



**DEPARTMENT OF HEALTH AND HUMAN SERVICES
DIVISION OF CHILD AND FAMILY SERVICES**

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**Manual Transmission Letter (MTL)
Family Programs Office: Statewide Child Welfare Policy Manual**

MTL # 0508-120611
12/06/11

TO: Betsey Crumrine, Social Services Manager V - DCFS – District Offices
Kevin Schiller, Director - Washoe County Department of Social Services

FROM: Amber Howell, Deputy Administrator, Division of Child and Family Services

POLICY DISTRIBUTION:

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

- Nevada Initial Assessment (NIA)

This policy is/was effective: 12/06/11

- This policy is new. Please review the policy in its entirety
- This policy replaces the following policy(s): MTL # - _____ Policy Name:
- 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:

- Please read the policy in its entirety and note any areas that are additionally required by your agency to be in compliance with the policy enclosed.
- 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/CW/0500/>. Please check the table of contents on this page for the link to the chapter you are interested in.

0508.0 Nevada Initial Assessment (NIA)

0508.1 Policy Approval Clearance Record

<input checked="" type="checkbox"/> WCDSS And DCFS Child Welfare Policy	This policy supersedes: Nevada Initial Assessment Policy, effective 1/18/08	Number of pages in Policy: 23
Review by Representative from the Office of the Attorney General:	Date: 10/27/11	Date Policy Effective: 12/06/11
DCFS Rural Region Manager Approval:	Date: 11/18/11	
WCDSS Director Approval:	Date: 12/06/11	
DCFS Deputy Administrator Approval	Date: 12/06/11	

0508.2 Statement of Purpose

0508.2.1 Policy Statement: The Nevada Initial Assessment (NIA) is the assessment that 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. The primary purpose of the NIA is to identify families in which children are unsafe and therefore in need of ongoing Child Protective Services (CPS).

0508.2.2 Philosophy: NIA workers must display attitudes and behavior that reflect the philosophy of the NIA. Effective performance of the NIA occurs based on a philosophical foundation and the application of philosophy as contained in certain values, beliefs, principals and assumptions. The philosophy of NIA is:

- A. **Child Safety as Paramount**-The mission of Child Protective Services intervention is to assure unsafe children are protected. The NIA is conducted to identify families in which children are in impending danger and caregivers are unwilling or unable to provide protection for their children.
- B. **Permanency as an Integral Part of Child Safety**-Permanency refers to the restoration or establishment of stable, enduring protective child living arrangements. The essence of permanency is child safety. When CPS identifies children during NIA process who are not safe, the child's permanency automatically is in question. That question is not resolved until safety intervention concludes through treatment and/or other case plan activities that reconcile the issue of whether a child's caregivers can and will protect. Permanency is emphasized since it exists in tandem with child safety as the primary outcome of intervention.
- C. **Rights**-Intervention that is respectful of the rights of children and caregivers is a cardinal principle in NIA. Children and caregivers possess human and civil rights. Children and caregivers are valued and respected for their humanity and basic self-worth. Children have a right to be safe and secure, to be with their families, to be associated with their culture, to experience the least trauma or interference in their lives as is achievable. Caregivers and children have constitutional rights to family integrity, to privacy and a right to due process before their constitutional rights may

be deprived by a government entity. These rights should be understood and appreciated before determining to initiate and during the NIA. Caregivers have rights related to being informed, being involved, having and possessing their children, experiencing prompt responses, and confidentiality.

- D. **Respect**-Respect for children and caregivers is an overarching value that influences all of NIA and is essential to effective intervention. It is a value that is demonstrated by staff communication, behavior, and interaction with children and caregivers occurring during the course of the NIA. Respect is demonstrated in conjunction with the following client interaction principles: individualization, purposeful expression of feelings, controlled emotional involvement, acceptance, self-determination, and confidentiality.
- E. **Family System and Family Centered**-The sanctity and purpose of the family unit is an underlying value that pervades CPS intervention generally and NIA specifically. The family is viewed as consisting of those who have relationship and reside with the children and the network of individuals and relationships that are associated with the family (kin). This belief includes awareness of the significance that relationship, interdependence, and connectedness among family members have in understanding and assessing child safety and in enhancing diminished caregiver protective capacities. To a large extent, the result of NIA is intended to form a full picture and description of how a family system functions.

The NIA is a family system intervention and as such it emphasizes the executive function adult caregivers perform within the family system. Family system intervention recognizes that the day-to-day case business and case decision making must involve the caregivers-executives of the family by being focused upon strengthening their role within the system.

Family centeredness promotes a certain kind of intervention behavior and interpersonal skill which emphasizes the family unit as the best source for solutions, engagement, involvement in decision making, and the family network as a supportive resource.

- F. **Least Intrusive**-An elemental principle in CPS and, therefore, NIA is associated with the reality that CPS is a government intervention that in many circumstances is non voluntary. Even in the best of circumstances, CPS intervention represents interference in a family's life. The defining reasons that CPS intervenes into family life are: (a) to determine if children reported to the CPS are in present and/or impending danger; (b) to protect children in present/impending danger; and (c) to restore caregivers to their protective role and responsibility.

Least intrusive refers to, defines, and limits NIA intervention strictly with respect to what is absolutely necessary and essential to (1) assess a child's safety; (2) implement actions, services, and controls that assure a child's safety; and (3) make a determination regarding the need for ongoing CPS. The principle of least intrusive is expressed in casework and supervision that recognizes that intervention will only go as far as is necessary to assure protection. This practice principle is coupled with other philosophical points of view such as respect and rights.

- G. **Diligence**-Diligence should be apparent in all aspects of intervention with respect to thoroughness, timeliness, availability, and responsiveness.

0508.3 Authority

NRS 432B.180, .260, .300, .340

NAC 432B.150, .155, .160, .180, .185, .260, .310

0508.4 Definitions of Concepts

0508.4.1 The NIA worker must apply safety intervention concepts when conducting the NIA.

0508.4.2 The operating concepts are as follows:

- A. **Caregiver protective capacities** are personal and parenting behavioral, cognitive, and emotional characteristics that are specifically and directly associated with being protective of one's children. There are behavioral, cognitive, and emotional protective capacities.
- B. **Child maltreatment** occurs when parenting behavior is harmful or destructive to a child's cognitive, emotional, social or physical development and caregivers are unwilling or unable to behave differently.
- C. **Conditions for return** refers to a statement that is contained in the record; provided to caregivers and may be part of a court order which identifies specific behavior and circumstances that must exist within a child's home for a child who is placed to return. Conditions for return are discussed during the safety plan determination meeting.
- D. **Confirming safe environments** is 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.
- E. **Impending danger** exist when a child living in a state of 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.
- F. The **safety plan determination meeting (SPDM)** 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.
- G. A **safety plan** is 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.

