

# NORTH CAROLINA STRUCTURED DOCUMENTATION INSTRUMENT FOR CPS ASSESSMENTS (DSS-5010) INSTRUCTIONS<sup>1</sup>

The CPS Assessment Structured Documentation Instrument is a tool designed to assist social workers in documenting their activities throughout the entire life of a CPS Assessment (210 services). Pre-Service Training teaches that documentation is a way to “communicate to others in writing what you learned (through direct observation and in conversations with others), what you think about what you learned (your evaluation of that information) and what you plan to do.”<sup>2</sup> Documentation is meant to be accomplished in a holistic manner using a worker’s knowledge of family-centered social work practice and in concert with the family. A holistic approach is one that examines every aspect of the family’s life. Also taught in Pre-Service Training, a mnemonic device for remembering all of the aspects of this holistic approach is referred to as S.E.E.M.A.P.S. This means documenting all of the aspects of family’s life including their: Social activities, Economic situation, Environmental issues, Mental health needs, Activities of daily living, Physical health needs, and a Summary of strengths. For a more detailed description of exploratory questions and statements related to S.E.E.M.A.P.S. please refer to the “[Understanding S.E.E.M.A.P.S.](#)” section at the end of this document.

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

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

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

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

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

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

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<sup>1</sup> The instructions outlined in this instrument are meant as a supplement and not a replacement to the policies and procedures for CPS Assessments found in the [Family Services Manual Volume I: Chapters V, VII, VIII, IX, and X.](#)

<sup>2</sup> North Carolina Division of Social Services Pre-Service Training Module 6 – Documentation in Child Welfare Services

I. HOUSEHOLD  
& FAMILY  
COMPOSITION

This landscape oriented page captures demographic information on up to six children and six adults within the household. If there are additional children or adults in the household, an additional page should be copied and completed as needed. If an agency already has a “Face Sheet” that it uses to capture similar information, the agency has the discretion of using its existing “Face Sheet” in lieu of this section.

- a. This item captures the child’s full name in the full first, full middle and full last name format along with any nickname the child may be known by (*Note: it is recommended that for organizational purposes the worker enter the children in a logical order – from youngest to oldest for example*).
- b. This item captures the child’s eleven digit SIS identification number. For more information on SIS identification numbers please refer to the [Services Information System \(SIS\) User’s Manual](#).
- c. This item captures the child’s date of birth in the MM/DD/YYYY format.
- d. This item captures the child’s race or ethnicity code as reported by the family. The worker will enter the same race or ethnicity code found in [Appendix A](#) of the Services Information System (SIS) User’s Manual as will be reported on the Child Protective Services Report - Report to Central Registry / CPS Application ([DSS-5104](#)). Workers shall not make assumptions or guesses regarding a child’s race, ethnicity, or heritage based on appearances. Rather, it is critical that worker engage the family in a discussion around the child’s race and ethnicity that the family most identifies for the child.
- e. The child’s sex is captured in this item as a check box. The worker may select:
  - FEMALE
  - MALE
- f. This item captures the child’s American Indian heritage status in a check box. During each CPS Assessment the agency will ask the family about the status of any American Indian heritage of each child within the family. Should the family discuss any American Indian heritage the child may have, the agency shall maintain the responsibility of completing the CPS Assessment and to provide any follow up services as needed. Further guidance on the Indian Child Welfare Act (ICWA) can be found at: <http://www.nicwa.org>. While ICWA addresses provisions for federally recognized tribes, [N.C.G.S. §143B-139.5A](#) directs that the North Carolina Division of Social Services and the North Carolina Association of County Directors of Social Services (representing the county departments of social services) work in collaboration with the [Commission of Indian Affairs](#) (representing state recognized tribes) and the Department of Administration in a manner consistent with federal law (ICWA). Please refer to [DSS-5335](#) and [DSS-5336](#) as tools to help workers and families recognize and maintain the connections families have to North Carolina recognized tribes. Should placement of a child identified as an Indian child become necessary during the CPS Assessment the worker should refer to Placement Decision Making section (Section V) of the [Family Services Manual Volume I; Chapter IV; Section 1201: Child Placement Services](#) for direction on how to proceed.

The worker may select:

- YES
- NO

If yes is selected, the worker should write in the appropriate tribal affiliation for the child.

