

NC Department of Health and Human Services

Benchmarks Presentation

Presenter:
North Carolina Division of Social Services

May 11, 2023

Agenda

- **NC DSS Updates – Lisa Cauley**
  - **Introduction of Katie Swanson, Deputy Director for County Operations**
- **Responsible Individual List – Kimaree Sanders**
- **CFSR/Statewide Assessment – Kimaree Sanders**
- **CHRI/Fingerprint Update – Kimaree Sanders**

Responsible Individual List (RIL)

Responsible Individual List (RIL)

10A NCAC 70E .1115

(a) An applicant is not eligible for licensure if the applicant has within the **last five years** been **substantiated for abuse or serious neglect** and is placed on the Responsible Individuals List as defined in North Carolina General Statute 7B-311.

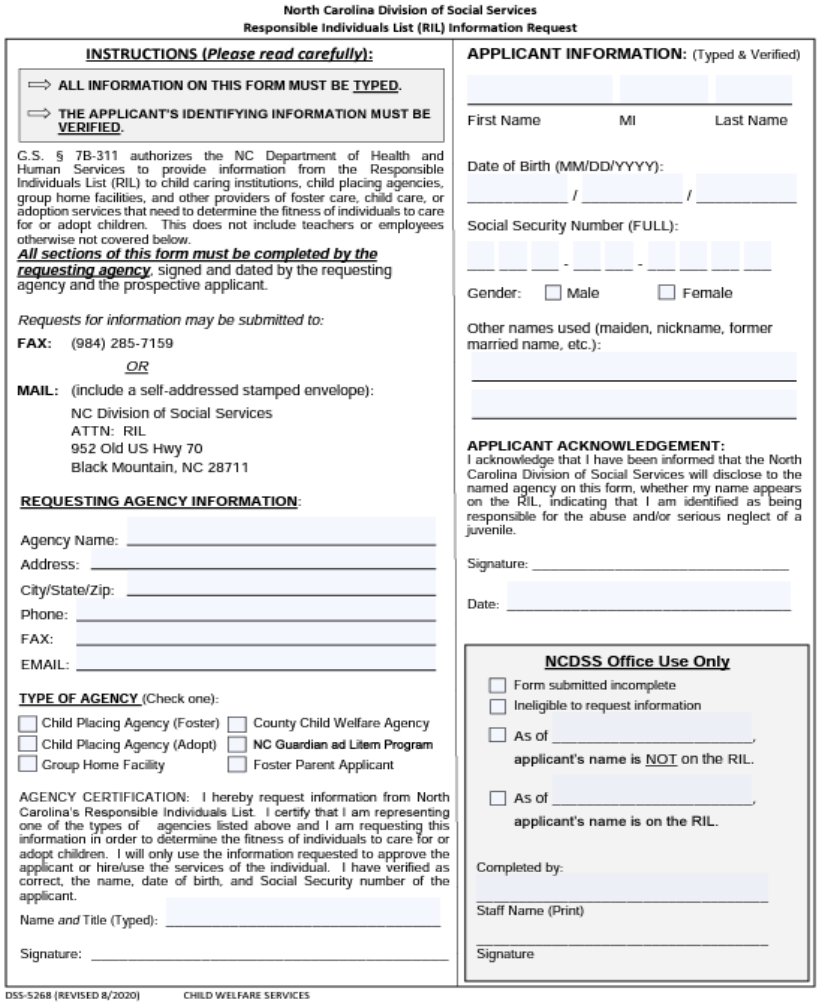
(b) After **five years**, an applicant who is on the Responsible Individuals List may be considered for licensure based on the following factors:

(1) nature of the substantiation;
(2) length of time since the substantiation;
(3) circumstances surrounding the substantiation;
(4) evidence of rehabilitation;
(5) history of convictions and violations; and
(6) letter of support for licensure from the executive director of the agency.

(c) The supervising agency shall provide documentation to the licensing authority of the results of Child Abuse and Neglect Central Registry Checks of states where the applicant has **resided the past five years**.

DSS-5268: Responsible Individuals List (RIL) Information Request

Once the Black Mountain office processes the RIL Information Request form, **DO NOT** alter the results.



North Carolina Division of Social Services
Responsible Individuals List (RIL) Information Request

INSTRUCTIONS (*Please read carefully*):

⇨ ALL INFORMATION ON THIS FORM MUST BE TYPED.

⇨ THE APPLICANT'S IDENTIFYING INFORMATION MUST BE VERIFIED.

G.S. § 7B-311 authorizes the NC Department of Health and Human Services to provide information from the Responsible Individuals List (RIL) to child caring institutions, child placing agencies, group home facilities, and other providers of foster care, child care, or adoption services that need to determine the fitness of individuals to care for or adopt children. This does not include teachers or employees otherwise not covered below.

All sections of this form must be completed by the requesting agency, signed and dated by the requesting agency and the prospective applicant.

