



QUARTER 4

PIP 1.1.2

Clark

(continued

vol 3)

- Every thirty (30) days thereafter.

**(ii) Purposes of Contact With Educational Personnel**

The purposes of the in-home case manager's contact with healthcare providers are:

- To gather information about the child(ren)'s overall educational status/performance (e.g., enrollment status, attendance, grades).
- To learn of any special educational issues affecting the child(ren).
- To learn of any behavioral issues noted by the school.
- To verify that the child has received recommended educational testing. *NOTE:* If the child(ren) has not received recommended testing, the in-home case manager must work with the family to attempt to have the child(ren) tested.
- To monitor the child(ren)'s educational progress.

**(iii) Documentation of Contact With Educational Personnel**

The in-home case manager must document each in-person contact and each telephone contact with educational personnel in a UNITY case note within three (3) business days of the contact. This documentation must include any pertinent information related to contact with educational personnel (see *Section 4650.e.ii: Purposes of Contact With Educational Personnel*), including, but not limited to:

- The date and time of the contact.
- The mechanism of contact (e.g., in person or by telephone).
- Individual(s) present during the contact.
- The school/school district personnel's report about the family's cooperation in obtaining educational services for the child(ren).

*NOTE:* The in-home case manager must place any reports received from educational personnel (e.g., IEP reports, grade reports, attendance records) in the case file.

**Documentation**

**f. Using Emergency Cash Assistance**

At times, the lack of financial resources may create a safety threat or subject the involved children to risk. The Department provides a limited amount of onetime cash assistance to resolve situations in which children are subject to safety threats or high risk as the result of insufficient cash



resources. Payments are made to providers (e.g., landlords, utility companies, repair services) and not directly to family members. Since cash assistance may not be immediately available, if there is an urgent need to obtain assistance, the in-home case manager, with the approval of the assistant manager, may write a letter to the provider guaranteeing the funds.

**(i) Criteria for Providing Emergency Cash Assistance**

Emergency cash assistance is not an entitlement. It may be provided only when:

- It will resolve a temporary problem that is dangerous to children and that, if not resolved, would meet the criteria for removal, and
- A onetime infusion of cash can reasonably be expected to resolve the problem, and
- The family has the financial resources so that the problem will not recur in the foreseeable future, and
- The family's observable behavior is such that it is realistic to believe that the family will manage their resources effectively.
- All alternative public and private community resources have been verified as exhausted, including, but not limited to:
  - » Family resource centers,
  - » Private social service agencies,
  - » Religious organizations, and
  - » Food banks.

Examples of situations in which cash assistance may be provided include:

- Payment of the first month's rent and security deposit to help a family move to safe housing.
- Payment of old utility bills to allow a family's water to be turned on.
- Purchase of food or safe baby equipment.
- Payment to an electrician to repair dangerous wiring.

Cash assistance may **not** be provided when:

- The family's need for cash is ongoing, and a onetime infusion will only forestall the problem, rather than solve it, or
- The need is unrelated to child safety or the risk of maltreatment, or

- The family has a history of previously misusing cash assistance.

Some examples of situations where cash assistance may **not** be used include:

- Initial payment of rent to help a family move to safe housing or avoid eviction when the family does **not** have sufficient income to pay subsequent rent for months.
- Purchase of furniture or other household items not directly related the safety of involved children (e.g., adult beds, dining room furniture, etc.).
- Cash assistance to families who have previously abused cash assistance.

## **(ii) Amount of Emergency Cash Assistance**

The amount of cash assistance provided shall not exceed the documented amount necessary to resolve the immediate issue threatening the child(en)'s safety.

## **(iii) Accessing Emergency Cash Assistance**

In order to access cash assistance, the in-home case manager must complete the *Clark County Family Assistance Payment Authorization* form in UNITY and submit it to the in-home supervisor. The in-home case manager must document on the form:

- Verification of exhaustion of alternative resources.
- The purpose of the request (i.e., how the cash assistance will resolve a problem related to child safety or the risk of maltreatment).
- The amount of the request.
- How the in-home case manager knows that the family has sufficient income to maintain itself following the assistance. *NOTE:* The in-home case manager must develop a budget with the family to assure that the use of cash assistance is realistic.
- To whom the payment will be made.

The in-home supervisor must submit the *Clark County Family Assistance Payment Authorization* form to the assistant manager for approval.

## **Documentation**

### **g. The Family Support Worker Program**

The Family Support Worker Program (FSWP) is focused on providing supportive services to families involved in the child welfare system in order to accomplish specified goals related to families' case plan tasks and objectives. The family support workers assist families as paraprofes-

sionals in support of the assigned in-home case manager. It is the family support worker's role to assist the in-home case manager in engaging the family in the in-home services process by providing the family with concrete help, instruction, and support in completing case plan tasks and achieving case plan objectives.

