

**CPS IN HOME SERVICES REVIEW TOOL REFERENCE GUIDE  
CHAPTER VIII; 1412**

CPS In-Home Services are a legally mandated and integral part of the Children’s Services continuum and is provided to families who have had a Substantiation of abuse, neglect, dependency, or a finding of Services Needed. The purpose of CPS In-Home Services is to maintain the safety of the child while helping the parent/caretaker to learn more effective parenting practices.

\*\*If the county uses electronic documentation system that does not allow state forms to be used then they need to have all of the items from the form must be in the system.\*\*

Unless otherwise noted, all policy in this section can be found at:

<http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/pdf%20docs/CS1412.pdf>

<b>Initiating In Home Services</b>	<b>Was a visit made to the family within 7 days of the decision?</b>	The social worker will discuss the outcome of the Family Assessment with the family face-to-face after the case finding of Services Needed has been made. <a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/pdf%20docs/CS1408.pdf">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/pdf%20docs/CS1408.pdf</a> p.46
	<b>Was a joint visit made to the family with receiving worker?</b>	<b>This is best practice</b>

<b>CFT</b>	<b>Was a CFT held within 30 days of the decision?</b>	All county DSS should use the Child and Family Team meetings to develop the Family Services Agreement or update it if circumstances warrant changes. If the Agreement is not completed within 30 days, documentation shall reflect diligent efforts made or rationale for extra time to develop the plan. (p.13)
	<b>Was a facilitator used as prescribed in policy?</b>	A facilitator, who is neither the social worker for the family nor the supervisor of that social worker, shall be used in all cases with a current risk rating of high or intensive. Use of a neutral facilitator is best practice for all CFT meetings. While a facilitator is not required in moderate risk cases, it is remains best practice as there are many benefits to a facilitated meeting. For a list of circumstances in which a facilitator might be especially helpful see link below <a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-55/man/CSVII-04.htm#P358_53231">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-55/man/CSVII-04.htm#P358_53231</a>
	<b>Was a CFT held within 90 days for review of the Services Agreement?</b>	All county DSS should use the Child and Family Team meetings to develop the Family Services Agreement or update it if circumstances warrant changes. If the Agreement is not updated, documentation shall reflect diligent efforts to engage the family or rationale for continuing the previous plan. (p.13)
	<b>Were subsequent CFT’s held at least every 3 months until case closure?</b>	Quarterly assessments of the Family Services Agreement are formal discussions with the parent and Child and Family Team about the progress that is being made.(p.28)
	<b>Were CFT Documentation Instruments used to document CFT’s as prescribed in policy?</b>	The documentation of the CFT meeting is as important as the meeting itself. While the plan that comes out of the meeting should be documented on the Family Services Agreement, the process of the CFT meeting should also be documented in the case record. The following are the areas that need to be captured: <ul style="list-style-type: none"> <li>•The introduction of CFT meeting to the family. When and how CFT meetings were explained to the family;</li> <li>•The development of the team members. During discussions with the family about the CFT meeting process how did the family and</li> </ul>