Requests for information may be submitted to:

FAX: (984) 285-7159

OR

MAIL: (include a self-addressed stamped envelope):
NC Division of Social Services
ATTN: RIL
952 Old US Hwy 70
Black Mountain, NC 28711

REQUESTING AGENCY INFORMATION:

Agency Name: _____
Address: _____
City/State/Zip: _____
Phone: _____
FAX: _____
EMAIL: _____

TYPE OF AGENCY (Check one):

☐ Child Placing Agency (Foster) ☐ County Child Welfare Agency
☐ Child Placing Agency (Adopt) ☐ NC Guardian ad Litem Program
☐ Group Home Facility ☐ Foster Parent Applicant

AGENCY CERTIFICATION: I hereby request information from North Carolina's Responsible Individuals List. I certify that I am representing one of the types of agencies listed above and I am requesting this information in order to determine the fitness of individuals to care for or adopt children. I will only use the information requested to approve the applicant or hire/use the services of the individual. I have verified as correct, the name, date of birth, and Social Security number of the applicant.

Name *and* Title (Typed): _____

Signature: _____

APPLICANT INFORMATION: (Typed & Verified)

First Name MI Last Name

Date of Birth (MM/DD/YYYY): ___/___/___

Social Security Number (FULL): ___ ___ ___ - ___ ___ - ___ ___ ___ ___

Gender: ☐ Male ☐ Female

Other names used (maiden, nickname, former married name, etc.):

APPLICANT ACKNOWLEDGEMENT:
I acknowledge that I have been informed that the North Carolina Division of Social Services will disclose to the named agency on this form, whether my name appears on the RIL, indicating that I am identified as being responsible for the abuse and/or serious neglect of a juvenile.

Signature: _____

Date: _____

NCDSS Office Use Only

☐ Form submitted incomplete
☐ Ineligible to request information
☐ As of _____, applicant's name is NOT on the RIL.
☐ As of _____, applicant's name is on the RIL.

Completed by:

Staff Name (Print)

Signature

DSS-5268 (REVISED 8/2020) CHILD WELFARE SERVICES


Any
Questions

Child and Family Services Review

Item 28: Foster and Adoptive Parent Training

Overview

Background:

- Helps states achieve positive outcomes.
- Designed to met statutory requirement to provide federal oversight.
- Strengthen state child welfare program.
- Improve safety, permanency, and well-being outcomes.

Two-Phase Process:

Statewide Assessment:

- Selects internal and external stakeholders
- Assessing systemic factors

Onsite Review:

- Case record reviews
- Case-related interviews
- Stakeholder interviews

Systems Reviewed

- Statewide Information System
- Case Review System
- Quality Assurance System
- Staff and Provider Training
- Service Array and Resource Development
- Agency Responsiveness to the Community
- Foster and Adoptive Parent Licensing, Recruitment and Retention

Item 28: Foster and Adoptive Parent Training

How well is the staff and provider training system functioning to ensure that training is occurring statewide for current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities (who receive title IV-E funds to care for children) so that:

- Current or prospective foster parents, adoptive parents, and staff receive training pursuant to the established annual/biannual hourly/continuing education requirement and timeframes for the provision of initial and ongoing training; and
- The system demonstrates how well the initial and ongoing training addresses the skills and knowledge base needed to carry out their duties with regard to foster and adopted children?

Assessing Item 28 – Example

Exploratory Questions:

- What trainings are the state providing or supporting to foster parents, adoptive parents, or staff of state licensed or approved facilities? (Initial, ongoing, continued credits, etc.)
- Does the state provide any trainings around race, ethnicities, sexual orientation, or other DEIB initiatives for foster parents, adoptive parents, or staff of state licensed or approved facilities?
- How does the state know that the regulatory processes around these trainings are being followed?

Data Sources:

- What are the state's requirements for providing initial and ongoing training to all current or prospective foster parents, adoptive parents, and staff of state licensed or approved facilities?
- What is the process for the state to track and collect information about trainings, who attended, and that requirements are met?


Any
Questions

CHRI Update

CHRI

No definitive timeline when link will be shared

- Nearly 900 from County agencies (Missing 28 counties)
- Approximately 120 from Private Agencies

Trouble Logging In:

- Navigate to https://www.cjisonline.com/
- Input their username (state email address)
- Use the “Forgot your password?” feature.
- If a user receives “The email address entered was not found” that means either that DCDEE may have an incorrect email address for the user or the user has not yet been set up in CJIS Online.

CHRI – Email Received

Welcome to CJIS Online

KEVIN HORNADAY has created a CJIS Online account for you.
This account has been created for you because your organization relies on CJIS Online for Security and Privacy training and other CJIS compliance needs.

Below are the certification(s) that have been assigned to your account:

1. Security and Privacy: General Role

Using the credentials below, you can click the login button or visit https://www.cjisonline.com to begin your certifications.
User name: XXXXX
Temporary password: XXXXXX

Contact Information

Kimaree Sanders, Section Chief of Regulatory and Licensing:
Kimaree.Sanders@dhhs.nc.gov

Mary Mackins, Adoptions Manager:
Mary.Mackins@dhhs.nc.gov