



DEPARTMENT OF
HEALTH AND HUMAN SERVICES
Division of Child and Family Services
Helping people. It's who we are and what we do.



MTL # 0508-07082020

07/08/2020

TO: Timothy Burch, Administrator – Clark County Department of Family Services
Alexis Tucey, Deputy Administrator – Community Services – DCFS
Betsey Crumrine, Social Services Manager V – DCFS – District Offices
Laurie Jackson, Social Services Manager V – DCFS -District Offices
Amber Howell, Director – Washoe County

FROM: Kathryn Roose, Deputy Administrator, Division of Child and Family Services

POLICY DISTRIBUTION

Enclosed find the following policy for distribution to all applicable staff within your organization:

0508 Nevada Initial Assessment

This policy is/was effective: **07/07/2020**

- ☐ This policy is new. Please review the policy in its entirety
- ☒ This policy replaces the following policies: MTL # 0508-120611 and MTL # 0509-011708 Policy Names: 0508 Nevada Initial Assessment for Washoe County DSS and Rural Region DCFS and 0509 Nevada Initial Assessment Clark County DFS
- ☒ This policy has been revised. Please see below for the type of revision:
- ☒ This is a significant policy revision. Please review this policy in its entirety.
 - ☐ This is a minor policy revision: (List page number & summary of change):
 - ☐ A policy form has been revised: (List form, page number and summary of change):

NOTE:

- This is an **ALL STAFF MEMO** and it is the responsibility of the person listed above to disseminate the policy enclosed to appropriate staff within his/her organization and to ensure compliance.
- The most current version of this policy is posted on the DCFS Website at the following address:
<http://dcfs.nv.gov/Policies> Please check the table of contents on this page for the link to the chapter you are interested in.
- Per Nevada's Program Improvement Plan (PIP), Policy 0508 has been updated to implement one Statewide NIA Policy for responding to reports of maltreatment. NIA Supervisors must report any barriers to practice change arising from this policy to their Managers/Coordinators who will then provide the feedback to both agency administration and the Family Programs Office. The information will be provided to the statewide committee who will identify and implement strategies to resolve identified barriers/trends.
- This Policy underwent a major revision and should be reviewed in its entirety with special attention to these areas of change:
 - Reorganized.
 - NIA Process refers to NIA, SPD, SP, CFR, and case notes - including supervisory approval. Eliminates intermediary timeframes.
 - Three timeframes to complete NIA Process:
 - From the time present danger is identified, within fifteen (15) business days.
 - When no present danger is identified, but impending danger is identified, within three (3) calendar days of identification of impending danger.
 - When no present danger is identified, within thirty (30) calendar days of receipt of the report.
 - NIA Initial Contact Protocol
 - Entering a Home to Assess Allegations: NIA Worker must have caregiver consent, exigent circumstances, or a warrant.

- NIA Interview Protocol:
 - When Law Enforcement is involved
 - Other adults in the home
 - Parents that reside outside the home
 - Clarification and more information about collateral contacts
- Persistent efforts process
- Safety Plan Determination Meeting
- Additional Information Collection and Actions during the NIA Process in Certain Circumstances (all gathered from other policies):
 - Safe Sleep
 - CARA Plan of Care
 - Nevada Early Intervention Services
 - Reporting, Locating, and Responding to Missing Children
 - Commercial Sexual Exploitation of Children (CSEC)
- NIA Decision Making
- Documenting the NIA Process
- Case Transfer to Permanency
- Supervisory Responsibility

0508 Nevada Initial Assessment (NIA)

Policy Approval Clearance Record

<input checked="" type="checkbox"/> Statewide Policy <input type="checkbox"/> Administrative Policy <input type="checkbox"/> DCFS Rural Region Policy	<input type="checkbox"/> New Policy <input type="checkbox"/> Modified Policy <input checked="" type="checkbox"/> This policy supersedes: 0508 Nevada Initial Assessment for Washoe County DSS and Rural Region DCFS and 0509 Nevada Initial Assessment for Clark County DFS
Date Policy Effective:	07/07/2020
Attorney General Representative Review:	06/18/2020
DCFS Deputy Administrator Approval	06/29/2020
DMG Original Approval	07/07/2020
DMG Approved Revisions	

STATEMENT OF PURPOSE

Policy Statement: The Nevada Initial Assessment (NIA) follows the Intake Assessment (IA). The NIA refers to the function or process commonly referred to as investigation or initial assessment process. The process of completing the NIA employs safety concepts and decision-making methods concerned with reconciling information contained within an IA about alleged maltreatment and alleged threats to child safety.

Purpose: The purpose of the Nevada Initial Assessment (NIA) is to determine who the Child Welfare Agencies serve by assessing and reaching conclusions about caregiver protective capacities. The NIA includes the assessment and management of impending danger, the identification of vulnerable children, and the assessment of caregivers.

AUTHORITY

Federal: [Child Abuse Prevention and Treatment Act, Reauthorized 2003-2010;](#)

NRS: [NRS 432B.020](#), [NRS 432B.030](#), [NRS 432B.040](#), [NRS 432B.042](#), [NRS 432B.068](#), [NRS 432B.080](#), [NRS 432B.130](#), [NRS 432B.140](#), [NRS 432B.160](#), [NRS 432B.190](#), [NRS 432B.220](#), [NRS 432B.260](#), [NRS 432B.270](#), [NRS 432B.280](#), [NRS 432B.290](#), [NRS 432B.300](#), [NRS 432B.310](#), [NRS 432B.315](#), [NRS 432B.330](#), [NRS 432B.340](#), [NRS 432B.350](#), [NRS 432B.360](#), [NRS 432B.370](#), [NRS 432B.380](#), [NRS 432B.390](#), [NRS 432B.393](#), [NRS 432B.397](#), [NRS 392.281](#), [NRS 392.287](#), [NRS 392.289](#), [NRS 392.297](#), [NRS 392.303](#), [NRS 392.305](#), [NRS 392.307](#), [NRS 392.309](#), [NRS 392.313](#), [NRS 392.315](#), [NRS 392.327](#), [NRS 392.355](#), [NRS 392.385](#)

NAC: [NAC 432B.140](#), [NAC 432B.150](#), [NAC 432B.155](#), [NAC 432B.330](#), [NAC 432B.340](#), [NAC 432B.350](#),

Other: [NRS 432C](#)

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DEFINITIONS

Abuse or Neglect of a Child: “Abuse or neglect of a child” means, as defined in NRS432B.020:

1. “Abuse or neglect of a child” means, except as otherwise provided in subsection 2:
 - a. Physical or mental injury of a nonaccidental nature;
 - b. Sexual abuse or sexual exploitation; or
 - c. Negligent treatment or maltreatment as set forth in NRS 432B.140, of a child caused or allowed by a person responsible for the welfare of the child under circumstances which indicate that the child’s health or welfare is harmed or threatened with harm.
2. A child is not abused or neglected, nor is the health or welfare of the child harmed or threatened for the sole reason that:
 - a. The parent of the child delivers the child to a provider of emergency services pursuant to NRS 432B.630, if the parent complies with the requirements of paragraph (a) of subsection 3 of that section; or
 - b. The parent or guardian of the child, in good faith, selects and depends upon nonmedical remedial treatment for such child, if such treatment is recognized and permitted under the laws of this State in lieu of medical treatment. This paragraph does not limit the court in ensuring that a child receive a medical examination and treatment pursuant to NRS 62E.280.
3. As used in this section, “allow” means to do nothing to prevent or stop the abuse or neglect of a child in circumstances where the person knows or has reason to know that a child is abused or neglected.
(Added to NRS by 1985, 1368; A 2001, 1255; 2003, 1149)

Agency Which Provides Child Welfare Services: (NRS431B.030): In a county whose population is less than 100,000, the Agency is a local office of the Division of Child and Family Services, or in a county whose population is 100,000 or more, the Agency of the county which provides or arranges for necessary child welfare services. May also be referred to as “Agency” or “Child Welfare Agency”.

CARA Plan of Care (CARA Plan): Comprehensive Addiction and Recovery Act (CARA) of 2016 mandates a state to require the development of a CARA Plan of Care. This plan will address the safety, health and substance use disorder treatment needs of the infant and affected family member or caregiver through the interdisciplinary coordination of services to enhance the overall well-being of the infant and family/caregiver.

Caregiver Protective Capacities (CPC): A caregiver’s personal (individual) parenting characteristics, including behavioral, cognitive and emotional, specifically and directly associated with being protective of one’s child. These characteristics can contribute to a state of danger that a child is routinely exposed to and therefore is considered diminished CPC

- Behavioral – Specific action, activity, or performance resulting in parenting and protective vigilance.
- Cognitive – Specific intellect, knowledge, understanding and perception resulting in parenting and protective vigilance.
- Emotional – Specific feelings, attitudes, identification with a child, and motivation resulting in parenting and protective vigilance.

Child: As defined by NRS 432B.040, a person under the age of 18 years or, if in school, until graduation from high school. The term does not include a child who remains under the jurisdiction of the court pursuant to NRS 432B.594.

Child Welfare Services: As defined by NRS 432B.044, includes, without limitation: 1. Child Protective Services; 2. Foster care services, as defined in NRS 432.010; and 3. Services related to adoption.

Conditions For Return: Refers to a statement or set of statements that are developed with and provided to caregivers that identify specific behavior and circumstances that must exist within a caregiver’s home for a child who is placed out-of-home to return.

Confirming Safe Environments (CSE): An assessment method to verify that children are placed in a safe environment. Kin, fictive kin and foster home safety is influenced and formed from attributes apparent in four areas: child, caregiver, family and community. CSE is a strength-based assessment which examines homes for positive indicators of safety.

Corporal Punishment:

1. NRS 394.366 defines corporal punishment in private schools: "Corporal punishment" means the intentional infliction of physical pain, including, without limitation, hitting, pinching, or striking.
2. NRS 394.354 defines aversive intervention to include corporal punishment, and NRS 394.366 prohibits aversive interventions in private schools on a pupil with a disability.

