

## Child Protective Services Intake Report

### CPS Report:

<b>Received by:</b>	Kathryn M McCoy	<b>Case Name:</b>	Ishita Sharma
<b>Date Received:</b>	6/29/2025	<b>Case Number:</b>	
<b>Time Received:</b>	9:36:00PM	<b>Case Requested:</b>	N
<b>Information Received By:</b>	Call	<b>Screening Decision:</b>	Screened In
<b>Type of Report:</b>	Neglect	<b>Intake ID:</b>	568586
<b>Category of Report:</b>		<b>Setting:</b>	
		<b>New Referral on Open Case?</b>	No
		<b>Type of NROC:</b>	
		<b>Have a companion case?</b>	No
		<b>Primary or companion?</b>	
		<b>How many companion cases?</b>	0
		<b>Was an investigation closed within 30 days?</b>	No
<b>Reported Maltreatment:</b>	Neglect	<b>Response Track:</b>	Family Assessment
<b>Response Time:</b>	72 Hours	<b>If other:</b>	
<b>Primary Language:</b>	English		
<b>Supervisor:</b>	Salwah A Holder-Lucky		
<b>Social Worker:</b>	Kathryn M McCoy		
<b>Intake Copy</b>	Investigation		
<b>List any information about the Family's American Indian heritage:</b>		<b>N/A:</b>	<input checked="" type="checkbox"/>

**Diligent Efforts to Initiate Case:**

<b>Date</b>	<b>Type of Contact</b>	<b>Person Contacted /Relationship</b>
6/30/2025	12:00:00AM Telephone Contact	Sanjay Byas/Bio Father

**Results of Attempt to Initiate**

CWS Green received a return phone call back from Mr. Byas father confirmed that the minor child Sanjita is currently with him in the state of New York. Father reports that him and the child are at the airport in the state of New York getting ready to fly to the country of India. Father reports that the child has been with him since the end of March beginning of April in the state of Florida. Father reports that him and the child will be visiting the country of India for the next six weeks. Father reports that the child reported to him a couple of days ago that the mother has been abusive to her in the mothers home in the state of North Carolina. Father confirmed that the mother is currently in India as well. Father confirms that the mother will be returning to the state of North Carolina on July 5th. Father confirm the phone number for the mother reports that when the mother is in the country of India, the mother has to use the whats app to communicate. Father reports that there is a current court order custody agreement between the parents. Father reports that both parents have 50-50 custody of the child. Father reports that the child has been living with him for the last couple of months.

<b>Date</b>	<b>Type of Contact</b>	<b>Person Contacted /Relationship</b>
6/30/2025	12:00:00AM Voice Mail Message Left	Ishita Sharma/

**Results of Attempt to Initiate**

CWS Green attempted to contact Ms. Sharma at the phone number attached to the referral did not receive an answer left voicemail message requesting a return phone call.

<b>Date</b>	<b>Type of Contact</b>	<b>Person Contacted /Relationship</b>
6/30/2025	12:00:00AM Telephone Contact	Ishita Sharma/Casehead

**Results of Attempt to Initiate**

CWS Green received a return phone call from the mother Ms. Sharma. Mother reports that she is currently in the country of India returning to Charlotte, North Carolina on July 5th. Mother reports that the daughter is upset with her as she initially told the daughter that the daughter could not go to the country of India with the father. Mother reports that the child has mental health concerns is making up allegations due to being mentally ill. Mother reports that her, the father, and the child will have a family meeting in India. Mother reports that her and the father spoke about, ensuring the child sees a psychiatrist while in the country of India. Mother confirmed that the child and the father will be in the country of India for over a month. Mother reports that she initially told the daughter that she could not go to India with the father. Mother reports that she changed her mind spoke with the child and agreed to allow the child to go to India with the father. Mother expressed that any concerns that the department has that they should overlook it as the daughter is mentally ill.

<b>Date</b>	<b>Type of Contact</b>	<b>Person Contacted /Relationship</b>
6/30/2025	12:00:00AM Voice Mail Message Left	Sanjay Byas/Bio Father

**Results of Attempt to Initiate**

CWS Green contacted Sanjay Vyas at the phone number attached to the referral 704-325-9642. CWS Green did not receive an answer. Left voicemail message requesting a return phone call, sent text message with business card requesting a return phone call.