		<p>social worker work together to identify possible team members? Were there disagreements, and if so, how were they resolved? The identification of each team member shall be recorded in the documentation along with their relationship to the family; •How the child/youth's level of participation and input was determined shall be clearly documented in the case record; How absent parents were involved and their subsequent level of participation shall be clearly documented in the case record. If the absent parent did not participate due to safety concerns, those shall also be clearly and objectively documented; •The preparation of all team members. It is important to document that all team members were prepared by having their role explained, the focus of the meeting discussed, and for family members, their ideas for how the meeting should look (for example: opening and closing rituals, food, where and when the meeting will be held); •The process of the actual meeting. While the meeting does not need to be documented word for word, there does need to be a good summary of what happened. It should be clear to anyone reading the documentation what the strengths of the family are, what each participant feels is the best way to address the issues before the team, and how decisions were made about what will actually be in the plan; •The plan for follow-up. How will team members know that the plan is being implemented accurately? Who will follow up and what will happen if the plan is not working? •When will the next meeting be held? •What worked and didn't work in the meeting and how will those issues be addressed in the next meeting in order to improve the meeting when necessary? •The team will answer these questions together. Documentation of the CFT meeting is not a one-time task. Instead the documentation should be ongoing from the first time the CFT meeting is introduced to the family through the completion of the meeting. For each subsequent meeting documentation must include the identification of any new team members, the development of the focus of the meeting, and the actual processes and outcomes of the meetings. Documentation of CFT Meetings shall be completed on the Child and Family Team Meeting Documentation Instrument</p> <p><a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-55/man/CSVII.pdf">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-55/man/CSVII.pdf</a> p.28</p>
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<b>Services Agreement DSS-5239</b>	<b>Have efforts been made to identify, locate and engage non-custodial parents?</b>	These are parents not living in the home with the child. Both custodial and noncustodial parents should participate in the development of the agreement. (p.12)						
	<b>Were both parents, legal custodian, legal guardian, or caretaker involved with the development of a Services Agreement or documentation as to why not?</b>	Both custodial and noncustodial parents should participate in the development of the agreement. If a noncustodial parent is not involved in the planning, it may be beneficial to ask what it would take them to become involved as well as if they have any relatives that may be a resource in supporting the child. Documentation should reflect this discussion. (p.12)						
	<b>Was the Services Agreement developed within 30 days of the case decision?</b>	For CPS In-Home Services, the In-Home Family Services Agreement shall be completed with the family within 30 days of the assessment case decision to substantiate or a finding of services needed. (p.13)						
	<b>Was the Services Agreement signed by each person in attendance or documentation as to why they were not present or did not sign:</b>	<table border="1" style="width: 100%;"> <tr> <td style="width: 30%;">Mother</td> <td rowspan="6">           The signatures of the parent/caregiver, the child if cognitively and emotionally able to participate, the social worker and the supervisor are all required on the In-Home Family Services Agreement. If the child was able to participate but did not sign the agreement, the social worker should include an explanation of why the child did not sign. Other signatures may include service providers, community representatives, or         </td> </tr> <tr> <td>Father</td> </tr> <tr> <td>Step-Mother (in home)</td> </tr> <tr> <td>Step Father (in home)</td> </tr> <tr> <td>Live in paramour</td> </tr> <tr> <td>Child</td> </tr> </table>	Mother	The signatures of the parent/caregiver, the child if cognitively and emotionally able to participate, the social worker and the supervisor are all required on the In-Home Family Services Agreement. If the child was able to participate but did not sign the agreement, the social worker should include an explanation of why the child did not sign. Other signatures may include service providers, community representatives, or	Father	Step-Mother (in home)	Step Father (in home)	Live in paramour
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<b>Services Agreement Continued</b>		Other Supports	family members and friends who have a role with the parent or child and support the plan. These signatures are optional and not required. The caregiver may verbally agree even if they refuse to sign the agreement. The social worker must note that the caregiver has agreed to each need and activity if he or she refuses to sign the agreement. If the caregiver refuses to sign the agreement and verbally refuses to agree to its provisions, the agency has the responsibility to ensure that the child is safe whether the child is in their own home or in another type of placement. (p.16)
		Safety Resource	
	<b>Did the Services Agreement address the needs identified in DSS-5228 or 5010 and 5229</b>	The conditions and needs of the family, as well as family strengths, are identified through the results of the Safety Assessment, Risk Assessment, and the Family Assessment of the Strengths and Needs. They are reflected in the documentation of the Case Decision Summary as part of the Family Assessment of Strengths and Needs Summary which will serve as the Initial Services Agreement (p.11)	
	<b>Are the services outlined in the case agreement reasonable to prevent repeat maltreatment or foster care?</b>	The purpose of the In-Home Family Services Agreement is to specify a plan to respond to the conditions or needs that threaten a child's safety and place him or her at risk of future harm while identifying and building on the family's strengths. The In-Home Family Services Agreement (DSS-5239) addresses the needs of the family identified in the Family Assessment of Strengths and Needs, safety issues and the future risk of harm to the child.(p.12) If the case plan does not tie back to child safety, the answer is No	
	<b>Was the Services Agreement reviewed within 90 days with the family?</b>	The In-Home Family Services Agreement shall be updated at least every three months thereafter to coincide with the Family Assessment of Strengths and Needs and Risk Reassessment updates or whenever family circumstances warrant a change. (p.13)	
	<b>Does the agreement include steps the agency will take to facilitate the agreement goal?</b>	The caregiver should also have input into decisions concerning who will be service providers, as needed. Also listed here should be the specific activities the social worker agrees to do to assist the family in successfully completing the agreement. This allows the family to see clearly that this is a team effort and they are not alone. (p.14) If the only role of the agency/SW is to monitor, the answer to this question is "no"	