Commercially Sexually Exploited Child (CSEC): Depending on the context, CSEC refers to commercially exploited child(ren) or the commercial sexual exploitation of children. A variety of terms are used to address children who are sexually exploited, including victim, survivor, domestic minor who is sex trafficked (DMST) and CSEC. Victim is commonly used in referring to a child who has been abused and survivor is commonly used to refer to a child who was previously trafficked. However, sex trafficking survivors point out that current victims of exploitation are also survivors; their strength and determination to survive enable them to live another day despite violence and exploitation. DMST refers to those who are U.S. citizens or legal permanent residents. In this policy, the acronym, CSEC, will be used to as it addresses all minors in Nevada, whether domestic or foreign-born.

Danger Threshold: Criteria to qualify or determine that a family condition is an impending danger to a child. The danger threshold criteria are out of control, severe, imminent, observable; and vulnerability.

Diligent Search: An ongoing and continuous process to identify, locate, inform and evaluate relatives/non-custodial parents regarding their interest in providing a temporary or permanent placement for or adopting a child prior to or when the child is placed in substitute care.

Face-to-face contact: An in-person interaction between individuals that will allow the worker to observe and assess the child, parents and/or caregivers.

Household: Persons who live in the same home or dwelling as the child and may or may not be related to the child.

Incident: An act of the caregiver or circumstance of a child, reported to the Child Welfare Agency by the community, which if true would constitute abuse or neglect.

Impending Danger: When a child is living in a state of continuous danger. Impending danger is not always active but can become active at any time or may become active because of specific, stimulating events, circumstances or influences. Impending danger is not necessarily obvious or occurring at the onset of the NIA or in a present context (e.g., initial contact) but can be identified and understood upon more fully evaluating and understanding individual and family conditions and functioning through the NIA. A child in impending danger without safety intervention reasonably could experience serious harm.

Indian Child Welfare Act (ICWA) of 1978: A federal law that governs jurisdictions over the removal of (Native American) Indian children from their families. ICWA sets the minimum federal standards for nearly all Indian Child custody proceedings, including adoption, voluntary or involuntary termination of parental rights, removal and foster care placement of Indian Children, but excluding divorce and child delinquency proceedings. Public Law 95-608, 92 Stat. 3069, enacted November 8, 1978 codified at 25 U.S.C. §§ 1901–1963.

Infant: A child between birth and age one (1).

Information Collection Standard: Refers to the six critical areas that are used for assessing and analyzing family strengths, risk of maltreatment and child safety. These are:

- Extent of the maltreatment;
- Circumstances surrounding the maltreatment;
- Child functioning on a daily basis;
- Adult functioning (primary caregivers) on a daily basis;
- General parenting practices in the family; and
- Disciplinary practices within the family.

Intake Assessment (Intake): The Intake Assessment (IA) is the decision-making method concerned with evaluating reports of child abuse and/or neglect and threats to child safety in order to identify families that may be in need of intervention. Intake is a service with two objectives:

- (1) To provide the point of contact for the community to express its concerns about who may be in need of protection, and
 - (2) To launch the safety intervention process whereby and families in need of CPS are identified and served.
- For the purposes of this policy this will be referred to as "report."*

Intake/Hotline Worker: The state/county Child Welfare Agency worker or designee who completes the UNITY report.

Multiple Reports: More than one report, or a history of reports, regarding the same family.

Negligent treatment or maltreatment: As defined by NRS 432B.140, negligent treatment or maltreatment of a child occurs if a child has been subjected to harmful behavior that is terrorizing, degrading, painful or emotionally traumatic, has been abandoned, is without proper care, control or supervision or lacks the subsistence, education, shelter, medical care or other care necessary for the well-being of the child because of the faults or habits of the person responsible for the welfare of the child or the neglect or refusal of the person to provide them when able to do so.

Nevada Initial Assessment (NIA) Intervention Manual: This is used to provide guidance to NIA workers in case practice and decision making. The NIA Intervention Manual provides direction regarding engaging family members and collateral information sources in collecting information related to the six assessment questions. The information is assessed and analyzed to reach decisions concerning the family strengths, maltreatment, impending danger and caregiver protective capacities.

NIA Process: The investigative process in its entirety including the NIA document, Safety Plan Determination, Safety Plan, and Conditions for Return.

NRS432B.121 definitions:

1. **Reasonable Cause to Believe:** Has "reasonable cause to believe" if, in light of all the surrounding facts and circumstances which are known or which reasonably should be known to the person at the time, a reasonable person would believe, under those facts and circumstances, that an act, transaction, event, situation or condition exists, is occurring or has occurred.
2. **As soon as reasonably practicable:** Acts "as soon as reasonably practicable" if, in light of all the surrounding facts and circumstances which are known or which reasonably should be known to the person at the time, a reasonable person would act within approximately the same period under those facts and circumstances.

Person Responsible for a Child's Welfare: Any person responsible for a child's welfare including the child's parent, guardian, a stepparent with whom the child lives, an adult person continually or regularly found in the same household as the child, or a person directly responsible or serving as a volunteer for or employed in a public or private home, institution or facility where the child actually resides or is receiving child care outside of the home for a portion of the day (NRS 432B.130). *For the purposes of this policy this will be referred to as "caregiver."*

Preponderance of Evidence: The standard of proof in most civil cases in which the party bearing the burden of proof must present evidence which is more credible and convincing than that presented by the other party or which shows that the fact to be proven is more probable than not.

Present Danger: An immediate, significant, and clearly observable family condition or situation that is actively occurring or "in process" of occurring at the point of contact with a family; and will likely result in serious harm to a child. In process of occurring means it might have just happened (e.g., a child is left unattended in a parked car); or happens all the time (e.g., young children were left alone last night and might be tonight).

Present Danger Assessment: A judgment or process involving observation, interpretation, identification, and a conclusion that a family condition, child condition, individual behavior or action or family circumstance places a child in immediate jeopardy. The judgment must involve supervisory consultation.

Present Danger Plan: An instantaneous (same day), short-term, sufficient strategy that assures a child is cared for, supervised, and protected by a responsible adult to allow for the completion of the NIA.

Priority Response Time: The time frame required to initiate the investigation/assessment by attempting face-to-face contact with all alleged child victims. The time frame is determined by the urgency of the report and the type of intervention (NRS 432B.260).

Report: Information received from a reporting party alleging child abuse, neglect, and/or requesting services. Reports are then dispositioned to determine appropriate response.

Report Disposition: The final screening decision of an intake report resulting in a referral being screened-in or screened-out for investigation.

Risk: The likelihood of maltreatment occurring in the future.

Safe Child: A child considered to be safe because there are no present or impending danger threats or there are sufficient caregiver protective capacities to control existing threats.

Safety Assessment: An evaluation that occurs at the conclusion of the NIA and identifies if there is the existence of impending danger. Safety assessment applies danger threshold criteria to assess whether family conditions (i.e. circumstances, behavior, emotion, perceptions, attitudes, intentions, and motives) and determine the existence of impending danger.

Safety Intervention: The action taken to respond to and manage present and impending danger (occurring as a result of NIA and during ongoing services) and case planning services to reduce or eliminate impending danger and enhance caregiver protective capacities (occurring as a result of ongoing CPS).

Safety Plan: A written plan that is put into place at the conclusion of the NIA when a child is determined to be in impending danger, e.g., a safety plan is installed when impending danger is confirmed in the NIA safety conclusion. The safety plan is based on a safety plan determination meeting that occurs with caregivers. The purpose of the safety plan is to ensure protection of a child when impending danger is identified. The safety plan must be sufficient to manage, and control impending danger based on a high degree of confidence that it can be implemented and sustained. A safety plan remains in effect as long as a child is in impending danger and caregiver protective capacities are insufficient to provide protection. A safety plan describes how impending danger is occurring within the family; safety services, providers, and their suitability to participate; and establishes how impending danger will be managed.

Safety Plan Determination Meeting (SPDM): A meeting which is convened following the conclusion of the NIA and safety assessment when impending danger has been identified. The purposes of the SPDM are 1) to provide an explanation of the conclusions of the NIA and the reason for continuing CPS involvement with the family and 2) to identify the least intrusive approach to managing safety. The SPDM results in a safety plan. The SPDM is conducted by the NIA worker with the caregivers and others who the caregivers may select to attend.

Serious Harm: Refers to evidence of a serious physical injury, sexual abuse, significant pain or mental suffering, extreme fear or terror, extreme impairment or disability; death, substantial impairment or risk of substantial impairment to the child's mental or physical health and development.

State: An alternate word for the Division of Child and Family Services (DCFS) or Family Programs Office (FPO)

Unsafe Child: A child that is vulnerable to present or impending danger and whose caregivers are unable or unwilling to provide protection.

1. A child is unsafe if there is Present Danger, which is the result of an incident or event where at that particular time; there is no caregiver who is adequately able or willing to provide protection.
2. After thorough information collection, a child is determined to be unsafe if there is Impending Danger, which is the result of ongoing diminished caregiver protective capacities resulting in caregivers who are unable or unwilling to provide protection.

Vulnerable Child: A child who is dependent on others for protection and is exposed to circumstances that she or he is powerless to manage, and susceptible, accessible, and available to a threatening person and/or persons in authority over them. Vulnerability is judged according to age, physical and emotional development, ability to communicate needs, mobility, size and dependence and susceptibility.

STANDARDS/PROCEDURES

NIA Overview and Objectives

Purpose and Standards of the Nevada Initial Assessment (NIA):

1. The purpose of the Nevada Initial Assessment (NIA) is to determine who the Child Welfare Agencies serve by assessing and reaching conclusions about caregivers through assessment of caregiver protective capacities, child vulnerability, and the identification of and management of present and/or impending danger.
2. The NIA process provides a uniform, systematic, and guided approach to assist NIA Workers and Supervisors in making child safety decisions.
3. The NIA process is conducted upon receipt of the report assignments involving alleged maltreatment and/or present or impending danger in familial, non-placement settings.
4. The target population for conducting the NIA is families in which an Intake Assessment has credible reported information of children that are alleged to be 1) maltreated and/or 2) in present or impending danger.

