previous decision may have been wrong – though reasonable at the time when the decision was made. These mistakes are an inevitable part of practice and recognizing them is an essential element of good practice (Munro, 1996).

How does critical thinking benefit the children and families I work with?

Critical thinking has the potential to bring about a number of benefits for the children and families that you work with, including:

- The processes of critical thinking encourage the reframing of errors and mistakes as learning opportunities;
- The increased insight and awareness these mistakes provide can inform future decisions and practice;
- Critical thinking can help you to develop the ability to listen with an open mind, even to viewpoints that conflict with your own;
- Thinking critically about your opinion of a child or family will enable this opinion to be seen as tentative and open to revision (Munro, 1996);
- Re-examining previous conclusions about a case based on new information or, as a result of reflection, may reveal new opportunities for action.

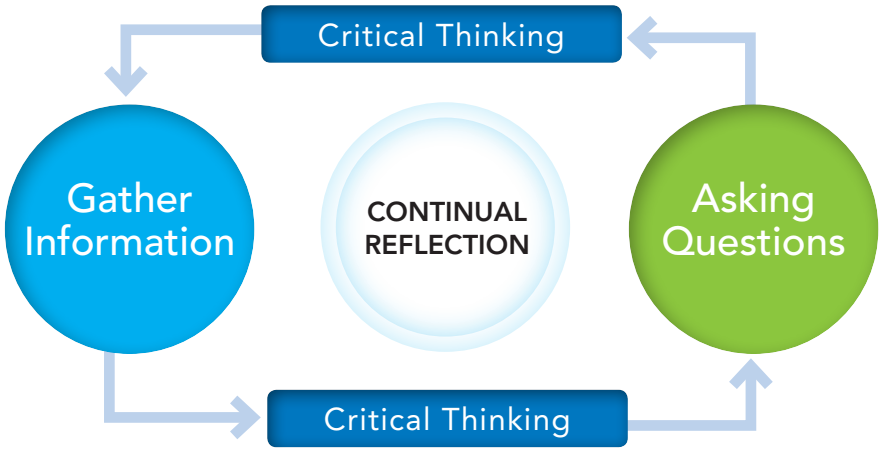
Thinking outside of the 'Tick Box'

	EIGHT ASPECTS OF CRITICAL THINKING IN CHILD WELFARE[1]
Aspect 1	Knowing why you are making a decision - what are the critical questions that need to be answered and the decisions that need to be made using the information.
Aspect 2	Determining the most pertinent and relevant criteria to be considered; that is, the type, scope, and the depth of information that must be gathered to inform the decision.
Aspect 3	Implementing a variety of information-gathering strategies to access and record the needed information.
Aspect 4	Analyzing the information and formulating hypotheses about what the information is telling you.
Aspect 5	Testing out hypotheses to assure a high degree of accuracy and consistency in our information.
Aspect 6	Synthesizing or integrating the information so it is congruent and allows you to draw accurate conclusions.
Aspect 7	Using your conclusions to make well-informed decisions that achieve the desired outcome.
Aspect 8	Evaluating the process based on expected and actual outcomes.

1 *The information above comes from the Ohio Child Welfare Training Program.*

Why ask questions?

Asking questions is vital when thinking critically. The diagram below outlines the circular nature of the relationship between gathering information, asking questions, and critical thinking. It also highlights the importance of continually reflecting on the decisions and judgements that we make.



The following table presents some questions that we may ask in order to explore and expand our thinking:[2]

	QUESTION	WHY MIGHT THIS QUESTION BE HELPFUL?
PURPOSE	■ What is the purpose of my thinking (the goals or objectives)?	Questions about purpose help us to define our task, which in turn helps us to develop a plan.
ACCURACY	■ What precise question or problem am I trying to answer? ■ How could we find out if this is true? ■ How could we verify or test this? ■ How could we check on this?	Questions about accuracy encourage us to evaluate and test for truth and correctness.
PRECISION	■ Could you elaborate further? ■ Could you give me an example? ■ Could you illustrate what you mean? ■ Could you give me more details? ■ Could you be more exact?	Questions about precision and clarity help us to gain a better understanding of the facts of the problem we are facing.

2 *This chart is adapted from the work by the Foundation for Critical Thinking (www.criticalthinking.org)*