- g. This item captures the child's current school and grade assignment. The name of the child's primary teacher may also be entered here. Should the child be on break between school years the worker should enter the information related to the child's upcoming grade.
- h. This item captures the primary language that the child speaks or will learn to speak based on the primary language spoken in the home.
- i. This item captures the child's status as it relates to his or her physical presence in the home during the CPS Assessment. A child that is a resident lives primarily in the home that is identified as the residence being assessed. A child that is absent may be so because s/he is at summer camp or in a detention facility, etc. This should prompt workers to make a Request for Assistance (RA) from another county to interview the child if that child is not easily accessible by the assessing worker. A child that is visiting may be a step-child or a half sibling only in the home for brief periods of time and whose primary residence is elsewhere. For further guidance related to jurisdiction issues in child welfare, please refer to [Family Services Manual Volume I; Chapter V – Jurisdiction in Child Welfare](#). The worker should select:
  - RESIDENT
  - ABSENT
  - VISITING
  - OTHER (SPECIFY IN ITEM 16)
- j. This item captures the social security number of the child. The social worker is advised and expected to adhere to the [Identity Protection Act of 2005](#) when completing this section of the document.
- k. This item captures the adult's full name in the full first, full middle and full last name format along with any nickname the adult may be known by.
- l. This item captures the relationship that the identified adult may have with the child(ren) listed in the section above. In cases where there is more than one father to the children in the household, there is a space provided that can be used to make note of his relationship to a particular child. For example, if the adult listed is the father to child listed in #1 above, the worker would complete this section as "☒ Father to 1."
- m. This item captures the adult's date of birth in the MM/DD/YYYY format.
- n. This item captures the adult's race or ethnicity code as reported by the adult. The worker will enter the same race or ethnicity code found in [Appendix A](#) of the Services Information System (SIS) User's Manual as will be reported on the Child Protective Services Report - Report to Central Registry / CPS Application ([DSS-5104](#)). Workers shall not make assumptions or guesses regarding an adult's race, ethnicity, or heritage based on the adult's appearances. Rather, it is critical that workers engage the adult in a discussion around the race and ethnicity with which they most identify.

- o. The adult's gender is captured in this item as a checkbox. The worker may select:
  - FEMALE
  - MALE
  
- p. This item captures the adult's American Indian heritage status in a checkbox. During each CPS assessment, the agency shall ask all adult family members about any American Indian heritage they may have. The adult's disclosure as to the status of their American Indian heritage will be captured in the checkbox provided in this column. The worker may select:
  - YES
  - NO

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

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

## II. CASE INFORMATION

- 1. Date of Original Report This item captures the date the report was accepted for assessment by the agency.
  
- 2. Date of Initiation This item captures the date the caseworker had face-to-face contact with the alleged victim children in response to the assigned report as per North Carolina Administrative Code [10A NCAC 70A .0105 \(c\)](#). The format for this item is MM/DD/YYYY.

3. Initiation Worker This item captures the name of the social worker who has first face-to-face contact with the family (*Note: this may be the same as the On-Going Case Worker in some agencies*).
4. Is this report an assist for another county? This item captures whether one county is assisting another county during the course of a CPS assessment. A checkbox is provided, as well as a space to identify the county being assisted.
5. New Report on This Open Assessment This item contains a checkbox that allows the worker to capture whether any new allegation and/or incident that meets the legal definitions of abuse, neglect and/or dependency is received from the public during the course of an open assessment. Workers are reminded that they are obligated to meet the initiation timeframes for any new accepted Child Protective Services referral. For further information on this policy requirement please refer to [Family Services Manual Volume I; Chapter VIII; Section 1408 - Investigative and Family Assessments](#). An open narrative area to explain the selection is also provided. The worker may select:
- YES
  - NO
  - N/A
6. If response Method is Switched, Consultation with Supervisor is Required. This prompt reflects the date the worker and the supervisor made the decision to switch assessment tracks, if applicable. An open narrative area is also provided to document the rationale for the case re-assignment. The format for this field is MM/DD/YYYY.
7. Previous CPS Record Reviewed This menu item contains a checkbox that allows the worker to capture whether any previous agency records involving this same family have been reviewed by the assigned worker. The worker may select:
- YES
  - NO
  - INFORMATION IN RECORD
  - N/A
8. Finding of “Substantiated” or “Services Needed” in the Past Year This menu item contains a checkbox that allows the worker to capture whether there has been any determination that abuse, neglect, or dependency may have occurred within the family within the past twelve months. An open narrative area to explain the selection is also provided. The narrative could include, but is not limited to: the level of the agency’s involvement with the family, the family’s responsiveness to agency intervention, outcomes of CFT meetings, level of case plan completion, significant case contacts, custody assumed or any significant information relevant to the case. The worker may select:
- YES
  - NO
  - INFORMATION IN RECORD
  - N/A