Safety Resource	Was the child in a safety resource during this in-home episode?	...
	Was the child's safety resource reviewed if it continued more than 90 days?	Safety resource placements, on the other hand, should be very short, lasting only as long as it takes to gather the information needed to reach a decision about whether the immediate safety concern can be adequately addressed and the children returned home. Policy is not specific on this point, but the NC Division of Social Services suggests this might reasonably range from several days to as long as 60 days. If the agency is uncomfortable returning the children home after a reasonably brief period, it should consider petitioning the court for custody. <a href="http://www.practicenotes.org/v20n1/CSPN_v20n1.pdf">http://www.practicenotes.org/v20n1/CSPN_v20n1.pdf</a>
	If the child was in the safety resource for more than 90 days, was there discussion about court intervention?	Once an appropriate safety resource has been identified, it is vital that a discussion be held with the parents regarding their behaviors that have created risk to their children and what behavior changes are needed to mitigate the risk factors for the children to return to the home. If there is a lack of progress or behavior change that mitigates risk after 3 months, there should be a facilitated Child and Family Team meeting to address the behavior change issues, set deadlines for change and to outline the court process. (p.30)
	Was a comprehensive kinship care assessment completed on the safety resource?  DSS-5202, 5203, 5204	When placement with a relative or other kin is being explored, the agency is required to assess the suitability of that home. The Kinship Care Assessment packets are recommended for use in situations such as: CPS In-Home Services; resources in kinship network are explored for respite care; possible longer-term resource. <a href="http://info.dhhs.state.nc.us/olm/forms/dss/dss-5204ins.pdf">http://info.dhhs.state.nc.us/olm/forms/dss/dss-5204ins.pdf</a>
	Was there a time limited plan in place with clear goals for the child to return home?  DSS-5239	The Family Services Agreement (FSCP), Part A, the Service Agreement, shall be developed to provide a basis for working with the family. contain objectives, activities that are measurable, time-limited, describe specific desired outcomes, and identify necessary behavior changes; specify the outcomes or consequences resulting from following the plan successfully or not; <a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201xA.pdf">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201xA.pdf</a> #38
	Did the plan include services to support the safety placement?	Agency staff may need to help the temporary care provider locate and develop support and resources needed in caring for the child. In addition, the agency shall remain involved with the family providing placement and the birth family until the child's ongoing safety is assured and the placement is legally secure or until the DSS files petition for custody. These informal arrangements are NOT legally secure for the child or for the caregiver. <a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c4-05.htm">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c4-05.htm</a>
Safety Resource	If custody or guardianship was granted, was the safety resource informed of their rights and benefits for permanency options if considered as a permanent placement (kinship care)?	One critical piece of information for the relative or kin considering taking the child into their home has to do with the potential for adoption should the plan for reunification not be achieved. If the child has never been in the custody of a county DSS before being adopted, Adoption Assistance is not an option.  In any of these situations, these distinctions are not readily apparent. At the first conversations with relatives or kin about having the child placed with them, either by the parent with DSS involvement, or by the DSS through court order, it is critical that county Department of Social Services thoroughly consider and have a thorough discussion about all options with the caregiver. <a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c4-05.htm">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c4-05.htm</a>

Was there face to face contact with individuals	Victim Children	See Below
	Mother	See Below
	Father	See Below

