



# Assessment Policy Changes

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# Topics

- **Safe Surrender/Parent's Dismissal of Safe Surrender**
- **Immediate Timeframe**
- **Healthcare Consultation Policy**
- **Documentation for transfer to In Home to support Candidacy Determination**



# Safe Surrender and Parent's Dismissal of Safe Surrender Cases in Assessments

# Legal Safe Surrender

Infant is 30 days old or younger

Parent states they have no intention to return for the infant

Infant is free of abuse or neglect

Infant is handed to a designated safe person:

- **A health care provider, as defined under *G.S 90-21.11*, who is on duty or at a hospital or at a local or district health department or at a nonprofit community health center.**
- **A first responder, including a law enforcement officer, a certified emergency medical services worker, or a firefighter.**
- **A social services worker who is on duty or at a local department of social services.**

# Safe Surrender at Assessment

- The Assessment worker will obtain a medical exam for the infant immediately to determine the infant's age and if there are any concerns for abuse or neglect.
- The outcomes of this exam will determine if there is a legal Safe Surrender.
- Regardless of information or documentation shared by the surrendering parent, information obtained in Intake and at the medical exam will determine the legality of the Safe Surrender.



# Tracking Safe Surrender Cases

- **Counties will track all Safe Surrender cases, regardless of the outcome.**
  - **Number of Safe Surrender Intakes**
    - **Of those how many were not legal Safe Surrenders?**
    - **Was there a finding of abuse, neglect and/or abandonment?**
  - **Number of Requests to Dismiss a Safe Surrender Intakes**
- \***Counties may track however is best for them and NC DSS will provide more information later regarding reporting requirements**



# Safe Surrender at Assessment

## When Safe Surrender No Longer Applies

The Assessment worker will proceed, per policy, based on the maltreatment concern identified.



If in doubt, review Policy & contact your Regional Safety consultant if there are additional questions.

## When the Case is Legal Safe Surrender

Coordination with the Permanency worker will be key. (Publication and Ex Parte Order)

Diligent efforts are still required for the non-surrendering parent or other identified relatives, if that information is available.

Safe Surrender cases will not have Safety Assessments, Risk Assessments, or Family Strengths and Needs Assessments.

The Case Decision is Dependency with an unknown caretaker.

# Parent's Request to Dismiss a Safe Surrender

Policy can be found in Cross Function, pg 291.

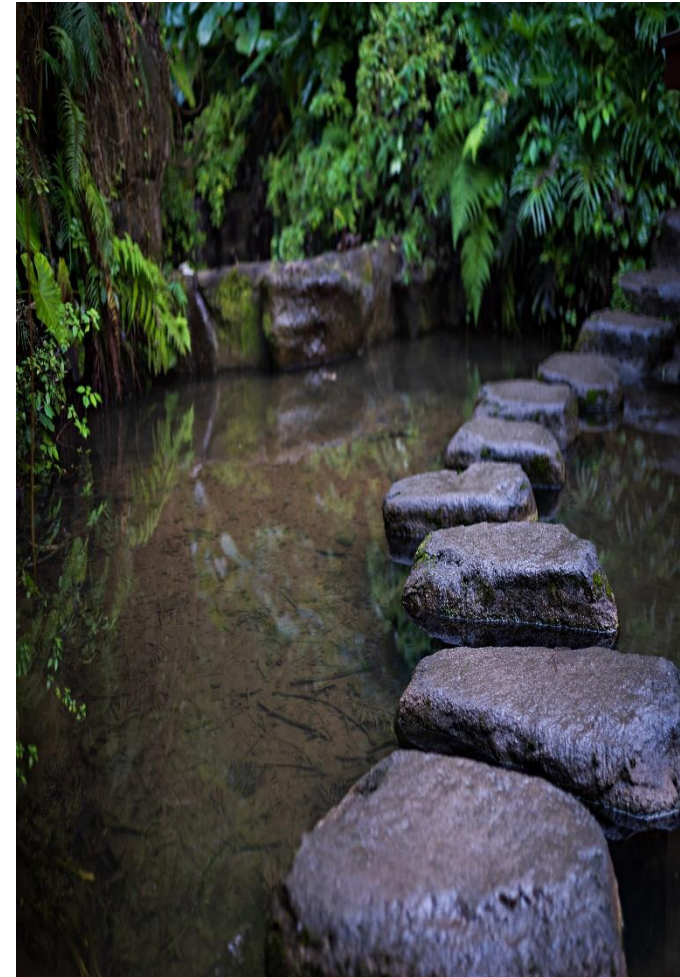
- The initial assessment must be determined a legal Safe Surrender and requestor must be a surrendering parent.
- Intake will assess if the request has occurred prior to a filing for TPR (within 60 days of the legal Safe Surrender).
- These requests are screened as **Neglect, Family Assessment** with a **72hr response time**.





