

Handouts for the Webinar

“Well Begun is Half Done” How CPS Intake and Timely Initiation Can Improve CPS Assessments

Feb. 23, 2017

Presenters

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Produced by
Family and Children’s Resource Program, part of the
Jordan Institute for Families
UNC-Chapel Hill School of Social Work

Sponsored by
NC Division of Social Services

Contents

Child Protective Services Structured Intake Form (DSS-1402)
Webinar Slides

Child Protective Services Structured Intake Form

Section I.

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

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.

Child Protective Services Structured Intake Form

Section II.

Who

Children's Information

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

Parent/Caretaker's Information

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

Alleged Perpetrator's Information

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

Other Household Members

Name (include aliases/nicknames)	Sex	Race	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

Child Protective Services Structured Intake Form

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

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

What is the location in which that care is provided?

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

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

Driving Directions: _____

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

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

Family's Primary Language: _____

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

Child Protective Services Structured Intake Form

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? _____

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 been going on? _____

**Section III.
Strengths**

What are the strengths of this family? or, Can you tell me anything good about this family? _____

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

Child Protective Services Structured Intake Form

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

Section IV.
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 V.
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 VI.
Physical Abuse

N/A

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

Child Protective Services Structured Intake Form

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?

Child Protective Services Structured Intake Form

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**

Is the child being exploited or has the child been exploited? _____

Is the child being exchanged for something of value or to pay a debt? _____

Is the child working long hours for little or no pay? _____

Child Protective Services Structured Intake Form

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?

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?

Child Protective Services Structured Intake Form

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? _____

Child Protective Services Structured Intake Form

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? _____

Child Protective Services Structured Intake Form

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

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 **Drug Exposed Infant**

What is the present physical condition of the child(ren)? _____

If the baby is in the hospital, is he/she scheduled to be released soon? _____

What is the attitude of the parent/caretaker toward the child(ren)? _____

Child Protective Services Structured Intake Form

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?

Child Protective Services Structured Intake Form

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? _____

Child Protective Services Structured Intake Form

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(ren) dependent? _____

**Section VII.
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 VIII.
Maltreatment Screening Tools**

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

- Abuse: Physical Injury Sexual Abuse Emotional Abuse Moral Turpitude Cruel/Grossly Inappropriate Behavior Modification **Human Trafficking**
- Neglect: Improper Care Improper Supervision Improper Discipline Improper Medical/Remedial Care Illegal Placement/Adoption Injurious Environment Abandonment Dependency
- And/Or Substance Abuse Domestic Violence

Response 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

Child Protective Services Structured Intake Form

This report is being accepted for:

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

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

And/Or

- Substance Abuse
- Domestic Violence

Response Time

- Immediate
- 24 Hours
- 72 Hours

Report Not Accepted

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

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

Child Protective Services Structured Intake Form

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

Oral Report: _____ Written Report: _____

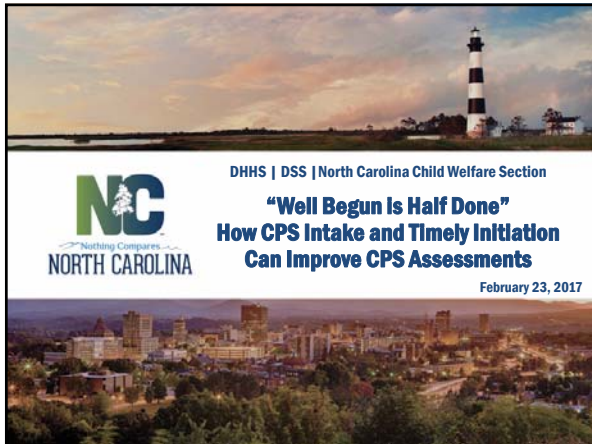
Section X.

Signatures

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



Name/Signature: _____ Position: _____ Date: _____

Name/Signature: _____ Position: _____ Date: _____



About this webinar

This webinar was developed through funding from the North Carolina Division of Social Services by the Family and Children’s Resource Program, part of the Jordan Institute for Families at the UNC-Chapel Hill School of Social Work.

In the future a recording of this webinar will be available on ncswLearn.org.

Why this Webinar?

