



# QUARTER 4

## PIP 1.1.1 (A)

### Washoe



# WASHOE COUNTY

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DEPARTMENT OF SOCIAL SERVICES  
Children's Services

December 1, 2011

Ms. Amber Howell, Deputy Administrator  
State of Nevada  
Division of Child and Family Services  
4126 Technology Way 3<sup>rd</sup> Floor  
Carson City, NV 89706

Subject: Performance Improve Plan (PIP) submission

Dear Amber,

This document reflects Washoe County Department of Social Services (WCDSS) compliance with PIP goals for the 4<sup>th</sup> quarter.

Item 1.1.1. (A) Develop or refine policies and tools that meet the individual jurisdictional needs pursuant to the work plan to support safety assessments throughout the life of the case and prepare a written safety practice overview to document and articulate Nevada's safety model.

Attached are four (3) documents regarding this action item: 1) Revised Nevada Initial Assessment (NIA) and policy; 2) Revised Caseworker Contact policy; 3) Intake Assessment/Nevada Initial Assessment Enhancement Work Plan Timeline; and 4) SAFE flowchart. WCDSS and DCFS have collaborated over the past two years to refine the NIA and to incorporate safety assessment throughout the life of a case with the National Resource Center for Child Protection and ACTION for Child Protection (ACTION). Significant progress was made towards this goal during the past quarter including revising the NIA policy and training all staff. Additionally, the Caseworker Contact policy was revised to incorporate Confirming Safe Environments and training regarding Confirming Safe Environments is scheduled.

The NIA policy was revised to strengthen worker analysis of safety threats regarding present and impending danger and develop a more thorough understanding of the theoretical basis of the model to improve fidelity. Concrete plans regarding present or impending danger were developed and disseminated. All caseworker staff and related personnel (e.g., foster care licensing) attended the 4.5 day training curriculum focusing on practical application of the policy through coordinated activities during this quarter. Staff then attended an additional one (1) day training designed to complement the

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safety analysis and to articulate to caregivers what behaviors or circumstances must change for their children to be returned to their care (Conditions for Return).

The attached work plan highlights activities scheduled for 2011 through April 2012 to ensure the NIA, Confirming Safe Environments, and Conditions for Return principles and policy are adhered to with fidelity. Activities include competency model development and fidelity criteria testing, review (both consultative and peer to peer), training to build capacity for ongoing fidelity monitoring, and development of intervention manuals. The timelines were aggressively identified and most were delayed due to changes in requirements from the Children's Bureau related to WCDSS Permanency Innovations Initiative and it is anticipated the work plan activities will be accomplished approximately four months and up to six months after the originally scheduled dates.

Item 1.1.2 Convene a group of agency supervisors and managers to develop supervisory consultation guides and tools to support supervisory oversight of the safety assessment throughout the life of the case.

WCDSS reviewed the materials provided by ACTION for Child Protection during Supervisory Consultation training held in 2008, and in coordination with DCFS revised two documents to match the new NIA policy (attached Supervisory Safety Management Tool and Nevada Initial Assessment Supervisory Quality Assurance Tool). Staff from both agencies participated in the revision of the documents which were reviewed at WCDSS during a weekly supervisors meeting. These documents were created as a temporary measure pending completion of ACTION's work plan which includes supervisory consultation training, supervisor peer-to-peer case review, development of coaching program, and development of internal capacity to provide consultation, coaching, and mentoring (see attachment, Workplan IA NIA Enhancements, page 3).

Item 3.1.2.C Identify barriers and develop a plan to address barriers within 120 days (regarding Goal 1: Reduce the number of children in out of home care for 18 months or longer and reduce barriers of adoption and TPR) and 3.1.3 Each jurisdiction will convene a team to review a sample of cases that have been in out of home for more than 18 months and have a low prognosis of achieving permanency with the next 12 months.

Staff from WCDSS ACTION, Ruth Young Center (University of Baltimore Maryland), and Children's Cabinet Inc., conducted two reviews of children in long-term foster care: one review of children in care over 36 months, and one review of children in care over 18 months (please refer to memorandum dated November 20, 2011, Synopsis of Case Reviews). The purpose of the review was to further understand the factors or circumstances that kept children in long-term foster care and was part of data mining conducted to develop a practice model related to a grant received from the Children's Bureau for the Permanency Innovations Initiative (PII). (It is understood the reader is knowledgeable about WCDSS five (5) year cooperative agreement with the Children's Bureau.) It was discovered that children in this population had one of four risk characteristics when entering care: parental incarceration, single parent household, parental substance use, and inadequate housing or homelessness. The data mining

helped inform an intervention currently in the pre-implementation phase that will combine one promising practice (SAFE which is ACTION's safety model) and one evidence-based practice (Family Connections, Ruth Young Center, University of Baltimore Maryland.) The data mining discovered that it was not child characteristics that kept children in care but instead was diminished caregiver protective capacities resulting in a child being determined as unsafe. WCDSS is currently working with ACTION, the Ruth Young Center, the Children's Cabinet, Inc., and DCFS to refine policy and practices to implement interventions designed to keep children out of long-term foster care and to get children in long-term foster care home quickly.

Pre-implementation activities currently in progress include 1) a comprehensive file review of all children in care over 12 months by a local purveyor, the Children's Cabinet Inc.; 2) policy revision and development; 3) needs assessment and development of safety services; 4) training; and 5) role clarification and structure between Children's Cabinet, Inc. and WCDSS. Near future of pre-implementation activities will include randomization of staff into the intervention group (18 permanency workers), control group (18 permanency workers), and "outlier" (8 permanency workers). Randomization of cases will begin in June 2012 for long term foster care cases (referred to as Population 2).

4.1.1.(A) Develop data reports that have been identified to measure timeliness to permanency and 4.1.2 Develop and format supervisory and management tools, guidance and expectations regarding data reports to monitor and improve performance on permanency outcomes.

WCDSS staff have worked with DCFS staff to identify pertinent reports and have provided feedback and consultation regarding reports and tools to effectively manage performance outcomes. Additionally, WCDSS publishes weekly an over-45 day investigation report and conducts permanency reviews on all cases open at 9 months prior to the annual review hearing to identify any barriers to permanency.