<b>Date</b>	<b>Type of Contact</b>	<b>Person Contacted /Relationship</b>
7/1/2025	12:00:00AM Home Visit	/

**Results of Attempt to Initiate**

CWS Green attempted a home visit at the address attached to the referral 17116 ARDREY VIEW CT CHARLOTTE, NC 28277. CWS Green knocked on the door several times did not receive an answer left memo letter in the door frame.

<b>Date</b>	<b>Type of Contact</b>	<b>Person Contacted /Relationship</b>
7/2/2025	12:00:00AM Other (Specify in the Results Section)	/

**Results of Attempt to Initiate**

SCHOOL RESEARCH;  
Re: S. Vyas Request (secure)  
From: Thomas, Sonya

To: Green, Zetna <Zetna.Green@mecklenburgcountync.gov>  
Greetings Ms. Zetna!

I hope that all is well.

Our student is enrolled at :

Charlotte Virtual School  
980 343 0742

Social Worker  
mayaf.mcneely@cms.k12.nc.us

Thanks!

Ms. Sonya

Ms. Sonya M. Thomas, MSW

Re: School Research Request I.Sharma (CH) S.Vyas  
From: Green, Zetna <Zetna.Green@mecklenburgcountync.gov>  
To: Thomas, Sonya <Sonya.Thomas@mecklenburgcountync.gov>

Good morning,  
School Research Request:  
Sanjita Vyas, DOB-2/21/2012, Address: 17116 ARDREY VIEW CT CHARLOTTE, NC 28277

Casehead: Ishita Sharma,

Kind regards,

Date	Type of Contact	Person Contacted /Relationship
7/2/2025	12:00:00AM	Other (Specify in the Results Section) /

**Results of Attempt to Initiate**

MEDICAL RESEARCH:  
Re: Medical Research Request I.Sharma (CH) S.Vyas (CI)  
From: King, Nora <Nora.King@mecklenburgcountync.gov>  
To: Green, Zetna <Zetna.Green@mecklenburgcountync.gov>

Sanjita Vyas 2/21/12 up to date on immunizations and well checkups. Last well visit was 3/3/25 at Charlotte Pediatric Clinic. She has a history of Autism, ADHD, anxiety, headaches, poor sleep and constipation/irritable bowel. Saw sleep medicine doctor last on 2/18/25. Also sees GI for bowel issues and saw them last on 1/27/25. Has also seen neurology and cardiology in the past. Seems to be getting the medical attention she needs.

Re: Medical Research Request I.Sharma (CH) S.Vyas (CI)  
From: Green, Zetna <Zetna.Green@mecklenburgcountync.gov>  
To: PediatricNurse <PediatricNurse@mecklenburgcountync.gov>

Good morning,  
Please review attached medical research request form for the minor child S. Vyas, DOB-2/21/12 if there are any questions or concerns, please feel free to contact me.