- With a proper foundation, it’s easier to do a thorough, effective CPS assessment
- Good CPS assessments are key to our ability to support families and ensure child safety, permanence, and well-being

NC’s 2015 Federal CFSR
Timeliness of initiating investigations an area needing improvement

Goals for this Webinar


Want to acknowledge the challenges and give you tools and tips to help you

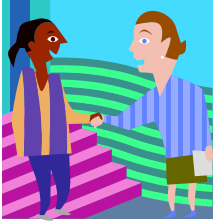
By the end, we hope you will be able to identify and overcome common errors that interfere with:

- Thorough CPS intake
- Timely initiation of CPS assessments

A Special Note About Questions



- We will monitor questions via the chat box and answer them as possible throughout the webinar.
- There will also be a follow-up document that answers questions asked during this webinar; this document will be e-mailed to all registered participants and posted with the webinar recording.
- The webinar recording will be on ncswLearn.org and on the Family and Children's Resource Program webpage (<http://fcrp.unc.edu/webinars.asp>).



<h4>Presenters</h4> <p>Linda Clements Nikki Hull Kristy Preston Peter West</p>	
<h4>Moderator</h4> <p>Chrystal Coble</p>	<h4>Tech Support</h4> <p>Phillip Armfield John McMahon</p>


Agenda

- I. CPS Intake
 - a. Information Gathering
 - b. Screening
- II. Timely Initiation
 - a. Within Timeframes
 - b. Face-to-Face Interview
 - c. Safety Assessment
- III. Practice Implications
- IV. Q & A



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CPS Intake





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Information Gathering at Intake

Must gather sufficient information to:

- Identify and locate the child, parents, or primary caretaker
- Determine if the report meets the statutory guidelines
- Assess the seriousness of the child's situation, and
- Understand the relationship of the reporter to the family and the motives of the reporter




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Intake Policy and Tool

The DSS-1402 is *great*

- Addresses all requirements for capturing Intake info
- Must ask and document **all** questions in Sections I through V, and Section VII
- Must ask and document questions in all other sections *if appropriate*



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Are We Using Policy at Screening?

— MONITORING TEAM PERSPECTIVE —

In 2016, reviewed 1,800 reports:


- % of **screened-in** reports that were screened according to policy: **93%**
- % of **screened-out** reports that screened according to policy: **82%**
- 87% **screened-out** reports had written justification
- % of these justifications that were appropriate: **64%**






Information Gathering at Intake

— SURRY COUNTY PERSPECTIVE —






Information Gathering at Intake

— SURRY COUNTY PERSPECTIVE —

- Change in workflow affected quality of our intake
- Realized training was a need
- What we're doing now:
 - Using NC DSS training
 - In-house efforts



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ECI


Intake – Appropriate Screening

Structured Intake Steps

1. Complete Structured Intake Report tool.
2. **Consult Maltreatment Screening Tools that correspond to the allegations.**
3. Determine county responsible for completing assessment.
4. **Consult Response Priority Decision Tree.**
5. Determine appropriate Assessment Response.

All reports shall be screened promptly to ensure initiation is completed within timeframes.

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Are We Screening Appropriately?

— MONITORING TEAM PERSPECTIVE —

Appropriate Tools Consulted			
Reports Screened Out – 71%		Reports Screened In – 86%	
Physical Abuse	57%	Physical Abuse	82%
Emotional Abuse	69%	Emotional Abuse	69%
Improper Supervision	62%	Improper Supervision	77%
Improper Medical/ Remedial Care	46%	Improper Medical/ Remedial Care	77%





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Ensuring Appropriate Screening


— SURRY COUNTY PERSPECTIVE —

- Using manual consistently and deliberately
- Safeguard against screening mistakes
- Lessons learned from recent NC DSS monitoring review




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Questions



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Timely Initiation




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Are We Initiating Timely?

— MONITORING TEAM PERSPECTIVE —

- December 2016 - CYA-004: 92.5% of reports were initiated within timeframe
- In 2016 monitors found just 75% of **screened-in** reports were initiated according to policy
- One key issue seems to be that not all children are seen *and* interviewed


What constitutes a true initiation?




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Timely Initiation

1. Initiate within timeframe
 - Immediate
 - 24 hrs. suspected abuse
 - 72 hrs. suspected neglect/dependency




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Timely Initiation

1. Initiate within timeframe
2. Must include face-to-face interviews with:
 - Every child within timeframe
 - Parents/primary caretakers living with the child
—on same day children are seen



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What's an "Adequate" Interview?