5.1.5 Identify foster parent champions and disseminate contact information to foster parents

Washoe County has an active foster parent association (Sierra Association of Foster Families, SAFF) and includes staff members on their Board of Directors. A quarterly newsletter (sample attached) is sent to all foster parents informing them of upcoming policy changes that impact them, events of interest, and current campaigns such as Safe Sleep. Should something of significance occur, a separate letter will be sent (see letter dated October 3, 2011 regarding Foster Care Bill of Rights).

5.1.4. (A) Develop a standardized curriculum for emotional/behavioral issues and behavioral management for specialized foster care parents to increase their knowledge of emotional and behavioral characteristics demonstrated by children in foster care and the impact of multiple placements.

While this item is not due until Quarter 5, WCDSS wants to inform you that we have adopted an evidenced based behavior management curriculum called "Together Facing the Challenge". This intervention program was developed by faculty at the Duke University School of Medicine. It was designed specifically for children with emotional and behavior disorders residing in therapeutic foster care.

A three day "train the trainers" was conducted by one of the developers of Together Facing the Challenge, Maureen Murray. Each Treatment Home agency was allowed to bring two (2) participants. All five (5) of Washoe County's Family Based Treatment Foster Care agencies and three (3) group home agencies were invited (two of the agencies have homes in rural counties). Two WCDSS regular foster care trainers attended as well as one advanced foster care trainer. Two staff from a new Clark County Family Based Treatment Foster Care Agency, Kids Peace, also attended. Kids Peace is a large organization that has programs in many states and as adopted the Together Facing the Challenge program. A representative from Clark County Administration attended the three day training to assess whether their department wanted to adopt the program. In addition, to the Treatment Home Agencies, five county and state staff who will be responsible for assessing implementation of Together Facing the Challenge also attended. They included a Foster Care Specialist from the DCFS Family Programs Office, the Program Manager of the DCFS Planning and Evaluation Unit and three staff from Washoe County's Clinical Care Management Unit. Each participant received a CD and hard copy "toolkit" which included all materials necessary to implement the program

The next steps in include our Clinical Care Management staff will be holding monthly implementation support meetings with providers and the DCFS Planning and Evaluation Unit will use the Provider Support Team as the venue to develop the implementation evaluation plan.

Amber, I appreciate the collaboration between WCDSS and DCFS during the past six (6) months specifically regarding implementation of the SAFE model to assess safety throughout the life of a case; Statewide initiatives such as the Foster Care Bill of Rights; and development of comprehensive and useful management reports. Please let me know if clarification or additional information is needed regarding this report.

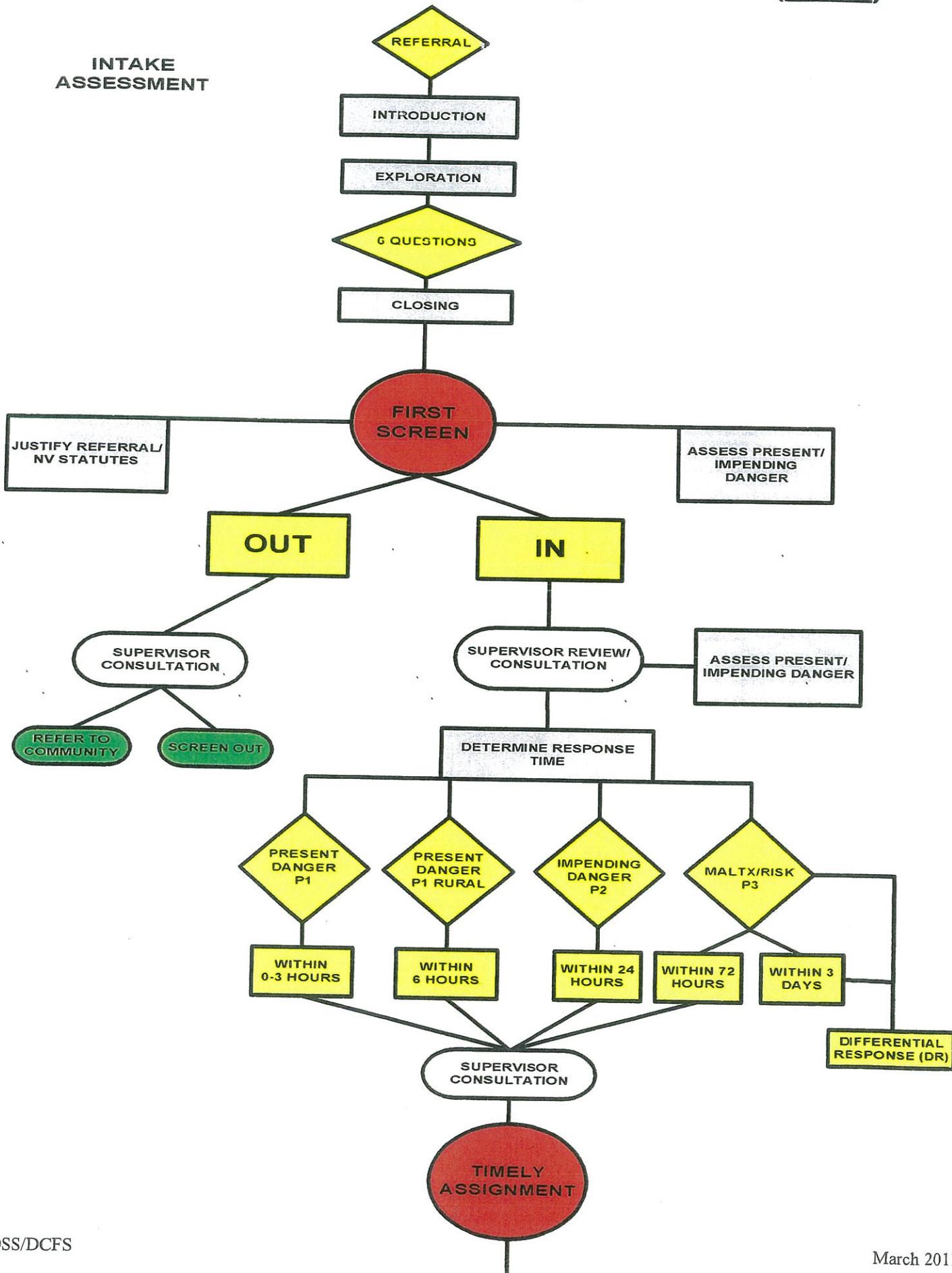
Respectfully submitted,

A handwritten signature in blue ink that reads "Kevin Schiller/jm".

