CHILD WELFARE ACADEMY COMPETENCY EXAM PRACTICE (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. Which are the three types of resistance?

A. Avoidance, passivity, and anger.

B. Denial, mistrust, and fear.

C. Resistance, compliance, and indifference.

D. Avoidance, cooperation, and sarcasm.

2. What is a key component of a comprehensive safety plan in child welfare practice?

A. Clear safety goals, assigned responsibilities, and monitoring steps.

B. A plan that only the caseworker uses without family input.

C. Plans that delay action until a crisis occurs.

D. A vague checklist with no dates.

3. What are the three types of findings in a CPS Investigation outcome?

A. Indicated

B. Ruled Out

C. Unsubstantiated

D. Indicated, Ruled Out, and Unsubstantiated

4. In case record, when you have an opinion that the client was under the influence, how should you document it?

A. Clearly document why you have this opinion.

B. Record it as fact without explanation.

C. Include any hearsay from others.

D. Leave it out of the record.

5. What is neonatal abstinence syndrome (NAS), and how should services respond in child welfare practice?

A. NAS is a maternal withdrawal; respond by solely medical treatment.

B. NAS is neonatal withdrawal; respond with medical assessment, coordinated treatment planning, family education, and connection to inpatient or outpatient supports.

C. NAS is a congenital anomaly; respond with surgical intervention.

D. NAS is a behavioral issue; respond with counseling only.

6. Mandatory and required areas in MD CHESSIE are identified by which indicators?

A. Yellow fields and fields with an asterisk or underline

B. Blue fields

C. Green fields

D. Red fields

7. Which of the following is NOT a stage of grieving as listed in the material?

A. Discovery

B. Shock/Denial

C. Anger

D. Bargaining

8. What is the primary purpose of visitation between children and their parents?

A. To preserve relationships between children and people who are important to them

B. To monitor parental compliance with orders

C. To assess child development milestones

D. To determine custody arrangements

9. CARES is the acronym for which system?

A. Casework Assessment and Resource Evaluation System

B. Child Access and Resource Evaluation Service

C. Care and Resource Eligibility System

D. Client Automated Resource Eligibility System

10. What should transition planning for youth aging out of foster care include?

A. Education and employment plans, housing resources, health coverage, independent living skills training, mentors, and ongoing support networks.

B. Only housing resources are needed.

C. No planning is required.

D. Transition planning should wait until age 21.

Answers

1. D
2. A
3. C
4. A
5. B
6. A
7. A
8. A
9. D
10. A

Explanations

1. Which are the three types of resistance?

A. Avoidance, passivity, and anger.

B. Denial, mistrust, and fear.

C. Resistance, compliance, and indifference.

D. Avoidance, cooperation, and sarcasm.

Resistance in client engagement often shows up as a range of behaviors rather than a single act. The three patterns most commonly observed are avoidance, a guarded or superficial cooperation, and sarcasm. Avoidance means the family or youth withdraws from participation, misses meetings, or withholds information. Superficial cooperation is when someone agrees or goes along with the process to reduce tension but underlying concerns, distrust, or reluctance persist—so the engagement isn't truly collaborative. Sarcasm expresses pushback and hostility in a way that challenges the process, signaling resistance without outright refusal. These three capture how people might respond to involvement with child welfare services across the spectrum from evasion to guarded participation to overt skepticism. The other options mix internal states or emotions with behaviors, or include forms like compliance or indifference that aren't typically treated as distinct resistance patterns in this context.

2. What is a key component of a comprehensive safety plan in child welfare practice?

A. Clear safety goals, assigned responsibilities, and monitoring steps.

B. A plan that only the caseworker uses without family input.

C. Plans that delay action until a crisis occurs.

D. A vague checklist with no dates.

In safety planning, the key is turning concern into an actionable, accountable path that directly reduces risk to the child. A solid safety plan includes specific, measurable safety goals, clear responsibilities assigned to people who will carry them out, and monitoring steps that track progress and prompt timely adjustments. This combination creates a concrete roadmap: the goals tell you what safety looks like in the short term, the assignments show who is responsible for each action, and the monitoring keeps the plan moving with accountability and evidence that safety is being achieved. Plans that rely only on the caseworker without family input miss the collaborative, real-world perspective that families bring, and they're less likely to be followed or sustained. Delaying action until a crisis occurs is unsafe and undermines proactive protection. A vague checklist with no dates offers no clear milestones or accountability, making it easy to drift and miss critical steps. The clear, collaborative, and time-bound structure of goals, responsibilities, and monitoring makes safety plans effective and actionable.

3. What are the three types of findings in a CPS Investigation outcome?

A. Indicated

B. Ruled Out

C. Unsubstantiated

D. Indicated, Ruled Out, and Unsubstantiated

When CPS investigations summarize their findings, there are three possible outcomes: Indicated, Unsubstantiated, and Ruled Out. Indicated means there is credible evidence that maltreatment occurred. Unsubstantiated means there isn't enough credible evidence to prove or disprove the allegation. Ruled Out means the investigation determined that the allegations did not occur. Since the question asks for the three types of findings, the correct choice is the one that includes all three categories. Choosing only one category leaves out the other possible conclusions an investigation might reach, so it doesn't fully answer the question.

4. In case record, when you have an opinion that the client was under the influence, how should you document it?

A. Clearly document why you have this opinion.

B. Record it as fact without explanation.

C. Include any hearsay from others.

D. Leave it out of the record.

Clearly documenting why you believe the client was under the influence is essential. In case records, your opinion should be grounded in specific observations and the reasoning that connects those observations to your conclusion. State exactly what you observed (for example, odor of alcohol, slurred speech, unsteady gait, inconsistent or impaired responses) and when and where it occurred. Explain how these indicators lead you to conclude impairment, and keep the language tied to your professional judgment rather than presenting it as an undisputed fact. If there are other explanations or uncertainties, note them and indicate whether you sought or recommend additional evaluation or collateral information. When you document this way, the record stays accurate, supports accountability, and helps others understand the basis for decisions and safety planning. Avoid presenting opinions as unconditional facts without backing, and refrain from including unverified hearsay without proper attribution and assessment.