- Interviews and documentation must reflect information about:
 - Allegations
 - Safety
 - Child well-being
- Diligent efforts to locate and engage

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NC's Performance on Initiation Interviews

- MONITORING TEAM PERSPECTIVE -


- When children weren't seen and interviewed in timeframe, diligent efforts were documented only **33%** of the time
- Parents/primary caretakers were seen and interviewed the same day as children **75%** of the time
 - If not, diligent efforts were documented just **43%** of the time
- Safety assessments accurately reflected the information obtained from interviews 85% of the time


NC

Timely Initiation

1. Promptly initiate within timeframes
2. Must include face-to-face contact
3. Must complete a safety assessment (DSS-5231):
 - When a new report is received and initiated
 - At the time of initial home visit and prior to allowing any child to remain in household

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Ensuring Timely Initiation


— SURRY COUNTY PERSPECTIVE —

Monitoring review showed us we were:

- Seeing children and caretakers within timeframes
- But not interviewing timely


Now we are:

- Emphasizing initiations are thorough
- Focusing on thorough interviews
- Stressing documentation



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Practice Implications




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Common Errors to Avoid

<p>Intake</p> <ul style="list-style-type: none">• Screening in ineligible reports• Screening out eligible reports• Assigning reports to the wrong track• Poor documentation• Going too fast• Poor "handoff" to another agency	<p>Initiation</p> <ul style="list-style-type: none">• Insufficient:<ul style="list-style-type: none">– efforts to locate or engage– contact (e.g., "laying eyes on" but not interviewing)– documentation
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UNDERLYING CAUSES

- Not using manual, forms, and tools consistently
- Not understanding what constitutes true initiation



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How to Avoid Common Errors

- Use manual, forms, and tools consistently & deliberately
- Stress documentation
- Supervisory oversight is important
- Training matters! (in-house and NC DSS-sponsored)
- Second party review system helps
- Stick to the policy
- Use Program Monitors and other NC DSS partners
- Plan for cross-county collaboration at intake/initiation

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Questions 

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Impact on you and your agency

Type into chat....

One thing you will do in response to what you have learned today....




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 Kristy Preston prestonk@co.surry.nc.us	 Peter West Peter.West@dhhs.nc.gov

Final Steps for DSS Staff

1. Please take a brief survey
 - We will provide link for those logged on
 - Can also access thru ncswlearn.org
2. To receive training credit, you must "Complete Course" WITHIN ONE WEEK
 - ✓ Log in to www.ncswlearn.org
 - ✓ Select "PLP"
 - ✓ Select "Webinars"
 - ✓ Click "Enter"
 - ✓ Click "Complete Course" button



Follow-Up Document for the Webinar

“Well Begun is Half Done” How CPS Intake and Timely Initiation Can Improve CPS Assessments

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Recording: if you missed the webinar or want to view it again, go to: <http://fcrp.unc.edu/webinars.asp>

Answers to Questions Asked During the Webinar

Responses in this document are from the NC Division of Social Services Child Welfare Services Section.

I. Intake

What is the rationale behind having the county that receives the report make the screening decision before sending it on to the county which is responsible for investigating?

Concern about child safety is the reason policy requires a county receiving a report of child maltreatment to screen the report, even if another county will be responsible for initiating the CPS assessment. As soon as a member of the public reports possible child maltreatment, the job of North Carolina’s child welfare system is to determine whether that report warrants a response from CPS and, if it does, to initiate response within the mandated timeframe. Redirecting reporters to another part of the child welfare system (i.e., another county DSS) introduces the possibility that the reporter will not call the other agency, or that the reporter will not do so immediately, both of which could put a child at risk. Because all child welfare agencies in our state must follow the same screening policy and procedures, consistency of screening decisions from one agency to another should not be an issue.

As a reminder, the steps for a Structured Intake are:

1. Complete Structured Intake Report tool.
2. Consult the Maltreatment Screening Tools that correspond to the allegations and make screening decision.
3. Determine the county responsible for completing assessment.
4. Consult the Response Priority Decision Tree and determine the appropriate response time.
5. Determine the appropriate Assessment Response.

The steps should be followed in this order for all reports and use of the maltreatment screening tools should support consistency in the screening decision. It is still advisable that the report, regardless of whether it is screened in or out, be forwarded to the appropriate county so that county can maintain all CPS history regarding a family.

Will policy about what constitutes sufficient documentation of CPS intake (specifically, screen-out decisions) be updated?