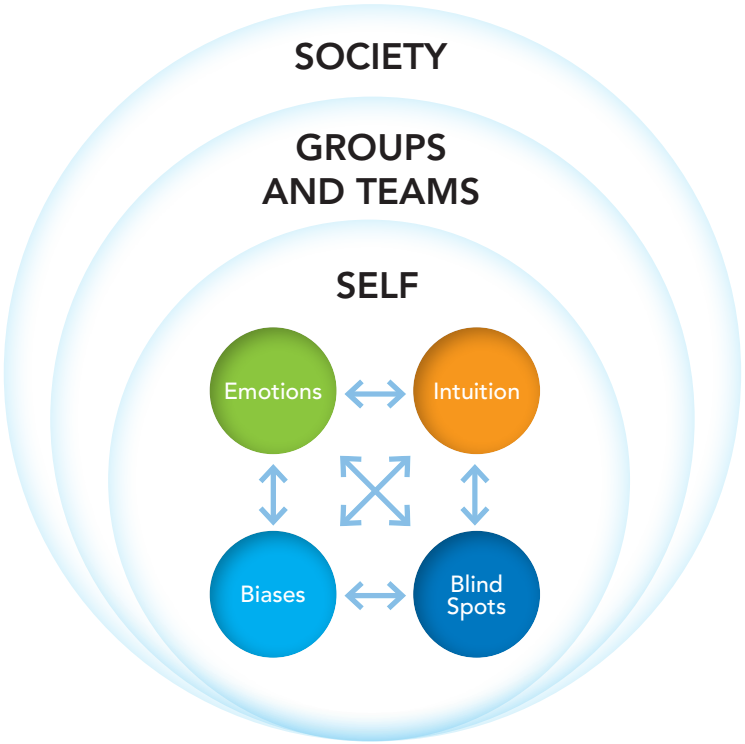
	QUESTION	WHY MIGHT THIS QUESTION BE HELPFUL?
POINT OF VIEW	■ From what point of view or perspective am I thinking? ■ Do I have any vested interest in this issue? ■ Am I sympathetically representing the viewpoints of others?	Questions about point of view ask us to examine our perspective and consider other relevant points of view.
CONSISTENCY	■ Am I consistent in interpreting the information and alternative points of view? ■ Do I selectively value certain perspectives?	Questions about consistency encourage us to examine our thinking for contradictions.
ASSUMPTIONS	■ What am I taking for granted? ■ What assumptions am I making?	Questions about assumptions help us to examine our own internal expectations and ensure that we are not taking things for granted.
INFORMATION	■ What information am I using to base my decision upon? ■ Have I sought information from multiple sources or points of view? ■ Do we need to look at this from another perspective? ■ Do we need to look at this information in other ways?	Questions about information allow us to look at our sources of information as well as at the quality of information.
INTERPRETATION	■ How am I interpreting that information? ■ Is this the most important problem to consider? ■ Is this the central idea to focus on? ■ Which of these facts are most important?	Questions about interpretation ask us to examine how we are organizing or giving meaning to information and to consider alternative ways of assessing this information.
COMPLEXITY	■ What factors make this a complicated problem? ■ What are the specific complexities of this problem? ■ What are some of the difficulties we need to deal with?	Questions about complexity and seriousness allow us to understand the depth of the problem.
LOGIC	■ Am I drawing inferences that are logical and follow from the evidence? ■ Does this all make sense together? ■ Does the conclusion follow from the evidence?	Questions about logic encourage us to consider how we consolidate our thinking to ensure it is supported by a system of logic.

	QUESTION	WHY MIGHT THIS QUESTION BE HELPFUL?
RELEVANCE	■ How does this relate to the problem? ■ What impact does this have on the question? ■ How does this information help us with the issue at hand?	Questions about importance and weight enable us to explore the relevance of information to the problem.
IMPLICATIONS	■ What concepts or ideas are central to my thinking? ■ What conclusions am I coming to? ■ If I accept the conclusion, what are the implications? ■ What would the consequences be if I put my decision into action?	Questions about implications highlight alternative ways to approach situations and ask us to see beyond the immediate and to consider future consequences.

The anti-oppressive framework for child welfare invites us to ask questions that challenge the status quo.

Critical Thinking Framework

For many of us, it is easier to learn new skills with the assistance of others. This is especially true in the areas of critical thinking where self-awareness, reflection, and considering multiple perspectives are difficult to develop. The following strategies can help you develop your skills.



SELF

Biases

For better or worse, every person has their own personal biases based on generalized perceptions about situations, ideas, or other people. Although biases may seem harmless or natural, they can distort decision-making processes and cause harm to the people affected by those decisions. It is unrealistic to expect that the full impact of bias on decision-making can be eliminated; however, we can learn to harness, use, and temper them.

Questions:

- What are some biases that you have (both favourable and unfavourable)?
- How do you identify these as biases?
- Where do your biases come from?
- What are some of the assumptions related to these biases?
- How do you work with biases once you become aware of them?
- In what way might a particular bias impact your work as a child welfare practitioner?

Emotions

Awareness of the relationship between your practice and your emotions is a key element of critical thinking. Emotions and empathy are crucial aspects of child welfare practice; however, a lack of awareness about which emotions are affecting us at any given time can seriously impact our ability to think critically.

Questions:

- Are there certain events that are more likely to trigger challenging emotions than others?
- Can you identify what kinds of behaviours accompany strong emotional responses?
- How can different emotional reactions help you to solve a presenting problem?
- Do some emotional responses complicate your problem-solving abilities or otherwise create barriers?

