## Child Protective Services Assessment Documentation for County of: ________________________________

### I. CASE INFORMATION

1. Initiation Worker: __________________________________________

2. On-Going Case Worker: ____________________________________

3. Supervisor: ______________________________________________

4. Date of Referral: _________________________________________________________________________

5. Date Referral Assigned: ____________________________________________________________________

6. Date Referral Initiated: _____________________________________________________________________

7. Type of Report: ____________________________________________________________________________

8. Additional Allegation: ______________________________________________________________________

9. Report Response Time Frame per N.C.G.S.§ 7B-302 (circle one): IMMEDIATE 24 HR. 72 HR.

10. Accepted As (circle one): FAMILY ASSESSMENT INVESTIGATIVE ASSESSMENT

11. New Report on This Open Assessment (circle one): YES NO N/A Explain: ______________________

12. Date Response Method Switched: ____________________ Rationale: _____________________________

13. Previous CPS Record Reviewed (circle one): YES NO INFORMATION ATTACHED N/A

14. Substantiation or Services Needed in past year (circle one)? YES NO INFORMATION ATTACHED N/A

15. Briefly explain #14: ______________________________________________________________________

__________________________________________________________________________________________

DSS-5010 (Revised 04/08)
Family Support and Child Welfare Services
### Case Name: ___________________________  Case Number: ___________________________

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<thead>
<tr>
<th>i. Adult Full Name / Nickname</th>
<th>j. Relationship to Child(ren)</th>
<th>k. Adult's Date of Birth</th>
<th>l. Adult's Race / Ethnicity Code</th>
<th>m. American Indian Heritage</th>
<th>n. Adult's Employer Information</th>
<th>o. Adult's Primary Language</th>
<th>p. Adult's Status (circle one)</th>
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<td>YES NO UNABLE</td>
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<td>YES NO UNABLE</td>
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13. Household Physical Address: ________________________________________________________________________________________________________

14. Household Mailing Address (if different than physical address): ______________________________________________________________________________________________________________________________________

15. Contact Numbers: ___________________________________________________________  16. Other Information: ___________________________
III. CIVIL / CRIMINAL RECORDS

List / Attach Relevant Information (or N/A if none found)

1. **N.C.G.S. §50B** Order Currently in Place as per Administrative Office of the Courts (AOC) Civil Case Processing System (VCAP) check: ____________________________________________________________________________________

2. Criminal History Check as per Administrative Office of the Courts (AOC) Automated Criminal Infraction System (ACIS) Reviewed: ____________________________________________________________________________________

3. 911 Response Log Reviewed: ____________________________________________________________________________________

IV. DILIGENT EFFORTS TO INITIATE CASE as per 10A NCAC 70A.0105 (e)

List daily attempts from 8:00 a.m. to 5:00 p.m. and from 5:00 p.m. to 8:00 a.m. including weekends and holidays.

<table>
<thead>
<tr>
<th>a. Date</th>
<th>b. Time</th>
<th>c. Type of Contact</th>
<th>d. Person Contacted / Relationship</th>
<th>e. Results of Attempt to Initiate</th>
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<td>AM</td>
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1. If not initiated within the specified timeframe, document rationale:
__________________________________________________________________________________________________

2. If not completed within the specified timeframe, document rationale:
__________________________________________________________________________________________________

3. Family notified of the delay in making a case decision (circle one)?
   YES  NO  N/A
   Document the discussion:
__________________________________________________________________________________________________
V. CPS CASE ACTIVITIES

1. Parent / Caregiver contacted to schedule appointment prior to initiation (Family Assessment):

2. CPS / MRS / RIL Process fully explained to family and MRS brochure provided:

3. Possible case decision findings explained to family:

4. Personal written notice to Responsible Individual hand-delivered within 5 business days of case decision:

5. Parent / Caregiver / Safety Resource (DSS-5231) received a copy of the initiation Safety Assessment:

6. Family Strengths and Needs Assessment (DSS-5229) and Family Risk Assessment (DSS-5230) discussed with and/or completed with parent / caregiver:

7. Parent / Caregiver given an opportunity to provide collateral contacts:
   a. Parent / Caregiver given an opportunity to participate during contact: _____________________________
   b. Parent / Caregiver participated with collaterals or received feedback about collaterals: _____________________________