Kind regards,

Date	Type of Contact	Person Contacted /Relationship
7/2/2025 12:00:00AM	Agency Records Searched (OLV, SIS, EF	/
<b>Results of Attempt to Initiate</b>		
<p>Re: RE: OLV Research Request I.Sharma (CH)  From: Cooper, Shante &lt;Shante.Cooper@mecklenburgcountync.gov&gt;  To: Green, Zetna &lt;Zetna.Green@mecklenburgcountync.gov&gt;</p> <p>Good morning,</p> <p>Ishita Sharma: Has active med case in meck county. Address used: 17116 Ardrey View Ct, Charlotte 28277. Email: sharma.i.v@gmail.com. Phone number: 704-622-4157. No other information.</p>		
<p>Re: OLV Research Request I.Sharma (CH)  From: Green, Zetna &lt;Zetna.Green@mecklenburgcountync.gov&gt;  To: Cooper, Shante &lt;Shante.Cooper@mecklenburgcountync.gov&gt;</p> <p>Good morning,  OLV Research Request: Ishita Sharma, DOB-7/28/1978, Charlotte, NC</p> <p>Casehead: Ishita Sharma</p> <p>Kind regards,</p>		
Date	Type of Contact	Person Contacted /Relationship
7/2/2025 12:00:00AM	Agency Records Searched (OLV, SIS, EF	/
<b>Results of Attempt to Initiate</b>		
<p>Re: RE: OLV Research Request I.Sharma (CH) S.Vyas  From: Cooper, Shante &lt;Shante.Cooper@mecklenburgcountync.gov&gt;  To: Green, Zetna &lt;Zetna.Green@mecklenburgcountync.gov&gt;</p> <p>Sanjay Vyas: most recent address found 155 Bartram Market Dr, Ste 135, PMB 132 St Johns FL 32259. No other info.</p>		
<p>Re: OLV Research Request I.Sharma (CH) S.Vyas  From: Green, Zetna &lt;Zetna.Green@mecklenburgcountync.gov&gt;  To: Cooper, Shante &lt;Shante.Cooper@mecklenburgcountync.gov&gt;</p> <p>Good morning,  OLV Research Request: Sanjay Vyas or Sanjay Byas, DOB-10/24/1973, Florida</p> <p>Casehead: Ishita Sharma</p> <p>Kind regards,</p>		

Date	Type of Contact	Person Contacted /Relationship
7/2/2025 12:00:00AM	Agency Records Searched (OLV, SIS, EF	/
<b>Results of Attempt to Initiate</b>		
WESTLAW RESEARCH- Re: export - 2025-07-02T120955.895 From: Frost, Yvette <Yvette.Frost@mecklenburgcountync.gov> To: Green, Zetna <Zetna.Green@mecklenburgcountync.gov>		
Here is the information you requested. Re: SANJAY VYAS, 155 BARTRAM MARKET DR STE 135 ST JOHNS, FL 32259-4583 SAINT JOHNS COUNTY		
Re: Westlaw Research Request I.Sharma (CH) S.Vyas From: Green, Zetna <Zetna.Green@mecklenburgcountync.gov> To: Frost, Yvette <Yvette.Frost@mecklenburgcountync.gov>		
Good morning, Westlaw Research Request: Sanjay Vyas or Sanjay Byas, DOB-10/24/1973, Florida		
Kind regards,		
Date	Type of Contact	Person Contacted /Relationship
7/2/2025 12:00:00AM	Agency Records Searched (OLV, SIS, EF	/
<b>Results of Attempt to Initiate</b>		
WESTLAW RESEARCH; Re: export - 2025-07-02T120405.515 From: Frost, Yvette <Yvette.Frost@mecklenburgcountync.gov> To: Green, Zetna <Zetna.Green@mecklenburgcountync.gov>		
Here is the information you requested. Re: ISHITA SHARMA, 17116 ARDREY VIEW CT CHARLOTTE, NC 28277 MECKLENBURG COUNTY Phone: (704) 622-4157 Line Type: Cellular.		
Re: Westlaw Research Request I.Sharma (CH) From: Green, Zetna <Zetna.Green@mecklenburgcountync.gov> To: Frost, Yvette <Yvette.Frost@mecklenburgcountync.gov>		
Good morning, Westlaw Research Request: Ishita Sharma, DOB-7/28/1978, Charlotte, NC		
Kind regards,		
Date	Type of Contact	Person Contacted /Relationship
7/2/2025 12:00:00AM	Telephone Contact	Sanjay Vyas/Bio Father
<b>Results of Attempt to Initiate</b>		
CWS Green contacted Sanjay Vyas at the phone number attached to the referral 704-325-9642 Mr. Vyas confirmed that him and the child have arrived in India. CWS Green inquired with Mr. Vyas if he could forward travel flight tickets to this worker's email. Father agreed to email the flight tickets father reports that the departure tickets has not been purchased as of yet.		