# Parent's Request to Dismiss a Safe Surrender

- Assessment worker will conduct a pre planning conference with Permanency worker assigned to the child
- Initial visit will be in the home of the surrendering parent where they intend to care for the child
- Inquire about the circumstances of the Safe Surrender and the Request to dismiss
- Any concerns must be documented on the Safety Assessment
- Minimal standards of safety apply; Surrendering parents must not be held to additional standards



# Parent's Request to Dismiss a Safe Surrender



- IF there are no identified safety concerns the Safety Assessment must be marked Safe. The dismissal of the Safe Surrender is not a danger indicator on its own.
- The worker should conference with their supervisor, and permanency worker/supervisor to begin a plan to return the child to the surrendering parent **immediately, and no more than 24 hours after this determination.**

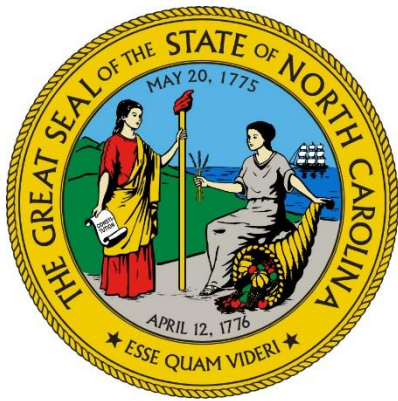
# Parent's Request to Dismiss a Safe Surrender

- IF the Safety Assessment identifies any danger indicators and can be marked, **Safe with a Plan**, the assessment worker must document diligent efforts to provide supportive services to the parent to alleviate any safety concerns throughout the course of the assessment. Consider and assess any Temporary Safety Providers indicated by the parent, same as other assessment cases.
- IF the surrendering parent is actively demonstrating **unsafe** behaviors and removal would be indicated if the child were in the home, the worker must file a petition and request non-secure custody.

# Parent's Request to Dismiss a Safe Surrender

- All required activities and Structured Decision-Making forms shall be completed prior to making a case decision.
- Follow policy for Case Decision on the “Request to Dismiss a Safe Surrender” Case