### III. CIVIL/CRIMINAL RECORDS

These items capture historical or on-going safety issues involving law enforcement and/or the court system. While agencies have the discretion to document any information found, agencies should pay particular attention to criminal charges related to family violence, offenses committed against children, or offenses indicating chronic substance abuse issues. It is highly recommended that in reports involving the allegations of family violence, the agency conduct these checks prior to initiation and the agency take appropriate measures to ensure the safety of the worker as well as the family. For further guidance in this area, please refer to: [Family Services Manual Volume I; Chapter VIII; Section 1409 - Domestic Violence](#). In other circumstances, it is advisable for the social workers to have a conversation with the family prior to conducting the background checks so as to allow them a chance to disclose any criminal history prior to the worker discovering it. In lieu of manually entering information found during these checks, the agency has the option of attaching the relevant information to hard copy print-outs of the documentation instrument. Detailed information related to the policies and procedures associated with the items within this section can be found in: [Family Services Manual Volume I; Chapter VIII; Section 1408 - Investigative and Family Assessments](#).

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

1. This checkbox item captures information that may indicate whether there is currently a Domestic Violence Protective Order (DVPO) in place for any of the adults in the home. The worker may select:
  - YES
  - NO
  - INFORMATION IN RECORD
2. This checkbox item captures whether the worker has searched for any civil cases that might be pending with regards to any member of the family. This includes child custody matters and child support actions. A search for any domestic violence protective orders can also be completed using this system. The worker may select:
  - YES
  - NO
  - INFORMATION IN RECORD
3. This checkbox item captures whether the worker has verified any criminal activities of any member within the family. The method for verifying this information may be through the Administrative Office of the Courts (AOC) Automated Criminal Infraction System (ACIS). The worker may select:
  - YES
  - NO
  - INFORMATION IN RECORD
4. This item captures any information found during the assessment relevant to any calls that law enforcement may have made to family's residence regardless of whether those calls resulted in an arrest/criminal conviction or not. The worker may select:
  - YES
  - NO
  - INFORMATION IN RECORD

IV. DILIGENT  
EFFORTS TO  
INITIATE CASE

These items capture the workers efforts to initiate the case in a timely manner as outlined in the North Carolina Administrative Code (that code is hyperlinked within this section for reference). Each attempt (whether successful or not) made by the worker to initiate should be reflected in the grid in chronological order. Diligent efforts are described in: [Family Services Manual Volume I; Chapter VIII; Section 1408 - Investigative and Family Assessments](#). **All contacts made prior to the actual case initiation should be documented within this section.** This includes the initial contact with a family member to schedule the initiation (in family assessment cases).

- a. This item captures the date the worker attempted to initiate and is entered in the first block using the MM/DD/YYYY format.
  - b. The time of the attempted initiation is captured in this item.
  - c. This item captures the type of contact attempted. Some examples include:
    - Agency records searched (OLV, SIS, EPICS, etc.)
    - Collaterals contacted (landlord, neighbor, etc.)
    - Community visit
    - E-Mail (attach correspondence)
    - Fax (attach correspondence)
    - Home visit
    - Memo left
    - Office visit
    - Public Utilities (cable, electric, telephone, etc.)
    - Reporter contacted for additional information
    - School / daycare contacted
    - Telephone contact
    - Voice mail message left
    - Voice mail message received
    - Public records searched (D.O.C., internet, etc.)
    - Other (specify in the results section)
  - d. This item provides two open narrative areas to capture information related to the person that was the target of the attempted contact and their relationship to the family.
  - e. This item is an open narrative area to document the outcomes of the attempt to initiate or contacts made during the course of making diligent efforts. Information that should be captured in this field may include, but is not limited to: nature of messages left, contact memo left at home, arranged face-to-face visit, etc. If the attempt to initiate results in an interview the worker should cross-reference the case contact date the interview occurred.
1. This item is used to document whether the case was initiated within the appropriate timeframes. If it was not, this item also serves as a prompt that a consultation with a supervisor is required.
  2. This item captures the documentation on the information that was discussed with the family during initial contact including the allegations or complaints made against the family. Provisions within the Child Abuse Prevention and Treatment Act ([CAPTA](#)) state, "that a representative of the child protective services agency shall, at the initial time of contact with the individual subject to a child abuse and neglect investigation, advise the individual of the complaints or allegations made against the individual, in a

manner that is consistent with laws protecting the rights of the informant.” That is to say that the agency must notify the person to whom the allegations are made against of the concerns outlined in the CPS referral regardless of how that first contact is made.