Date	Type of Contact		Person Contacted /Relationship
7/2/2025	12:00:00AM	E-mail (Attach Correspondence)	Sanjay Vyas/Bio Father
<b>Results of Attempt to Initiate</b>			
Re: [External]Itinerary			
From: Sanjay Vyas <vyas.sanjay@gmail.com>			
To: Green, Zetna <Zetna.Green@mecklenburgcountync.gov>			
Hi Ms. Green,			
Please find attached the itinerary from Charlotte to Jaipur.			
Best regards, Sanjay.			
Date	Type of Contact		Person Contacted /Relationship
7/10/2025	12:00:00AM	Home Visit	Ishita Sharma/Casehead
<b>Results of Attempt to Initiate</b>			
<p>CWS Green completed a home visit with Ms. Sharma at the address attached to the referral for the family 17116 Ardrey View Ct. CWS Green greeted, introduced herself was invited into the home by Ms. Sharma. Ms. Sharma provided a guided tour of the home, no safety or environmental concerns noted. Home had adequate food supply in the cabinets and refrigerator. CWS Green reviewed referral concerns with the mother regarding the child being fearful to return home with the mother, mother left bruise on the child's arm and leg. Mother reports that she gave the child and father permission for the child to visit with the father in Florida. Mother reports that there is a current custody order in place through family court, as the parents are now divorced. Mother denies being verbally or physically abusive towards the child. Mother reports that the child has not told her that she feels unsafe in the home. Mother reports that she is feeling unsafe in the home as the child is becoming physically aggressive towards her. Mother reports that the child hit her, she grabbed the child's arm so that the child could not hit her again. Mother reports that she did not observe any marks or bruises on the child's arm or leg. Mother reports that she never touched the child's leg only the wrist/arm area. Mother reports that the child has made statements that she wanted to die. Mother denied telling the child that she wanted to die if the child did not return home. CWS Green provided the mother contact information for Mecklenburg County mobile crisis, SPARC/Mores program. Mother reports that the child receives mental health services. Mother denied making threats to call police when the child did not want to attend school. Mother reports that she contacts police when the child isolates in the room won't allow the mother to complete a safety check. Mother reports financial distress, reports that the reason for grocery limits. Mother reports that the child has an irritable bowel syndrome state that she would never deny the child food. Mother reports that she would never interfere with the child's eating scheduled. Mother reports that the child has a poor appetite. CWS Green inquired with the mother why would someone make these allegations. Mother reports that she believes that the child called in the report as she has structure in the home, father is more lenient.</p>			

**Child(rens) Information:**

**Biological Child:** Y    **Name:** Sanjita Vyas

**Alias:**

**In/Out Home:** Out    **Other:**

**Sex:** F    **DOB:** 2/21/2012    **Reported Age:**    **Deceased:** N

**Report Location:**

**Reported Custody:**

**Comments:**

**Address:** 52 ORIANA CT ST JOHN'S, FL 32259

**Directions:**

**Home Phon**

**Cell Phone:**

**Work Phone:**

**School Type:**

**Daycare:**

**Grade:** 8

**School Hours:**

**School Contact:**

**Addr:** ,

**Phone:**

**Fax:**

**Email:**

**Comment:**

**Race:**

America Indian or Alaskan Native

Asian

Black or African American

Hispanic or Latino

Native Hawaiian or Other Pacific Islander

Other

Unable to Determine

White

**Name Of Tribe:**

**Parent's Information:**

Alleged Perpetrator: N Casehead: Y  
Unknown Parent: N Name: Ishita Sharma Alias:  
In/Out Home: Other:  
Sex: F DOB: 7/28/1978 Reported Age: 0.00 Deceased: N  
Mother/Father: Relationship to Casehead SSN: Phone No:  
Comments:  
Home Phone: Cell Phone: 704-622-4157 Work Phone: Extn:  
Email Address:  
Address: 17116 ARDREY VIEW CT CHARLOTTE, NC 28277  
Directions:  
Length of Time at Current Address:  
If new residence, last address:  
School Type: Grade:  
Addr: ,  
Employment:  
Addr: ,  
Shift: Phone No:  
Race:  
 America Indian or Alaskan Native  Asian  Black or African American  
 Hispanic or Latino  Native Hawaiian or Other Pacific Islander  Other  
 Unable to Determine  White