The NIA Process:

1. Prepare and plan to complete the NIA process
2. Initial contact and Present Danger Assessment (PDA)
3. Present Danger Plan (PDP) development when necessary
4. The NIA interview protocol
5. Collection of relevant information related to the six (6) assessment questions
6. NIA document– Document information gathered, make child abuse and neglect finding and assess for impending danger
7. Safety Plan Determination (SPD), if applicable
8. Conditions for Return (CFR), if applicable
9. Safety Planning, if applicable

Objectives of the NIA Process: The NIA Worker must work in conjunction with the Supervisor or designee to ensure the following objectives are accomplished throughout the course of the NIA process:

1. Prepare and plan for conducting the assessment of the family;
2. Respond in a timely manner in accordance with content contained within the report;
3. Inform reported individuals of a community concern for the safety of their children;
4. Assess for the existence of present danger;
5. Establish a Present Danger Plan (PDP) when present danger exists;
6. Engage caregivers in a process that provides an understanding of the family and determines whether children are in present and/or impending danger;
7. Conduct a structured, thorough information collection process that includes relevant family members and collateral information sources;
8. Keep caregivers informed and appropriately involved in case decision making;
9. Reach a finding regarding the existence of child maltreatment consistent with statewide substantiation policy, Nevada statutes and administrative code;
10. Reach a finding concerning the existence of impending danger and meet emergency needs that become apparent;
11. Implement reasonable efforts to prevent removal from the parental home;
12. Utilize the Safety Plan Determination (SPD) criteria when children have been determined to be in impending danger and meet emergency needs that become apparent;
13. Establish a sufficient and least intrusive Safety Plan when children have been determined to be in impending danger;
14. When an out-of-home Safety Plan has been implemented, establish understandable conditions that must occur for the child to return home as soon as possible with an in-home Safety Plan (Conditions For Return (CFR)).

Timeline to complete NIA Process: The NIA process, including final supervisory approval in UNITY of all NIA process documents (NIA document, SPD, Safety Plan, CFRs, and case notes) must be completed in the following timeframes:

1. From the time present danger is identified, within fifteen (15) business days.

2. When no present danger is identified, but impending danger is identified, within three (3) calendar days of identification of impending danger.
3. When no present danger is identified, within thirty (30) calendar days of receipt of the report.

NIA Initial Contact and Interview Protocol

Priority Response Times for Initial Contact: All reports screened-in for investigation must be assigned a priority response time according to alleged maltreatment and present and/or impending danger.

1. The priority response time will be assigned by the Intake Supervisor or designee.
2. The response time is the maximum amount of time that is allowed to attempt face-to-face contact with all alleged child victims; however, it is best practice to attempt contact as soon as possible.
3. The priority response time starts the date and time the intake report is received by the Agency or a contracted Agency.
4. The Supervisor or designee may require the NIA Worker to respond more quickly than the timeframe assigned.
5. All investigations must be initiated through attempted face-to-face contact with all alleged child victims identified in the report. (Note: The only exception to this is if there are no known locations where the child may be present, and it is not possible to attempt a face-to-face contact. In this circumstance the investigation may be initiated by collateral contacts and/or case review ([NAC 432B.155](#))).

Priority 1 (P1) Present Danger Identified – Response within six (6) hours

Priority 2 (P2) Impending Danger Identified – Response within twenty-four (24) hours

Priority 3 (P3) No Safety Issues Identified, Alleged Maltreatment Only – Response within seventy-two (72) hours

Refer to [0506 Intake and Priority Response Times Policy](#) for additional information about priority response times assignments.

Preparing and Planning for the NIA: Once the NIA Worker is assigned to the case, they must review as much information as possible and staff with the Supervisor or designee prior to initial contact to ensure a successful initial assessment and personal safety.

1. If the response is immediate, the plan to initiate the case may be concerned only with the initial contact.
2. The plan and preparation must consider the following within response time contexts:
 - a. Reviewing information and decisions within the report.
 - b. Focusing on report information related to present or impending danger considering points of observation, inquiry and prospective collateral sources.
 - i. Identify the location of family members.
 - ii. Identify effects or circumstances children may be experiencing.
 - iii. Plan the approach to accessing children and caregivers.
 - iv. Identify the necessity for involving other professionals (such as law enforcement).
 - v. Anticipate and plan for a same day PDP, identify what may be needed based on reported case circumstances; age and conditions of children; others involved or available.
 - vi. Determine what remains unknown based upon gaps in the report information.
 - c. Reviewing prior history in UNITY including previous reports, previous NIA documentation, note any gaps in report information.
 - d. Reviewing police and medical reports.
 - e. Identifying collateral sources of information and how to best access them.
 - f. Identifying availability and accessibility of a supervisor once the initial contact commences.
 - g. Identifying the need for follow up with the reporter including noting questions to be covered.
 - h. Reviewing requirements that exist related to maltreatment types requiring law enforcement notification.
 - i.
3. Documentation: Preparation and planning must be documented in a 'SPVSYCONTACT' UNITY case note and include identification of significant issues apparent in the plan (e.g., rationale for seeing a child at school or for involving law enforcement at initial contact).

NIA Initial Contact Protocol: The NIA Worker must initiate the investigation by attempting face-to-face contact with all alleged child victims identified in the report within the assigned priority response time. (Note: The only exception to this is if there are no known locations where the child may be present, and it is not possible to attempt a face-to-face contact. In this circumstance the investigation may be initiated by collateral contacts and/or case review ([NAC 432B.155](#))).

1. The NIA Worker should notify parents of the intent to interview a child, unless notification could compromise the child's safety. Initial contact with the child may occur where the child can be found (E.g. school, daycare, etc.) if child safety may be compromised based on the allegations.
2. When it is necessary to interview/observe the child prior to notifying the parents, the parents must be contacted within the same day to inform them about the report and then be interviewed as soon as possible thereafter. The NIA Worker must provide the parents in the household with a full explanation about the decision to contact the children prior to their being contacted.
3. Introductions by the NIA Worker with parents/caregivers must include:
 - a. Staff identification;
 - b. Inform the caregiver of any allegation which is made against them (reporting party information must remain confidential);
 - c. The purpose and process for completing the NIA;
 - d. The NIA Worker must inform the parents that they have certain legal rights as explained by the Agency's Child Protective Services guide and provide them with a copy of the guide;
 - e. The NIA Worker must attempt to enlist the parents assistance in completing the NIA process. If permission to conduct interviews with the child is denied, the NIA Worker must discuss the situation with the Supervisor or designee to obtain guidance as to next steps.

Entering a Home to Assess Allegations: To enter a home to assess allegations of abuse or neglect, the NIA Worker must have caregiver consent, exigent circumstances, or a warrant. The home environment must always be observed during an assessment. The NIA Worker must document a UNITY case note indicating if there was consent, exigent circumstances, or a warrant and the details surrounding the circumstance.

1. Consent
 - a. The NIA Worker may enter a home to assess allegations if the NIA Worker has obtained consent from a person with apparent authority to provide it.
 - i. The person providing consent must reside or appear to reside at the residence.
 - b. Consent is obtained by the NIA Worker after introductions, stating the request to enter the home, and explaining the purpose of entry.
 - c. NIA Workers must never coerce, threaten or force consent to enter a home. The person with authority to consent must do so freely and voluntarily.
 - d. The person granting consent controls the scope of the consent and is free to limit or withdraw consent at any time.
 - i. If consent is restricted to certain areas of the property (only allows access to certain rooms), or to a specific type of search (i.e. the parent does not want to allow the NIA Worker to talk to the child or examine the unclothed body of a child, etc.) the NIA Worker must limit the search as requested.
 - ii. If consent is completely withdrawn, the NIA Worker must leave the residence immediately, unless exigent circumstances exist to support the continued search.
 - e. Who may give consent:
 - i. If both caregivers reside in the home, one caregiver can give consent even if the other parent is absent.
 - ii. A spouse may consent to entry even if the other spouse objects to the entry into the home.
 - iii. An adult co-occupant of the home may consent to entry and search of common areas, but not private areas that belong to others.
2. Exigent Circumstances
 - a. This circumstance exists when there is reasonable cause to believe that a child is in imminent danger of serious bodily injury if immediate action is not taken and that any delay in taking action, including to obtain a warrant, leaves the child in imminent danger of serious bodily injury.

- b. The seriousness of the potential harm to the child does not create exigent circumstances if the threat of harm is not immediate. If there is time to obtain a warrant before the child will likely suffer serious physical harm, the threat of harm is not imminent, and a warrant must be sought.
 - c. To determine whether exigency exists, staff must evaluate all relevant factors.
 - i. Staff must be mindful of any delay between report and response (or response and detention).
 - ii. Any delay in responding to the report or in detaining a child believed to be at immediate risk of harm may negate a finding that exigent circumstances existed unless additional information discovered at the scene independently establishes exigent circumstances. An imminent risk of harm requires an immediate response.
 - iii. If the circumstances require immediate intervention, the NIA Worker must contact the Supervisor or designee as soon as possible after the action is taken.
3. A Warrant
- a. The NIA Worker must consult with the Supervisor or designee prior to obtaining a warrant.
 - b. Follow Agency procedures to obtain and effectuate a warrant.