8. Work First Case (if “YES” Work First should be a collateral contact):

9. Local Law Enforcement / State Bureau of Investigation notified (as needed):

10. District Attorney notified (as needed):

11. Licensing Authority notified for CPS Assessments involving Out-Of Home Placements (as per Family Services Manual Volume I, Chapter V) (circle one) NC DCD NC DHSR NC DSSS OTHER
    Explain: ___________________________________________________________________________________________

12. CDSA referral made in cases in which the social worker has determined the need for a referral or in cases in which item S6 on the Family Strengths Needs Assessment (DSS-5229) is rated as a “Need”:

_________________________________________________________________________________________________

DSS-5010 (Revised 04/08)
Family Support and Child Welfare Services
13. Functioning smoke detectors in home verified: _____________________________________________________________

14. Fire safety plan discussed with family: __________________________________________________________________

15. Firearms safely stored (as per N.C.G.S. §14-315.4): ________________________________________________________

16. Safe sleeping arrangements for infants discussed with family (for more information see [this article](#) from the Journal of the American Academy of Pediatrics):
__________________________________________________________________________________________________

17. Absent Parent / Caregiver located and contacted about the allegations in the report (include names and other contact information specifically related to fathers):
__________________________________________________________________________________________________
__________________________________________________________________________________________________

a. Absent Parent / Caregiver’s level of involvement in the child(ren)’s life: ______________________________________

b. Level of Child Support Enforcement involvement: _______________________________________________________

18. Absent Parent / Caregiver’s family located and contacted (include names and other contact information specifically related to paternal family members):
__________________________________________________________________________________________________

19. Other Social Service / Child Welfare agencies contacted for information on household members that have resided outside of North Carolina:
__________________________________________________________________________________________________
VI. CHILD AND FAMILY MEDICAL / WELL-BEING

This Information is for the following family member(s):

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<tr>
<th>1. Primary Medical Provider:</th>
<th>Contact Information:</th>
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<tr>
<th>2. Dentist Name:</th>
<th>Contact Information:</th>
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<th>3. Therapist / Psychiatrist Name:</th>
<th>Contact Information:</th>
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<th>4. Specialist Name:</th>
<th>Contact Information:</th>
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5. Place of Birth (City, State, Hospital):

6. Medication Name and Use

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<thead>
<tr>
<th>Medication Name</th>
<th>Dosing / Dispensing / Refill Information</th>
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7. Explain status of child(ren)’s immunizations:

8. Explain family’s status as related to health insurance:

9. Explain any medical issues for family members:

10. Explain any mental health and/or substance abuse issues for family member:

11. Explain any educational issues / challenges facing family members:

12. Explain the need for any child in the family under the age of 3 to evaluated by Early Intervention or provide details about any child who is currently receiving Early Intervention services from a CDSA:

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

_____________________________________________________________________________________________
VII. INITIAL FAMILY CONTACT

1. Date: _________________________________

2. Names / Relationship: _________________________________

3. Method of Contact: _________________________________

4. Place: _________________________________

5. Interpreter Needed / Used (circle one): YES (EXPLAINED BELOW) NO N/A

6. What was Discussed: _________________________________

________________________________________________________________________

________________________________________________________________________

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VIII. CASE INITIATION

1. Child(ren) and caregiver interviewed together:

_____________________________________________________________________________________________

2. Was anyone in the household not present for the initial contact?

_____________________________________________________________________________________________

3. Report indicates that child has injuries, marks, or bruises or is a potential victim of sexual abuse:

_____________________________________________________________________________________________

   a. Assessor completed body inventory: _____________________________________________________________

   b. Child has marks, bruises, welts, old scars, etc.: ________________________________________________

   c. Photographs taken: __________________________________________________________________________

   d. Referral for CME or C/FE or medical treatment needed: _____________________________________________

4. Child is non-verbal (explain observations of child and his/her interaction with family):

_____________________________________________________________________________________________

5. Initiation Narrative (refer to the “Understanding S.E.E.M.A.P.S.” companion sheet in the instructions):

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

_____________________________________________________________________________________________

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IX. ON-GOING CASE CONTACTS

1. Date: ____________________________________________________________

2. Names - Relationship: ____________________________________________
   __________________________________________________________________
   __________________________________________________________________

3. Method of Contact: ______________________________________________

4. Place: __________________________________________________________

5. Interpreter Needed / Used (circle one):  YES (EXPLAINED BELOW)       NO  N/A

6. Narrative: _______________________________________________________
   __________________________________________________________________
   __________________________________________________________________
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