<b>Ongoing Contacts</b>	<b>according to the risk rating in policy?</b>	Other Caretakers in the home	All other adults living in the home shall be seen face-to-face 1 time per month.
		Safety Resource	Safety Resources shall be seen face-to-face 1 time per month.
		Collaterals  These are not required to be face to face	Two collateral contacts per month with service providers significant to the case; mental health therapist or case manager, school, childcare, Work First, or other professionals working with the family are some examples. Documentation should include the identity of the person the social worker talked with, when the conversation took place, and what observations have been made of the family's progress or barriers toward case goals. (p.18)
		Non-victim children living in the home	All other children (unsubstantiated or found "services recommended" or "services not recommended") residing in the home shall be seen face-to-face 1 time per month. (p.18)
<p>Moderate and High Risk Cases: All children substantiated as abused, neglected, or dependent, or identified as "services needed" and their parents or primary caretakers shall be seen face to face two times per month. All other children (unsubstantiated or found "services recommended" or "services not recommended") residing in the home shall be seen face-to-face 1 time per month. P.18 &amp;23</p> <p>If the child is in a safe, stable placement with a safety resource person, contact with the child may be reduced although the risk rating is still high "or moderate." Contact with the parent remains required. P. 19, p.23</p> <p>During visits with family members, risk and safety issues should be addressed and progress should be discussed. The family's well being needs should also be discussed during these visits, as well as their strengths and needs. Documentation of the visits should include who was seen, where, when, and progress toward meeting the goals of the Services Agreement. P.23</p> <p>High Risk Cases Only: Every other week the social worker shall be required to have face-to-face contact with as many significant family members as necessary to ensure the children's safety. This face-to-face contact should include a discussion of the risk factors and behaviors identified during the assessment p.18</p> <p>If Intensive Family Preservation Services (IFPS) is in place, these contacts will be documented and shared with in-home services social worker. P.19</p> <p>If quality is not there in the visits but the contact is made, mark yes, but make a note in comments about quality.</p>			

<b>Decision-making</b>	The use of the structured tools is meant to guide CPS social workers and families through the assessment. Social workers are encouraged to bring these tools to every home visit so that a discussion surrounding these issues can take place. Completing these tools with the family makes the CPS process transparent and allows families to be a part of the process and to feel that they are part of the assessment. Keep in mind that the home visit is more than just completing the tools. Completing the tools is just one piece of what should be happening on home visits.(P.7)		
	<b>Decision Making continued</b>	<b>Were the SDM tools used according to policy</b>	<p>Risk Re-Assessment DSS-5226</p> <p>The Family Risk Reassessment shall be completed at the following intervals with the family, when CPS In-Home Services are being provided: At the time of the Family Services Agreement updates; Whenever a significant change occurs in the family; and Within 30 days prior to case closure (p.10)</p>
		<b>Is there documentation of supervisory oversight/staffing's?</b>	<p>Strengths and Needs DSS-5229</p> <p>To be completed At the time of the In-Home Family Services Agreement Updates; Within 30 days prior to case closure; With an involved noncustodial parent at concurrent time frames. Completing the North Carolina Family Assessment of Strength and Needs (FASN) is yet another way in which CPS social workers can involve families. The FASN serves as the basis for the In Home Services agreement. This is an opportunity for the family to have input on what services are determined to be necessary. (p.8) Please Note: The lack of adherence to the Well Being issues would not be a reason to initiate court proceedings against the parent if it was not a part of the substantiation or finding of services needed or seen as a risk/safety concern. If issues need to be addressed, they may be included in the Family Services Agreement, but they are not reasons to keep the case open when it would otherwise be closed for services. (p.9)</p> <p>The social worker and supervisor shall staff the case frequently enough to ensure the safety of all victim children. Issues to be discussed include but are not limited to, risk, safety, the family's strengths and needs, and the family's progress. (p.24)</p>

<b>Reasonable Efforts</b>	<b>Has the case been open longer than 6 months?</b>	...
	<b>If case open &gt;6months, is there justification for keeping the case open or seek court intervention?</b>	Specific effective services should be evaluated and updated at least every six months for each child. Revisions may be done every three months when the In-Home Family Services Agreement is updated for quarterly reviews. The child is only eligible for IV-E funded in-home services if agency services are critical to prevent removal from the home. (p.15) If after 6 months there are no activities completed on the Family Services Agreement nor any behavioral changes demonstrated that mitigate risk, by the family, there shall be a Child and Family Team Meeting that should be facilitated that advises the family court action will be pursued by the filing of a petition. (p.18 & 24)

Legal Action	Date of court action	
	Reason Action was taken	Mark for each that applies from the petition, Abuse, Neglect, Dependency
	Were there regular court reviews according to law and policy?	<b>Juvenile Court Case Statutory Timeline</b>
		Juvenile Petition (form <u>AOC-J-130</u> ) <sup>45</sup> filed
		Adjudicatory hearing no later than sixty (60) <b>days</b> from filing as per <u>N.C.G.S. § 7B-801</u> unless continued as per <u>N.C.G.S. § 7B-803</u>
		Dispositional hearing should take place immediately following adjudication; if not, it shall be concluded within thirty (30) <b>days</b> of the adjudication hearing as per <u>N.C.G.S. § 7B-901</u>
		Review of order as per <u>N.C.G.S. § 7B-906</u> must be held within ninety (90) <b>days</b> of disposition with a subsequent review within six (6) <b>months</b>