NIA Interview Protocol

1. The caregiver, children and family members are the primary sources of information. The NIA Worker must use an open and neutral approach to gathering information. When circumstances permit, the family members are seen in a specific order to gain the broadest understanding of the family's situation. The interview protocol applies throughout the NIA process.
2. Considerations must be given to present danger and the report allegations when deciding the specific order in which the family members are interviewed. If the report indicates that the child is apart from the family, it may be more advantageous to interview that child as soon as possible in those circumstances.
3. Interviews must focus on obtaining behaviorally specific, detailed information related to the alleged abuse/neglect and present/impending danger and exploring family conditions and circumstances relevant to the six (6) assessment questions within the NIA document.
4. The NIA Worker must attempt to interview all children and caregivers in the home upon initial contact. These interviews must be attempted to be individually, in-person, and for children, outside the presence of caregivers and within the response time designated on the report.
5. The following outlines the preferred order for meeting with family members unless notification compromises the safety of the child:
 - a. Introduction with the caregivers
 - b. Children in the Home
 - i. Interviews with each child residing in the home must be conducted individually, in-person, outside the presence of caregivers. Face-to-face contact attempts must be made with all children who would logically be considered a victim based on the allegations reported, regardless of whether the child is listed as a victim on the UNITY Intake screens, within the priority response time assigned to the report.
 - ii. Non-verbal children must be observed and assessed.
 - iii. Other children in the home who were not identified as alleged child victims in the report must be interviewed in order to gather sufficient information to provide an understanding of whether they are able to corroborate statements or evidence regarding the allegations and to assess if they are in present/impending danger.
 - (1) When there are non-victim children, who were not able to be seen face-to-face during initial contact, the following attempts must be made to see them:
 - (a) If present danger or child maltreatment is identified in the home during initial contact, make immediate additional attempts for face-to-face contact with any child who was not present during initial contact; or
 - (b) If there is no present danger or child maltreatment identified in the home during initial contact, the NIA Worker must attempt the following in order to make contact with non-victim children:
 - (i) A minimum of three (3) face-to-face attempts must be made within ten (10)-calendar days from the initial contact attempt.
 - (ii) The NIA Worker should work with the family to achieve a successful face-to-face meeting with all non-victim children.

- (iii) If a face-to-face meeting is not possible because the child is out of the area or runaway, this must be documented in the NIA and in case notes.

c. Caregivers in the home

- i. Individual, in-person, private interviews must be conducted with all caregivers in the home, starting with the non-maltreating caregiver.
- ii. The NIA Worker must seek the caregiver's assistance with completing the NIA process.
- iii. The NIA Worker must provide information about the NIA status and progress with the caregivers as the NIA process continues including:
 - (1) Concerns about child safety;
 - (2) Status and oversight of the PDP (if applicable) including caregiver's continuing attitudes, willingness and concerns;
 - (3) General observations and impressions emerging from the NIA process; and
 - (4) Specifics about any court activity, evaluation appointments; general service provision issues that are a part of the NIA process.
- iv. Indian Child Welfare Act (ICWA): The NIA Worker must inquire with every family about tribal affiliation in relation to ICWA as soon as possible after making contact with the family. If ICWA applies, the Agency is mandated to apply "active efforts" which is more intense than "reasonable efforts" to prevent removal of the child from their parents. For additional information refer to [ICWA Policy](#).
- v. When law enforcement is involved: During the NIA process, if law enforcement is also investigating the maltreatment, it remains imperative that the NIA process be conducted thoroughly and within the designated NIA process time frames.
 - (1) The law enforcement investigation serves a different purpose and seeks to establish a higher level of evidence, while the NIA Worker's role is to ensure safety.
 - (2) The NIA Worker must attempt to be present for the interview of an alleged perpetrator with law enforcement.
 - (a) When it is determined that law enforcement is concurrently conducting an investigation into allegations of child abuse/neglect, the NIA Worker must make a good faith effort to contact the law enforcement agency before interviewing an alleged perpetrator.
 - (b) If an interview of an alleged perpetrator has been completed prior to law enforcement involvement the NIA Worker must share the information with the law enforcement agency.
 - (c) If conducting a joint interview of an alleged perpetrator will cause delays to NIA time frames or the alleged perpetrator is a caregiver of a child with whom the child will be in contact before the proposed joint interview, the NIA Worker must staff the situation with the NIA Supervisor.
 - (d) Regardless of potential delays in interviews, the must ensure child safety.

d. Other adults in the home

- i. Adults in the home with caregiver/decision making responsibilities must be included in the NIA document as participants (i.e. must be included for all applicable sections of the NIA).
- ii. Individual, in-person, private interviews must be conducted with all other adults who reside in the home.
- iii. These interviews are to:
 - (1) Corroborate information provided by individuals previously interviewed.
 - (2) Obtain additional information (as a collateral contact).
 - (3) Assess their involvement in or association with present or impending danger to a child.
 - (4) Assess them as a potential safety service provider, if needed.
- e. Parents that reside outside the home: The NIA Worker must attempt contact with non-custodial parents, or parents who have contact with the child, but are not part of the household being assessed unless that contact threatens the safety of the custodial caregiver or child. The purpose of the contact is to notify the parent of the report and gather assessment information. Interviews may be conducted face-to-face, telephonically, or electronically.

- i. *Note: NIA Worker should follow Agency business practice to ensure the confidentiality requirements of [NRS 432B.290](#) are maintained.*
- f. **Collateral Contacts:** The NIA Worker must interview as many collateral contacts as needed (a minimum of two (2) to reach conclusions regarding the alleged maltreatment or impending danger. Interviews may be conducted face-to-face, telephonically, or electronically. Collateral sources can be interviewed at any point during the NIA.
 - i. Persons who must be contacted as part of the NIA process include:
 - (1) Adults in the home who do not have caregiver/decision making responsibilities.
 - (2) Any other individuals with knowledge of or who may corroborate information, statements or evidence regarding the allegations and/or present/impending danger.
 - ii. Persons who may be contacted as part of the NIA process include:
 - (1) Any third party (e.g., friends, neighbors, relatives) who have regular or frequent communication with the family.
 - (2) Any person or Agency who is currently providing services to the child or family or who has knowledge of the family's functioning (e.g., school personnel/staff, medical professionals, law enforcement, juvenile justice).
 - iii. Review of reports or other information as part of the NIA process.
 - (1) Review of information that must be completed as part of the NIA process includes all UNITY history and records related to the family.
 - (2) Review of information that may be completed as part of the NIA process includes:
 - (a) Law enforcement records, if it is known that law enforcement has history with the family or if the allegation involves domestic violence, sexual or serious physical abuse.
 - (b) Service provider records (e.g., school, medical, mental health)
 - (c) Out-of-state CPS history records (if CPS history is known)
- g. **Closing Contact:** A closing contact (e.g. letter, phone call, or face-to-face visit) will be made with a caregiver when the results of the NIA indicate that ongoing services will not be provided by the Agency. The closing contact provides information regarding the findings of the NIA and, if applicable, referrals to community resources.

Persistent Efforts

If a case is initiated by the Child Welfare Agency and the face-to-face contact attempt with all alleged child victims during the designated response time was not successful, the following efforts are required:

1. For all cases, from the date of the first face-to-face attempt to contact the child, the NIA Worker must attempt face-to-face contact the next business day and each consecutive business day until the Supervisor of the NIA Worker determines that a resolution has been reached.
 - a. Daily face-to-face contact attempts include, but are not limited to:
 - i. Visiting the family's last known address
 - ii. Attempting face-to-face contact at any place the alleged child victim is known to frequent
 - iii. Attempting to visit the child at school or day care if applicable
2. In addition to daily face-to-face contact attempts, the NIA Worker must make additional persistent efforts to locate a family as determined through supervisory consultation, *which must occur weekly*, within one week from the time of assignment. If any of the efforts provide new information (e.g., a new address or new phone number) the NIA Worker must attempt contact with the child and family. The following efforts should be considered:
 - a. Contact the School District for school enrollment information;
 - b. Contact law enforcement or review law enforcement systems to determine if they have any pertinent information about the location of the family;
 - c. Contact other agencies and individuals as applicable who may have information about the family (e.g., Nevada State Welfare Division, Housing Authority, neighbors at the last known address, and/or landlord);

- d. Dependent upon the allegations, contact hospitals, the child's doctor, Women Infants and Children (WIC) and request that they make a report to the Child Welfare Agency upon contact with the family;
- e. Complete a diligent search for the caregivers and make contact attempts based on results;

Note: If a subpoena is needed to gather information above, consult with Agency attorney for assistance.

3. Documentation: After reasonable attempts to locate the child are made without success, the NIA process must be completed and the "Unable to Locate" option be used for concluding the investigation in UNITY. The following must be documented in UNITY case notes:
 - a. Efforts to locate the family and the results of the efforts. (Completed by NIA Worker)
 - b. Weekly Supervisor staffings about persistent efforts, including decisions to take additional steps or end persistent efforts. Use 'SPVSYCONTACT' and 'ENDPRSTEFFORTS' case note types. (Completed by NIA Supervisor)
 - i. Supervisors should use the 'SPVSYCONTACT' note for updates and tasks that should be completed for efforts and to summarize staffings.
 - ii. Supervisors should use the 'ENDPRSTEFFORTS' note on the day that the NIA Supervisor determines that no further daily in-person contact attempts are required, the case note must include at least the following:
 - (1) A description of in-person attempts made.
 - (2) A rationale for why in-person contact attempts are no longer required.

Present Danger

Assessing for Present Danger: Present danger is an immediate, significant and clearly observable family condition or situation that is actively occurring or in the process of occurring and likely results in serious harm to a child.

1. The NIA Worker observes and evaluates present danger that may be occurring within the four categories contained on the PDA UNITY screen: Maltreatment, Child, Caregiver, Family.
2. A Present Danger Assessment (PDA) is a judgement about what factually exists, with or without explanation of the individual and family functioning based upon what the NIA Worker observes first hand, what is reported by eye-witnesses, and what is reported by others who have corroborative knowledge.
3. The NIA Worker must assess for present danger at the initial contact and continually during the NIA process including, but not limited to, any contact with the family, when new information is learned, and when there is a reported crisis or a new screened-in report is received. In process of occurring means it might have just happened (e.g., a child presents at the emergency room with a serious unexplained injury); is happening (e.g., a child is left unattended in a parked car); or happens all the time (e.g., young children were left alone last night and might be tonight).
4. All decisions regarding present danger must include supervisory consultation. The NIA Worker must consult with the Supervisor or designee immediately upon suspecting the existence of present danger. (Note: If an exigent circumstance arises requiring immediate intervention, the NIA Worker must contact the Supervisor or designee as soon as possible after the action is taken).