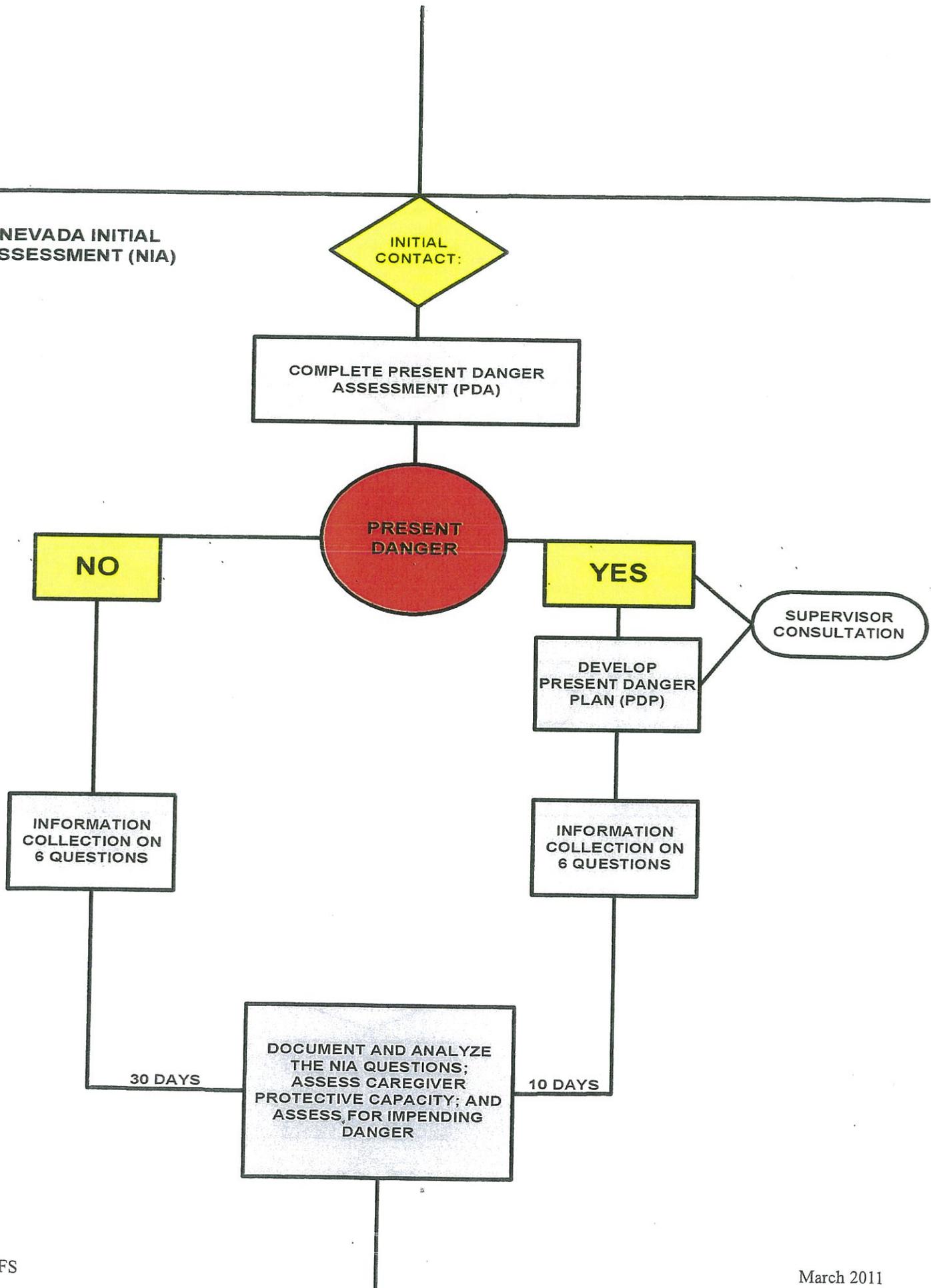
Kevin Schiller, Director

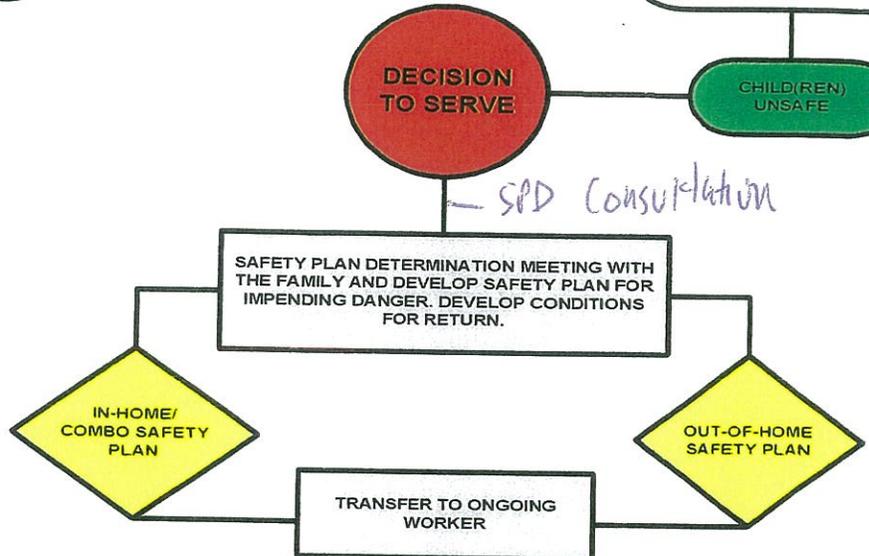
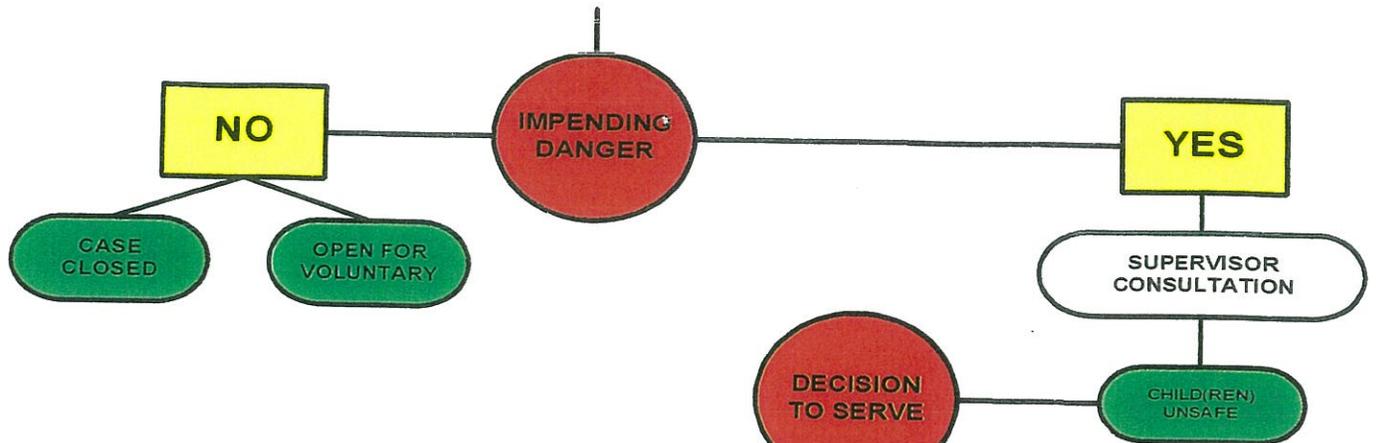
# Safety Assessment and Family Evaluation (SAFE)