5. What is neonatal abstinence syndrome (NAS), and how should services respond in child welfare practice?

A. NAS is a maternal withdrawal; respond by solely medical treatment.

B. NAS is neonatal withdrawal; respond with medical assessment, coordinated treatment planning, family education, and connection to inpatient or outpatient supports.

C. NAS is a congenital anomaly; respond with surgical intervention.

D. NAS is a behavioral issue; respond with counseling only.

Neonatal abstinence syndrome is neonatal withdrawal that occurs when a newborn is exposed to drugs, most commonly opioids, in the womb. In child welfare practice, the response should be comprehensive and coordinated, not limited to medical care alone. Start with a thorough medical assessment of the infant's withdrawal symptoms and medical needs, then develop a coordinated treatment plan that includes medical management, feeding and sleep support, and planning for safe discharge. Equally important is educating the family about NAS, its signs, and how to manage it, while connecting the caregiver to substance-use treatment and ongoing supports. Link the family to inpatient or outpatient services as needed, and arrange for ongoing case management, preventive safety planning, and developmental supports such as early intervention or home visiting. This holistic approach reflects NAS as a medical-social issue that requires collaboration across health care, child welfare, and family services to ensure the infant's safety, health, and long-term development.

6. Mandatory and required areas in MD CHESSIE are identified by which indicators?

A. Yellow fields and fields with an asterisk or underline

B. Blue fields

C. Green fields

D. Red fields

The main idea here is how MD CHESSIE signals which parts of a form must be completed. Mandatory and required areas are shown with yellow fields and with fields that have an asterisk or an underline. This combination of color plus a visible symbol makes it very clear which data must be entered before proceeding. The yellow shading catches attention, while the asterisk or underline provides a tactile cue that a field is required, even if color isn't easily perceived. Other colors like blue, green, or red are typically used for different statuses (such as information, completed/verified, or errors), not to mark mandatory fields, so they aren't indicators of required areas in this context.

7. Which of the following is NOT a stage of grieving as listed in the material?

A. Discovery

B. Shock/Denial

C. Anger

D. Bargaining

Grieving is described using a set of emotional stages that many trainings present as patterns people may move through after a loss. The familiar sequence includes shock or denial, then anger, then bargaining, followed by depression and eventually acceptance. These are stages of emotional processing, not events. Discovery, while it might refer to learning about the loss, isn't listed as one of those emotional stages in the material. It doesn't represent a phase of the grieving process, but rather a moment of realization. So Discovery is the term that doesn't fit as a stage of grieving.

8. What is the primary purpose of visitation between children and their parents?

A. To preserve relationships between children and people who are important to them

B. To monitor parental compliance with orders

C. To assess child development milestones

D. To determine custody arrangements

The main purpose of visitation is to preserve relationships between children and the people who are important to them, especially their parents. Regular, meaningful contact helps maintain emotional bonds, supports the child's sense of security and identity, and promotes healthy development by keeping family connections intact even when other changes are happening in the situation. Supervised visits may be used when safety concerns exist, but the goal remains to foster ongoing relationship rather than to police behavior or judge parenting at every visit. Visitation isn't primarily about monitoring parental compliance with orders, assessing how a child is developing, or deciding custody arrangements. Those concerns can be addressed through separate processes or evaluations, while visitation focuses on sustaining the parent–child relationship and the child's connection to important family members.

9. CARES is the acronym for which system?

A. Casework Assessment and Resource Evaluation System

B. Child Access and Resource Evaluation Service

C. Care and Resource Eligibility System

D. Client Automated Resource Eligibility System

CARES refers to a computer-based tool used to determine what resources a client qualifies for. The best expansion is Client Automated Resource Eligibility System because the words line up with the acronym: Client, Automated, Resource, Eligibility, System. This emphasizes a client-focused, automated process that checks eligibility for resources within a software platform. Other phrasings don't match the established naming for this system and would imply different functions or focus.

10. What should transition planning for youth aging out of foster care include?

A. Education and employment plans, housing resources, health coverage, independent living skills training, mentors, and ongoing support networks.

B. Only housing resources are needed.

C. No planning is required.

D. Transition planning should wait until age 21.

Comprehensive transition planning for youth aging out of foster care focuses on preparing for life after foster care across multiple essential areas to support stability and independence. Education and employment plans guide academic goals, college or vocational training, job readiness, FAFSA and financial aid, and a clear path to sustainable income. Having housing resources ensures a secure, affordable living situation and may include transitional housing, subsidies, or long-term housing options that prevent homelessness during the transition. Health coverage is crucial to maintain access to medical, dental, and mental health services, reducing barriers to participation in education and work and protecting overall well-being. Independent living skills training builds practical competencies like budgeting, cooking, cleaning, transportation, time management, and safety—abilities that enable daily life without constant supervision. Mentors and ongoing support networks connect youth with trusted adults, peers, and community resources who can offer guidance, accountability, and encouragement through challenges and milestones. Planning should begin before exit from care, with a tailored plan that addresses these interrelated areas, because gaps in any one domain can undermine progress in others. Focusing on housing alone or delaying planning until age 21 misses critical windows and leaves youth more vulnerable to instability, unemployment, or health issues. A well-rounded transition plan recognizes that successful adulthood relies on coordinated supports across education, housing, health care, life skills, and social connections.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://childwelfareacademycompetency.examzify.com

We wish you the very best on your exam journey. You've got this!