Developing a Present Danger Plan (PDP):

1. A PDP:
 - a. Must be established by the NIA Worker anytime present danger is identified.
 - b. Is an immediate, short term, specific plan that will manage the present danger and family conditions and behaviors associated with the present danger to ensure child safety during the NIA process.
 - c. Is not intended to last beyond the NIA process, unless it is converted into the safety plan.
 - d. Must be specific and sufficient; it must assure the child's safety and manage the present danger, family conditions and behaviors associated with the present danger throughout the NIA process.
 - e. PDPs involve the following (7) options:
 - i. In-home
 - (1) A responsible adult moves into the home full-time
 - (2) A responsible adult is in the home periodically

- (3) A responsible adult routinely monitors the home
 - (4) Threatening person leaves the home
 - ii. Out-of-home
 - (1) The child stays temporarily with someone in the family/fictive kin network pending the outcome of the impending danger assessment (non-removal)
 - (2) Child placed with relative (legal and physical removal)
 - (3) Child placed in foster care (legal and physical removal)
- 2. When developing a PDP, the NIA Worker must:
 - a. Consult with the Supervisor or designee throughout the process to discuss the present danger, options and best course of action.
 - b. Inform the caregivers, if possible, why a plan is necessary.
 - c. Identify with the caregivers what PDP options are available and acceptable in order to ensure child safety. The NIA Worker must involve caregivers and family members (in so far as they are able and willing) in seeking out the least intrusive PDP possible.
 - i. If legal and physical removal of the child is necessary, the NIA Worker must attempt to place the child with the non-custodial parent if possible.
 - d. Ensure that the person legally responsible for the child consents to the PDP for any PDP that does not involve legal and physical removal.
 - e. Attempt to use resources within the family network to form the PDP including if caregivers are unavailable to be involved in planning or in providing consent.
 - i. If an adult caregiver, who is not a parent or guardian resides in the home, that adult caregiver must agree to cooperate with the terms of the PDP insofar as the PDP impacts them and requires their participation.
 - ii. If consent to their cooperation with the terms of the PDP is completely withdrawn, the NIA Worker must staff with the Supervisor or designee.
 - f. Confirm that there is agreement between PDP participants and that they are responsible, available, capable, trustworthy and able to sufficiently protect the identified child.
 - g. Consult with the Supervisor or designee regarding the sufficiency of the PDP and discuss next steps.
- 3. In order to put a PDP in place that does not constitute legal and physical removal, consent of a parent or legal guardian must be obtained.
 - a. Consent means permission. NIA Workers must never coerce, threaten or force a parent or guardian to agree to the PDP. The person with authority to consent must do so freely and voluntarily.
 - b. A parent or legal guardian may not give consent if they are incapacitated, meaning they do not have the physical and/or mental ability to make informed, rational judgments and decisions.
 - c. NIA Workers obtain consent after clearly explaining the present danger identified. NIA Workers must first ask the parent or guardian to craft the terms of the PDP as much as they are able to do so. The NIA Worker may give input on the terms in order to ensure the PDP is sufficient to control the present danger identified.
 - d. The person granting consent controls the scope of the consent and is free to limit or withdraw consent at any time.
 - e. If consent is completely withdrawn by either parent or guardian, or if the PDP to which the parent or guardian consents is insufficient to control for the present danger, the NIA Worker must staff with the Supervisor or designee as to whether circumstances exist that support a legal and physical removal.
- 4. Who may give consent: Parents or Legal Guardians
 - a. At least one (1) parent or legal guardian must consent to the PDP.
 - i. Although the consent of one (1) parent or legal guardian is sufficient, it is advisable to obtain the consent of both parents or legal guardians. When one parent or legal guardian expressly refuses to consent or revokes consent to the PDP, the NIA Worker must determine whether exigency exists or whether a warrant is appropriate for a more restrictive PDP.
 - ii. If both parents or legal guardians reside in the home, the consent of both parents or legal guardians must be obtained.
 - iii. If one (1) parent or legal guardian is offsite or otherwise unavailable, the NIA Worker may put in a PDP in place immediately but must contact the other parent or legal guardian to obtain consent.
- 5. When a PDP is required, the following conditions must be met:

- a. For all in-home PDP options:
 - i. Complete the following checks on all adults age eighteen (18) and over living in the home and all adults participating in the PDP:
 - (1) A Child Abuse and Neglect Screening (CANS) check including review of the Central Registry in UNITY.
 - (2) A law enforcement background check pursuant to Agency policy.
 - ii. If the PDP is to be at the family's non-primary residence, that residence must be assessed for safety by the NIA Worker prior to the implementation of the PDP.
 - iii. For a PDP to be in-home, caregivers must:
 - (1) Reside in the home,
 - (2) Be cooperative with the Agency,
 - (3) Be willing to allow safety services and actions, and
 - (4) Possess the necessary ability/capacity to participate in the development of the PDP.
 - b. For the PDP option where the child stays temporarily with someone in the family/fictive kin network pending the outcome of the impending danger assessment (non-removal):
 - i. Complete the following checks on all adults age eighteen (18) and over living in the home and all adults participating in the PDP:
 - (1) A Child Abuse and Neglect Screening (CANS) check including review of the Central Registry in UNITY.
 - (2) A law enforcement background check pursuant to Agency policy.
 - ii. Complete the Confirming Safe Environments – Child Placement Assessment (CSE-CPA) before or at time of placement with family/fictive kin.
 - iii. There must be no indication that the caregivers will interfere with the implementation of the PDP.
 - iv. It is not necessary for the caregivers to agree that there is a need for a PDP.
 - c. For all PDP options that include removal and placement (legal and physical removal):
 - i. If the placement is with a relative or fictive kin, complete the following checks on all adults age (18) and over living in the home and all adults participating in the PDP:
 - (1) A Child Abuse and Neglect Screening (CANS) check including review of the Central Registry in UNITY.
 - (2) A law enforcement background check pursuant to Agency policy.
 - (3) A National Crime Information Center (NCIC) Purpose Code X background check. Any potentially exclusionary results must be staffed with a supervisor. The NCIC Purpose Code X background check must be completed:
 - (a) Prior to placement in the home if the placement is during business hours; or
 - (b) Within one (1) business day of the initial placement in the home if placement occurred after business hours.
 - ii. Complete the CSE-CPA:
 - (1) Before or at time of placement with relative or fictive kin.
 - (2) At time of placement in foster home if possible, but no later than three (3) calendar days of placement.
 - d. *Note: The NIA Worker may refer to their Agency's policy for out-of-home placement requirements for further instruction.*
6. PDP Oversight and Management: The NIA Worker must have ongoing oversight of the PDP that includes, at a minimum, continued oversight weekly in accordance with agreed upon communication with plan participants and/or out-of-home caregivers (face-to-face, telephone, electronically).
- a. The purpose of oversight is to confirm that:
 - i. Those who committed to protect the child are doing so;
 - ii. Agreements about caregiver/child access are being carried out;
 - iii. Nothing associated with the present danger identified at first contact is active or threatening the child;
 - iv. The child is safe; and
 - v. Visitation, if applicable, is occurring as planned.

Documenting PDAs and PDPs: The NIA Worker must document the PDA and, if applicable, the PDP in UNITY within one (1) business day, after the NIA Worker has completed assessing for present danger. The PDA must include:

1. The description of the initial contact;
2. A summary of results of present danger finding;
3. All decisions and supporting rationale;
4. Supervisor/designee consultation(s); and
5. If present danger is found, the PDA must include:
 - a. Description of the present danger;
 - b. The PDP option selected;
 - c. The safety service provided to control the present danger;
 - d. When the safety service will occur;
 - e. Who will provide the safety service;
 - f. Where the safety service will occur;
 - g. How the Agency will monitor the PDP;
 - h. Reasonable efforts provided or offered to the family to prevent removal of the child from the home; and
 - i. The suitability and ability to be a provider or caregiver as part of the PDP.
4. The NIA Worker must document any activities related to the oversight and monitoring of the PDP (including attempted contacts) in UNITY case notes.

Supervisor Responsibility for PDAs and PDPs:

1. Be available or arrange for availability of supervisory consultation for emergency situations.
2. Review all information available relevant to the present danger of the child.
3. Approve legal action to protect the child, if indicated and no other alternatives are appropriate or available.
4. Approve PDA in UNITY ensuring the PDA includes description of the PDA, the PDP, supervisory consultation and supervisory approval of the PDP.

Additional Allegations

1. **Reports received during open investigation:**
 - a. If the report meets screening criteria for assignment and is received within the first thirty (30) days of the current investigation, then one NI
A may be utilized pursuant to Agency business practice. Priority response, a determination about present danger, and all allegations must be assessed, addressed and clearly documented, including the reasons for the substantiation decision, in UNITY.
2. **New allegations uncovered by the assigned worker:**
 - a. If the assigned worker identifies an additional allegation of maltreatment that meets screening criteria while conducting an investigation, upon consultation with their supervisor, they may add the allegations to the current investigation if:
 - i. The allegation of maltreatment involves the same household;
 - ii. The assigned worker formally assessed the allegation(s) within the appropriate priority response time based on the circumstances and documented such in the currently open Nevada Initial Assessment and Present Danger Assessment;
 - iii. The current investigation has been open less than thirty (30) days and the timeframe will not be extended by adding the new allegation(s);
 - iv. The allegation of maltreatment does not involve sexual abuse or a child fatality/near fatality (in this circumstance a new report must be entered and screened); and
 - v. The supervisor must enter a case note identifying the required priority response time to address any new allegations. Alternately, the Agency may enter a new report into the Intake Assessment.