As part of North Carolina's federal Program Improvement Plan (PIP) the Division is working on policy revisions; providing additional detail about the documentation required for screen-outs will likely be included. Please don't wait for the policy change. If you are not already doing so, please be specific in your documentation; always cite the specific reason—based on the intake policy—for the screen-out decision.

What is the average time it takes to take a CPS report in North Carolina?

This is not a data point that is currently collected. However, it will potentially be collected by NCFASST.

In the meantime, 22 webinar participants shared estimated averages for their agencies. Based on this small and unscientific sample, intakes take anywhere from 25 to 120 minutes, with the average being about an hour.

Can a reporter complete the 1402 and send it to DSS? We've received these situations on conflict reports from other counties.

The 1402 should not, in general, be provided to anyone outside a child welfare agency. However, if a report of maltreatment is received on the 1402, or any other form, the report must be screened based on the information provided.

In the "what" section of the report, is it OK to say "see attached documentation" and then have notes from the reporter (such as therapist's notes)?

Information received by a county child welfare agency with allegations regarding the maltreatment of a child must be screened, regardless of how that information was provided to the county child welfare agency. Information provided in this format could be appropriate, depending on the circumstances and information provided (e.g., when there is a police report).

2. Initiation

INTERVIEWS AT INITIATION

We have a protocol with the CAC not to interview the child before them. In those cases can we see and just minimally speak with the child?

The county child welfare agency has the responsibility to assess the safety of the child during initiation. To assess safety the county child welfare agency must see and interview the child regarding the allegations. The initiation interview must be sufficient to determine what safety planning with the parents/caretakers is necessary.

When the children are interviewed, are they interviewed separate from the parents?

Initiation of a CPS Assessment includes face-to-face interviews with all children living in the home. For an assessment assigned to the investigative track, policy states that “if a child has the capacity for speech, the child must be interviewed, preferably in private and, under no circumstances, in the presence of the person or persons alleged to have caused or allowed abuse and/or neglect.” For family assessments, the agency must determine whether an interview of the child separate from the parent is necessary to assess safety. Policy states: “County child welfare workers should use their professional judgment in deciding how children will be interviewed. In many cases, interviewing the family together can provide vital information about family dynamics and may trigger discussions that otherwise would not be held. However, attention should be paid to verbal and non-verbal cues from the child that might lead the county child welfare worker to feel that this child needs to be interviewed in a different setting also. It is important for the county child welfare worker to explain to the parents why a separate interview with the child is important and try to gain the parents’ permission. Each child should be interviewed in the way that will best provide safety and build rapport with the family for future services.” Note: if children are interviewed as a part of a larger group, it’s important to remember to document in such a way as to make sure each child’s voice is heard.

TIMEFRAMES FOR INITIATION

If a report requiring an assessment within 24 hrs. is received at 4 a.m., is it due at 4 a.m. the next day? Or is it considered “timely” as long as the case is initiated by the end of the next day?

To meet the statutory requirement of within 24 hours, the children must be interviewed by 4 a.m. the next day. However, other activities—including interviews with the parents/caretakers and completion of the safety assessment—could be completed by the end of the next day.

If for whatever reason a child is interviewed on a different date...the official 'initiation' date would be the date the last child is interviewed, correct?

Yes, the initiation date is the date that the last victim child is interviewed.

ASSISTS AND WORKING WITH OTHER COUNTIES

We have a problem with other counties saying they don't have enough staff to do an assist and giving us permission to cross county lines to conduct the assessment ourselves. Because of this, our reports are often not initiated within the timeframe. Is this OK?

No. Inadequate staff levels is not justification for not initiating an assessment within timeframe. We recommend agency directors discuss their situations with each other to come to an agreement to ensure timely initiations. CPS reports need to be initiated timely.

Do counties have the right to refuse to do assists?

No. However when there are issues, supervisors from each agency should discuss the situation. If supervisors cannot resolve the issue, program managers from each agency should step in. If program managers cannot resolve the issue, directors are responsible for resolving the issue.

Why do some counties refuse taking assists, when others kindly assist with the requests?

Issues of this nature need to be discussed between the directors of the counties involved. If an understanding cannot be reached, the counties would need to engage an NC DSS Children's Program Representative (CPR) to help resolve the issue. Just as an FYI, some contiguous counties across the state have developed MOAs to address these issues so that expectations are clear when an assist is needed.

If a child is 50/50 split with parents who reside in separate counties, and the alleged incident happens at one house while children are there, they are victim children. However, does the other county where the non-offending parent lives also open a case due to the children being 50/50 split?