- H. **Nevada Initial Assessment Intervention Manual** 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.
- I. **Present danger** is 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 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).
- J. **Present danger assessment** is 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.
- K. A **present danger plan** is 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.
- L. A **safe child** is 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.
- M. A **safety assessment** is an evaluation that occurs at the conclusion of the NIA and identifies 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.
- N. **Safety Intervention** refers to the action taken to respond to and manage present and impending danger (occurring as a result of NIA and during ongoing services) and case planned services to reduce or eliminate impending danger and enhance caregiver protective capacities (occurring as a result of ongoing CPS).
- O. **The danger threshold criteria** 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; vulnerability.
- P. **Serious harm** refers to evidence of 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 or development.
- Q. An **unsafe child** is 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.
- R. A **vulnerable child** is a child who is unable to protect him/herself and dependent on others for protection.

0508.5 Purpose of NIA

The NIA worker must conduct the NIA to effectively achieve its purpose.

- A. The purpose of the NIA is to determine who DCFS and WCDSS will serve by assessing and reaching conclusions about caregivers who are unable or unwilling to protect their children from impending danger. This includes the assessment and management of impending danger, the identification of vulnerable children, and the assessment of caregivers with diminished caregiver protective capacities.
- B. The NIA is used for all IA assignments involving alleged maltreatment; present or impending danger. The use of the NIA begins when an IA is assigned to a NIA worker and is concluded when sufficient information has been collected to make an informed decision on child safety.
- C. Safety intervention and decision-making is part of the NIA. The six assessment questions associated with the NIA Nevada Initial Assessment represent the required areas of casework-family study that must be understood in order to effectively assess child safety (impending danger).

0508.6 Objectives of the NIA

To prepare and plan for conducting the assessment process.

1. To respond in a timely manner in accordance with content contained within the IA.
2. To inform reported individuals of a community concern for the safety of their children;
3. To assess for the existence of present danger;
4. To establish present danger plans when present danger exists;
5. To engage caregivers in a process that provides a picture of the family and reveals whether children are in impending danger;
6. To meet emergency needs that are apparent at the onset or during the NIA;
7. To conduct a structured, thorough information collection process that includes relevant family members and collateral information sources;
8. To keep caregivers informed and appropriately involved in case decision making;
9. To reach a finding regarding the existence of child maltreatment consistent with statewide substantiation policy, Nevada statute and administrative code;
10. To reach a finding concerning the existence of impending danger;
11. To conduct a safety plan determination meeting when children have been determined to be in impending danger;
12. To establish a sufficient – least intrusive safety plan when children have been determined to be in impending danger.

0508.7 Decisions of the NIA

1. Has maltreatment occurred?
2. Is there a vulnerable child?
3. Does impending danger exist?
4. Is a child unsafe?
5. Should this family be opened for continuing CPS?
6. What is the safety plan?

0508.8 NIA Target Population

- A. The NIA worker must conduct the NIA as it is designed in order to identify the target population.
- B. The NIA is a method for identifying a particular target population to serve. The target population is a family in which a child (age 0-18) has been reported to be maltreated consistent with Nevada's Child Abuse and Neglect Allegation Definitions (FPO 0508A – Child Abuse and Neglect Allegation Definitions) OR a child who is in present or impending danger.
- C. The maltreatment, present or impending danger must be based on the behavior of the child's caregiver within a family setting (family structure); the exception being, Institutional Abuse investigations.
- D. The focus of decision making in determining whether a family fits within the target population is the caregiver.

- E. A caregiver is the adult within the family setting who has primary responsibility for the child's care or has been assigned or taken on some primary responsibility for the child. Given a family and case circumstance a caregiver may be:
 - 1. biological parent
 - 2. guardian
 - 3. non-custodial parent with occasional or routine contact with a child
 - 4. parent substitute
 - 5. step-parent
 - 6. extended family member who provides care to the child
 - 7. unrelated person living in the same household
 - 8. paramour/companion of parent

0508.9 The Casework Process

- A. The NIA worker must conduct the NIA to effectively support the CPS casework process.
- B. CPS is an intervention model that includes assessing safety throughout the life of a case; chooses between alternative treatment approaches; and evaluates the effectiveness of selected strategies.
- C. The process is based on several principles:
 - 1. It is sequential; activities are ordered and/or voluntary and continuous.
 - 2. The process is logical, based on reason and inference.
 - 3. It uses a unified approach, reflecting coherence.
 - 4. The process is progressive, based on step-by-step procedures.
 - 5. There is interconnectedness between the steps of the process based on progression.
 - 6. Flexibility is critical due to the dynamic nature of worker-client interaction; flexibility allows the CPS worker to respond spontaneously to the client's needs.
- D. The CPS casework process consists of these functions:
 - 1. Intake Assessment
 - 2. Nevada Initial Assessment & Safety Assessment
 - 3. Risk Assessment
 - 4. Safety Plan Determination Meeting
 - 5. Safety Plan
 - 6. Case Plan Assessment
 - 7. Case Plan
 - 8. Service Provision
 - 9. Case Coordination and Safety Management
 - 10. Case Evaluation, Case Closure or Transfer to Permanency Services

0508.10 NIA Procedure

- A. In completing the NIA, the NIA worker must assure that all NIA procedures are followed as designed and required in relation to specific, relevant case conditions.
- B. The NIA procedures are:
 - 1. The NIA interview protocol
 - 2. Present danger assessment
 - 3. Present danger plan
 - 4. Information collection assessment questions
 - 5. Reconciling allegations
 - 6. Safety assessment for impending danger
 - 7. Safety plan determination meeting
 - 8. Safety Plan
 - 9. Case transfer
 - 10. The NIA Time Lines

0508.10.1 Timelines

Table 0508.1: Timelines for NIA

Requirement	Timeline *	Starting Date	Responsible Party	Actions to be Taken
Complete NIA in UNITY to assess safety and determine who to serve	If PD exists – complete NIA in 10 days of initial contact. If no PD – complete NIA in 30 days of initial contact	Date of initial contact based on IA priority response time	NIA worker	Open or close case at conclusion of NIA

0508.11 Conducting the NIA

0508.11.1 Preparing and Planning for the NIA

- A. The NIA worker must plan the most effective approach to conducting the NIA based upon the information reported in the IA.
- B. Creating a plan for conducting the NIA is required regardless of the response time. In the event the response time is immediate, the NIA plan may be concerned only with the initial contact.
- C. The plan for conducting the NIA MUST include supervisory consultation. The plan and preparation must consider the following within response time contexts. It is important workers review as much information with supervisory consultation as possible prior to initial contact not only to ensure a successful initial assessment but for personal safety and protection.
 1. Reviewing Information and decisions within the IA.
 2. Reviewing police and medical reports.
 3. Focusing on IA information related to present or impending danger considering points of observation, inquiry and prospective collateral sources.
 - a. Identify the location of family members.
 - b. Identify effects or circumstances children may be experiencing.
 - c. Consider the approach to accessing children and parents.
 - d. Consider the necessity for controlling the intervention situation once the initial contact occurs including resources and other professionals (such as law enforcement) that may be required;
 - e. Anticipate and plan for a same day present danger plan; consider what might be needed based on reported case circumstances; age and conditions of children; others involved or available.
 4. Considering prior history, previous report, previous NIAs.
 5. Noting gaps in IA information; what remains unknown; what remains unqualified.
 6. Identifying collateral sources of information and how to best access them.
 7. Considering an interviewing/information collection approach; who will be interviewed and in what order; where interviews will take place; when interviews will occur.
 8. Evaluating what can be anticipated regarding existing situation; caregiver and family member response; personal safety in the home or community; and the need for law enforcement or other personnel support.
 9. Identifying availability and accessibility of a supervisor once the initial contact commences.