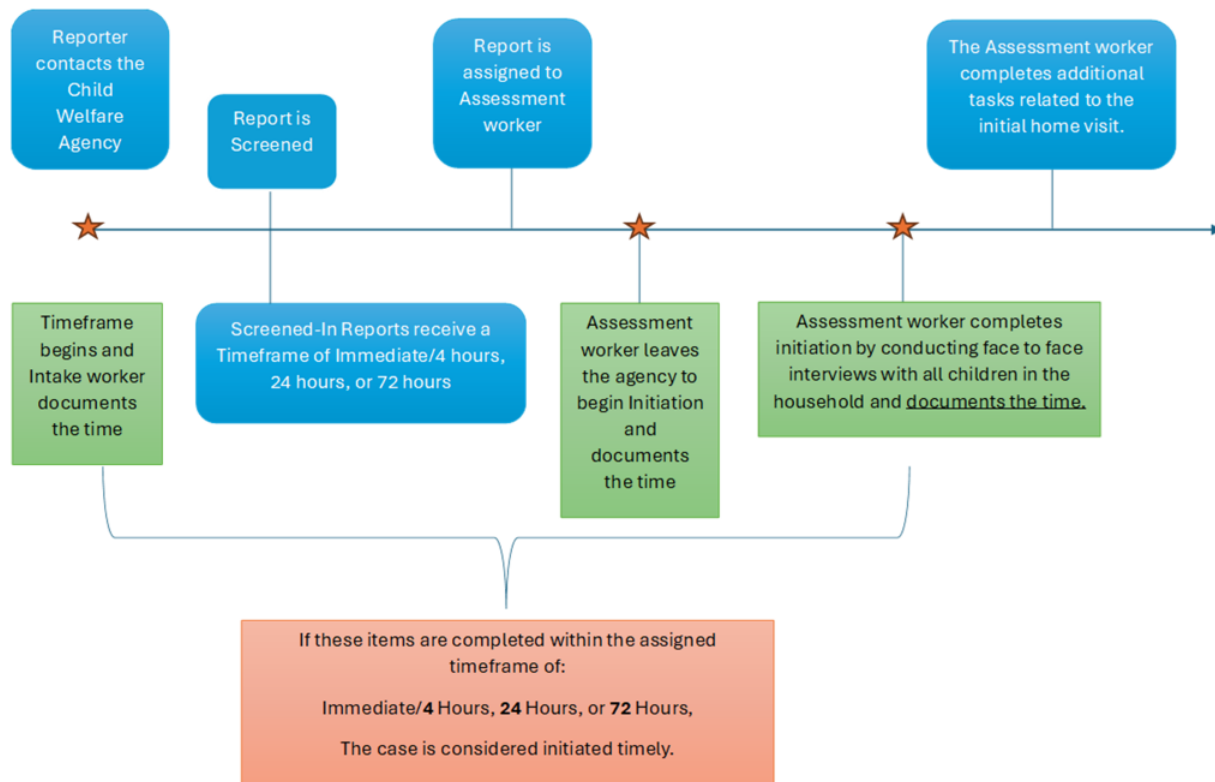


# Immediate Timeframe

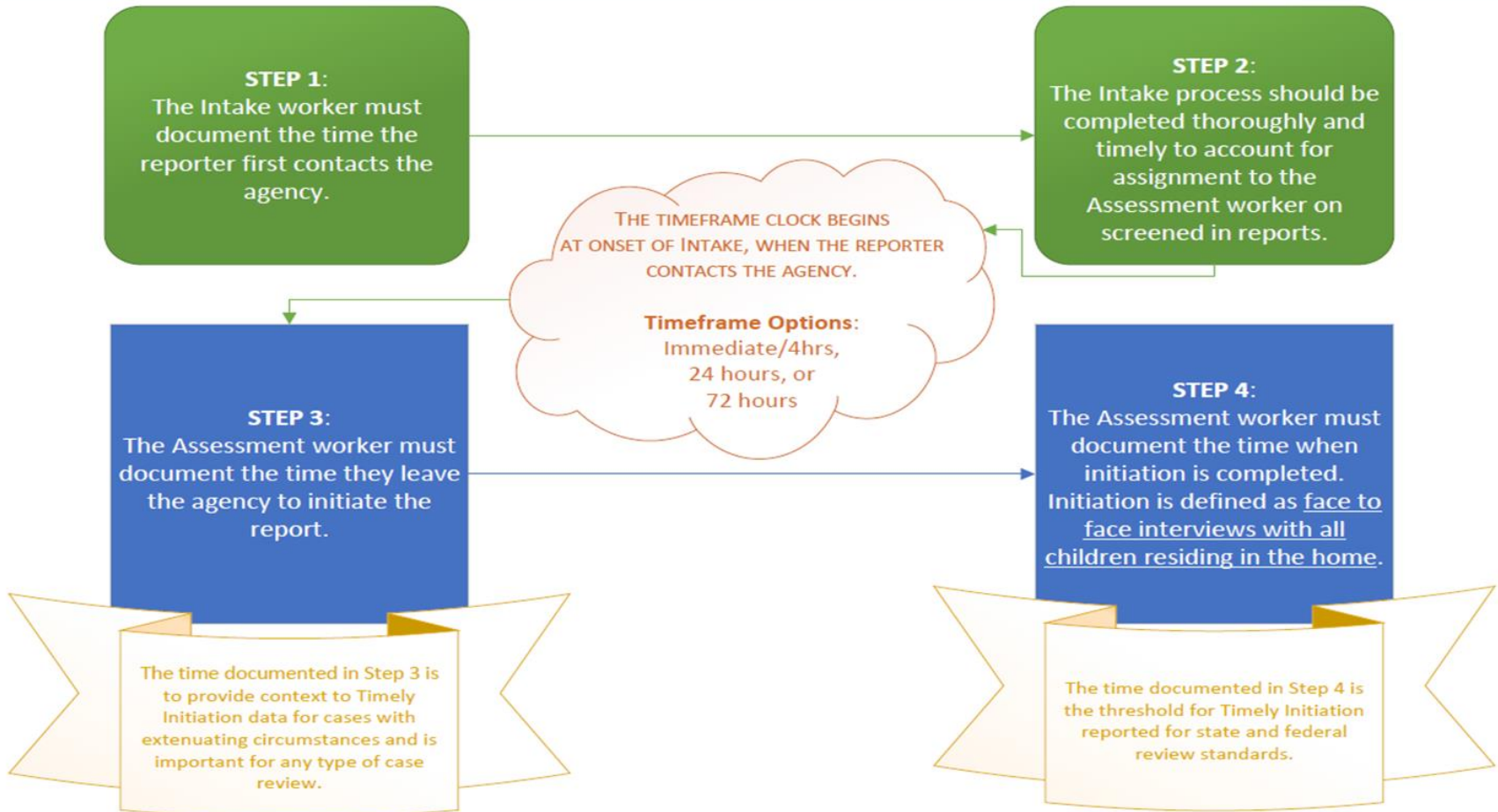
# Purpose for the Change

- Children's Bureau is requiring the Immediate response time have an hourly interval, same as 24hrs and 72hrs.
- Data collection for Timely Initiation benchmark (OSRI, CFSP, APSR)
- CQI for Practice
  - Intake
  - Assessments
  - Workforce needs
- 4 hrs to initiate was decided through multiple feedback loops

# Policy Definition of Initiation—Timeline



## Initiation Timeframe Process Flow







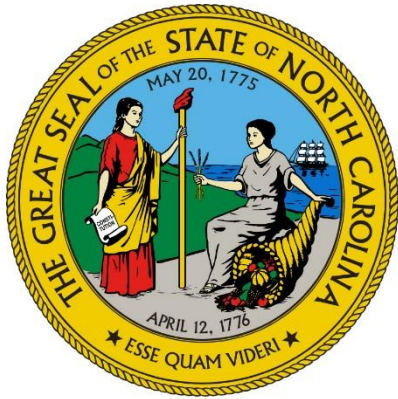
# Healthcare Consultation Policy

# Policy

- For children who are reported to CPS by a non-medical provider and upon assessment have an injury, **the CPS assessor must ensure medical consultation for treatment upon initiation and prior to making the initial safety plan.**
- Medical treatment may be obtained from a variety of professional sources and can include but is not limited to the child's pediatric medical provider, urgent care, emergency department and/or CME provider. Consultation may be obtained virtually, by phone or in-person.
- The CPS assessor must be part of the conversation with the medical provider, to ensure complete understanding of recommendations.

# Guidance

- **The purpose of seeking medical guidance for a child who, upon assessment, was found to have an injury is to assist the Child Welfare worker with determining the need for medical treatment. This should be a medical decision, not a social work decision as social workers are not trained to determine what constitutes the need for medical care.**
- **Understanding medical treatment is necessary to ensure the most appropriate safety plan. Medical treatment is different from a child medical evaluation (CME) that assists with understanding if a child has been maltreated and is most often not available upon initiation.**