**Parent's Information:**

Alleged Perpetrator: N Casehead: N  
Unknown Parent: N Name: Sanjay Byas Alias:  
In/Out Home: Other:  
Sex: M DOB: 10/24/1973 Reported Age: 0.00 Deceased: N  
Mother/Father: Relationship to Casehead SSN: Phone No:  
Comments:  
Home Phone: Cell Phone: 704-325-9642 Work Phone: Extn:  
Email Address:  
Address: 52 ORIANA CT ST JOHN'S, FL 32259  
Directions:  
Length of Time at Current Address:  
If new residence, last address:  
School Type: Grade:  
Addr: ,  
Employment:  
Addr: ,  
Shift: Phone No:

**Race:**

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> America Indian or Alaskan Native | <input checked="" type="checkbox"/> Asian                          | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Unable to Determine              | <input type="checkbox"/> White                                     |  |

**Caretaker's Information:**

Alleged Perpetrator: Casehead: Caretaker: Group Home: Foster Home: Day Care:  
Unknown Caretaker: Name: Alias:  
In/Out Home: Other:  
Sex: DOB: Reported Age: Deceased:  
Relationship to Casehead: SSN: Phone No:  
Home No: Cell Phone: Work Phone:

Comments:

Address: ,

Directions:

Length of Time at Current Address:

If new residence, last address:

School Type: Grade:

Addr:

Employment:

Addr:

Shift:

Phone No:

Race:

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> America Indian or Alaskan Native | <input type="checkbox"/> Asian                                     | <input type="checkbox"/> Black or African American |
| <input type="checkbox"/> Hispanic or Latino               | <input type="checkbox"/> Native Hawaiian or Other Pacific Islander | <input type="checkbox"/> Other                     |
| <input type="checkbox"/> Unable to Determine              | <input type="checkbox"/> White                                     |  |

Name Of Tribe:

**What:**

**What happened to the child(ren) in simple terms?**

The reporter states that the mother and father are divorced. The reporter states that Sanjita (age 13) left her mother's home without her permission and went to her father's home in Florida. the reporter states that Sanjita has been at her father's home since March 30, 2025. The reporter states that Sanjita is verbally and physically abused by her mother and does not feel safe. The reporter states that the mother would yell at Sanjita and threaten to call the police when she would not go to school. The reporter states that Sanjita did not want to go to school due to depression, anxiety and ADHD. The reporter states that the mother will not allow Sanjita to go to Asia for the summer even though she wants to. The reporter states that the mother grabs Sanjita by the arm tightly when she is upset with her. The reporter states that they believe the mother has left a bruise on Sanjita's arm and a bruise on Sanjita's leg. The reporter states that Sanjita does not have any current marks or bruises. The reporter states that the mother also hits Sanjita on the arms and legs with her hands. The reporter states that the mother is threatening to call the police if Sanjita does not return home. The reporter states that the mother has threatened suicide. The reporter states that the mother won't let Sanjita get what she wants at the grocery store, she will only allow her to get rice and mangos. The reporter states that the mother will make Sanjita eat when she doesn't have an appetite but then states that the mother only allows her to eat 5 days a week. The reporter states that Sanjita is fearful of her mother and fearful to return to her home.

Impact statement--Sanjita is fearful of her mother and fearful to return to her home. The mother has left a bruise on Sanjita's arm and a bruise on Sanjita's leg.

- Did you see physical evidence of abuse or neglect?** No
- Is there anything that makes you believe child is in immediate danger?** No
- Has there been any occurrence of domestic violence in the home?** No
- Are you concerned about a family member's drug/alcohol use ?** No

**When:**

**Approximately when did the incident occur?**

The child left her mother's home on March 30, 2025 and went to father's home.

**When was the last time you saw the child?**

The caller is the child

**Where:**

**Where did the incident occur?**

The child left her mother's home on March 30, 2025 and went to father's home.

**How:**

**How do you know what happened with the family?**

The caller is the child

**How long has this been going on?**

Since 2023

**Strengths:**

**What are the strengths of this family? Can you tell me anything good about this family?**

The child feels comfortable around her sister and father

**How do family members usually solve this problem? What have you seen them do in the past?**

The father will communicate with the mother about the child's wellbeing.