NIA Information Collection

The NIA Worker must make every effort to engage children, caregivers, and other persons involved with and knowledge of the circumstances surrounding the information within the report as well as additional information that may be learned during the NIA process. This includes observations, contacts, and interviews with NIA participants, collateral contacts, and review of records. The NIA Worker must analyze the gathered information in order to complete the NIA document and reach NIA process decisions. The NIA Worker must:

1. Utilize the 'NIA Interview Protocol' during the NIA process.

2. As is reasonable in the context of the investigation, inform the family about the activities the NIA Worker plans to conduct in relation to the family and explain the potential outcomes of the NIA.
3. The NIA Worker may have as many subsequent contacts as necessary to obtain sufficient information. Best practice would be to have multiple contacts with the parents and child when possible in order to collect sufficient information to make accurate decisions.
4. Continually assess for present and impending danger. If present danger is identified, the NIA Worker must immediately consult with the Supervisor and take action to protect the child.
5. Collect information through interviews, observations, and written materials provided by knowledgeable individuals who can provide such information.
 - a. The NIA Worker must conduct a sufficient number of interviews of sufficient length and effort necessary to assure that due diligence and reasonable effort are demonstrated, and sufficient information is collected to assess maltreatment, impending danger, caregiver protective capacities, and the needs of children.
 - i. Due diligence and effort refer to behavior that demonstrates thoroughness, conscientiousness, specific care to seeking detail, repetitive attempts and exertion to engage caregivers; to meet with all relevant people involved in the case.
 - ii. Reasonable is a subjective standard but can be qualified by what seems sensible and logical; the levelheaded thing to do; influenced by what is known; what is not known; what is important to know; what good practice and decision making depends on.
 - iii. Sufficient information is qualified by enough detail, depth and breadth (thoroughness) to adequately answer an assessment question; to provide understanding to a third person (e.g., a supervisor); and to justify judgments and conclusions about the existence of maltreatment; the existence of impending danger, the quality and nature of caregiver protective capacities, and the vulnerability of children.
6. The NIA Worker is required to evaluate the following:
 - a. What is the extent of the maltreatment?
 - b. What are the circumstances surrounding the child maltreatment?
 - c. How do the children function on a daily basis?
 - d. How do the adults (primary caregivers) function on a daily basis?
 - e. What are the disciplinary practices in this family?
 - f. What are the general parenting practices in this family?

NIA Assessment Questions

1. The NIA Worker must make diligent efforts to gather behaviorally specific, detailed information related to each NIA assessment question.
2. The NIA assessment questions are specifically related to child safety; support and justify NIA decision making; and identify the target population.
3. NIA participants must include all children in the home and all adults in the home with caregiving or decision-making responsibilities.
4. All information relevant to the NIA document must be entered and anchored into the appropriate domains of the NIA document and UNITY case notes.
5. If any of the impending danger threats are indicated, the information in the surrounding circumstances assessment questions must explain and justify the impending danger threat(s) in the corresponding section. This means the information must convincingly demonstrate how maltreatment and/or surrounding circumstances meet the Danger Threshold Criteria, which are:
 - a. Out of control
 - b. Severe
 - c. Observable and specific
 - d. A vulnerable child
 - e. Imminent

Maltreatment: What is the extent of the maltreatment?

1. The standard for the decision to substantiate means that a report was assessed and there is a preponderance of evidence that abuse or neglect exists.
2. At minimum, such documentation should include:
 - a. The kind and specific description of the maltreatment
 - b. The severity of maltreatment
 - c. The specific of the events, injuries, and conditions present
 - d. The conclusion reached by the worker confirming the maltreatment

3. If maltreatment was not found, the NIA Worker justifies this conclusion after reviewing the conditions that existed and the family situation associated with (or surrounding) the alleged maltreatment that was documented in the report.

Nature: What surrounding circumstances accompany the maltreatment?

1. This question requires an explanation from caregivers, children, family members, and other witnesses to the circumstances. The circumstances surrounding the incident help the NIA Worker determine whether the person responsible for the welfare of the child could reasonably have expected the child to have been harmed as a result of their conduct.
2. At minimum, the documentation should include:
 - a. The description of maltreatment and what was going on around the time the maltreatment occurred.
 - b. The caregiver's explanation of what happened.
 - c. The caregiver's acknowledgement, attitude, and intentions.
 - d. Frequency of maltreatment.
 - e. History of maltreatment.
 - f. CPS history.
 - g. Progressing patterns of severity.
 - h. Co-existing factors and conditions such as substance abuse, domestic violence, caregiver intentions, etc.
 - i. Caregivers response to CPS.
3. There are three (3) impending danger threats that could be indicated based on information within the Maltreatment and Nature sections:
 - a. Living arrangements seriously endanger the physical health of the child(ren).
 - b. One or both parents/caregivers intend(ed) to hurt the child and show no remorse.
 - c. One or both parents/caregivers cannot or do not explain the child's injuries or conditions.

Child Functioning: How does each child function on a daily basis?

1. Sufficient documentation exists when a NIA Worker provides a convincing picture of the child from day to day. At a minimum, such documentation must include the following on the NIA document:
 - a. Physical health
 - b. Emotion and temperament
 - c. Intellectual functioning
 - d. Behavior
 - e. Ability to communicate
 - f. Self-control
 - g. Educational performance
 - h. Peer relations
 - i. Development
 - i. Documentation about a child's development must determine whether the child is on target related to physical, mental, social and emotional characteristics.
2. The impending danger threat with child functioning is a child is extremely fearful of the home situation.
 - a. Extremely fearful must meet the daily standard with respect to obvious anxiety, worry, pre-occupation that is pervasive for the child; fear that is apparent; fear that is escalated when focused on the source of the fear or circumstances in the home.

Adult Functioning: How does each adult function on a daily basis?

1. The NIA Worker must collect information, analyze the information, and document conclusions that relate solely to the functioning of the adult in the day-to-day management of their life. The assessment focus is if the adult would function in a similar way with or without children. This question does not inquire into a person's parenting.
2. Assessing a daily standard encourages an assessment that considers pervasive physical and mental health, intellectual functioning, social interaction and connections, self-control and substance use.
3. Documentation for this assessment question must justify the judgments made about pertinent caregiver protective capacities. The caregiver protective capacities that must be assessed are:
 - a. Controls impulses
 - b. Takes action
 - c. Is self-aware
 - d. Is intellectually able
 - e. Recognizes threats

- f. Meets own emotional needs
 - g. Is resilient
 - h. Is tolerant
 - i. Is stable
4. The topics of importance to document in the NIA document are:
- a. Current and recent history of mental and physical health
 - b. Substance use
 - c. Employment
 - d. Criminal behavior
 - e. Social relationships
 - f. Current behavior
 - g. Communication skills
 - h. Intellectual functioning
 - i. Problem solving
 - j. Reality perception
 - k. Coping mechanisms
5. Sufficient documentation exists when the NIA Worker provides a credible picture of the adult and daily functioning.
6. There are four (4) impending danger threats associated with adult functioning:
- a. A parent or caregiver is violent and no adult in the home is protective of the children.
 - b. One or both parents/caregivers' emotional stability, developmental status, or cognitive deficiency seriously impairs their ability to care for the children.
 - c. One or both parents/caregivers cannot control their behavior.
 - d. Family does not have resources to meet basic needs.

Parenting Discipline: How does each parent/caregiver discipline?

1. Sufficient documentation exists when the NIA Worker provides a convincing explanation of how and why a caregiver approaches discipline as the caregiver does.
2. At a minimum, such documentation should include:
 - a. The approach to discipline
 - b. Purpose and intention
 - c. Specific methods
 - d. Ability to maintain self-control
 - e. Parenting knowledge related to discipline and age appropriateness
 - f. Routines, boundaries, rules
 - g. Perception of effectiveness
 - h. Child's perceptions and statements on discipline
3. The NIA Worker must address:
 - a. The caregiver's concept of discipline.
 - b. The meaning discipline has for the caregiver in relationship to personal parenting responsibility.
 - c. Discipline effectiveness and the caregiver's point of view about effectiveness.

Parenting General: What types of general parenting skills does each parent/caregiver have?

1. Documentation for this assessment question must justify the judgments made about pertinent caregiver protective capacities.
2. Sufficient documentation exists when the NIA Worker provides a full and comprehensive view of how caregivers parent in general. Comprehensive refers to parenting from a broad perspective and the caregiver – child relationship which is the product of parenting.
3. Documentation for this assessment question must justify the judgments made about pertinent caregiver protective capacities. The caregiver protective capacities that must be assessed are:
 - a. Sets aside his/her needs
 - b. Demonstrates adequate skills to fulfill caregiving responsibilities
 - c. Adaptive as a caregiver
 - d. Recognizes child's needs
 - e. Understands his/her protective role
 - f. Plans and articulates a plan to protect the child
 - g. Expresses love, empathy, and sensitivity towards the child
 - h. Positively attached to the child
 - i. Supports and is aligned with the child
4. The parenting general topics referenced in the NIA document are:

- a. History of protective behavior
 - b. Parenting style
 - c. Sensitivity to a child's needs
 - d. Expectations for children
 - e. Self-satisfaction as a parent
 - f. Knowledge of parenting/child development
 - g. Demonstrated skills
 - h. The parent-child relationship
5. There are six (6) impending danger threats that must be addressed in parenting general and parenting discipline:
 - a. No adult in the home will perform parental duties and responsibilities.
 - b. One or both parents/caregivers have extremely unrealistic expectations.
 - c. One or both parents/caregivers have extremely negative perceptions of a child.
 - d. One or both parents/caregivers fear they will maltreat the child and/or request placement.
 - e. One or both parents/caregivers lack parenting knowledge, skills, and motivation which affect child safety.
 - f. Child has exceptional needs which the parents/caregivers cannot or will not meet.