10. Identifying the need for follow up with the reporter including noting questions to be covered.
11. Review requirements that exist related to maltreatment types requiring LE notification.

0508.11.2 Preparation and Planning:

Preparation and planning must be documented in case notes or NIA including notation of supervisory consultation and 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).

0508.11.3 Complying with the Priority Response Timeline

- A. The NIA worker must make face to face contact with a child identified in an IA in compliance with the identified priority response time.
 1. Response time is measured from the date and time the report is received until face to face contact with the alleged victim child. While policy allows for case review and collateral contacts to initiate a NIA, this should only be used as a last resort.
 2. The term "identified child in an IA" refers to a child who has been reported to be maltreated or in present or impending danger.
 3. The response time is the maximum amount of time that the NIA worker has to make face to face contact in order to assess for present dangers and gather information to complete the NIA.
- B. If for some reason it is not possible for the NIA worker to comply with the identified priority response time, the reason must be approved by a supervisor and the justification must be documented in a case note authored by the approving supervisor.
- C. Exceptions to compliance can be based upon verified content within the IA that indicates the child is under the care and supervision of a responsible adult and that the current situation will not change until the NIA worker arrives.
- D. The supervisor is responsible for ensuring that the referral is responded to in the manner required to ensure child safety based upon the allegations and family conditions. The supervisor may require NIA workers to respond quicker than the timeframe allowed. The supervisor must approve any exceptions to complying with the time frame.

0508.11.4 Priority Response Time

Table 0508.2: Timelines for Response

Coding	Identified Danger	Initiation of NIA: Time Fame	Response Type*
Priority 1	Urgent/Emergency Present danger Safety factors identified	Within 3 hours of report	Initiate face-to-face by CPS agency
Priority 1 Rural	Urgent/Emergency Present danger Safety factors identified	Within 6 hours of report	Initiate face-to-face by CPS agency
Priority 2	Victim 5 & under – any maltreatment or impending danger Safety factors identified, this includes reports involving a child fatality or near fatality (regardless of whether or not there are siblings in the home).	Within 24 hours of report	Preferred order of response: - Initiate face-to-face by CPS agency - Collateral contact (face-to-face or telephone) - Case Review (NAC 432B.155)
Priority 3	Maltreatment indicated No safety factors identified	Within 72 hours of report	Preferred order of response: - Initiate face-to-face by CPS agency - Collateral contacts (face-to-face or telephone) - Case Review (NAC 432B.155)

* This chart applies when the child welfare agency is the first responder to a report of abuse or neglect and law enforcement is not involved.

0508.11.5 Preferred Initiation of Contact with Child/Family:

- A. Face-to-face whenever possible
- B. Telephone call
- C. Contact by other means

0508.12 NIA Initial Contact Protocol

- A. The NIA worker must make face-to-face contact with the identified child (ren) in the time indicated as the response time in the IA. If unable to do this, the worker must document the reasons in a case note which must be approved by a supervisor. The response time is the maximum amount of time that is allowed to contact the identified child; however it is best practice to contact the identified child, other children and caregivers as soon as possible.
- B. The NIA worker may notify caregivers of the intent to interview a child, unless notification could compromise the child's safety. Initial contact can occur at school where children attend if child safety may be compromised based on the allegations. While policy and statute allow a worker to contact a child without notifying the parent, SAFE philosophy encourages notification unless exigent circumstances exist.
 1. When it is necessary to interview/observe the children prior to notifying the caregivers, the caregivers **must** be contacted within the same day to inform them about the report and then interviewed as soon as possible thereafter.
- C. Introductions with caregivers must include worker identification, agency purpose, reason for involvement; to include a brief description of the child abuse or neglect allegations, and the purpose and process for completing the NIA while enlisting the caregiver's assistance in completing the assessment.
 1. The worker must tell the parent(s) or guardian that they have certain legal rights as explained in the *Parent's Guide to Child Protection Services* and **MUST** be given a copy of the guide as required by the Child Abuse Prevention & Treatment Act, Reauthorized 2003. (FPO 0508B – Parent's Guide to Child Protection Services)

2. If permission to conduct interviews with the child is denied, then the NIA worker must explain to the caregivers that he/she must discuss this situation with the CPS supervisor.

0508.13 NIA Interviewing Protocol

- A. The caregiver, children and family members are the primary sources of information. The NIA worker must use an open, non judgment, neutral approach to gathering information. When circumstances permit, the family members should be seen in a specific order to gain the broadest understanding of the family's situation.
- B. The protocol is based on family-centered practice and identifies the preferred order for conducting family assessment interviews. However, consideration should be given to present danger and the report allegation(s) when deciding the specific order in which the family members will be 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.
- C. The following outlines the preferred order for interviewing family members:
 1. The identified child: The child is the first source of information about him or herself, the alleged maltreatment, and the family. A face-to-face contact with the identified child of a report must be initiated first, if the NIA information indicates that the adults in the home pose a threat or will not protect the child. Contacting a caregiver first could enhance family engagement if the circumstances indicate that there is a protective adult in the home or the adult is aware that the report has been made and is not resistant.
 2. Other children in the home: Interviews must include all verbal children in the home and all non-verbal children must be seen and the worker should document their perception of the child's developmental abilities with specificity (i.e., crawling, pull themselves up, etc.). The interview objectives are to explore all areas of abuse/neglect with each child and to obtain corroboration about circumstances and events and to explore the six assessment questions. If, during the initial contacts with the identified child or another source, information is received that indicates that the identified child or the other children may be unsafe, the NIA worker must make contact with those children immediately. If the victim or other sources indicate that other children in the home are safe, a face-to-face assessment and interview of the child (ren) must occur before the NIA is completed.
 3. Introduction with the caregivers: The caregivers should be the initial contact: 1) when the identified child is located in the home or 2) when the child is not located in the home but nothing in the report or CPS history indicates the child's safety would be jeopardized by first contacting caregivers. Attempts should be made to enlist the parents in assisting the NIA worker to complete the assessment. Some ways in which parents may assist in the assessment is by providing contact information for family members and for professionals involved with the family, and by signing Release of Information forms to allow the NIA worker to obtain verification and documentation of services.
 4. The non-maltreating parent: The NIA worker must interview and determine the protective capacities of the non-maltreating parent and other adults that live in the household. The interview should reflect interest in these individuals and obtain their perceptions of the family's functioning, identify their concerns, difficulties or family issues, and opinions. This interview includes consideration of the six assessment questions. *Note*: the parent not in the home is viewed as a collateral contact and is not documented in the NIA with respect to areas such as parenting and adult functioning.
 5. The alleged maltreating adult: This interview includes parents and those performing parental duties that are alleged to be maltreating the child (ren). Nevada Revised Statutes mandates that the allegations contained in the report be shared with the person named in the report who may be a maltreating adult. An interest in and openness toward the person must be demonstrated. Sharing the maltreatment issue and what is known from previous interviews may reduce defensiveness and denial. This approach does not demand or depend on admissions. This interview considers the six assessment questions.
 6. Collateral contacts: The NIA process requires contacting at minimum 2 additional collateral sources of information. "Collateral contacts" means any person or agency who is presently