**What is it about this family's culture that is important to know?**

The family is Asian

**Safety Factors:**

Are you aware of any safety problems with a social worker going to this home? No

Calling DSS is a big step, what do you think can be done with this family to make this child safer?

The caller wants the mother investigated

Is there anything you can do to help this family? Unl

**Collaterals:**

The following information may be shared with the family.

Do you know of any other people who are knowledgeable of the situation? (Include name, address, and phone number) No

Do you have information about the children's other relatives? ((Include name, address, and phone number) No

Has the family ever been involved with this agency or any other community agency? Unknown

Do you know of any other reports made about this family? Unknown

**Physical Abuse:**

Where was the child(ren) when the abuse occurred?

N/A- Not Applicable

Describe the injury. (When, location of marks, color, size, shape, fresh or fading)

N/A- Not Applicable

What part of the body was injured?

N/A- Not Applicable

Is there a need for medical attention?

N/A- Not Applicable

What is the parents/caretakers explanation?

N/A- Not Applicable

What is the child's explanation?

N/A- Not Applicable

What led to the child's disclosure or brought the child to your attention?

N/A- Not Applicable

Did anyone witness the abuse?

N/A- Not Applicable

Are any family members taking protective action?

N/A- Not Applicable

Have you had previous concerns about the family?

N/A- Not Applicable

Is the child currently afraid of the alleged perpetrator?

N/A- Not Applicable

Is the child afraid to go home?

N/A- Not Applicable

Other:

N/A- Not Applicable

**Sexual Abuse:**

**Where was the child(ren) when the abuse occurred?**

N/A- Not Applicable

**To whom did the child disclose the abuse?**

N/A- Not Applicable

**Did the child disclose directly to the reporter?**

N/A- Not Applicable

**What is the age of the alleged perpetrator and his/her relationship to the child?**

N/A- Not Applicable

**What is the alleged perpetrator's access to the victim and the other children?**

N/A- Not Applicable

**What steps are being taken to prevent further contact between the perpetrator and the child?**

N/A- Not Applicable

**Has the child had a medical exam?**

N/A- Not Applicable

**Other:**

N/A- Not Applicable

**Emotional Abuse:**

**How does the child function in school?**

N/A- Not Applicable

**What symptoms does this child have that would indicate psychological, emotional, and/or social impairment?**

N/A- Not Applicable

**Are there any psychological or psychiatric evaluations of the child?**

N/A- Not Applicable

**Is the child failing to thrive or developmentally delayed?**

N/A- Not Applicable

**Is there a bond between the parent/caretaker and the child?**

N/A- Not Applicable

**What has the parent/caretaker done that is harmful?**

N/A- Not Applicable

**How long has the situation been going on, and what changes have been observed?**

N/A- Not Applicable

**Are there any indications of cruel and unusual punishment?**

N/A- Not Applicable

**Other:**

N/A- Not Applicable

**Domestic Violence:**

**Has anyone in the family been hurt or assaulted? If so, describe the assault or harm (what and when). Who has been hurt? Who is hurting the child and other family members? Please describe the injuries specifically?**

N/A- Not Applicable

**Can you describe how the violence is affecting the child(ren)?**

N/A- Not Applicable

**Have the police ever been called to the house to stop assaults against either the adults or child? Was anyone arrested? Were charges filed?**

