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**CHILD ABUSE AND NEGLECT STATE GRANTS**

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**State Project/Program: CHILD ABUSE AND NEGLECT GRANT**

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**U. S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
ADMINISTRATION FOR CHILDREN AND FAMILIES**

**Federal Authorization:** Child Abuse Prevention, Adoption and Family Services Act of 1988, Title I, Public Law 100-294, as amended; Child Abuse, Domestic Violence, Adoption, and Family Services Act of 1992, Public Law 102-295; Juvenile Justice and Delinquency Prevention Act Amendments of 1992, Public Law 102-586; Child Abuse Prevention and Treatment Act Amendments, Public Law 104-235; 42 U.S.C. 5101 et seq; Public Law 108-36, "Keeping Children and Families Safe Act", which amended CAPTA; Child Abuse Prevention and Treatment Act Reauthorization of 2010, P.L. 111-320.

**N. C. Department of Health and Human Services  
Division of Social Services**

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**NCDHHS Confirmation Reports:**

SFY 2020 audit confirmation reports for payments made to Counties, Local Management Entities (LMEs), Managed Care Organizations (MCOs), Boards of Education, Councils of Government, District Health Departments and DHSR Grant Subrecipients will be available by mid-October at the following web address: <https://www.ncdhhs.gov/about/administrative-offices/office-controller/audit-confirmation-reports> At this site, click on the link entitled "Audit Confirmation Reports (State Fiscal Year 2019-2020)". Additionally, audit confirmation reports for Nongovernmental entities receiving financial assistance from DHHS are found at the same website except select "[Non-Governmental Audit Confirmation Reports \(State Fiscal Years 2018-2020\)](#)".

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**The Auditor should not consider the Supplement to be "safe harbor" for identifying audit procedures to apply in a particular engagement, but the Auditor should be prepared to justify departures from the suggested procedures. The Auditor can consider the Supplement a "safe harbor" for identification of compliance requirements to be tested if the Auditor performs reasonable procedures to ensure that the requirements in the Supplement are current. The grantor agency may elect to review audit working papers to determine that audit tests are adequate.**

This compliance supplement should be used in conjunction with the OMB 2020 Compliance Supplement which will be issued in the summer. This includes "Part 3 - Compliance Requirements," for the types that apply, "Part 6 - Internal Control," and "Part 4 - Agency Program" requirements if the Agency issued guidance for a specific program. The OMB Compliance Supplement is Section A of the State Compliance Supplement.

### I. PROGRAM OBJECTIVES

The objective of this program as authorized by the Child Abuse Prevention and Treatment Act (CAPTA) is to support and improve State child welfare services systems in one or more of the 14 program areas.

CAPTA requires that states certify they have policies, procedures, or state laws in place that meet these provisions:

1. Improving the intake, assessment, screening and investigation of reports of abuse and neglect;
2. Creating and improving the use of multidisciplinary teams and interagency protocols to enhance investigations; and improving legal preparation and representation including:
  - (i) procedures for appealing and responding to appeals of substantiated reports of abuse and neglect; and
  - (ii) provisions for the appointment of an individual appointed to represent a child in judicial proceedings;
3. Improving case management, including ongoing case monitoring, and delivery of services provided to children and their families;
4. Enhancing the general child protective system by developing, improving and implementing risk and safety assessment tools and protocols, including the use of differential response;
5. Developing and updating systems of technology that support the program and track reports of child abuse and neglect from intake through final disposition and allow interstate and intrastate information exchange;
6. Developing, strengthening, and facilitating training including (A) training regarding research-based strategies to promote collaboration with the families; (B) training regarding the legal duties of such individuals; and (C) personal safety training for caseworkers;  
(D) training in early childhood, child, and adolescent development;
7. Improving the skills, qualifications and availability of individuals providing services to children and families, and the supervisors of such individuals, through the child protection system, including improvements in the recruitment and retention of caseworkers;
8. Developing and facilitating the use of, and implementing research based strategies and training protocols for individuals mandated to report child abuse and neglect;
9. Developing, implementing or operating programs to assist in obtaining or coordinating necessary services for families of disabled infants with life-threatening conditions, including:
  - (A) existing social and health services;
  - (B) financial assistance;
  - (C) services necessary to facilitate adoptive placement of any such infants who have been relinquished for adoption; and
  - (D) the use of differential response in preventing child abuse and neglect.
10. Developing and delivering information to educate the public on the role and responsibilities of the child protection system and the nature and basis for reporting

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- suspected incidents of child abuse and neglect, including the use of differential response.
11. Developing and enhancing the capacity of community-based programs to integrate shared leadership strategies between parents and professionals to prevent and treat child abuse and neglect at the neighborhood level.
  12. Supporting and enhancing interagency collaboration between the child protection system and the juvenile justice system for improved delivery of services and treatment, including methods for continuity of treatment plan and services as children transition between systems.
  13. Supporting and enhancing collaboration among public health agencies, the child protection system, and private community-based programs to provide child abuse and neglect prevention and treatment services (including linkages with education systems) and to address the health needs, including mental health needs, of children identified as abused or neglected, including supporting prompt, comprehensive health and developmental evaluations for children who are the subject of substantiated child maltreatment reports.
  14. Developing and implementing procedures for collaboration among child protective services, domestic violence services and other agencies in investigations, interventions, and the delivery of services and treatment provided to children and families, including the use of differential response, where appropriate and the provision of services that assist children exposed to domestic violence, and that also support the care giving role of the non-abuse parents.