This first contact may differ from what constitutes initiation as defined by North Carolina Administrative Code [10A NCAC 70A .0105](#). For further guidance on initial contact versus initiation please refer to: [Family Services Manual Volume I; Chapter VIII; Section 1408 - Investigative and Family Assessments](#). Information related to both initiation and that which is gathered later during on-going case contacts will be documented in subsequent sections. **Please select the most appropriate section for the information, as it is not necessary to document this information in more than one section.**

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

3. If applicable, this item documents the reason the parent/caretaker was not contacted prior to initiation.

#### V. CPS INITIATION

An open narrative area is provided to document the case initiation in detail using the S.E.E.M.A.P.S. format.

- 1-5. These items are meant to capture specific information relative to the worker’s initiation of the case. These items capture information in both a checkbox and an open narrative format in order to allow the worker to document any information relevant to that specific activity (*Note: not all activities may be applicable to every case*).

#### VI. CHILD AND FAMILY MEDICAL/ WELL-BEING

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

1. This item captures the most recent medical event for the children in the home. This can speak to how chronic an illness might be as well as well as provide information if the case goes beyond the CPS assessment.
2. This items captures the medical provider information in an effort to identify the family’s “medical home” (a practitioner that provides care to the family on a routine basis) and how recently they were last seen. If the family has no medical home, the agency shall explore with the family whether a referral to a provider should be made.
3. This item captures the dental provider information and status.

4. This item captures the mental health provider and status of care. (Note not all families will have a provider in this category).
5. This item captures any specialist that the family may be involved with (Note not all families will have a provider in this category).
6. This item captures the place of birth for family members, especially children within the family. Acquiring the name of the hospital is important especially if the child was born in a large city or out of state. This information may be critical if the case continues beyond CPS Assessment (210) services as a means for locating necessary medical information.
7. This item provides information that may not be in initial medical records should the case continue beyond the CPS Assessment. It is critical information to have for the child's safety. It would be vital should the case go to foster care services (109).
8. This item, if applicable, captures information related to any family's members current or recent medication needs. The medication name along with its use and any dosing, special dispensing instructions, or refill information should be documented in the appropriate blocks.
9. This item captures information relevant to the status of the child(ren)'s immunization record. Documentation that may need to be captured may include, but is not limited to: explanation for any missing immunizations, noted reactions to immunizations, the family's objections to immunize, etc. A copy of the child(ren)'s immunization record may also be attached to a hard-copy print out of this instrument.
10. This item captures critical information should the case go beyond the CPS assessment and might not be found in initial medical records. This information would be important should the case go to foster care services (109).
11. This item captures whether members of the family are currently insured (either by a private insurance provider or by Medicaid or by Health Choice). Information that may need to be captured in this item may include, but is not limited to: the name of the private insurance provider, any lapse in coverage, co-pay amounts, deductibles, policy providers and policy numbers, eligibility workers, etc.
12. This item captures any medical issues that family members may have for which the agency should be aware. Examples of what may be documented may include, but is not limited to: surgeries, known allergies, significant impairments as a result of medical concerns, corrective lenses, hearing aids, etc.
13. This item captures any mental health and/or substance abuse issues that family members may have for which the agency should be aware. Examples of what may be documented may include, but is not limited to: mental health diagnoses that impair ability to provide care, current mental health treatment plans, known substance abuse concerns, mental health or substance abuse hospitalizations or inpatient treatment history, etc.
14. This item captures any education needs that family members may have for which the agency should be aware. Examples of what may be documented may include, but is not limited to: written education goals, current or lapsed Individual Educational Plans (IEP), adult level of education or Adult Learning Plan, learning or cognitive delays, whether the child is performing at current grade level, etc.
15. This item documents whether any child in the family under the age of 3 has been or needs to be evaluated by Early Intervention services provided through a local Children's Services Developmental Agency (CDSA). Information that may need to be captured in this item can include: reason for need to make a referral, plan of service from CDSA evaluation, services being provided (such as OT, PT, etc.), the family's response to CDSA services offered, etc. This item may also be used to document any ongoing developmental services currently in place for the children in the home.
16. This item documents information related to environmental/safety factors within the family and home.

17. This item captures documentation related to any action the worker took or needs to take in response to any of the information captured within this section.

## VII. COLLATERAL CONTACTS

This section, and in particular, this chart is designed to capture all of the collaterals identified throughout the life of the case. This includes those identified by the reporter at the time the referral is accepted, as well as those named by the family or those determined by the social worker. In the chart there is a space to document the individual's name, contact information, and the source of the collateral. Below the chart, there is a checkbox prompt to remind social workers to obtain case information from other localities if a household member has resided outside of North Carolina. Please see [Family Services Manual Volume I; Chapter VIII; Section 1408 - Collaterals and Other Contacts](#) for specific information related to collateral contacts and other sources of information during the CPS Assessment process.