N/A- Not Applicable

**Where is the child when the violent incidents occur?**

N/A- Not Applicable

**Has any family member stalked another family member? Has a family member taken another family member hostage?**

N/A- Not Applicable

**Do you know who is caring for and protecting the child right now?**

N/A- Not Applicable

**What is the battered parent/caretakers ability to protect him/herself and the child(ren)?**

N/A- Not Applicable

**What steps were taken to prevent the perpetrator's access to the home (shelter, police, restraining order)?**

N/A- Not Applicable

**Is there a history of domestic violence?**

N/A- Not Applicable

**Can you provide information on how to contact the battered parent/caretaker alone?**

N/A- Not Applicable

**Other:**

N/A- Not Applicable

**Substance Abuse:**

**What specific drugs are being used by the parent/caretaker?**

N/A- Not Applicable

**What is the frequency of use?**

N/A- Not Applicable

**Do the children have knowledge of the drug use?**

N/A- Not Applicable

**How does their substance use affect their ability to care for their child(ren)?**

N/A- Not Applicable

**Are there any drugs, legal or illegal, in the home? If so, where are they located?**

N/A- Not Applicable

**Do the children have access to the drugs?**

N/A- Not Applicable

**Has the parent/caretaker ever experienced black outs?**

N/A- Not Applicable

**How well are the children supervised? Are the children left alone for extended periods of time?**

N/A- Not Applicable

**Is there adequate food in the house?**

N/A- Not Applicable

**Have the children been exposed to a Methamphetamine or other clandestine laboratory? Are chemicals accessible to the children? Have the children been present during a cook? What have you seen that makes you think there is a Methamphetamine laboratory in the home?**

N/A- Not Applicable

**Other:**

N/A- Not Applicable

**Abandonment:**

**How long has the parent/caretaker been gone?**

N/A- Not Applicable

**Did the parent/caretaker say when they would return?**

N/A- Not Applicable

**Did the parent/caretaker make arrangements with someone to care for the child(ren)?**

N/A- Not Applicable

**Are the alternative caretakers adequate? Do they wish to continue to provide care for the child? Have they been in recent contact with the parent/caretaker?**

N/A- Not Applicable

**Is your concern that the child is abandoned or that the caretaker is not an adequate provider?**

N/A- Not Applicable

**Other:**

N/A- Not Applicable

**Drug Exposed Infant:**

**What is the present physical condition of the child?**

N/A- Not Applicable

**If the baby is in the hospital, is he/she scheduled to be released soon (what is the anticipated discharge date)?**

N/A- Not Applicable

**What is the attitude of the parent/caretaker toward the child?**

N/A- Not Applicable

**Other:**

N/A- Not Applicable

**Supervision:**

**Is the child left alone? If yes, for how long? What time of day?**

N/A- Not Applicable

**What is the age and developmental status of the child?**

N/A- Not Applicable

**What are your specific concerns regarding the child being alone?**

N/A- Not Applicable

**Does the child know what or who to call in a crisis?**

N/A- Not Applicable

**Is the child caring for other children?**

N/A- Not Applicable

**Is the child afraid to be alone?**

N/A- Not Applicable

**How is the parent/caretaker unable to provide appropriate supervision? (substance abuse/mental illness/disability)?**

N/A- Not Applicable

**Other**

N/A- Not Applicable

**Injurious Environment:**

**What is it about the child's living environment that makes it unsafe for the child?**

N/A- Not Applicable

**Other**

N/A- Not Applicable

**Improper Discipline:**

**Is the child injured from the discipline? If yes, describe the injury.**

Sanjita is fearful of her mother and fearful to return to her home. The mother has left a bruise on Sanjita's arm and a bruise on Sanjita's leg. Sanjita doesn't have any current marks or bruises.

**Who was the person administering the discipline?**

The mother

**What was the instrument used in the discipline?**

No

**Does this parent/caretaker have a history of inappropriately disciplining the child?**

Yes

**What caused the parent/caretaker to discipline the child?**

The child's mental health

**Is the child fearful of the parent/caretaker?**

Yes

**Other**

**Improper Care:**

**Does the parent/caretaker provide adequate food, clothing, shelter?**

N/A- Not Applicable

**What does the child need that he/she is not being provided?**

N/A- Not Applicable

**Is the parent/caretaker ensuring that the child receive a basic education?**

N/A- Not Applicable

**Is the parent/caretaker ensuring that the child receive necessary medical care?**

N/A- Not Applicable

**Other**

N/A- Not Applicable

**Human Trafficking:**

**Is the child being exploited or has the child been exploited?**

N/A- Not Applicable

**Is the child being exchanged for something of value or to pay a debt?**

N/A- Not Applicable

**Is the child working long hours for little or no pay?**

N/A- Not Applicable

**Has the child been promised things, such as a job, money, or improved circumstances in exchange for moving from one location to another, whether residence, community, city, state, or country?**