Intuition

Becoming aware of, getting in touch with, and learning to trust your intuition and practice wisdom are crucial elements of the critical thinking process (Gigerenzer, 2007). This is not to suggest that critical thinking involves working from hunches. Learning to work intuition and practice wisdom into critical thinking processes can lead to more self-aware decisions. Intuitive hunches and practice wisdom can provide insights that may not otherwise be available.

Questions:

- Can you think of a time in the past when your intuition influenced your decision-making, either positively or negatively?
- How did this impact your decision-making?
- How do you identify information you access intuitively?
- Is there a physical feeling you notice when you intuitively 'know' something?
- What can you do when your intuition or practice wisdom comes into conflict with research, facts, or other forms of evidence?

Blind Spots

Blind spots are biases, prejudices, emotions, or other internalized forces that impact our decision-making processes without our express awareness. They can be very difficult to identify and address because they are unknown by definition. Sources of blind spots may include: personal background and experience, trauma (from work or personal experience), culture, family, faith, age, geography, class or social location, personal value systems, political beliefs, and/or grief and loss.

Questions:

- Can you identify any blind spot(s) you may have in relation to the above areas of your life?
- Do you have a trusted peer or colleague who can help you identify your blind spot(s)?
- Can you think of a time when your blind spot(s) may have unknowingly influenced a decision you made?
- In terms of your communication with others, are you approachable? How do you manage differences of opinion? Do you recognize contributions made by others sufficiently?

GROUPS & TEAMS

Belonging to a group or team can be a great source of strength and can expose us to perspectives or experiences that we may not have otherwise considered. Groups and teams also operate under certain spoken and unspoken rules and norms. It is important for critical thinkers to understand the ways in which the social norms of the groups that we belong to impact our thinking and decision-making abilities.

Groupthink is a psychological phenomenon that occurs within groups of people, in which the desire for harmony in a decision-making group overrides a realistic appraisal of alternatives. Group members try to minimize conflict and reach a consensus decision without critical evaluation of alternative ideas or viewpoints.

Questions:

- Which groups do you belong to? These may include your family, your community, your work unit, faith group, sports group, peer group, hobby groups, etc.
- Do any of these groups expect everyone to share similar thinking about certain issues?
- Are members allowed to ask questions of the leaders and of each other?
- What are you required to believe and what are you forbidden to do?
- Are there sanctions for going against the social norms of the group?
- How do unofficial 'rules' or norms influence your thinking?

SOCIETY

Societies are complicated systems of structures, ideals, and interrelationships that shape and guide the thinking processes of the people that live within their boundaries. Societal forces have significant impacts even though they are rarely straightforward or easy to identify. These structures can include: legal structures, national identities, public perceptions, media messaging and social media influences, public inquiries and inquests, political processes and policies, and the distribution of wealth.

Questions:

- How can the above structures impact your critical thinking in practice?
- What strategies do you feel might help you to navigate these impacts?
- What additional societal structures might impact on your critical thinking process?

Implementing Critical Thinking

Practitioners commonly say that although they fundamentally agree with the concepts of critical thinking, they struggle to find the time to fit it into their practice. In a management culture concerned with accountability, the social worker sitting at his/her desk gazing into space may invite suspicion and/or disapproval (Munro, 1996).

Critical thinking need not be an additional duty on top of an already overwhelming caseload, nor does it need to be a solitary activity.

Supervision sessions are useful for asking difficult questions and exploring new perspectives, but so are case conferences, informal discussions with trusted peers, and meetings with clients themselves.

Building on your Strengths

What are the personal traits and characteristics that can support your growth as a critical thinker? It is likely that you already practice many of the skills that contribute to critical thinking. Relying on your strengths can make it easier to develop a broader range of skills. Ask yourself the following questions:

- When do you demonstrate character traits that make it easier to think critically?
- When do you demonstrate character traits that make it more challenging to think critically?
- Do you notice any patterns that can help you to develop other critical thinking skills?

Becoming aware of different perspectives

The way in which practitioners choose to frame the issues facing their clients is one of the most significant sources of power imbalance in child welfare practice. Language is a tool we use to communicate; but our choice of words, also reveals the ideologies that underpin our views of the world and the power relations inherent within these perspectives (Dominelli, 2002). Framing an issue without a comprehensive understanding of the facts and contexts of a particular case can bring myths, stereotypes, previous traumas, or other forms of oppression to life for clients. Using critical thinking to become aware of and understand differing perspectives is a powerful way that practitioners can implement elements of anti-oppressive practice. The following is a list of common tools that can be used to explore a range of different perspectives:

- Genograms
- Reading case notes
- Talking to colleagues and collaterals
- Peer supervision
- Case conferences
- Reading and reflection
- Inviting others to provide constructive feedback

Conclusion

Critical thinking is a complicated process that requires constant self-reflection and input from colleagues. It is an ongoing process that cannot be relegated to solely the supervisory process. It should include a continual re-evaluation of decisions, information and hypotheses that are constructed from interactions with clients, peers, colleagues and other relevant sources of information. Critical thinking is a journey, not a destination.