**IN HOME SERVICES-CLOSED**

Disposition	<b>Closed, child in own home, services no longer needed</b>	CPS social workers need to be involved with the family only for as long as the child's safety is at risk. As the social worker works with the family, there should be ongoing examination of the level of safety and risk. When it appears that those levels have been significantly reduced, a CFT should be convened to discuss closure and plan for how the family will sustain the changes they have made. (p.29)
	<b>Closed, child in home of safety resource, no custody transfer</b>	If it is not possible to return the children to the home from which they were removed; the CPS In-Home Services case can not be closed until legal permanence has been obtained for the children. (p.30)
	<b>Closed, custody transferred to safety resource/kin</b>	If relative placement becomes the permanent plan for the child, DSS must be involved in the resolution of the custody issue prior to case closure. (p.34)
	<b>Closed, family moved out of state</b>	
	<b>If closed because family moved out of state; was a report sent to new state of residence?</b>	When a protective services report involves a child living in a state other than North Carolina, the agency in the other state should be contacted with the information. When agencies receive requests from out-of-state agencies to provide protective services to children and their families who are now living in this state, it is necessary to initiate a new CPS assessment. <a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/pdf%20docs/CS1407.pdf">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/pdf%20docs/CS1407.pdf</a> p.7-9
	<b>Transferred for foster care services</b>	There are times however, when children can not remain in their homes. Therefore every child in the custody and/or placement responsibility of a county Department of Social Services shall receive services from the agency that are designed to achieve the most appropriate permanent plan for the child and that meet the

		child's individual needs. (p.1) <a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c5.pdf">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c5.pdf</a>					
	<b>Transferred to Other NC County</b>	When a family moves during the provision of CPS In-Home Services to another county, the county with the open CPS In-Home Services case will attempt to determine to what county the family has moved. Once there has been another county identified, the county with the open case will contact the county where the family is believed to have relocated. They will request the other county DSS to verify that the family has, in fact, relocated in that county. The Diligent Efforts form in <a href="#">section 1408</a> is to be used to document the verification activities. Verification shall include but is not be limited to: (a.) A visit to the new home, (b.) Proof of utilities, (c.) School enrollment or (d.) the application for services. Upon verification that the family has moved, plans should be discussed between the two county DSS's involved about transferring the CPS In-Home Services case. <b>It is never appropriate to transfer a case from one county to another without this discussion either face to face or by conference call. Simply faxing information to the other county is not sufficient.</b> Social Workers, supervisors and/or program managers from both counties should be involved together in this discussion.  <a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-45/man/Chapter_V-03.htm#P598_61578">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-45/man/Chapter_V-03.htm#P598_61578</a>					
	<b>Transferred for other voluntary services</b>	Family Support Services, or Non-Intensive Family Preservation Services (NIFPS Family Services Manual), are voluntary services and can be provided by the agency, within the agency outside of CPS, or in a community agency. They may be offered to families who have been assessed for safety and risk with a resulting risk level of low (and some moderate) and the agency can "walk away from" this family. <a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/pdf%20docs/CS1412.pdf">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/pdf%20docs/CS1412.pdf</a> (p. 24)					
	<b>The decision was made by:</b>	<table border="1"> <tr> <td><b>Supervisor/Worker</b></td> <td rowspan="4">Documentation shall: Support the rationale for case closure; and Indicate that the decision was a shared decision made by the social worker and the CPS supervisor or supervisor's designee at a minimum. •Show that the well-being issues have been addressed. (p.29-30)</td> </tr> <tr> <td><b>Team Staffing</b></td> </tr> <tr> <td><b>CFT</b></td> </tr> <tr> <td><b>Other</b></td> </tr> </table>	<b>Supervisor/Worker</b>	Documentation shall: Support the rationale for case closure; and Indicate that the decision was a shared decision made by the social worker and the CPS supervisor or supervisor's designee at a minimum. •Show that the well-being issues have been addressed. (p.29-30)	<b>Team Staffing</b>	<b>CFT</b>	<b>Other</b>
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<b>Team Staffing</b>							
<b>CFT</b>							
<b>Other</b>							