## INTAKE ASSESSMENT

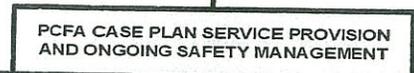
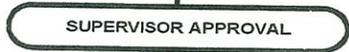


**NEVADA INITIAL ASSESSMENT (NIA)**

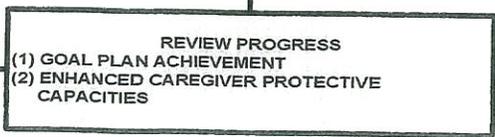




**PROTECTIVE CAPACITY FAMILY ASSESSMENT (PCFA)**



**PROTECTIVE CAPACITY PROGRESS ASSESSMENT (PCPA)**



Task Number	Task	Entity Responsible	Implementation Driver	Start Date	Completion Date
<b>Enhancement of Intake Assessment/Nevada Initial Assessment: Preparing Staff to Make Informed Safety Decisions</b>					
1	Convene Intake/NIA Implementation Workgroup	NIA Workgroup	Leadership	3/1/2011	3/31/2011
2	Development of Forms for Documentation of IA; NIA; PDA;PDP CFR; Safety Plan; and CSE	NIA Workgroup	Facilitative Administration	3/1/2011	3/31/2011
3	Coordinate UNITY (SACWIS) Modifications for IA and NIA	UNITY Workgroup	Decision Support/ Data System	3/1/2011	9/22/2011
4	Develop Vision of SIPS with Staff	PMT	Leadership	12/1/2010	2/29/11
5	Evaluation of Current Program Component (NIA Case Review; FST; Paired Teams)	NIA Workgroup	Facilitated Administration	1/1/2011	2/29/11
6	Decisions and Approvals of IA/NIA enhancements are made	PMT	Leadership	4/1/2011	4/30/2011
7	Assessment of Current Community Safety Service Providers	PIT/CC	Systems Intervention	2/1/2011	5/31/2011
8	Engage and Inform the Family Court to support NIA enhancements	PMT	Systems Intervention	11/1/2010	9/30/2012
9	IA / NIA Policy review and Revision.	ACTION: Wayne, Clint, WCDSS	Facilitative Administration	7/1/2011	7/30/2011
10	Develop Policies to Support the Implementation of CFR and CSE	ACTION: Wayne, Clint	Competency	8/22/2011	9/2/2011
11	IA/NIA Curriculum Redesign Meeting	ACTION: Clint	Facilitative Administration	6/28/2011	6/28/2011
12	Develop and Produce Curriculum for IA	ACTION	Competency	7/18/2011	7/31/2011
13	Develop and Produce Curriculum for NIA	ACTION	Competency	7/25/2011	8/12/2011
14	Develop and Produce Curriculum for CFR	ACTION	Competency	8/22/2011	9/9/2011
15	Develop and Produce Curriculum for CSE	ACTION	Competency	8/22/2011	9/9/2011
16	Conduct IA Training	ACTION	Competency	8/8/2011	8/12/2011
17	All Supervisors attend NIA Training (Abbreviated)	ACTION	Training	8/18/2011	8/19/2011
18	Conduct NIA Training; Supervisors and workers (Units) attend together.	ACTION	Training	8/22/2011	9/16/2011

37	Development of competency exam administration system for the NIA (including CFR and CSE)	ACTION/RYC	Facilitative Administration	12/12/2011	12/23/2011
38	Conduct Consultative Supervision Training	ACTION	Training	11/19/2011	12/9/2011
39	Revise CORE Curriculum to reflect IA/NIA Enhancements	ACTION	Competency	10/1/2011	1/31/2012
40	IA Workers Complete Competency Exam	ACTION/RYC/WCDSS	Competency	11/7/2011	11/11/2011
41	NIA Workers Complete Competency Exam	ACTION/RYC/WCDSS	Competency	1/23/2012	1/27/2012
42	Supervisors Complete NIA Competency Exam	ACTION/RYC/WCDSS	Competency	1/23/2012	1/27/2012
43	Plan and Develop Specialty Training Practicum that are identified from the NIA Competency Exams for Supervisors and Workers	PIT/ACTION/RYC	Facilitative Administration	3/5/2012	3/16/2012
44	Conduct Scheduled Roundtables with NIA workers Focusing on Specific Case Consultation	ACTION	Facilitative Administration	11/1/2011	9/30/2012
45	Conduct Scheduled Roundtables with Supervisors Focusing on Consultative Supervision with staff	PIT/ACTION	Competency	1/1/2012	9/30/2012
46	Facilitate Supervisory Peer to Peer Review that Focuses on NIA Fidelity and Case Consultation	PIT/ACTION	Competency	2/1/2012	9/30/2012
47	Develop Coaching Program for Individual Competency Development that Supervisors Implement with IA/NIA Staff	ACTION/RYC/WCDSS	Facilitative Administration	2/1/2012	9/30/2012
48	Develop Purveyors to Establish Internal Capacity to Provide Consultation; Coaching; Mentoring	ACTION/RYC/WCDSS	Competency	10/1/2011	9/30/2012
49	Conduct Fidelity Criteria Testing For IA	ACTION/RYC/WCDSS	Facilitative Administration	3/5/2012	3/9/2012
50	Conduct Fidelity Criteria Testing For NIA	ACTION/RYC/WCDSS	Facilitative Administration	4/2/2012	4/6/2012
51	Analyze Fidelity Review Results and Plan to Adapt and Modify IA	ACTION/RYC/WCDSS	Decision Support Data System	3/12/2012	3/16/2012
52	Analyze Fidelity Review Results and Plan to Adapt and Modify NIA	ACTION/RYC/WCDSS		4/9/2012	4/13/2012