## VIII. ONGOING CASE CONTACTS

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

1. This item captures the date of the worker's contact in the MM/DD/YYYY format.
2. This item captures the names of the persons present during the contact and their relationship to the family (i.e., John B. Smith – biological father or John E. Law – local law enforcement officer, etc).
3. This item captures the type of contact made during the course of the worker's on-going contacts. The on-going contact types include:
  - PHONE CALL
  - HOME VISIT
  - OFFICE VISIT
  - SCHOOL VISIT
  - OTHER (SPECIFY IN THE NARRATIVE SECTION)
4. This item captures the documentation on the information that was discussed (or that was found) with the contact during the ongoing contact. Again, the portions of the S.E.E.M.A.P.S. format with which the contact may be able to provide information on should be used as a guide to direct the discussion with that contact. **Every element of S.E.E.M.A.P.S. is not meant to be used with every contact every time. Rather, it is meant as a guide to help prompt workers on items they should explore with those contacts.** For example, a school teacher may have important insight into the child's environmental issues and activities for daily living while a Work First (TANF) worker may be able to address the family's economic situation. However, workers are strongly encouraged to seek information related to a summary of strengths from all contacts.

## IX. JUVENILE PETITION

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

X. STRUCTURED  
DECISION-MAKING  
TOOLS

This section serves as a reminder that the structured decision-making tools must be completed during a CPS Assessment in accordance with North Carolina Child Welfare Policy. Please see [Chapter VIII: Protective Services Section 1408 – Investigative and Family Assessments](#) for further details regarding these documents.

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

XI. TWO-LEVEL  
REVIEW STAFFING  
& CASE DECISION  
SUMMARY

This section is similar to the [DSS-5228](#) in that it captures the case decision making process that takes place between the social worker and the social work supervisor, as well as, other members of the child welfare team. The agency has the discretion of using the existing DSS-5228 in lieu of this section. Please note that social workers are not expected to complete both.

Children

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

- S – SUBSTANTIATED
- U – UNSUBSTANTIATED
- SN – SERVICES NEEDED
- SR – SERVICES RECOMMENDED
- SNR – SERVICES NOT RECOMMENDED
- SP – SERVICES PROVIDED, NO LONGER NEEDED

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

Parents/Caretakers

In this section, a chart is provided to list all of the parents/caregivers within the family/household unit. There is a space provided to document the adult’s relationship to the child. The worker should also document if the adult is a perpetrator of the maltreatment.

Case Decision  
Summary

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

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

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

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

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

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

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

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

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

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

*This question applies to the situation at the time of the case decision. Services already begun and safety measures taken during the assessment should be considered when answering this question.*

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

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

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

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

Following the rationale for the case decision & disposition, there is a place to document if the assessment was completed within the specified timeframe. If it was not, the worker should document the reasons in this section or in the ongoing case

contacts/narrative of the case. There is also a question related to whether the family was informed of the delay in the case. The worker has the discretion to document that information here or within the ongoing case contacts/narrative.

Disposition of Case

This item captures the disposition of the case in a checkbox format. For investigative assessments only, there is a prompt for social workers regarding the Responsible Individuals List. Please refer to [Chapter VIII: Protective Services 1427 – Responsible Individuals List](#) for further details.

Staffing

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

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

XII. INITIAL FAMILY SERVICES AGREEMENT

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

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

Identify activities that can correct the identified behaviors.

Specify the activities from the Temporary Parental Safety Agreement that must continue to ensure safety of the child(ren) until the In-Home or Out-of-Home Agreement is developed.

Section XII. The Initial Family Services Agreement title down to and including the Signatures boxes should be copied and provided to the parent(s) or legal guardian(s). The signature of the parent(s) or legal guardian(s) should be requested as an indication that they received and reviewed the Initial Family Services Agreement.

**Note:** This form also serves as the Initial Family Services Agreement that may include non-licensed and licensed family foster home providers that are receiving continued CPS Services as caretakers to relative children in their home.

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

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

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

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

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

### **Social**

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

### **Economic**

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

## **Environment / Home**

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

## **Mental Health**

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

## **Activities of Daily Living**

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

## **Physical Health**

Obtain demographic information for all household members. Discuss parents' or safety providers' willingness to protect the children. Discuss any additional concerns. Do the children appear healthy? Do the children appear on target with their height and/or weight? Are there any special medical concerns faced by family members? If so, who knows how to treat or administer to those concerns? How do people in this family

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

### **Summary of Strengths**

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