providing service to the child or family or who has knowledge of the family's functioning or who may corroborate information provided by the family. Collateral contacts include, but are not limited to: school personnel, school nurse, teacher, teacher's aide, physician or other medical personnel, relatives or extended family members, neighbors, law enforcement, juvenile justice, or any other agency or person who can provide information related to the family. All collateral contact information must be documented in the NIA (for DCFS) or in a UNITY case note. These interviews consider the six assessment questions with regard for the relationship of the collateral source and his or her familiarity with the caregivers, children and family members.

7. **Closing contact:** A closing contact (i.e., letter, phone call or face-to-face visit) will be made with a caregiver when the results of the NIA indicate that ongoing service will not be provided by DCFS or WCDSS. The closing contact provides information regarding the findings of the NIA and the referrals to community resources.
- D. In situations where the child lives in two households and the allegations are about both caregivers, two separate NIAs must be completed.
- E. If the allegations are specific to one home, a NIA must be completed relating to that household and those household members.
- F. Multiple interviews with each family member may be necessary because of case circumstances; location of family members; access and availability of family members; levels of cooperation and communication; complexity of issues being considered; and readiness to participate
- G. Unless present danger is encountered at the onset of the initial contact, the NIA worker must continually assesses for the existence of present danger.
- H. The NIA worker must consult with supervisor immediately, by telephone, if present danger is assessed and the child is deemed to be unsafe.
- I. The NIA worker and supervisor consultation should occur within three business days of all initial contacts with an identified child who is assessed as safe.

0508.14 Present Danger Assessment

- A. The NIA worker must assess for present danger at the initial contact with the family or at any time during the NIA process with families when new information is learned, when there is a reported crisis or new report is received while a NIA is underway.
- B. Present danger is an immediate, significant and clearly observable family condition (or threat to child safety) that is actively occurring or "in process" of occurring and will likely result in severe (serious) harm to a child.
- C. The NIA worker observes and evaluates present danger that may be occurring within the four categories contained on the Present Danger Assessment Form.
 1. Maltreatment
 2. Child
 3. Caregiver
 4. Family
- D. The NIA worker must consult with a supervisor immediately upon suspecting the existence of present danger. If present danger is identified the NIA worker with supervisory consultation must take action to protect the child immediately.

0508.15 Present Danger Plan

Present danger is 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 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).

- A. The NIA worker must establish a present danger plan as soon as it is believed that a child is in present danger and after supervisory consultation.
- B. Present danger plans are a specific and concrete strategy implemented the same day a present danger is identified before leaving the family or situation.
- C. The NIA worker must determine that the present danger plan is sufficient to assure that children are safe while the NIA assessment/process continues.
- D. Present danger plans involve a limited number of options:
 1. A responsible adult moves into the family home full or part time.
 2. A threatening/maltreating/dangerous caregiver or adult leaves the home, the absence can be verified, and a non maltreating caregiver or adult remains in the home responsible for the child's care and protection.
 3. A child leaves the home periodically in relation to how the present danger is occurring.
 4. An arrangement is made for the non-maltreating caregiver to leave home with the child using people and resources available to the family to immediately protect the child.
 5. Place the child in kin care, foster care or appropriate temporary shelter facilities.
- E. When creating a protection plan, the NIA worker must:
 1. Inform the caregivers why a present danger plan is necessary.
 2. Consult with supervisor about options and the best course of action.
 3. Identify with the caregivers what present danger plan options are available and acceptable in order to ensure child safety.
 4. Attempt to use resources within the family network to form the present danger plan including if caregivers are unavailable to be involved in planning or in providing consent.
 5. Confirm that there is agreement between caregivers and those participating in the present danger plan.
 6. Verify that the people participating in the present danger plan are responsible, available, capable, trustworthy and able to sufficiently protect.
 7. If a child is placed as part of the present danger plan, visit the home the day of the placement to confirm a safe environment by completing the Safety Checklist, to include a Child Abuse and Neglect Screening (CANS) check of UNITY and Legacy databases and a local criminal background check, on all adults over the age of 18 living in the home. Put the present danger plan in place prior to leaving the family or situation.
 8. Complete Confirming Safe Environment requirements within 24 hours.
 - a. Consider what is known about the child (ren) that could affect the placement including:
 - I. Does the child contribute in some way to the threat of harm that is present in his or her own home?
 - II. Does the child possess any medical or other special needs?
 - III. Is the child particularly vulnerable?
 - IV. Is the child provocative?
 - V. Is the child a perpetrator?
 - VI. Is the child fearful (of the fictive kinship placement)?
 - VII. What is the child's perception (of the fictive kinship placement)?
 - b. Consider fictive kinship provider selection
 - I. Complete local Law Enforcement background checks.
 - II. Consider agency information sources: CANS of UNITY and Legacy databases; any other agency records
 - III. Conduct a safety evaluation of the home during the placement process (while it is occurring) or within 24 hours post placement