Case Closure	<b>Does the closing summary outlines why the child is no longer at risk of maltreatment or foster care?</b>	Documentation of the termination of CPS In-Home services shall reflect either that the parents or caregivers are willing to provide a safe home and demonstrate their ability to do so, or the agency receives legal custody or placement responsibility. Documentation shall also reflect the rationale for case closure and indicate that the decision was a shared decision made by the social worker and the supervisor. (p.16) <a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/pdf%20docs/CS1424.pdf">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/pdf%20docs/CS1424.pdf</a>
	<b>Do closing SDM tools support the decision to close?</b>	
	<b>Was there a closing conference with the family?</b>	If transferred to FC or other NC County then these may be N/A
	<b>Was a closure letter sent to the family w/in 7 days?</b>	At each reassessment, the social worker reevaluates the family, using instruments which help systematically assess changes in risk levels. Case progress will determine if a case should remain open or if the case can be closed. Risk Reassessments shall be completed within 30 days prior to

	<p>case closure. <a href="http://info.dhhs.state.nc.us/olm/forms/dss/DSS-5226-ia.pdf">http://info.dhhs.state.nc.us/olm/forms/dss/DSS-5226-ia.pdf</a></p> <p>This is not applicable to case transfer to foster care or other county/state</p>
<p><b>If custody was transferred w/out the agency having legal custody, was a Comp. Axment for Guardianship completed?</b></p>	<p>When it appears that those levels have been significantly reduced, a CFT should be convened to discuss closure and plan for how the family will sustain the changes they have made. Within 30 days prior to closure of the CPS In-Home Services case there should be supporting documentation, written or verbal, from service providers and or person(s) significant to the case.(p.29)</p>
<p><b>Was the Comp. Axment for guardianship signed by the potential guardian?</b></p>	<p>The case record shall contain copies of written notification of case closure to the family within a week of the agency's decision to close the case. (p.16)</p> <p><a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/pdf%20docs/CS1424.pdf">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-60/man/pdf%20docs/CS1424.pdf</a></p>
<p><b>Were case closure alternatives discussed with the guardian?</b></p>	<p>This tool can also be used if a kin caregiver does not need agency support, is willing to provide a permanent home for the child, wants to have the legal authority to make most parental decisions on the child's behalf, but will not pursue adoption. The accompanying questionnaire and legal information about the caregiver would be useful to any person considering assuming guardianship of a child in DSS custody.</p> <p><a href="http://info.dhhs.state.nc.us/olm/forms/dss/dss-5204ins.pdf">http://info.dhhs.state.nc.us/olm/forms/dss/dss-5204ins.pdf</a></p>
<p><b>Did the guardian have opportunity to address the Court?</b></p>	<p>When placement with a relative or other kin is being explored, the agency is required to assess the suitability of that home. The Kinship Care Assessment packets are recommended for use in situations such as: Foster Care Services; child has been living with relative for six months or more, in agency custody for at least one year; neither reunification nor adoption is a suitable option; the placement is stable, and continuation of the placement is in the juvenile's best interest. The Face Sheet and Comprehensive Assessment for Guardianship forms to be completed. <a href="http://info.dhhs.state.nc.us/olm/forms/dss/dss-5204ins.pdf">http://info.dhhs.state.nc.us/olm/forms/dss/dss-5204ins.pdf</a></p>
<p><b>Was the parent in agreement with the transfer?</b></p>	<p>..... In any of these situations, these distinctions are not readily apparent. At the first conversations with relatives or kin about having the child placed with them, either by the parent with DSS involvement, or by the DSS through court order, it is critical that county Department of Social Services thoroughly consider and have a thorough discussion about all options with the caregiver</p> <p><a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c4-05.htm">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c4-05.htm</a></p>
<p><b>Were Court hearings scheduled to assure reviews of the placement?</b></p>	<p>Whether licensed as a foster home or not, kinship care providers should be valued and treated as partners with the birth family and the agency...This includes notifying relatives providing care for a child of any court review or hearing to be held about the child and of their opportunity to be heard in court. <a href="http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c4-05.htm">http://info.dhhs.state.nc.us/olm/manuals/dss/csm-10/man/CSs1201c4-05.htm</a></p>