## WORKPLAN IA NIA Enhancements

19	Test UNITY Windows and Modify	UNITY staff/ Workgroup members	Decision Support/ Data System	8/15/2011	8/26/2011
20	Coordinate UNITY (SACWIS) Modifications for SIPS	UNITY Workgroup	Decision Support/ Data System	8/22/2011	4/1/2012
21	Training for new NIA UNITY Windows	UNITY Staff	Training	9/19/2011	9/30/2011
Installation Activities for SIPS					
22	Policy Roundtables (Quarterly)	PIT/Clint, Mike/NIA purveyors	Competency	10/18/2011	9/30/2012
23	Specification of Fidelity Criteria for IA	PIT/ACTION	Performance Criteria	10/3/2011	10/7/2011
24	Specification of Fidelity Criteria for NIA	PIT/ACTION	Performance Criteria	10/10/2011	10/21/2011
25	Specification of Fidelity Criteria for CFR	PIT/ACTION	Performance Criteria	10/17/2011	10/21/2011
26	Specification of Fidelity Criteria for CSE	PIT/ACTION	Performance Criteria	10/24/2011	10/28/2011
27	Conduct training for Conditions For Return	ACTION	Performance Criteria	10/17/2011	10/28/2011
28	Conduct Training for Confirming Safe Environments	ACTION	Training	10/17/2011	11/25/2011
29	Establish Purveyor- Consultant Groups	PIT	Leadership	10/3/2011	9/30/2012
30	Develop a Chapter of the SIPS Intervention Manual for IA	PIT/ACTION/RYC	Competency	10/10/2011	11/15/2011
31	Develop a Chapter of the SIPS Intervention Manual for NIA	PIT/ACTION/RYC	Competency	11/14/2011	12/31/2011
32	Use of Intervention Manuals	PIT/ACTION/RYC	Competency	11/16/2011	12/30/2011
33	Development of Fidelity Assessment instrument for IA & NIA (including CFR and CSE)	ACTION/RYC	Decision Support Data System	11/7/2011	11/11/2011
34	Development of IA competency exam for Workers and Supervisors	ACTION/RYC	Facilitative Administration	10/17/2011	10/28/2011
35	Development of competency exam administration system for IA	ACTION/RYC	Facilitative Administration	10/17/2011	10/28/2011
36	Development of NIA competency exam for Workers and Supervisors	ACTION/RYC	Facilitative Administration	12/12/2011	12/23/2011

## 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: MM/DD/YY
DCFS Rural Region Manager Approval:	Date: 11/18/11	
WCDSS Director Approval:	Date: MM/DD/YY	
DCFS Administrator Approval	Date: MM/DD/YY	

### 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 Child Abuse and Neglect Allegation Definitions
- FPO 0508D Intake and Initial Response
- FPO 0508E Present Danger Definitions

## 0205A.0 Caseworker Contact with Children, Parents and Caregivers

### 0205A.1 Policy Approval Clearance Record

<input checked="" type="checkbox"/> Collaborative Policy Date Effective: 06/20/08	This policy supersedes: 200 Caseworker Contact with Children, Parents and Caregivers, effective 1/18/2008	Number of pages in Policy: 11
<input checked="" type="checkbox"/> WCDSS and DCFS Child Welfare Policy	0205 Caseworker Contact with Children, Parents and Caregivers	
Review by Representative from the Office of the Attorney General:	Date: 06/09/2008	Policy Lead: Chris Lovass-Nagy Policy Lead: Otto Lynn, Alice LeDesma and Betsey Crumrine
DMG Approval:	Date: 06/20/2008	Date Policy Effective:
DCFS Rural Region Manager Approval:	Date: 06/20/2008 Date: 12/6/11	MM/DD/YY
WCDSS Director Approval:	Date: 12.7/11	
DCFS Deputy Administrator Approval	Date: 12/8/11	

### 0205A.2 Statement of Purpose

**0205A.2.1 Policy Statement:** In accordance with 45 CFR 1355.20 "Children in foster care or children under the placement and care responsibility of the state agency who are placed away from their parents or guardians" must be visited by their caseworker every calendar month." This provision also applies to in-home cases.

**0205A.2.2 Purpose:** Monthly caseworker visits must focus clearly on case planning and service delivery and be documented in case notes. The exception to the above outlined monthly caseworker visitation is when there is safety plan involving the child which requires more frequent visitation. If a child is unavailable for any calendar month home visit (for example, child is on an extended vacation with their foster family) it is imperative that caseworkers enter the change in the child's placement status into UNITY in that calendar month. Please Note: Per Federal requirements, children on runaway status will be counted in the caseworker contact report as requiring a visit. Do not change placement status in UNITY.

### 0205A.3 Authority

45 CFR 1355.20  
NAC 432B.405

### 0205A.4 Definitions

**0205A.4.1 Caregiver:** refers to the persons providing foster, adoptive or relative care for a child or person who provides care in a treatment home/facility in which a child is placed.

**0205A.4.2 Caseworker:** workers whom the State or local title IV-B/IV-E agency has assigned or contracted case management or visitation responsibilities (to include

supervisors as appropriate). Service providers, such as therapists, will not be able to fulfill this caseworker visit role.