- IV. Is there anything about provider behavior or emotion or their home that causes a concern for the child's safety at the point of placement or that is foreseeable?
- V. Safety concerns are evaluated in the here and now (at the time of placement) during the face to face contact.
- VI. Does present danger exist in the placement home?
- VII. Is the home environment safe?
- c. Protocol
 - I. Seek assistance from the head of the household to address placement logistics.
 - II. Conduct a home visit that includes conversations with adult family members; inspection of the home and where the child will sleep; and meet all residents of the household if possible.
 - III. When possible and available consult with others who have knowledge of fictive kinship family and home.
 - IV. When possible use collaterals to fill in gaps, as needed, for greater expertise and to confirm areas of concern.
- d. Consider foster parent provider selection
 - I. When conducting the first interview with foster parents:
 - ii. Discuss what is known about the children who have been placed;
 - iii. Attempt to fill in the gaps from what may not be known about the foster family from the agency's records;
 - iv. Focus information collection related only to the placement you are making;
 - v. Consider present/current status issues the family is experiencing that could affect the placed child and that may not be in the record yet.
- 9. If there are no family network resources available; and/or parents/primary caregivers are unwilling to permit the NIA worker to deploy a present danger plan, the unsafe children should be placed in protective custody, either through court order or removal without consent, if immediate risk of serious bodily harm may occur. In either instance, supervisor consultation should occur immediately.
- 10. Conduct oversight of the present danger plan weekly in accordance with agreed communication with those responsible for carrying out the Present Danger Plan (face-to-face; by telephone; electronically).
 - a. The purpose of oversight is to assure that the present danger plan is occurring as agreed to; that those responsible for the protection plan are carrying out their responsibilities; that access and contact between caregivers and children are occurring as planned; that those responsible for the present danger plan continue to be committed to their agreements.
 - b. Staff weekly with supervisor on all present danger plans.
- 11. Complete an expedited NIA within 10 days. Questions that influence expediting the NIA information collection include:
 - a. Has everyone been interviewed that can contribute?
 - b. Has information been corroborated and/or verified by collaterals when possible?
 - c. Has sufficient information been collected for each of the NIA six assessment questions?
 - d. Has a picture of the family been formed with respect to what's going on, how the family functions generally, what the family is like?
 - e. How well do I understand the family?
 - f. Do I know enough to complete an informed NIA and justifiable safety assessment?
- 12. Document all information, supervisory consultation and approval and action taken on the appropriate family functioning assessment screens within UNITY.
- F. The NIA worker must involve caregivers and family members (in so far as they are able and willing) in seeking out the least intrusive present danger plan possible.
 - a. When creating a present danger plan with caregivers, the NIA worker must consider the following decisions and supporting rationale are important in the process and which must be documented in UNITY.
 - a. What are the options for the present danger plan?

- b. Caregivers' attitudes and intent to support the present danger plan,
 - c. Name(s) and locations of the responsible/protective adult(s) related to the present danger plan and an explanation of the person(s) relationship to family,
 - d. Suitability of individuals that will assure protection (e.g. trustworthiness, reliability, commitment, availability) and how the judgment was determined,
 - e. Details of the present danger plan (e.g., how it will work, specific provisions, time frames, activities, child location, caregiver access.), the plan to communicate with the family and safety resources, and how the NIA worker will oversee/manage the present danger plan.
 - f. Are roles and responsibilities clear and well defined for the caregivers and others included in the present danger plan?
 - g. Arrangements for visitation and contact with children must be described when the present danger plan involves parent/caregiver – child separation; where contact or supervision is qualified; and in relationship to verifying arrangements for separation such as a maltreating caregiver leaving the home.
 - h. Can arrangements be verified/confirmed and implemented during the same day including verifying each step/aspect of the present danger plan to keep the child safe?
- G. The NIA worker must determine and confirm the sufficiency of the present danger option based on how the present danger is occurring; frequency of circumstances; people involved; and conditions that are associated with or influence the present danger.
1. If the present danger plan involves a child placement, the NIA worker must initiate the confirming safe environment process. Even with the limited time and opportunity available prior to placement, the NIA worker must gain basic understanding of the child (ren) involved (e.g., special needs; effects of maltreatment; emotional or behavioral issues).
 2. Placement selection predisposition is always toward relative and/or kinship homes when they are available and can be judged to provide safe environments.
 3. The interview with the placement provider (kin or foster) must occur the same day as the placement or within 24 hours and must occur in the provider's home. This interview begins the information collection process for CSE. It is expected that the information gathering necessary to complete the CSE will continue during scheduled contacts with the provider. The areas of inquiry are:
 - a. What are the attributes of a safe environment for the children currently living in the home?
 - b. What are the attributes of a safe environment for the adult caregivers currently living in the home?
 - c. What are the attributes of a safe environment within the kin or foster family?
 - d. What are the attributes of a safe environment within the placement family's community?
 - e. Do/will kin or foster family members accept the child into the home?
 - f. Is the kin or foster family's plan sufficient to assure the child's safety?
 - g. Are kin or foster family and home conditions amenable to CPS oversight?
 - h. What is the nature of the relationship among these kin?
 - i. What is the nature of the relationship between the placed child and the kin family?
 - j. Is there anything within the foster care history/experience that could affect the placed child's safety?
 - k. What interaction dynamics could potentially affect the placed child's safety?
 - l. What current issues within the home could affect the child's safety?
 4. The NIA worker must have personal contact with the provider at least once per week.
 - a. The contact may be face-to-face; by telephone; or electronically.
 - b. The purpose of this contact is twofold: 1) to oversee the safety of the child and the implementation of arrangements for the present danger plan; and 2) to continue to evaluate indicators of the placement being a safe environment.
 5. If the placement continues as part of the safety plan at the conclusion of the NIA, the responsibilities for CSE are passed on to the ongoing CPS worker.

- H. In relation to present danger assessment and present danger plans the supervisor must:
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. Document the present danger plan in UNITY within 24 hours as a supervisor case note. Documentation includes that the present danger plan included supervisory consultation; that the present danger plan has been reviewed by the supervisor following initiation; that the present danger plan meets due diligence related to least intrusive and protective; that the present danger plan has been approved by the supervisor; and that the present danger plan will remain in effect as the NIA continues.

0508.16 Information Collection and Nevada Initial Assessment

- A. The NIA process requires NIA workers to collect, document, and analyze specific information about a family. Information gathering is a dynamic process and the number of interviews and the amount of time it may take to complete the NIA will depend upon the necessary and available information that can be obtained from and about the family is then used in the decision-making process.
- B. The NIA worker must apply a child centered and family focused approach when collecting information during the NIA.
1. The child centered and family focused approach seeks to support and involve children, caregivers, and other individuals in CPS intervention.
 2. The NIA worker must make every effort to constructively engage children, caregivers, and other persons involved with and knowledgeable of the circumstances surrounding the information within the IA as well as additional information that can be learned related to the six assessment questions.
- C. The NIA worker must collect information through interviews, observations, and written materials provided by knowledgeable individuals who can provide such information, for example, family members, teachers, neighbors, or close friends.
1. The NIA worker must conduct sufficient numbers 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.
 2. Due diligence and effort refers 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.
 3. Reasonable is a subjective standard but can be qualified by what seems sensible and logical; the level headed 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.
 4. 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.
- D. The NIA worker must conduct interviews with all caregivers, children and other adults residing in the home, persons allegedly responsible for abuse/neglect/impending danger, and collateral sources.
- E. The NIA worker must assure a family centered approach by applying the following:
1. *With Children In The Home*
 - a. Individual, in-person, private interviews must be conducted with all children residing in the home within the response time designated in the IA.
 - b. Non-verbal children must be observed and developmental milestones or characteristics specifically noted (i.e., height, weight, response to caretaker, verbal skills, etc.).