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On-Line Links Related To Developing Your Critical Thinking

The on-line model for learning the elements and standards of critical thinking http://www.criticalthinking.org/ctmodel/logic-model1.htm

The Critical Thinking Consortium http://www.tc2.ca/wp/

Critical Thinking on the Web: A Directory of On-line Resources http://austhink.com/critical/

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

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

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

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Focusing on CPS Intake

Child protective services intake lays the foundation for everything that follows in child welfare. It's where assessment of safety and risk begins. It is where we begin collecting and documenting information. It's a place for county child welfare agencies to partner with and educate reporters (i.e., the community). And it is where we make decisions that can profoundly alter people's lives. As one worker put it, CPS intake is often a "doorway that leads to changing a life."

This issue of *Practice Notes* is an opportunity to focus on this essential part of the child welfare system. In it you will hear from intake workers and supervisors, find intake interview tips, explore ways data can be used to strengthen CPS intake, and learn about a recommendation that North Carolina develop a central intake hotline. We hope you find this issue helpful! ◆

Intake: A Critical Part of Assessing and Ensuring the Safety of NC's Children and Youth

As the "front door" to the child welfare system, intake is one of the most important roles in child welfare. Intake is where the child protection process begins. It is where the first assessment of safety and risk occurs. All subsequent intervention depends on the quality of information obtained at intake (Casey Family Programs, 2018a).

Intake is also where we have an opportunity to educate the community about our goals of ensuring safety, permanency, and well-being for all children. It is where the public gets its first impression of the child welfare system.

Despite intake's importance, we sometimes underestimate the skill it requires. Intake is not simply listening to the reporter and recording the information they provide. Intake requires the skillful gathering of information from the reporter and agency records to:

- Identify and locate the child, parents, or primary caretaker;
- Determine whether the report meets the statutory guidelines of abuse, neglect, and dependency;
- Assess the seriousness of the child's situation; and
- Understand the reporter's motives and relationship to the family (NCDSS, 2017b).

Obtaining this level of information calls for strong interviewing skills, documentation skills, and a thorough knowledge of *continued next page*

CPS in North Carolina, 2017	
133,771	Reports to CPS intake
11,148	Average CPS reports per month
65%	Percent of reports screened in
40%	Percent of reports to CPS from education, law enforcement, and court professionals (combined)
21%	Percent of children assessed by CPS who were found to be maltreated
Parental Substance Abuse	Top reason for child abuse or neglect *(True for the last four years in NC)*
Neglect	Most common reason for substantiation
24%	Percent of victims under age 3

Sources: NCDHHS, 2019; USDHHS, 2019

Critical Step *continued from previous page*

state policy and Chapter 7B of the Juvenile Code. After they gather this information, intake staff face myriad decisions (NCDSS, 2017b):

- What maltreatment type is alleged?
- Do we screen this report in or out, per our legal definitions and policy?
- Will this be a Family Assessment or Investigative Assessment?
- Must the response be immediate, 24 hours, or 72 hours?

These decisions must be made quickly, so that accepted reports can be assigned to a CPS assessor and initiated timely. Intake staff make these decisions with their supervisor, but the supervisor relies on the information obtained through the interviewing techniques of the worker. Intake workers must have excellent critical thinking and decision-making skills.

Furthermore, intake workers must have strong customer service skills, for they are a reflection of the child welfare system. The reporter's first contact with intake is an opportunity for the agency to "demonstrate its values in action and the seriousness with which it approaches its role and responsibility within the community" (Casey, 2018a). Making a CPS report is a big step and can be hard, especially for reporters who have a relationship with the family. Reporters need support and encouragement for deciding to make the report, and intake has to address their fears and concerns (Capacity Building Center for States, 2018). Intake must also be ready to educate the reporter about the CPS process and next steps. We must respond with care, concern, a sense of urgency, and appreciation for the allegations being shared (Casey, 2018a).

Finally, intake is emotionally heavy work. Intake staff receive reports of abuse and neglect all day, every day, without knowing what happens to each child and family. They rarely get to see successes. They don't get to see families reunify. They don't get to initiate a case to see if the allegations are unfounded. They don't get to experience case closure. Managing the emotional toll of intake is a skill in itself.

To sum up, CPS intake staff must simultaneously gather information, calm the reporter, manage themselves, and make a host of decisions quickly. That is a tall order!

Fortunately, we have a host of tools to help intake do these things well. The intake policy, structured intake form, maltreatment screening tools, and decision trees are meant to support the intake process. These tools help ensure we make legally sound, consistent decisions about whether the agency must make contact with the family, based on the safety concerns identified in the report (NCDSS, 2017b).