- 0205A.4.3 Contact:** refers to a face-to-face contact, a visit to the home or facility, participation in a child and family team meeting, court hearings, telephone or electronic communication, written documents, or other means similarly defined.
- 0205A.4.4 Confirming Safe Environments:** refers to an assessment of four categories within placement families/homes which contain indicators of a safe placement environment. The four categories are evaluated by 11 kin placement assessment questions and 10 foster placement assessment questions.
- 0205A.4.5 Face-to-Face:** refers to an in-person interaction between individuals that will allow for the caseworker to observe the child, parents and/or caregivers.
- 0205A.4.6 Full Disclosure:** means that the birth family, foster/resource family, child welfare and legal system are all informed and share pertinent information regarding the case, family history, case planning and permanency planning options.
- 0205A.4.7 In-home case:** Any case open for services following a determination of investigation finding i.e. substantiated, unsubstantiated, whether formal, court ordered custody or informal, where no child in the family was in out of home placement for 24 hours or more. Children on trial home visits are **not** In-home cases.
- 0205A.4.8 Monthly:** Refers to every calendar month.
- 0205A.4.9 Parent:** refers to the birth parent or legal guardian of a child.
- 0205A.4.10 Safe Environment:** refers to a family and home situation containing certain characteristics that contribute to the absence of threats: the presence of real refuge for family members; perceptions and feelings of security; and confidence among family members in consistency of safety.
- 0205A.4.11 Safety Plan:** A time limited, written plan that is put into place upon contact with the family when present and/or impending danger is manifested to ensure immediate protection of a child. The safety plan must be sufficient to manage and control safety threats, based on a high degree of confidence that it can be implemented and sustained.
- 0205A.4.12 State:** The Family Programs Office (FPO) at the Division of Child and Family Services (DCFS).
- 0205A.4.13 UNITY:** refers to the Statewide Automated Child Welfare Information System (SACWIS), in which all case information is documented.
- 0205A.4.14 Well-Being:** refers to promoting emotional, physical health and educational child well-being.

## 0205A.5 Procedures

### 0205A.5.1 Benefits of Caseworker Visits

- A.** Caseworker visits with children, parents and caregivers are one of the most important ways to assess safety, plan for permanency and ensure that all of the child's needs are being met, regardless of placement, i.e., with parent, relative, foster home, treatment homes. Some of the benefits of purposeful caseworker visits with children, parents and caregivers include:
- Identification of child and family strengths and needs.
  - Parental engagement in the case planning process;
  - Timely notification (within 48 hours) to parents, either in writing or verbally of any out of home placement changes and/or decisions to alter parental/child visitation schedule.
  - Full disclosure, in which all parties involved understand the importance of sharing pertinent information for the purposes of case planning and permanency options
  - Strong parent-worker alliance in order to achieve positive outcomes for children; and
  - Placement support.
  - Confirming safe environments.
- B. Minimum visitation requirements:** A face-to-face visit must occur with the child(ren) and caregivers at least every calendar month.
- For cases where the child is placed in foster care, the visit must take place in the foster home a majority (greater than 50%) of the time.
  - The majority (greater than 50%) of visits must take place in the child's residence.
  - During all types of visitation, the caseworker must spend at least a portion of each visit alone with the child; and
  - During all types of visitation, the caseworker must spend at least a portion of each visit alone with the caregiver/foster parent, if requested.
  - During all types of visits, the caseworker must consider the CSE attributes assessment questions.

The purpose of all caseworker contacts is to review child safety, adjustment, well-being and case plan progress.

- C. Activities:** During any type of contact between the caseworker, parents and child, the caseworker must:
- Assess child safety and well-being;
  - Assess attributes of a safe environment.
  - Review case plan goals, services to parents and children.
  - Document case plan progress specifically related to services and goals in case notes.
  - Observe the parent and child in order to gather information regarding family functioning.

#### **0205A.5.2 Caseworker Contact with Children:**

- A.** The caseworker is a vital constant in the life of a child in the child welfare system representing stability, dependability and trust. It is the caseworkers' responsibility to ensure the child's continuing safety and to ensure that all of the needs of the child are being met in the family home or out-of-home placement.

In addition to casework activities for visitation, the caseworker **must**:

- Assess the child's adjustment to the placement;
  - Observe the child and gather information from the child and when present, the child's parents, legal guardians or caregivers;
  - Visit with the child in a comfortable and age appropriate setting;
  - If appropriate, considering the child's age and level of maturity, discuss with the child the status of the current case plan, services involved, and any legal changes in the case; and
  - Gather and maintain in the child case file information about the child's educational, medical/dental, mental health needs, case plan progress and/or any other pertinent information.
- B.** The caseworker must implement the confirming safe environment process during contact with a placed child. The caseworker must:
- Evaluate whether children are openly assertive and feel free to speak their minds
  - Assess continuing vulnerability and ability for self-protection – making their safety needs known
  - Consider whether the child has an accurate awareness of his/her environment and the people within it
  - Evaluate whether supportive relationships exist among all the children in the home.
  - Always inquire into specific treatment the child receives and signs of child maltreatment.

#### **0205A.5.3 Caseworker Contact with Emancipating Youth (ages 15 ½ to 18)**

- A.** In addition to the other activities outlined for caseworker visitation/contact, during the emancipation phase of a case, it is critical that planning occurs in which the caseworker and youth have discussion regarding the following:
- Discussion regarding the youth's goals, to include educational, vocational and other goals that require planning efforts.
  - Discussion and creation of a transition plan to include referrals for Independent Living services; and
  - Discussion regarding positive relationships that the youth has with family and/or friends or the need for the youth to establish healthy relationships with others. This is critical for youth who have not achieved legal permanency and need life-long connections to adults in their life in order to support healthy adult living.