- c. The number and identity of all children residing in the home must be verified and documented. The verification source may include, but is not limited to, relatives, neighbors, friends or DCFS records. If verification cannot be obtained and all efforts have been exhausted, the NIA worker must document efforts made, sources contacted, and information reviewed.
 - d. When it is necessary to interview/observe the children prior to notifying the caregivers of the intent to interview the children, the caregivers must be contacted the same business day to inform them about the report and then interviewed as soon as possible thereafter. The NIA worker must provide the caregivers with a full explanation about the decision to contact the children prior to their being contacted.
 - e. Other children in the home who were not identified in the IA must be interviewed in order to gather sufficient information to provide an understanding of whether they are also experiencing abuse/neglect or are at threat of serious harm and to determine if they have information related to what is alleged in the report.
2. With Caregivers
- a. Seek the caregivers' assistance with completing the NIA. The caregivers should be interviewed separately with the non-maltreating parent being interviewed first. The NIA must also encourage and support parents/caregivers to ask questions and express their concerns about the NIA process and continued involvement with CPS.
 - b. Interviews must focus on obtaining behaviorally specific, detailed information related to the alleged abuse/neglect/impending danger, and exploring family conditions and circumstances relevant to the allegations and NIA six assessment questions.
 - c. The NIA worker must be alert to evidence of other present danger and impending danger that were unreported or unidentified during the IA.
 - d. If necessary, the NIA worker must gather specific information concerning parents or caregivers not in the home and not subject to the NIA in order to notify the person if his or her child has been maltreated or is unsafe and to determine the person's interest in and relationship to the child.
 - e. The NIA worker must provide information about the NIA status and progress with the caregivers as the NIA continues including:
 - I. Concerns about child safety;
 - II. Status and oversight of the present danger plan (if one is in place) including caregivers continuing attitudes, willfulness and concerns;
 - III. General observations and impressions emerging from the NIA process; and
 - IV. Specifics about any court activity, evaluation appointments; service provision issues that are a part of the NIA process so as to ensure the caregiver has sufficient information to participate in and attend appointments and activities.
3. With Other Adults in the Home
- a. Individual, in-person, private interviews must be conducted with all other adults in the home.
 - b. The purposes of these interviews are to corroborate information provided by individuals previously interviewed; to obtain additional information regarding the alleged maltreatment or impending danger; to assess their involvement in or association with impending danger; and/or to assess them as a resource to provide protection to children who are in impending danger.
4. With Collateral Sources
- a. Collateral sources are any third party (e.g., friends, neighbors, relatives or professionals) with information about the alleged maltreatment or impending danger to the children.
 - b. Collaterals are contacted to corroborate information provided by individuals previously interviewed; to obtain additional information about the family; and to assess as protective resources.
 - c. The NIA worker must interview as many collaterals as needed (minimum of 2) to reach conclusions regarding the alleged maltreatment or impending danger. All individuals known to have first-hand knowledge of the allegations and/or of the family must be

contacted. Interviews must be conducted individually and privately, by telephone or face-to-face. Collateral sources can be interviewed at any point during the NIA. When interviewing collateral sources the NIA worker must stress the confidential nature of the NIA.

5. The NIA worker must make persistent efforts to locate a family during the NIA process.
 - a. If a NIA is initiated by the NIA worker consistent with the NIA Policy and no face-to-face contact with the child and family has been made within the designated response time, the NIA worker must attempt to make 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 achieved.
 - b. Attempts to locate the victim should include, but are not be limited to; contacting the local School District for current or any forwarding information on any of the children in the home, contacting the referent for any additional information or leads on anyone else who may know how to contact the child, unannounced visits to the residence, attempting contact at any public place the alleged child victim is known to frequent and/or contacting caregivers at their place of employment.
 - c. If the report indicates the child is in present and/or impending danger (current injuries, failure to thrive, severe medical problems, sexual abuse) and the child cannot be found, the NIA worker must immediately notify his or her supervisor and continue to make daily "persistent efforts" to locate the child.
 - d. An allegation including present and/or impending danger requires all nine "persistent efforts" be made in attempting to locate the child and/or family before a determination of "Unable to Locate" can be considered.
 - e. "Persistent efforts" include those continual actions to obtain information regarding the child and family, and include, but are not limited to the following contacts:
 - I. Attempts to locate and meet with the child at school;
 - II. School facility, school district and/or Pupil Accounting for school enrollment information;
 - III. Teachers and/or teachers aides, past and present;
 - IV. Agencies that may have provided services to the family (e.g., Nevada State Welfare Division, Housing Authority, electric company) (subpoena required)
 - V. Individuals who may know the family, such the landlord, reporting party, and/or neighbors;
 - VI. Visitation to the family's last known address and communication with neighbors in the area to inquire about the family's new location.
 - VII. Law enforcement to obtain any known information regarding the family and possible location(s);
 - VIII. Postal service for information on a forwarding address and send a letter to the client's last know address with a notation "ADDRESS CORRECTION REQUESTED" on the envelope; (subpoena required)
 - IX. Depending upon the allegation, alerting the hospital(s), the child's physician, the Women, Infants and Children (WIC) program or other appropriate medical program (subpoena required), to notify the child welfare agency upon contact with the child or family.
6. Family's Whereabouts Unknown.
 - a. If within one week from the time of assignment a minimum of 4 different "persistent efforts" are made to locate the family and all are unsuccessful, the caseworker should discuss the report with the supervisor to determine which additional actions should be taken to locate the family.

7. If after reasonable attempts to locate the family are made and documented, the NIA must be concluded within the prescribed time frame. In this instance it will most likely not be possible to complete the NIA process and decisions.

The NIA worker must document as much information in UNITY case notes as he/she has about the family and then select the "Unable to Locate" option in the Determination of Investigative Status window (CFS045). In dialogue box, CFS045P, NIA workers will need to document efforts made to locate the family. After doing so the NIA worker will be allowed to bypass (if needed) the NIA, Safety and Risk Assessment and Allegation finding windows. When Unable to Locate is chosen all allegations without findings in this NIA will automatically be set to Unsubstantiated. The NIA, Safety and Risk Assessment windows will NOT need to be completed to conclude the investigation.

0508.17 NIA Assessment Questions

- A. The NIA worker must make diligent efforts to gather behaviorally specific, detailed information related to each NIA assessment question.
- B. The NIA assessment questions are specifically related to child safety; support and justify NIA decision making; and identify the target population.
- C. The NIA assessment questions are (FPO 0508A – Caregiver Protective Capacity Reference):
 1. What is the extent of maltreatment?
 - a. The kind and specific description of the maltreatment
 - b. The severity of the maltreatment
 - c. The specifics of the events, injuries and conditions present
 - d. The conclusion reached by the worker confirming the maltreatment
 2. What are the circumstances surrounding the child maltreatment?
 - a. The caregivers' response to CPS
 - b. The caregivers' explanation of what happened, the injuries and related conditions including the child's condition
 - c. History and duration of the situation
 - d. Co-existing factors and conditions such as substance abuse, domestic violence or mental health
 - e. Contextual issues such as use of instruments, acts of discipline, threats, caregiver intentions, etc.
 3. How do the children function on a daily basis (including all children in the home)?
 - a. Behavior
 - b. Cognitive abilities
 - c. Social Relations (worker's can make specific statements about the child (ren)'s interaction with the caregiver as observed at the home visit)
 - d. Emotions
 - e. Physical
 - f. Temperament
 - g. Development
 - h. Vulnerability
 - i. School and/or daycare
 4. What are the disciplinary practices in this family?
 - a. Socialization
 - b. Direction giving
 - c. Guidance
 - d. Punishment
 - e. Reward
 - f. Teaching practices
 - g. Caregiver intention
 - h. Caregiver self-control
 - i. Purpose of disciplinary action