Conclusion

CPS intake is an incredibly challenging job—one that has long-lasting implications, for both the child welfare system and the families and children we serve. Intake staff, we thank you for your skilled work and assistance in ensuring safety and well-being for children and families in North Carolina! ◆

How a Thorough Intake Helps All Child Welfare Service Areas

Family Assessments and Investigative Assessments

- By making the first assessment of safety (when determining the response time), intake helps communicate the urgency of the child's situation, which helps assessment workers prioritize.
- Identifying and demographic information collected at intake help the assessment worker locate the family, so timely initiation can occur. This information can also help us locate and engage absent parents.
- Because it makes timely initiation possible, intake helps us respond quickly to maltreatment concerns, so we can ensure the safety and well-being of children.
- By highlighting potential safety concerns in the home and surrounding areas, intake can help assessment workers ensure their own safety as well.
- Intake's review of agency records can reveal patterns of potential risk.

CPS In-Home Services

- The information intake gathers on family members, collaterals, and professionals involved can help in-home staff identify who can support the family in initiating and maintaining positive change that will create a safer environment for the child.
- These individuals can also serve as placement resources if the home becomes unsafe for the child.
- Intake's review of agency records can reveal patterns about families' past level of engagement with child welfare services.
- By highlighting potential safety concerns in the home and surrounding areas, intake can help in-home workers ensure their own safety when working with families.

Permanency Planning Services

- The information intake gathers family members, collateral contacts, and professionals involved can help permanency planning staff identify who can support the family in achieving reunification or permanency for the child.
- These individuals could potentially be respite providers for the child or a placement option, if a placement disruption occurs.
- Intake's review of agency records can reveal patterns about families' past level of engagement with child welfare services.
- By highlighting potential safety concerns in the home and surrounding areas, intake can help permanency planning workers ensure their own safety when working with families.

CPS Intake: A View from the Inside

What is it like to work in CPS intake? To find out, *Practice Notes* recently asked six individuals—three intake supervisors and three intake workers—from small, medium, and large county child welfare agencies in North Carolina. Here's what we learned.

A Crucial Role

Those we spoke with said they feel the importance of their work deeply. They know the decisions they make profoundly alter people's lives. As one put it, CPS intake is a "doorway that leads to changing a life."

As they respond to people reporting possible child maltreatment, intake workers ask strength-based questions, accurately document the conversation, educate reporters, and use complex decision trees to reach an initial or first-level screening decision. This usually takes 45-60 minutes, though it can take much longer.

An intake supervisor reads the report and first-level screening decision, then talks with the worker to reach a final screening decision. Every report gets this two-level review.

Some counties have staff focused exclusively on CPS intake. In others, intake staff are also responsible for a variety of other things, such as Adult Protective Services intake and community resource referrals.

High Volume Days

Because report volumes are unpredictable, staffing levels are a common concern for CPS intake units. Most of those we spoke with said they wished administrators would mobilize back-up intake staff sooner when report volumes rise.

Too many reports and too few staff can lead to what one intake worker called "no lunch and lucky to visit the restroom" days where calls from reporters get backlogged, lines form in the lobby, and requests for assists from other counties mount. Several of those we spoke to said when reports and intake callbacks pile up, they worry more than usual about the safety of children and families.

One supervisor said her goal always is "to stay in the moment" to ensure each child and family is given full attention and policies and procedures are carefully followed.

Intake is tough but essential work.

Talking to Reporters

Although central to the work, talking to reporters is not always easy. For instance, people sometimes have false impressions of CPS based on what they have seen in the media. Others cannot provide the basic details intake staff need (e.g., full name, physical address, school location) to screen the report. Reporters can be confused or irritated when intake staff ask strengths-based questions.

Those we spoke to said some reporters even believe that, because of the system they work in or their role in the community, intake staff should bypass policy and procedures to automatically screen in their reports, divulge a family's history with CPS, or reveal whether there is a current open assessment on a family.

The people we spoke to know these challenges are part of the job. They said they simply call up their customer service skills, patiently educate callers about the CPS intake process, and continue to ask about strengths and the other information needed to make a quality screening decision.

Friction in the Agency

Some staff we spoke with feel intake is seen as "less than" by others in their agency. Some attributed this to the fact that intake staff often do not carry caseloads; others said it was because often intake staff are paid less. Still others noted that agency leaders rarely express public appreciation for the key role CPS intake plays.

Whatever the cause, many of those we talked to said their peers frequently question screening decisions and response time assignments, and that this can come across as unfair and disrespectful. As one put it, "we use policy, not speculation, not emotions, and not friendship" when making a screening decision. No report is ever screened in with the goal of increasing someone's caseload.

The Bottom Line

CPS intake is tough work, but it's also essential: every other role in child welfare depends on the information intake professionals gather and the decisions they make. CPS intake workers and supervisors deserve our trust and respect for taking on this crucial, demanding job. ◆

Intake and Secondary Traumatic Stress (STS)

CPS intake is a daily stream of stories about children being harmed. This puts intake staff at risk for secondary traumatic stress. The intake supervisors we spoke with are aware of this risk and alert for signs such as:

Numbness/avoidance. These common STS symptoms can lead workers to avoid asking critical follow-up questions and therefore miss out on information needed for quality screening decisions.