- **If the family wants to seek medical guidance from a family member or family friend who is a medical professional; the county will need to determine if that is the most appropriate source to help the county determine the medical needs for the child/ren. If not, the county should seek additional medical guidance from another source.**



# Assessment Documentation for Transfer to In Home

## Candidacy Determination Support

# Guidance for Assessment Workers

- **Guidance for workers conducting the assessment will include consideration of whether a child is at imminent or serious risk of removal into foster care.**
- **Throughout the life of the assessment, the worker will assess for imminent or serious risk of removal into foster care.**
- **Children are defined as at serious and imminent risk, when absent effective preventive services, foster care is the planned arrangement for the child.**
- **Children at serious or imminent risk are considered “Candidates for Foster Care”**
- **Addition of Trauma Screening Tool completion for all assessment cases moving to In Home/Permanency**

# Guidance Continued....

- **When a safety assessment identifies one or more safety factors and has a “Safe with a Plan” determination, the following additional factors may strongly suggest a child in that home may be at serious or imminent risk of foster care:**
  - **The safety plan involves use of a temporary safety provider**
  - **The safety plan includes the alleged perpetrator leaving the home, especially if the alleged perpetrator is a parent or has potential to return to the household**
  - **The safety plan involves a protective caretaker moving to a safe environment with the children, especially when there is potential for that move to only be temporary.**
  - **The identified safety factor would have significant potential to result in the child entering foster care were it to continue or recur**
  - **The identified safety factor is associated with a parent’s or caretaker’s substance use disorder.**