- j. Relationship to child's needs or caregiver's needs
- k. Methods
- l. Flexibility
- m. Appropriateness
- 5. What are the general parenting practices in this family?
 - a. Influences on parenting approach
 - b. Age and child appropriate
 - c. Sensitive to child's needs and limitations
 - d. Realistic in view of circumstances and intentions
 - e. Creative
 - f. Satisfaction and motivation
 - g. Reasonable expectations
 - h. Parenting style
 - i. Parenting history
- 6. How do the adults (primary caregivers) function on a daily basis?
 - a. Behavioral, emotional, physical, social and cognitive functioning
 - b. Reality orientation (mental health)
 - c. Life management
 - d. Problem solving
 - e. Communication
 - f. Social Support
 - g. Mental health
 - h. Substance abuse
 - i. Criminal history
 - j. Current and previous relationships

0508.18 NIA Decision Making

The NIA worker must thoroughly document the NIA six assessment questions in order to conclude and justify NIA decisions. The substantiation of maltreatment **MUST** contain facts that qualify as evidence.

- A. NIA decisions are:
 - 1. Has maltreatment occurred?
 - 2. Is there a child that is unsafe due to impending danger threats?
 - 3. Should this family be opened for continuing CPS?
 - 4. If an unsafe child has been identified, what is the safety plan?
- B. The NIA worker must complete the Nevada Initial Assessment: Safety Assessment and Conclusion within 10 days (if present danger exists) or 30 days of being assigned the NIA, if no present danger had been identified.
- C. The Nevada Initial Assessment: Safety Assessment and Conclusion form examines the information collected in the six assessment questions to determine impending danger and assess caregiver protective capacities.
- D. The NIA worker must apply the danger threshold criteria when considering and identifying impending danger
 - 1. Out of control
 - 2. Severe
 - 3. Imminent
 - 4. Observable
 - 5. Vulnerable child
- E. The NIA worker must identify impending danger threats on the Nevada Initial Assessment: Safety Assessment and Conclusion form.
- F. The NIA worker must assess caregiver protective capacities on the Nevada Initial Assessment: Safety Assessment and Conclusion form.
- G. The NIA worker must reach a conclusion about whether a child is safe or unsafe and be able to articulate this in the conclusion.

1. The child (ren) is/are safe (because): No impending dangers were identified. Based on currently 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 is exists when this conclusion is reached, it should be dismissed.
 2. The child (ren) is/are unsafe (because): One or more impending danger threats were identified which threaten the safety of a vulnerable child and there are not sufficient caregiver protective capacities to assure that impending danger can be offset, mitigated and controlled.
 3. When a child is found to be unsafe, the case **MUST** be opened for ongoing CPS.
 4. Opened ongoing CPS cases, involving an unsafe child, **MUST** have a safety plan. When a child is determined to be unsafe, the NIA worker **MUST** convene a safety plan determination meeting.
- H. The completed NIA and safe/unsafe conclusion must be reviewed and approved by a supervisor.

0508.19 The Safety Plan Determination Meeting (SPDM)

- A. The NIA worker must convene a SPDM with caregivers; other people caregivers wish to include; and others who have an interest or are a resource in safety planning. The SPDM occurs only after the safety assessment in NIA determines that the child is unsafe.
1. If a present danger plan has been and remains in place at the conclusion of the NIA, the SPDM must be convened within a week of reaching a conclusion that a child is unsafe and the case is to be opened to ongoing CPS.
 2. If there is impending danger and there is no present danger plan in place, the SPDM must be scheduled within 24 hours; must occur as soon as possible but no later than 3 days because the decision has been made that the child could be in danger at any time. Supervisory consultation is required prior to an SPDM. Supervisory consultation must determine if the case circumstances are compelling and require an SPDM immediately.
- B. 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.
1. The objectives of the SPDM are:
 - a. To provide caregivers with the results of the NIA
 - b. To rule in or rule out an in home safety plan
 2. The SPDM is facilitated by the NIA worker and a supervisor or an agency facilitator.
- C. The questions that are addressed during the SPDM are:
1. What are the conclusions of the NIA?
 2. What are the reasons for CPS involvement?
 3. Are caregivers residing in the home?
 4. Is the home environment calm/consistent enough for safety services to be provided and for people participating in safety management to be in the home safely without disruption?
 5. Are caregivers willing for safety services to be provided and will cooperate with those participating in the safety plan?
 6. Can an in-home safety plan be effective without the results of professional evaluations?
 7. Are there sufficient resources within the family or community to perform the safety services necessary to manage the identified impending danger?
- D. The NIA worker must discuss the following during the SPDM:
1. Consider the caregivers experience during the NIA and encourage purposeful expression of feelings on their part.
 2. Explain the conclusion of the NIA and the reason for ongoing CPS involvement. Take sufficient time and effort to assure caregiver understanding regardless of whether they agree or disagree.
 3. Thoroughly explain the safety decision and impending danger(s) that must be addressed in order to appropriately plan for the child(s) safety.
 4. Explain safety plan options. Reinforce caregiver rights.
 5. Listen to the caregivers concerns, answer their questions and allow the caregivers to be an intricate part of the safety planning process.
 6. Engage the family in exploring safety resources and safety planning options.

7. Consider all SPDM questions that must be answered.
 8. Identify absent parents and their locations/contact information.
 9. Identify both formal and informal safety resources (extended family, friends, etc) if appropriate to assist in safety planning.
 10. Explain the purpose of ongoing CPS including what is going to happen next (case planning, service provision, case plan goal assessment, etc.).
- E. By the conclusion of the SPDM the NIA worker must decide what the safety plan will be.
1. The NIA worker must attempt to reach a consensus with caregivers about what the safety plan will be; however, if agreement cannot be reached it is the responsibility of CPS, the NIA worker and the supervisor to determine what the safety plan will be.
 2. If the supervisor is not present for the SPDM, immediately following the SPDM, the NIA worker will consult with a supervisor regarding the safety plan decision.
 3. A supervisor must approve of the safety plan decision.
 - a. If the supervisor disagrees with decisions on the safety plan, the NIA worker and the supervisor will identify case issues, options and next steps.
 - b. If supervisor questions and follow up are indicated the NIA worker must meet with the caregivers immediately to attempt to reach resolution.
 4. When the safety plan option involves separation (temporary as in weekends or longer term in kin or foster care placement) discuss contact provisions and develop visitation plans and support to assure those plans occur.