Impaired judgment. The emotions stirred up by secondary trauma can negatively influence screening decisions. One supervisor said when this happens, they ask the worker to find the specific place in policy that supports the decision.

To support staff and help them manage indirect exposure to trauma, many intake supervisors lead quick one-on-one debriefings to help them explore feelings and emotions experienced from the details of the report. For the worst reports, supervisors may follow up with CPS assessments and pass the information on to intake staff to give them some sense of closure.

To learn about NC DSS-sponsored courses on managing STS, see p 7.

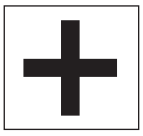
Tips for Conducting Effective Intake Interviews

CPS intake isn't simply listening to and documenting the reporter's comments on the intake form. Intake is a structured interview of the reporter that focuses on gaining the detailed, behaviorally specific information necessary to determine if a CPS assessment is warranted (Capacity Building Center, 2018). Because intake interviews can be challenging, we'd like to provide a few tips for conducting them effectively.

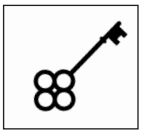
Let them speak. One of the first questions we ask at intake is, "What happened to the child?" *When the reporter begins answering, let them give a full statement without interrupting.* When we interrupt someone, it disrupts their memory and train of thought (NCDSS, 2015). Ultimately, interruptions increase the likelihood the reporter will omit important details about what is going on with the family—details we need to assess safety and risk.

Take notes and follow up. At the same time, we know you will have follow-up questions for the reporter. While he or she is talking, *track important details you want to follow up on. Once they've shared their initial statement, proceed to your follow-up questions.* Follow-up questions should focus on who, what, when, where, and how the event allegedly occurred. We can also get more detail by giving open-ended prompts such as: "Tell me more about that" and "What happened next?"

Guide the discussion. Because of the number of questions you must ask, *be intentional about being in control of the interview*, so you can obtain the information you need during your contact with the reporter.



Use a strengths-based approach. Intake sets the tone for how we will work with the family. We must be family-centered in our approach, and we do this by asking about the family's strengths. Since most reporters don't expect to be asked about strengths, you may need to educate them on why you want this information and how it can be used to keep the child safe. *Asking about strengths communicates that we truly want a balanced perspective of the family*. This may even lead the reporter to give us more information about what they see going on, especially if the reporter has a personal relationship with the family (NCDSS, 2019).



Remember this key question. In general, while completing the intake interview, keep this key question in mind: *What information does the CPS assessor need to complete their assessment timely and well?*

Helpful Intake Questions

- This situation sounds serious. What do you think should happen? How would that solve this problem?
- What do you think this family should do? What are they capable of doing?
- What has the family tried before, and how did that work?
- Has anything in the past worked to resolve other issues with this family, that we could try with the current situation?
- Tell me how you will know this problem has been solved.
- It sounds like this has happened before. What have you seen the family do to sort this out?
- Are there times when the family calls on others to help them with problems? Who do they call?
- On a scale from 1 to 10, where 1 means you are certain the child is not safe and we should act immediately and 10 means the problems are solved, how would you rate the seriousness of this situation? What exactly makes it a __? What would it take to make it a few points higher?
- How much of the time would you say ___ is a problem? Oh, so ___% of the time it is not so bad. Can you tell me what is happening at those times?
- How well do you know the family? How do you know about these concerns? (e.g., direct observation, someone told me, etc.)
- If this problem is solved, what difference will that make to you? How will your life be different?

- Are there times when the problem you're calling about could have happened, but didn't? What was different about those times?
- Are there aspects of your relationship with the family that might influence them for the better? What have you already tried with them?
- What do you see as positive about the relationship between these parents and their children?

Source: NCDSS, 2019; Capacity Building Center, 2018

Hallmarks of Effectiveness in CPS Intake

What can child welfare systems and agencies do to make sure they get CPS intake right? To answer this question, let's consider some of the elements commonly found in effective intake systems, according to Casey Family Programs (2018a).

Consistent and Timely Response

To respond in a consistent and timely way to child maltreatment reports, agencies need enough intake staff to operate 24 hours a day, every day. To accomplish this, they must have the capacity to monitor report volumes and adjust workload levels in real time.

Emi Wyble, a Social Services Program Representative with the NC Division of Social Services, urges agencies to think carefully about how they assign staff to intake duties. "Agencies will do better if intakes are performed only by primary intake staff," she advises. "Even if this isn't possible due to county size, for consistency's sake, keep the pool of people who do intakes small."

State intake systems can be decentralized, regionalized (i.e., reports are made to regional offices), or centralized (i.e., all reports are processed through a centralized hotline). Currently NC is a decentralized system: reports are made directly to all 100 county child welfare agencies. (Click here to read about the Center for the Support of Families' recommendation that NC move to centralized intake.)