## **II. PROGRAM PROCEDURES**

The U. S. Department of Health and Human Services provides an annual award of funds to states that submit a State Plan every five years and that meet the eligibility criteria specified in CAPTA. The State Plan specifies the area(s) of the state child welfare system to be improved and indicates how the funds will be used to make improvements. CAPTA requirements are outlined in the comprehensive Child and Family Services Plan (CFSP) under title IV-B of the Social Security Act. This outline helps states to plan comprehensively for the full array of child welfare services, from prevention and protection through permanency.

Funds are allocated to states based on a formula related to the total number of children in the State. This grant award has no matching requirement from the states.

North Carolina uses its grant award to fund several programs through contractual agreements. Contracts are awarded on an annual basis. Activities of each contracted provider must comply with the goals and activities that are specified in the contract. The State utilizes the NC DHHS Office of Procurement and Contract Services (OPCS) policies and procedures to award contracts to subrecipients. This information is available at: [http://www.pandc.nc.gov/documents/Procurement\\_Manual\\_5\\_8\\_2013\\_interactive.pdf](http://www.pandc.nc.gov/documents/Procurement_Manual_5_8_2013_interactive.pdf) Federal and State reporting requirements are communicated to subrecipients in the contract. Subrecipients are reimbursed through submission of the DSS-1571 part III Administrative Costs Report to the N. C. DHHS Controller's Office.

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Contracted providers are monitored in accordance with the North Carolina Department of Health and Human Services (DHHS), Division of Social Services (DSS) North Carolina Division of Social Services (DSS) Monitoring Plan, found at: [DSS Monitoring Plan](#)

### III. COMPLIANCE REQUIREMENTS

The Type of Compliance Requirements can be found in Section B in the link: [2020 Agency Matrix for Federal Programs](#). This matrix incorporates the OMB Compliance Supplement “Part 2 - Matrix of Compliance Requirement.” A State Agency may have added a compliance requirement that the OMB matrix in Part 2 has a “N” (Not Applicable).

#### Crosscutting Requirements

**The compliance requirements in the North Carolina Division of Social Services “Crosscutting Requirements” in Section D (DSS-0) are applicable to this grant.**

#### A. ACTIVITIES ALLOWED OR UNALLOWED

DSS is required to make certain assurances to be eligible for the grant. Contracts funded by CAPTA through DSS under this program must address one or more of the 14 CAPTA program areas. See Section I. Activities of provider agencies must comply with the goals and activities that are specified in the contract.

#### B. ALLOWABLE COSTS/COST PRINCIPLES

Allowable costs are defined in each contract. Funds may not be used for construction or facilities. Funds may not be used for any purpose other than that for which such funds were authorized to be appropriated [see Part I, (1)-(9)].

All grantees that expend state funds (including federal funds passed through the NC Department of Health and Human Services) are required to comply with the cost principles described in the NC Administrative Code at 09 NCAC 03M .0201.

#### H. PERIOD OF AVAILABILITY OF FEDERAL FUNDS

Annually, based on the Federal Fiscal Year of October 1<sup>st</sup> thru September 30<sup>th</sup>.

#### I. PROCUREMENT AND SUSPENSION AND DEBARMENT

##### Procurement

All grantees that expend federal funds (received either directly from a federal agency or passed through the NC Department of Health and Human Services) are required to conform with federal agency codifications of the grants management common rule accessible on the Internet at <http://www.whitehouse.gov/omb/>.

All grantees that expend State funds (including federal funds passed through the NC Department of Health and Human Services) are required to comply with the procurement standards described in the North Carolina General Statutes and the North Carolina Administrative Code, which are identified in the State of North Carolina Agency Purchasing Manual accessible on the Internet at [http://www.pandc.nc.gov/documents/Procurement\\_Manual\\_5\\_8\\_2013\\_interactive.pdf](http://www.pandc.nc.gov/documents/Procurement_Manual_5_8_2013_interactive.pdf)

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Nongovernmental subrecipients shall maintain written Procurement policies that are followed in procuring the goods and services required to administer the program.

### **Suspension and Debarment**

The listing of most debarred and suspended parties can be viewed at the following web site: [System For Award Management \(SAM\)](#)

Additional Federal Certifications are included in the contract between the contracting agency and the State Division of Social Services. These requirements vary by agency but usually include Conflict of Interest; Lobbying; Environmental Tobacco Smoke; Debarment, Suspension, Ineligibility, and Voluntary Exclusion; and Drug-Free Workplace Requirements.