#### **0205A.5.4 Caseworker Contact with Children placed out-of-state**

- A.** The Caseworker must have monthly contact with the state the child has been placed in to address the following:

- Determine if at least one contact was made for the month, including the date and location of contact.
  - Assess whether the case plan goals are continuing to be addressed and any progress made related to the case plan.
  - Ensure that all of the needs of the child are being met in the out-of-home placement.
  - Assess the child's adjustment to the placement and any information about the child's educational, medical, dental and mental health needs or any other pertinent information.
- B.** The Caseworker must obtain some form of written confirmation (for example through email, letter or form) from the caseworker (in the state the child was placed) that the contact occurred and where the contact took place (jurisdictions can develop a standardized form that can be faxed to the state for signature and use as confirmation as well).
- C.** The information gathered from the out of state caseworker's report must be documented and listed as a "Non-Nevada Worker" type of contact "with child" and with the location of visit into UNITY within 5 days of the contact.
- D.** Children placed in out-of-state institutions are subject to the same requirements.

#### **0205A.5.5 Caseworker Contact with Parents**

- A.** Quality visits with parents are the foundation for engaging the family in an effective casework relationship. Visits between workers and parents should be focused on safety, strengths and needs of the child and family, case planning, family progress and identification of resources and services the family needs in order to achieve case plan goals. Visits provide an excellent opportunity for:
- Parent engagement in the case planning process, to include participation in the Child and Family Team;
  - Developing and maintaining a good working relationship with the parent;
  - Assess changes in parental functioning; and
  - Discuss and review the progress of the current case plan, permanency goal, changes in the child's placement, and any legal changes in the case.
- B.** Visits should occur at a time and place that is favorable for the parents. In some cases, multiple staff and service providers are involved with families. The case plan may involve parents having face-to-face contacts with other staff or with providers with a contractual relationship to augment worker visits. However, these visits are not a substitute for worker visits with parents. Workers should make concerted efforts to conduct frequent face-to-face visits with both mothers and fathers who are involved in their children's lives, including non-custodial parents. In some cases this may require development of separate plans.

Caseworkers shall notify the parent(s) either orally or in writing of any changes in the visitation schedule with the child. Notification will be documented in the UNITY case notes.

### 0205A.5.5 Contacts with Caregiver

- A. Visits between the caseworker and caregiver/relative should be focused on issues such as child's safety; well-being, adjustment, family visitation/contact and case plan goals. Visits provide a venue for caregiver participation in case planning and decision-making, based on the needs of the child and caregiver. The caseworker must collect information from the caregiver such as:
- Discussion of the child strengths and needs;
  - Gather information about the child's educational, medical or dental, mental health needs or any other pertinent information;
  - Discussion regarding services required to support placement;
  - Discuss and review the progress of the current case plan, permanency goal and any legal changes in the case.
  - Discuss support services the caregiver may need such as respite care, assistance accessing services, additional training and or non-residential (wrap) services to the needs of the child(ren).
- B. At the onset of each new placement and throughout the duration of the placement the caseworker should consider the following areas in order to assess the safety of the placement:
1. Evaluate the extent to which caregivers are open and willing to reveal themselves and what is happening in the home. Assess whether adult caregivers demonstrate respect and empathy in relationships and interactions with each other and specifically with the children in the home.
  2. Evaluate the level of bonding between caregivers and their own children and/or children who've been with them for a long period of time.
  3. Determine how evident and plentiful protective behavior is.
  4. Consider the extent to which caregivers are products of nurturing environments themselves.
  5. Evaluate whether caregivers acknowledge and take responsibility for all aspects of family life including family home management and roles – in particular those related to parenting.
  6. Assess caregiver motivation.
  7. Assess whether caregivers express enjoying personal support from within the family and from others with respect to their care giving role.
  8. Consider family member physical, emotional and cognitive capacity.
  9. Assess whether caregivers and family members are reality oriented.
  10. Evaluate roles for caregivers, children and relationships.
  11. Assess whether relationships and communication are honest and open.
  12. Examine levels of stress and coping.
  13. Assess the extent of family integration into the community.
  14. Assess whether caregivers are available and accessible to protect all family members in practical ways.
  15. Evaluate whether living conditions and arrangements are safe.
  16. Consider if and how caregivers receive support and assistance from sources within the community and others.

## **0205A.5.6 Additional Contact Procedure and Requirements**

### **A. Parents Right to Contact/ Visitation with Children in Out-of-Home Placement**

1. The caseworker shall not limit visitation as a sanction for the parent's lack of compliance with court orders or as a method to encourage a child to improve his/her behaviors. Visitation is determined by the best interest, health, safety and well-being of the child. Visitation shall only be limited or terminated when the child's best interest, safety, health or well-being is compromised. Recommendations to limit or terminate visitation must be presented to the court and supported by any of the following;
  - Evidence that the child is at risk of physical or emotional abuse during the visit.
  - The fact that the visitation supervisor is threatened.
  - The parent appears intoxicated. The visit should be stopped that day, but may resume on another day, if safe for the child.
  - Therapist's recommendation to decrease or suspend visitation as it is harmful to the child.
  - The court adopts a permanency plan other than return home and if the family visits continue it would not be in the best interest of the child.
2. Any significant change in visitation shall be staffed with the caseworker, supervisor, Court and Child and Family Team when necessary. Shared decision making should be employed including meeting with parents and caregivers when visitation plans change.
3. Termination of face-to-face contact may still allow for other communication such as monitored phone calls or letters. When a parent has demonstrated improved parenting skills and/or decrease in inappropriate behaviors, face-to-face visits may be restarted.
4. In dependency cases, the court shall be informed of any significant changes in visitation. A court order is required prior to the change in visitation, unless the child's safety is jeopardized.
5. Visits after the parental rights are terminated or relinquished are done to meet the child's needs. In many cases these types of visits are for goodbye, family information or re-connection to family members.

### **B. Scheduling Contact**

Caseworkers should regularly schedule visits with children, parents, legal guardians and caregivers in accordance with rules set forth in this policy. However there may be a need to have unscheduled visits with the child, parents or caregiver in order to ensure the safety and well-being of the child. In these instances, the visit will occur in a manner that is consistent with the purpose if the visit and is respectful of the child and the parents or caregiver involved in the visit.

### **C. Caseworker Back-Up**

On rare occasion it may be necessary to meet the caseworker contact requirements with someone other than the child's caseworker. A worker whom the State or local title IV-B/IV-E agency has assigned or contracted case

management or visitation responsibilities with (to include supervisors as appropriate) can meet the visit requirements. Service providers will not be able to fulfill this caseworker visit role.