Clear Policy Guidance

To make accurate, consistent decisions at intake agencies need clear policies that include concrete definitions of abuse and neglect. Standardized decision tools also help, especially when they are accompanied by straightforward guidance and integrated into policy.

Policy around intake in NC is clear. Policy requires the use of the Structured Intake form (DSS-1402), and the CPS Intake section of the *NC Child Welfare Manual* includes maltreatment screening decision trees and response priority tools.

Skilled Workforce

The effectiveness of CPS intake rests on the stability and skill of intake staff. According to Casey Family Programs, many experts believe intake staff should be the most skilled and experienced in the agency.

When hiring, agencies should look for the strong interviewing and customer services skills needed to engage and guide reporters in discussion. Once hired, intake staff require consistent training, coaching, and supervision.

Reliable Decision-Making Processes

In NC, CPS intake decisions are two-level. This means they must include a discussion between the intake worker and a supervisor (or other management position) about the tools consulted, the response priority and assessment response, and a justification for those decisions.

Emi Wyble says it is hard to overstate how important it is that intake staff participate actively in decisions. "They have firsthand knowledge of the report, so they need to be in the room and part of the discussion. To leave them out of the process downplays their skills and all they can bring to screening decisions."

Supervisors are also key. Their role in the process allows them to ensure the consistency and quality of screening decisions. If necessary, they also support effective intake by responding when other units question screening decisions or assigned response times, and by participating in the Quality Assurance (QA) process when there are disagreements about intake decisions (CFP, 2018b).

CQI

Continuous quality improvement (CQI) is another hallmark of effective intake practice. Record reviews and other CQI processes ensure staff are engaging reporters, gathering all needed information, and documenting that information and the decision-making process. In some states and agencies, QA units use inter-reliability tests to ensure decisions are consistent across all intake staff. For more on using data in CPS intake, see page 6.

To Learn More

For more insights on CPS intake practice from Casey Family Programs, see:

- *What are the elements of an effective hotline system?*
- *How do some states hire, train, and retain their hotline screeners?*

CPS Intake Documentation Tips

Documentation at intake should paint a clear picture of what the agency knows, what it decides based on that information (even when screening out), and the actions the agency takes based on its decisions (NCDSS, 2017a). For example, when documenting screen outs, writing "didn't rise to the level" isn't sufficient. This is an area NC DSS has identified as an area of concern. Workers must use specifics unique to the report to make it clear why the report was not screened in.

Intake documentation should record facts and avoid opinions or jargon. It should be based on observations of specific behaviors and conditions or obtained by asking open-ended questions to clarify opinions. When conclusions are drawn, they should be based on facts and observed behaviors.

Suggestions for Using Data to Improve CPS Intake

We encourage you to use data to assess and improve your county's performance in intake. Using data simply means collecting and analyzing information to identify what's working and what needs improvement to achieve outcomes in child welfare.

Assessing Intake in Your County

Look at your data. Your county already collects data on reports of abuse and neglect and submits it to the NC Division of Social Services (NC DSS) each quarter. You can obtain this data from the NC Client Services Data Warehouse or from X/PTR Case management reports (NCDHHS, 2018).

NC FAST, when fully implemented, will provide real time statewide data on all reports of child abuse and neglect. For counties currently in NC FAST, your data dashboards hold a wealth of information, such as how long it takes for a report to be assigned to an assessor (*H. McNeill, personal communication, Sept. 18, 2019*).

Targeted case reviews are another valuable data source. Unlike with the On-Site Review Instrument (OSRI), a targeted review does not look at the entire case. Instead, it examines specific items in the case record. For example, a targeted review of your county's intake reports might ask:

- Was this case screened according to DSS policy?
- Was the appropriate maltreatment screening tool used?
- Is there sufficient written justification of the screening decision?

Conduct record reviews. We encourage you to randomly select a number of screened-in and screened-out reports on a regular basis for a targeted case review (NCDSS, 2018). This will help you assess and monitor the consistency of intake decision making in your county. You can also use record reviews to assess how your unit is doing compared to county standards and/or whether your county is meeting state standards. Quality Assurance (QA) staff can help with random record reviews.

Set goals. Once you've looked at your data, if there is a problem, outline goals for improving an issue, including target dates and benchmarks to track your progress. QA staff can be helpful here too, especially when identifying measures of success and pulling themes from your data.

Data isn't a pass/fail issue. It should be about being curious and working together to understand what's happening, why, and how to improve.

Intake Performance Statewide

How is NC performing in CPS intake? To answer this question, we turned to data from the NC DSS program monitoring team, which reviewed 1,800 CPS reports in 2016 and found:

93% of **screened-in reports** were screened according to CPS policy.

- Appropriate intake tools were consulted in 86% of these reports.

82% of **screened-out reports** were screened according to policy.

- Appropriate intake tools were consulted in 71% of these reports.
- Of these reports, 87% had written justification.
  - Of these justifications, only 64% were appropriate.