0508.20 Safety Plan

- A. The NIA worker must implement the safety plan.
1. The same day as the SPDM when no present danger plan is in place. Whether safety providers begin to immediately provide safety services will be determined by the safety plan (e.g., homemakers services begins two days from the establishment of the safety plan at the conclusion of the SPDM.) OR
 2. At an identified day that corresponds to any adjustments made in the safety plan when all or part of the present danger plan remains in place OR
 3. When a reasonable but necessary amount of time occurs in arranging the safety plan and safety plan providers that will replace the present danger plan.
- B. The NIA worker must document the written safety plan in UNITY within 24 hours of the SPDM.
1. The NIA worker must distribute copies of the safety plan to all participants the same day the documentation is completed. This can be accomplished electronically, in person (or by mail as last resort if caregiver have attended the SPDM and are in agreement) and must be accompanied by assuring that safety service providers understand their commitments and will be available and accessible. Explain to the caregiver that "absent effective, preventative services, their child may be risk for removal from the home and that foster care is the planned arrangement for the child". In conjunction with the transfer to ongoing CPS, the NIA worker or the ongoing CPS worker must review the safety plan with caregivers; seek understanding; and review any concerns.
- C. The safety plan is implemented and active as long as impending danger exist and caregiver protective capacities are insufficient to assure a child is protected.
- D. The safety plan specifies what impending danger threats exist, how impending danger will be managed using what safety services; who will participate in those safety services; under what circumstances and agreements and in accordance with specification of time requirements, availability, accessibility and suitability of those involved. (FPO 0508A – Caregiver Protective Capacity Reference)
1. The In-home Safety Plan refers to safety services, actions, and responses that assure a child can be kept safe in their own home and with their caregivers. In-home safety plans include activities and services that may occur within the home or outside the home, but contribute to the child remaining primarily in their home. (FPO 0508A – Caregiver Protective Capacity Reference)

- E. An out-of-home safety plan refers to safety management that primarily depends on separation of a child from his home and separation from caregivers who lack sufficient protective capacities to assure the child will be protected from the impending danger. Kin and fictive placements are out of home safety plans. Court occurs when CPS takes custody of the child (ren).
- F. Reasonable efforts to prevent removal are actions that must be taken by the NIA worker to prevent or eliminate the need for removing a child from the child's home and to stabilize and maintain the family situation.
 - 1. Present danger that prohibits the worker's ability to assess for a safety plan, reasonably precludes the requirement for reasonable efforts to prevent removal.
 - 2. As a result of completing the NIA and through the SPDM the NIA worker must make a determination that there are no appropriate or available safety services that would alleviate or mitigate the impending danger to the child.
 - 3. The NIA worker makes reasonable efforts to prevent removal of the child by completing and documenting the process for the NIA; reaching conclusions about safety; and conducting the SPDM.
- G. When a case involves an out-of-home safety plan (the child has been determined to be unsafe and an in-home safety plan will not assure the child's safety), the NIA worker must seek supervisory / Manager consultation regarding filing a petition for legal custody. Consultation should include review of facts.
 - 1. The child is abused or neglected and continuation in the home is contrary to the best interests of the child and why this is so (child is unsafe);
 - 2. That DCFS/WCDSS made a reasonable effort to prevent removal (considered in-home safety plan through the SPDM process
 - 3. That an in-home safety plan was ruled out because of specific facts, behavior and circumstances concluded from the NIA process and the SPDM.
 - 4. That the child is not safe remaining in the home.

0508.21 Case Opening Process

The basis for the decision to open for ongoing CPS includes:

- A. The NIA worker must open the case for ongoing CPS when the results of the NIA indicate a child is not safe.
- B. The NIA worker must not open the case for ongoing CPS when:
 - 1. There is no impending danger.
 - 2. Impending danger exists; a staffing with the supervisor and/or legal representative document that the agency does not have the ability to intervene through a petition; and caregivers refuse voluntary services, and
 - 3. The family cannot be located. When reasonable attempts to locate the family have been made and documented in UNITY the NIA must be concluded (with as much information the caseworker has) within the prescribed time frame.
- C. WCDSS and DCFS 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).

0508.22 Supervisory Responsibility

- A. The supervisor is responsible for the quality of the NIA process and the conclusions reached by the NIA.
- B. The supervisor must consult, analyze, provide oversight for and approve the NIA.
- C. Supervisory consultation must occur at the following points in the case process:
 - 1. At the point of initial contact if present danger has been identified a present danger plan is required. If no present danger is identified at initial contact, consultation with supervisor must occur within 72 hours of initial contact with children.
 - 2. 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.

3. At the conclusion of the information gathering process, a supervisor must consult with the worker regarding the sufficiency of information related to the six assessment areas and/or the sufficiency of efforts made to locate a family who has a determination of "Unable to Locate".
4. Prior to the SPDM.
- D. The 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.
- E. Supervisor approval is required for the following NIA decisions:
 1. The existence of present danger in the present danger assessment
 2. The present danger plan
 3. Changes in the present danger plan while the NIA is proceeding
 4. The quality of the NIA process
 5. The sufficiency of NIA information
 6. The safety assessment conclusion regarding impending danger in the NIA
 7. The approach to the SPDM
 8. The safety plan

0508.23 Documentation

- A. The NIA is located in UNITY.
- B. Additional allegations that present during an on-going NIA:
 1. If during the first 30 days of a NIA, the caseworker uncovers additional allegations that were not included in the initial report, those allegations **MUST** either be:
 - a. Added to the UNITY Investigation Allegation Update window, assessed and documented in the Nevada Initial Assessment as a part of the current NIA OR
 - b. A new report can be made and those allegations assessed as a separate report and NIA depending on the scenario.
- C. If additional allegations are uncovered by the caseworker anytime after 30 days of the report date of current NIA, a new report **MUST** be made.
- D. Additional allegations reported by the community during an open NIA, are considered a new incident and **MUST** be written up as a report.
- E. For DCFS, all documentation of casework activity (including collateral contacts, supervision contacts) related to decisions about whether or not maltreatment has occurred should be documented in the NIA. Other contacts (ex. identified needs, services offered or provided, scheduled visitation, CPS case planning etc.) that do not have a direct impact on to decision to substantiate or unsubstantiated the NIA should be recorded in UNITY Case Notes.
- F. Case File Documentation paper: Documentation also includes obtaining appropriate verification, such as a birth certificate, Social Security Number, medical report, medical and/or mental health evaluations and educational records, as appropriate for the case. These types of documentation must be maintained in the case file or scanned into the computer system.

0508.24 Policy Cross Reference:

0506 Intake and Priority Response Times
0513 Substantiation Policy
0507 Corporal Punishment in Public Schools
0901 Investigating Child Abuse and neglect in Residential Institutions

0508.25 Attachments:

FPO 0508A Caregiver Protective Capacity Reference
FPO 0508B Parent's Guide to Child Protection Services
FPO 0508C The Conceptual Framework for Present Danger (Concepts and Definitions)
FPO 0506 – 0508A Nevada Child Abuse and Neglect Allegation Definitions
FPO 0506 – 0508B Nevada Allegations as They Appear in UNITY