N/A- Not Applicable

**Maltreatment Screening Tool:**

The following screening tools were consulted in the screening of this report:

**Abuse:**

Physical Injury                       Sexual Abuse                       Moral Turpitude                       Human Trafficking   
Cruel/Grossly Inappropriate Behavior Modification                       Emotional Abuse

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**Neglect:**

Improper Care                       Improper Discipline                       Improper Medical/Remedial Care   
Illegal Placement/Adoption                       Improper Supervision                       Abandonment   
Environment Injurious

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Dependency                       Substance Abuse                       Domestic Violence

**Screening Decision:**

Screened In

Same allegations currently under investigation:                      0

If Child is in DSS custody, was foster care supervisor and placement supervisor consulted?

Who was consulted:

Response Track:    Family Assessment                      Meets FA criteria but administratively assigned forensic:                      No

Geodistrict Address:    C - Vyas, Sanjita: 17116 ARDREY VIEW CT CHARLOTTE, NC 28277

Geodistrict Number:    Geo4

Referral Completed:                      Yes                      Worker:    A93 - Kathryn M McCoy                      Date:                      6/29/2025 10:31:30PM

Supervisor Approved:                      Yes                      Worker:    H21 - Nia I. McFarland-Drye                      Date:                      6/29/2025 10:59:06PM

Screening Supervisor:                      Nia I. McFarland-Drye                      Date:                      6/29/2025                      Time:                      10:58:00PM

Screening Decision Comment:                      Sanjita is fearful of her mother and fearful to return to her home. The mother has left a bruise on Sanjita's arm and a bruise on Sanjita's leg.

After consulting the appropriate Maltreatment Screening Tool(s), if the decision is to accept the report, you then consult the Response Priority Decision Tree. Indicate which of the following Response Priority Decision Trees you consulted and the response required (immediate, 24 hours, 72 hours).

**Rank**                      **Description**

01	Unsafe Discipline (No Physical Injuries)
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**Screen Out Info:**

**IF SCREENED OUT**

**The report was not accepted for investigation by the Department of Social Services because:**

**The allegations reported, if true, do not fall within any of the N.C. Statutory Definitions of abuse, neglect, or dependency 7B-101(1)(9)(15).**

**Explain (required if checked)**

**The victim is not a juvenile under N.C. Statutory Definition 7B-101(14).**

**The alleged perpetrator is not a parent, guardian, or caretaker under N.C. Statutory Definition 7B-101(3).**

**The allegations are considered licensing issues. The report will be forwarded to the appropriate agency.**

**Explain (required if checked)**

**This report was referred to the appropriate Law Enforcement agency**

**The family lives in another county/state. The referral will be forwarded to**

**The allegations have already been reported and are currently being investigated.**

**The allegations have already been reported.**

**Other**

**Notifications:**

**Law Enforcement:**

If this was a "non-caretaker", was law enforcement notified? No

Date: Who: Agency:  
Phone: Fax:

Allegations of criminal maltreatment reported to DA/Designee? Yes

Date: 06/29/2025 Who: Leslie Stephens Agency: mecklenburg.danotifications@nccourts.org  
Phone: Fax:

If this was a "non-caretaker", was DA/Designee notified? No

Date: Who: Agency:  
Phone: Fax:

Allegations of criminal maltreatment reported to Law Enforcement? Yes

Date: 06/29/2025 Who: Cassandra Walker Agency: dssreferrals@ci.charlotte.nc.us  
Phone: Fax:

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**DayCare Reports:**

Was Division of Child Development notified?

Date: Who: Phone:

In daycare sex abuse, was SBI notified?

Date: Who: Phone:

Was CCRI notified?

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**Facility:**

Was Division of Social Services notified?

Was Division of Facility Services notified?

Was the facility notified by phone?

Date: Who: Phone:

If screened-out, was a letter sent to the facility? No

If child in another county's custody, were they notified?

**Referrals:**

Referral:

Comment:

**Internal Research:**

Screen Outs? No

Is there a Work First (Employment Services) Social Worker? No

Internal Research Information:

NO CPS HISTORY