Of accepted reports, **20%** were investigative assessments and **80%** were family assessments.

What these numbers tell us

- NC does a good job screening in reports according to policy, but we can do better on screen outs.
- We must use the screening tools and decision trees in the intake policy, every time. Consult the screening tool for anything that is alleged, even if you don't think the report will be screened in for that.
- We must improve written justification for intake reports. Our documentation should include behaviorally specific information on why the allegations don't meet the legal definitions for child maltreatment.
- If there is a notable disparity in the way your county assigns accepted reports (i.e., 20% investigative and 80% family assessments), be curious. What do you think accounts for this difference?

In addition, according to NC DSS Program Monitor Holly McNeill, the monitoring team found these trends in its spring 2019 reviews:

- ***Collaterals***: There was a lack of information about collateral contacts in reports, particularly for NC FAST counties. When collateral information is not obtained at intake, fewer collateral contacts occur during the CPS assessment.
- ***DV allegations***: When domestic violence is alleged, agencies are not asking enough follow-up questions to discern if there is a power and control dynamic in the family.
- ***Plan of Safe Care***: Only the first county that receives notification of a substance affected infant should complete the POSC and submit it to CC4C, even if the family lives in another county. Unfortunately, in this situation both counties have been submitting this information to CC4C, resulting in duplicate data.

While all of the above may not be issues in your county, we encourage you to do a targeted review of reports to see what strengths and challenges you have around CPS intake, and to develop a plan to address any practice issues you identify. ◆

Evaluator Recommends Central Intake Hotline for NC

An external evaluator has recommended North Carolina create a 24-hour, centralized hotline for all reports of suspected abuse and neglect of children and adults. Currently reports go directly to all 100 county child welfare agencies.

The recommendation comes from the Center for the Support of Families (CSF), which the state selected in 2018 to develop a plan to reform NC's social services system.

When it analyzed data related to intake, CSF found a wide range in report screen-out rates, which "made it clear that screening criteria are not being applied the same way across counties."

CSF believes a centralized intake hotline can correct this, if it is effectively managed with standardized training, supervision, and effective data use. Because most counties already combine child and adult protective intake functions during non-business hours, CSF recommends both be included in the hotline.

Because intake workers need immediate access to information about any history of county DSS involvement with the child and his or her family, CSF has designated the central hotline as a long-term goal, since real time access to county CPS history will be available only when the conversion to NC FAST is complete in child welfare.

The proposal for a hotline is part of a broader reform effort driven by North Carolina's Family/Child Protection and Accountability Act (HB 630). This law required the NC Department of Health and Human Services (DHHS) and the Office of State Budget and Management to contract with a third party to craft a reform plan of the state's social services system.

CSF, which performed this assessment, issued its final report in May 2019.

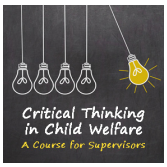
(Click here to read this report.)

DHHS intends to use CSF's report as a roadmap to improve support to and oversight of social services programs, enhance child safety, and protect children from harm.

North Carolina's General Assembly is also conducting a program evaluation to inform decision-making about the recommendation for a CPS hotline. ◆

NC DSS Training to Support CPS Intake Skills

North Carolina's CPS intake workers and supervisors want and need opportunities for ongoing learning after they complete the mandatory classroom course *Intake in Child Welfare Services*. To support them, the NC Division of Social Services (NC DSS) offers the following. To learn more or register for courses below, login to your account on ncswLearn.org.



Critical Thinking in Child Welfare

Child welfare agencies need staff who can approach situations with an open mind, analyze complex information in context, and respond appropriately and creatively. This self-paced, on-demand course teaches supervisors to cultivate these essential critical thinking habits and skills in those they supervise.

Supporting Effective Documentation

This self-paced, on-demand course teaches supervisors strategies for addressing—and preventing—common documentation problems. Through video and case examples, learners will practice identifying and correcting specific documentation issues, and they will learn effective ways to support the kind of documentation needed to make sound decisions in child welfare.

Secondary Trauma: A Course for Child Welfare Workers

Managing secondary trauma is an important piece of child welfare work. In this 1-day course you will create an individualized resilience plan to help you anticipate and respond to secondary trauma.

Secondary Trauma: A Course for Supervisors and Managers

This 2-day course for supervisors will teach you about the impact secondary trauma has on you, your team, and your agency, and what to do about it.

Using Data to Improve Practice & Performance

Combining classroom-based and live online learning, this course provides child welfare agency directors, supervisors, program managers and administrators with the knowledge and skills to implement a four-step continuous quality improvement (CQI) process. Participants learn strategies for increasing commitment, accountability, and results within their teams as well as with community partners. Part of NC's Child Welfare Supervisor Academy.

How CPS Intake and Timely Initiation Can Improve CPS Assessments

This 90-minute webinar recording explores ways to strengthen CPS intake and CPS initiation in North Carolina. (Event Date: 2/23/2017). Available here: https://unc.live/2VNtqnC

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