Safety Plan Determination

When information related to the six (6) assessment questions has been collected, documented and conclusion is reached with the Supervisor consultation that there are children in the household that are in impending danger, the Safety Plan Determination (SPD) analysis must occur.

1. The NIA Worker must complete the SPD in UNITY to rule in or rule out the use of an in-home Safety Plan. If the In-home Safety Plan is ruled out, the NIA Worker must:
 - a. Document the justification and Condition For Return (CFR) for each question answered with a "no."
 - b. Staff the conclusion of the SPD with the Supervisor to determine next steps.
 - c. Complete a draft of the Safety Plan and conduct a Safety Plan Determination Meeting (SPDM) with the caregivers.
2. If the family refuses to participate in a meeting or the NIA Worker is not successful in attempted contacts with the family, the NIA Worker must consult with the Supervisor to determine next steps, including completing a plan for implementing necessary decisions and communication regarding the Safety Plan, including necessary legal action and communication.

Safety Plan Determination Meeting (SPDM): The NIA Worker must convene a SPDM with caregivers; other people caregivers wish to include and others who have interest or are a resource in safety planning. The purpose of the SPDM is to create the least intrusive, sufficient safety plan that assures that a child is safe while ongoing case plan services proceed. The NIA Worker must attempt to accomplish the following during the SPDM:

1. Identify absent parents and their locations/contact information.
2. Reinforce caregiver rights.
3. Listen to the caregivers' concerns, answer any questions.
4. Discuss with caregivers their experience during the NIA process.
5. Explain the conclusion of the NIA document and the reason for the Agency's ongoing involvement.
 - a. Explain the safety decision and impending dangers that must be addressed in order to appropriately plan for the child's safety.
 - b. Take sufficient time and effort to assure caregiver understanding regardless of whether they agree or disagree.
6. Explain safety plan options.
 - a. Present the drafted safety plan.
 - b. Allow the caregivers to be a part of the safety planning process.
 - c. Engage the family in exploring safety resources and safety planning options.
 - d. Identify both formal and informal safety resources (extended family, friends, etc.) to assist in safety planning.
 - e. Reach a decision concerning a sufficient Safety Plan.
7. Explain the purpose of Permanency Services including what is going to happen next (case planning, service provision, case plan goal assessment, etc.).
 - a. Assess the caregiver's level of understanding concerning the reasons for assignment to Permanency.

- b. Assess caregiver willingness to move forward with safety planning and intervention by Permanency.
8. Present drafted Conditions For Return (CFR) when the Safety Plan involves out-of-home placement. Confirm caregiver acknowledgement and finalize the CFR.
9. By the conclusion of the SPDM, the NIA Worker must decide what the safety plan will be.
 - a. The NIA Worker must attempt to reach a consensus with parents about what the Safety Plan is; however, if agreement cannot be reached it is the responsibility of the NIA Worker and the Supervisor to determine what the Safety Plan is.
 - i. When the Safety Plan option involves separation, discuss contact provisions and develop visitation plans and support to assure those plans occur.
 - b. If the Supervisor is not present for the SPDM, immediately following the SPDM, the NIA Worker must consult with a Supervisor regarding the proposed Safety Plan.
 - c. A Supervisor must approve the proposed Safety Plan.
 - i. If the Supervisor disagreed with the proposed Safety Plan, the NIA Worker and the Supervisor must identify case issues, options, and next steps.
 - ii. If the Supervisor has questions and follow-up is needed, the NIA Worker must meet with the caregivers as soon as possible to attempt to reach resolution.
 - d. The NIA Worker must document the SPDM in a 'PARENTCONTACT' UNITY case note type within five (5) business days of the meeting.

Safety Plan: The Safety plan is a written arrangement between caregivers and the Agency that establishes the management of impending danger threats. The Safety Plan is not a temporary plan; a Safety Plan must be implemented, active, and remain in place as long as impending danger exists and caregiver protective capacities are insufficient to ensure a child is protected.

1. Document the written Safety Plan in UNITY within twenty-four (24) hours of the SPDM.
2. Distribute copies of the Safety Plan to all participants the same day the documentation is completed.
 - a. Distribution can be accomplished electronically or in person.
 - b. If caregivers have attended the SPDM and are in agreement, as a last resort, the Safety Plan may be distributed by mail.

Additional Information Collection and Actions during the NIA Process in Certain Circumstances:

Certain Circumstances require the NIA Worker to gather additional information and complete additional tasks during the NIA process. These circumstances are outlined below with their respective Statewide policies linked for easy reference and additional information.

Safe Sleep: During the NIA process, anytime the NIA Worker is in the home where an infant (a child between birth and age one (1)) will reside (including the household with the alleged maltreatment or present/impending danger and placement resources) the NIA Worker is required to assess the safety of the sleeping arrangement for the infant. The NIA Worker must complete Safe Sleep requirements pursuant to Agency policy and/or procedure.

CARA Plan of Care: A CARA Plan of Care is required to be completed by healthcare providers prior to the discharge of an infant whom the healthcare provider has identified to be affected by substance abuse, or exhibiting withdrawal symptoms resulting from prenatal drug exposure, or having a Fetal Alcohol Spectrum Disorder.

1. The NIA Worker must attempt to receive a copy of the CARA Plan of Care as part of the information collection for the NIA process.

For additional information refer to [CARA Plan of Care Policy](#).

Nevada Early Intervention Services (NEIS): For any child under the age of three (3) years old, a referral for Early Intervention is required to be completed if any of the following circumstances are identified:

1. A child is the subject of a substantiated case of child abuse or neglect; or
2. An infant has prenatal substance exposure, which could include a positive toxicology result at birth or self-reported prenatal substance use by the mother.

The referral must be documented in the Service Array Window (CFS 0667) in UNITY. If the child is receiving Early Intervention services at the onset of the NIA process, document the services in the Service Array Window (CFS067) in UNITY. The NIA Worker must contact Early Intervention as part of the information collection of the NIA process.

For additional information refer to [CAPTA – IDEA Part C Policy](#).

Reporting, Locating, and Responding to Missing Children: This applies to children who are in foster care and children in an open case who are not in foster care who have runaway or are missing. The NIA Worker must complete certain requirements as outlined in this policy. To ensure completion of the requirements refer to [Reporting, Locating, and Responding to Missing Children Policy](#).

Commercial Sexual Exploitation of Children (CSEC): All children involved with the Agency, aged ten (10) years and older, will be screened using the Nevada Rapid Indicator Tool (NRIT) which is an assessment tool utilized to determine if a child is 1) A confirmed victim of commercial sexual exploitation, 2) At high risk of commercial sexual exploitation, or 3) No risk factors apply to the youth at this time.

1. The NRIT is not meant to be used as a questionnaire, rather it requires the person administering it to use their cumulative knowledge of the child to complete.
2. The hard copy of the NRIT is placed in the case file. If the NRIT indicates a confirmed victim, complete the following in UNITY mark the “sex trafficking victim” on the person profile page and follow Agency business practices for ensuring the child receives a family assessment related to CSEC.
3. Once a youth is a confirmed victim through the use of the NRIT, the youth no longer needs to be screened with subsequent NRITs.

For additional information refer to [Commercial Sexual Exploitation of Children \(CSEC\) Policy](#).

NIA Decision Making

The NIA Worker must thoroughly document the NIA six (6) assessment questions in order to conclude and justify NIA decisions. The NIA Worker must work in conjunction with the Supervisor to ensure the following are addressed:

1. Has maltreatment occurred, or is it occurring?
2. Are there impending danger threats manifesting in the home resulting in one (1) or more unsafe children?
3. How can impending danger be managed by the most appropriate, least intrusive Safety Plan?
4. Can in-home safety services be utilized to keep children in the home safely while intervention proceeds?
5. Determine what CFR are required for any child placed when an out-of-home Safety Plan has been implemented.
6. Determine if the child is safe in the placement.
7. Determine if the family requires ongoing services or case closure.
8. Sufficient information has been collected and documented to support the following questions by the conclusion of the NIA process:
 - a. Should child abuse or neglect be substantiated? Refer to [Statewide Policy 0513: Substantiation](#) and the [Substantiation Guidelines](#).
 - b. Are there impending danger threats manifesting in the home resulting in one (1) or more unsafe children?
 - i. If assessed that no child in the household is in impending danger, the case is closed.
 - (1) This means based on current available information, there is no child(ren) likely to be in danger of serious harm. No safety plan is needed. If a present danger plan exists when this conclusion is reached, it should be dismissed.
 - (2) The Agency may choose to serve a family voluntarily, after consultation with a supervisor or manager, even if there is no impending danger to the child(ren).
 - ii. If assessed that a child in the household is in impending danger, the least intrusive most appropriate safety plan must be implemented, and the case must be opened for Permanency Services.
 - (1) If legal and physical removal of the child is necessary, the NIA Worker must attempt to place the child with the non-custodial parent if possible.
 - c. How is impending danger managed by the most appropriate safety plan?
9. The completed NIA and safe/unsafe conclusion must be reviewed and approved by a Supervisor.

Documenting the NIA Process

The NIA document and case notes serve as the Agency's record of contacts during the NIA process. All activities, including attempted activities, conducted by the NIA Workers, Supervisors, and any other staff must be documented in UNITY. The NIA Worker may begin documenting the NIA in UNITY at any time during the NIA process. The NIA Worker must document within the NIA all information gathered from all sources that pertains to the six (6) assessment questions.