If there are no allegations of maltreatment in the home where the non-offending parent lives, a separate case should not be opened with that parent. However, as a part of the open assessment of the home where the maltreatment was alleged to have occurred, the county child welfare agency must make diligent efforts to contact the other parent and get his or her input on the allegations, as well as the overall safety and risk level in the home. Thus, it may be appropriate to request the other county to assess the other parent's home as well as conduct interviews with the non-offending parent.

"VISITING" CHILDREN

What is the requirement for seeing children who visit (but do not reside in) a home where the child maltreatment is alleged to have occurred?

If the children aren't primary residents, they should be considered collaterals and interviewed within 7 days. However, if the children were in the home when the alleged incident happened, and the adult providing care meets the definition of caretaker for the children, the children should be included as victims in the report. This underscores the importance of having a thorough intake so you know who was present when the alleged event took place and the relationship between the caretaker and children. The county child welfare agency may also need to consider whether a criminal report is necessary if any child was injured.

If a non-resident child was visiting with the home when the alleged incident took place, does a separate case need to be opened and a separate assessment completed?

If there are no allegations of maltreatment in the home where the child resides or regarding the visiting child's parent/caretaker, and if the alleged perpetrator in the report did not meet the definition as a caretaker for the visiting child, a separate case should not be opened on the home where the visiting child resides. However, if the visiting child's parent/caretaker was present, a report on that family may be warranted depending on the circumstances. The county child welfare agency may also need to consider whether a criminal report is necessary if the visiting child was injured.

MISCELLANEOUS

In the Safety Assessment it asks whether the SW has seen the home. My question is, if you just have to see the home at some point prior to case closure, how can we effectively complete our safety assessment?

A visit to the home should be completed whenever possible prior to completing the Safety Assessment. However, there may be circumstances when this is not feasible, for example, a report where the family may be away from home on vacation. If the family will not return home within initiation timeframe, initiation and completion of a Safety Assessment will be necessary without a visit to the home.

What is the timeframe for completing the 5010?

Policy states that documentation must be current within 7 days.

If there is an in-home case and assessment, is it valid for in-home to interview children that visit the home?

Policy requires that children be interviewed regarding the allegations. The county child welfare agency has the authority to determine the best worker to complete the interview. The documentation of the interview must be part of the assessment and address the allegations in the report.

Sometimes the definitions provided by the Division seem blurry. Initiation = seeing and interviewing all victim children. On 2 subsequent slides it says initiation must include seeing and interviewing the parent/caregiver and then initiation must include completing a safety assessment (5231). Can you provide some additional guidance about this? What goes on the 5104? What would the meet definition of true initiation for the Division's Monitoring Team? For the Division's CSFR Team?

Initiation of an assessment is defined as "having face-to-face contact with the alleged victim child or children." This is the information that is required for the 5104. Policy also states that face-to-face interviews with the parents or primary caretakers with whom the child resides shall be conducted on the same day as the child is seen. All teams within the Division should maintain the same expectations of all policy.

If the reporter is anonymous and we have a phone number, can the agency call them back in attempting to locate the children/family? Of if you have any other questions?

Yes. If the number is known, the reporter should be informed by Intake that their number has been noted on the report. Educate the reporter about the importance of providing information and assure him or her regarding confidentiality of reporter information. Be sure to tell the reporter that he or she

may be contacted for more information, so the reporter can inform Intake of any safety issues such contact may cause. There is a place on the DSS-1402 to indicate whether the reporter is available to provide further information. If reporter indicates to Intake that he or she is not available or willing to provide further information, the assessor should attempt to respect the reporter's request. However, this does not preclude the assessor from attempting contact the reporter if that contact is determined to be necessary. Nothing requires the reporter to cooperate with the assessment worker if contact is made.

In regards timeframes to initiation, what if the child is located in another state at intake? What if that state refuses to see the child? Do we document this? In this circumstance would we be held responsible for the late initiation?

Initiation is up to the county that accepts the report. You should always document attempts at initiation. In the situation you describe, if you thoroughly document your diligent efforts to get in touch with and interview the child, your agency would not be seen as responsible for the late initiation.

If it takes 30-60 minutes to take a report and gather history at intake, what is the average time it takes to assign it to an assessment worker?

Statewide data about this does not exist. The timeframes vary across the state depending on each county agency's process for assigning reports to a social worker.