#### **D. Exceptions**

After reviewing the safety and service plan for the child, the caseworker's supervisor or manager may approve an exception, on an individual case basis, to the requirement for a child's caseworker to have face-to-face contact with the child, parents, legal guardians or caregivers. The decision to approve an exception to the face-to-face contact requirement must be consistent with meeting the needs and permanency goal of the child. The caseworker or supervisor will document in UNITY case notes the reason for the exception to the face-to-face contact, including the criteria for approving an exception and the length of time the exception will be in effect, in the client's case file. Reasons for granting an exception to the face-to-face contact requirements may include, but are not limited to:

1. Unavailability of the child(ren). Examples include a child on vacation with the caregiver or a child on runaway status.
2. Parent not living in the same community as child. Examples include parent living in another state or are incarcerated.

#### **E. Confirming Safe Environments (First month conclusion)**

1. While the required policy for caseworker contact with children in placement is once a month, for the first month following the placement of the child, the caseworker should attempt to have face-to-face contact once per week. The purpose of this contact is twofold: 1) to oversee the safety of the child and the implementation of arrangements for the placement plan; and 2) to begin collecting information in order to confirm the safe environment.
2. By the end of the first month of placement, the caseworker must document in case notes of impressions from information collected about the attributes of the safe environment. The impressions result from conversations with the placed child; other children in the home; kin or foster caregivers; and collateral sources. These conversations ought to be directed at indicators and appearances of a safe environment.
3. By the conclusion of the first month of placement, the caseworker must consult with a supervisor to review confirming safe environment information collected, current impressions and current conclusion.
4. If, at the conclusion of the first month of placement, the caseworker and supervisor conclude that there are not sufficient attributes which indicate a safe environment, the CSE instrument must be completed. If the CSE conclusions indicate an unsafe environment immediate steps must occur to revise the safety plan (move the child to a different setting), and immediately make a referral to licensing if applicable.

#### **F. Monthly Oversight**

As monthly contact continues, the caseworker must remain diligent about considering attributes of a safe environment. Because things can change, it is necessary to be concerned about safety on a continuing basis. Once CPS has confirmed a safe environment (Step 5), then CPS should continue to observe the home to assure that the same acceptable conditions remain and that changes occurring do not pose a threat to child safety.

### G. Confirming Safe Environment Five Month Conclusion

The caseworker must summarize the status of attributes of a safe environment based upon the monthly contacts and information collection conversations and complete the Confirming Safe Environment Guide.

1. The five month review is the official evaluation and conclusion about the safe environment. This review does not require additional worker-placement home casework activity. It is based upon sufficient contact and information collection conversations occurring during monthly contacts.
2. The caseworker must assure that monthly documentation about the attributes of a safe environment are current and correct at the time of the five month review.
3. To comply with the five month review, the caseworker must summarize the documentation related to a.) the 30 day confirmation of a safe environment; and b.) documentation on monthly/continuing oversight. This summary must provide the justification and rationale for the ratings the caseworker selects on the CSE review form.
4. The caseworker must assess and select each assessment question in the CSE Guide corresponding to the type of placement (kin or foster.)
  - Children: *What are the attributes of a safe environment for the children currently living in the home?*
  - Caregivers: *What are the attributes of a safe environment for the adult caregivers currently living in the home?*
  - Family: *What are the attributes of a safe environment within the kin or foster family?*
  - Community: *What are the attributes of a safe environment within the placement family's community?*
  - Acceptance: *Do/will kin or foster family members accept the child into the home?*
  - Plan: *Is the kin or foster family's plan sufficient to assure the child's safety?*
  - Oversight: *Are kin or foster family and home conditions amenable to CPS oversight?*
  - Natural Family - Kin: *What is the nature of the relationship among these kin?*
  - Placed Child - Kin: *What is the nature of the relationship between the placed child and the kin family?*
  - Fostering Experience: *Is there anything within the foster care history/experience that could affect the placed child's impending safety?*
  - Interaction Dynamics: *What interaction dynamics could potentially affect the placed child's impending safety?*
  - Current Status: *What current issues within the home could affect the child's impending safety?*
5. The caseworker must consult with a supervisor to review the conclusions from the CSE Guide and justification as contained in the caseworker documentation.

**0205A.5.7 Timelines: None**

Table 0205A.1: Timelines for Caseworker Visitation

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Caseworkers visit with children, parents and caregivers every calendar month	Every calendar month	At onset of placement and care responsibility of state/ county agency for children who are placed away from their families and after completion of the NIA for all other on-going CWS cases.	CWS caseworker	Visit children and families on caseload every calendar month

**0205A.6 Documentation**

**0205A.6.1** Documentation of caseworker contact is mandatory as it provide a concrete method of documenting ongoing assessment of safety and the child’s adjustment to placement, case plan progress and any other concerns. Any type of contact or visitation with a child or regarding a child must be documented in UNITY case notes within five working days of said contact (per documentation policy).

At a minimum, documentation should contain the following information:

- Date of caseworker contact/visit;
- Location of caseworker contact /visit;
- Who participated in the contact/visit;
- Other specific information to demonstrate quality of visits; and
- Purpose of contact;
- Review child's status in services (educational, mental health, physical health, dental health) and any unmet needs, pending or needed referrals.
- Outcome of visit (i.e., follow-up required).

DCFS workers MUST refer to the Caseworker Visit Documentation procedure in the DCFS Rural Region Procedure and Practice Manual, for additional instruction on documentation of caseworker visits.

**0205A.6.2 Case File Documentation (paper):** In the fifth month of an out of home placement the CSE assessment MUST be filled out in hard copy and placed in the agency file.

**0205A.6.3 UNITY Documentation (electronic):**

Table 0205A.2: UNITY Documentation for Caseworker Contact with Children, Parents and Caregivers Policy

Applicable UNITY Screen	Data Required
CFS 085 Case Notes	Document contact in UNITY case notes within five working days of said contact
CFS 086 Case Note Directory	Document contact in UNITY case notes within five working days of said contact
Child Contact Note	Document contact in UNITY case notes within five working days of said contact

**0205A.7 Policy Cross Reference**

0204 Case Planning Policy  
0601 Documentation Policy

**0205A.8 Attachments:**

FPO 0205A Confirming Safe Environments