1. Case notes must be written as soon after the activity as is reasonably possible. At a minimum, case note documentation must be completed within the following time frames:
 - a. Initial child contact case notes must be entered in 'CHILDCONTACT' UNITY case note type within one (1) business day.
 - b. The NIA Worker must attempt to contact the alleged maltreating parent or caregiver and enter the attempt into a 'PARNT CONTCT' UNITY case note type within five (5) business days of the contact attempt.
 - c. Interviews of family members and collaterals must be documented in UNITY case notes within five (5) business days of the interview.
 - d. All other activities must be documented within five (5) business days of their occurrence.
2. UNITY case notes documenting any contact must include but are not limited to:
 - a. The time of the contact, including the approximate length of time of the interview;
 - b. The location of the interview;
 - c. The names and roles (e.g., mother's friend, police officer) of all others present during the interview;
 - d. Newly discovered identifying information including birth dates, Social Security numbers, addresses, phone numbers;
 - e. Specific efforts to assist the family.

Case Transfer to Permanency

1. The primary purpose of the consultation between the NIA worker and the Permanency Worker is to ensure that there is adequate attention to child safety at the initiation of the Protective Capacity Family Assessment (PCFA) process and to prepare the Permanency worker to initiate the PCFA.
2. Case transfer is an essential part of effective, systematic intervention.
3. Transferring cases from CPS to Permanency must be seamless in terms of time and case movement.
4. The case transfer staffing is a required meeting to ensure an effective hand-off of a case from CPS to Permanency Services.
5. The staffing involves a face-to-face interaction between the NIA worker, the Permanency Worker and their Supervisors.
6. The staffing provides the opportunity for the NIA Worker to provide clarification to Permanency Worker questions; provides additional information beyond what has been documented in the NIA document and Safety Plan Determination (SPD); offers an opportunity for the NIA Worker to elaborate their professional opinions and interpretations of the case; and discusses, in detail, the rationale for decisions and specifics about the Safety Plan.
7. Prior to the case transfer staffing the NIA Worker maintains responsibility for safety management and case issues.
8. The case transfer staffing is conducted using a case transfer document (i.e. checklist or agenda as required by the Agency) as a guide that is based on what must be accomplished to achieve the objectives for the staffing.
9. The case transfer includes a review of:
 - a. Specific information gaps that might exist in the NIA
 - b. Information from the NIA Worker
 - c. Decisions made during the NIA process
 - d. Identified impending danger that is reflected in the NIA document
 - e. All the details about the rationale and construction of the Safety Plan
 - f. Caregiver protective capacities and general family strengths
 - g. The status of caregiver involvement with the Agency
 - h. NIA Worker interpretation of how caregivers may respond to and participate in the initiation of Permanency Services and the best ways to proceed
 - i. Caregivers' motivational readiness to change

- j. Each child's needs, including summary of medical, mental health, and school information, as available
- k. Existing court orders, upcoming court obligations, and timeframes for the completion of court reports, as applicable
- l. Visitation schedules and logistics
- m. Any questions regarding the CFR, if applicable
- n. Any issues in regard to paternity
- o. Indian Child Welfare Act (ICWA) issues

Supervisor Responsibility

The Supervisor is responsible for the quality of the NIA process and the conclusions reached by the NIA.

1. The Supervisor must consult, analyze, provide oversight for and approve the NIA.
2. Supervisory consultation must occur at the following points in the case process and be documented in UNITY case notes:
 - a. When preparing and planning for the NIA.
 - b. At the point of initial contact if present danger is identified or within 72 hours of initial contact if present danger is not identified.
 - c. During persistent efforts to locate the family.
 - d. At any point during information collection (as needed) to assist staff with obtaining information and interviewing and to assure the sufficiency of information for decision making.
 - e. At the conclusion of the information gathering process, a supervisor must consult with the NIA Worker regarding:
 - i. The sufficiency of information related to the six (6) assessment areas;
 - ii. Impending Danger conclusions; and
 - iii. The decision to substantiate
 - f. Prior to and after the SPDM.
3. Supervisors must employ the NIA Intervention manual when consulting about the NIA process; when reviewing and judging the sufficiency of case information contained in the NIA.
4. Supervisor Approval is required for the following NIA decisions:
 - a. The PDA and the conclusion of whether present danger exists
 - b. The PDP
 - c. Changes in the present danger plan during the NIA process
 - d. The conclusion about whether there is impending danger and diminished caregiver protective capacities
 - e. Decision to substantiate
 - f. The approach of the SPDM
 - g. The Safety Plan

Timeline: Policy/procedure development and implementation will adhere to any statewide policies when developing internal policy timelines.

Requirement	Starting Date	Deadline	Responsible Party	Actions to be Taken
Prepare for and Plan for the NIA	Date/time report is assigned to NIA Worker	As soon as possible prior to initiating the investigation	NIA Worker Supervisor	-Consult with Supervisor to discuss important facts and gaps in IA to plan for NIA Worker response - Supervisor documents in 'SPVSYCONTACT' case note type in UNITY
Initiate investigation	Date/time report is received	P1-6 hours P2-24 hours P3-72 hours	NIA Worker	-Attempt face-to-face contact with all alleged child victims (Exception if no known locations where the child may be present, and no face-to-face contact is possible. In this circumstance, initiation may occur by collateral contacts and/or case review [NAC 432B.155]).

				-NIA Worker documents in child contact case note type for all attempted child contact and successful child contacts
Staff Present Danger with Supervisor	Date/time face-to-face contact is made with alleged child victims	If present danger is identified: Immediately If no present danger is identified within 72 hours	NIA Worker Supervisor	-Consult with Supervisor about existence of present danger. -If there is present danger, consult about possible present danger plans
Complete CSE-CPA	Date/time out-of-home PDP is established	CSE-CPA to be completed prior to or at time of placement with family/fictive kin or within three (3) calendar days of placement in foster home	NIA Worker Supervisor	-Complete CSE-CPA form and later complete CSE-CPA window in UNITY -Supervisor must approve in UNITY
Complete PDP (if applicable)	Date/time face-to-face contact is made with alleged child victims	As soon as present danger is identified	NIA Worker	-Establish PDP with participants and ensure safety of child
Complete PDA in UNITY	Date/time face-to-face contact is made with alleged child victims	Within one (1) business day of establishing PDP	NIA Worker	-Complete PDA in UNITY
Persistent Efforts to Locate	Date/time face-to-face contact is attempted with alleged child victims	One week	NIA Worker NIA Supervisor	-Daily effort to see the alleged child victims in person -Attempt all other applicable efforts to locate the family -NIA Worker documents efforts in case notes -Consult with Supervisor -Supervisor documents efforts and staffings in 'SPVSYCONTACT' and on the day determined no further daily in-person contact attempts required, documents this in 'ENDPRSTEFFORTS' case note type in UNITY.
PDP Oversight	Date/time PDP is established	Weekly	NIA Worker	-Conduct evaluation of plan -Contact participants and out-of-home caregivers -Document in case notes in UNITY
Conclude NIA Process	Date of initial contact with family	-15 business days if PD identified -3 calendar days if impending danger identified, no PD -30 calendar days if no PD or impending danger	NIA Worker Supervisor	-Complete PDA, NIA, SPD, Case Notes in UNITY -Supervisor approves

Safety Plan Documentation and Distribution	Date/time of SPDM	24 hours	NIA Worker	-Document Safety Plan in UNITY, and distribute to participants same day as documented
Case Notes	Date/time of activity	5 business days	NIA Worker or Supervisor	-Activities that are not documented in the NIA must be case noted

Documentation:

Case File Documentation (paper)

File Location	Data Required
<ul style="list-style-type: none"> Follow Agency business practice 	<ul style="list-style-type: none"> Follow Agency business practice

UNITY Documentation (electronic)

Applicable UNITY Screen	Data Required
<ul style="list-style-type: none"> Case Notes 	<ul style="list-style-type: none"> All activities not documented in the NIA; Supervisory Staffings; Persistent efforts
<ul style="list-style-type: none"> Present Danger Assessment (ASM100) 	<ul style="list-style-type: none"> PDA
<ul style="list-style-type: none"> Nevada Initial Assessment (ASM200) 	<ul style="list-style-type: none"> NIA document
<ul style="list-style-type: none"> CPS Report Detail (RP000) 	<ul style="list-style-type: none"> Document initial response date/time
<ul style="list-style-type: none"> Safety Model (ASM000) 	<ul style="list-style-type: none"> Access all Safety Model records
<ul style="list-style-type: none"> SPD CFR (ASM400) 	<ul style="list-style-type: none"> Impending danger summary, SPD, Conditions for Return and Safety Plan
<ul style="list-style-type: none"> Safety Plan (ASM410) 	<ul style="list-style-type: none"> Safety Plan and Supervisor Approval
<ul style="list-style-type: none"> Investigation Approval (INVS003) 	<ul style="list-style-type: none"> Supervisor approval of investigation

JURISDICTIONAL ACTION

Development of Internal Policies:

Agencies which provide child welfare services shall develop internal policies and procedures as necessary to implement the provisions of Federal and State law and this policy.

STATE RESPONSIBILITIES

The State will provide technical assistance regarding program development and implementation to the Child Welfare Agencies.

POLICY CROSS REFERENCE

Policies: This area includes the names of the policies that were referred to for more information. In addition, policies listed in this section may need to be adhered to in order for the current policy to be in compliance.

[0210 Reporting, Locating, & Responding to Missing Children Statewide Policy](#)

[0214 Commercial Sexual Exploitation of Children Statewide Policy](#)

[0502 CAPTA – IDEA Part C Statewide Policy](#)

[0504 Indian Child Welfare Act \(ICWA\) Statewide Policy](#)

[0506 Intake and Priority Response Timelines Statewide Policy](#)

[0513 Substantiations Statewide Policy](#)

[0518 Safe Sleep of Infants for Rural Region DCFS Policy](#)

[0519 CARA Plan of Care Statewide Policy](#)

[1006 Out of Home Placement Process Rural Region DCFS Policy](#)

History and Updates: This Policy supersedes 0508 Nevada Initial Assessment (NIA) Policy for Washoe County DSS and Rural Region and 0509 Nevada Initial Assessment (NIA) Policy for Clark County DFS.

ATTACHMENTS: N/A