Support services that may be provided by FSWP include, but are not limited to:

- Assisting in engagement of services.
- As applicable, providing transportation to family members (e.g., taking the family to medical appointments, to appointments included in the case plan, to pay bills, to the grocery store).
- Assisting the family in locating housing (e.g., filling out applications).
- Assisting the family with employment (e.g., helping with applications).
- Providing budgeting instruction.
- Acting as an advocate for the family (e.g., providing help in resolving problems with public assistance or schools).
- Assisting the family in prioritizing/organizing tasks.
- Participating as a member of the CFT.

To access the FSWP, the in-home services case manager must complete an *FSWP Referral Form* immediately following the Transitional CFT – or at the time it is decided to request FSWP – and forward it to his/her supervisor.

FSWP services provide temporary support/assistance to families. It is important, therefore, that they not be used in a way that will foster the family's dependence on the service. For example, a child who requires a medical procedure once per week will need to be transported to the healthcare provider after FSWP services end. The FSW's role must be focused on helping the family gain the capacity to regularly keep the appointments.

The FSWP will work with families for a period of thirty (30) to ninety (90) days. With supervisory approval, the term of service provision may be extended for thirty (30) days. If FSWP services are needed after a period of one hundred twenty (120) days, assistant manager's approval must be obtained.

## Documentation



## **h. Intensive Family Preservation Services**

Intensive family preservation services (IFPS) are services that are needed to keep a child(ren) safe, and without which, his/her removal would be necessary. IFPS are intensive and short-term (ninety [90] -day) services focused on the issues threatening the child(ren)'s safety. They are provided by specialized Department staff and require close coordination with the assigned in-home case manager.

### **(i) Criteria for Intensive Family Preservation Services**

Families may be referred for IFPS when:

- Child(ren) must be at imminent risk of out-of-home placement based on the determination made by the CPS investigator/supervisor or in-home case manager/supervisor in assessing the safety of the child(ren). (Using the Nevada Safety Assessment, the CPS investigator/in-home case manager has determined that the child[ren] is unsafe and a safety plan must be implemented to allow the child[ren] to remain in the home). NOTE: IFPS may not, in and of themselves, constitute a safety plan.
- In utilizing the Family Risk Assessment, the final risk level is high or very high.
- With implementation of a safety plan and assistance from IFP, the child can remain safely in the home.
- The situation in the home will not subject the IFPS clinician to undue risk of physical harm.
- The family must have an active case with DFS that will remain open for the duration of IFPS services.
- The family must include at least one (1) caregiver who is willing and able to participate in IFP.
- The family is not currently receiving clinical mental health services as this would create duplication of services.

Families may not be referred for IFPS when the family exhibits:

- A high level of active domestic violence,
- Denial of active drug/substance abuse issues,
- Serious to severe mental health issues that cannot be managed by medication,
- An unwillingness to engage in treatment, and
- Refusal of the parent/caregiver to admit committing serious physical, emotional, or sexual abuse to the child.

## **(ii) Accessing Intensive Family Preservation Services**

To make a referral to IFPS, the in-home case manager, with the approval of the in-home supervisor, must fill out the *Intensive Family Preservation* form in UNITY. The form must be e-mailed to the DFS IFPS Referrals Distribution List. The IFPS supervisor must determine whether to accept the referral and must notify the referring in-home case manager within two (2) business days of the referral.

### **Documentation**

## **(iii) Coordinating In-Home Services and Intensive Family Preservation Services**

IFPS are provided concurrently and collaboratively with in-home services. To initiate IFPS, the in-home case manager must arrange and attend a meeting at the family's home to include the family and the IFPS clinician. This meeting must occur within two (2) business days of the in-home case manager's notification that the referral has been accepted.

During the provision of IFPS:

- The in-home case manager remains responsible for all required case management tasks, including family visits and Court dates.
- The IFPS clinician is responsible for clinical case management.
- The IFPS clinician and in-home case manager must discuss the progress of family no less than weekly. Contact may be in person or by telephone.
- The IFPS clinician must prepare and provide the in-home case manager with a written treatment plan within ten (10) business days of the initial IFPS visit.
- The IFPS clinician must prepare and provide the in-home case manager with a written discharge report when IFPS are ended.

### **Documentation**

## **4700. Working With the Family Court**

If at all possible, in-home services are best delivered on a voluntary basis (i.e., without Family Court intervention). In many cases, however, families will be involved with the Family Court at the time in-home services are initiated (see CPS Investigation Procedures, *Section 2640: Open a Court-Ordered In-Home Protective Services Case*). In others, it will be necessary to involve the Family Court during the provision of in-home services to gain a family's cooperation or to seek removal.

The decision to initiate Family Court intervention during the provision of in-home services requires the approval of the in-home supervisor. Court intervention may be made only when:



- Family behaviors or conditions threaten the safety of involved children, and
- The authority of the Court must be sought to gain the family's cooperation with in-home services, or
- The child cannot be safely maintained in with the family and removal is necessary, and
- There has been a previously substantiated allegation of abuse or neglect.

When these conditions are met and there is no new CPS report, the in-home supervisor must determine that Family Court involvement is necessary. *NOTE:* The in-home supervisor is responsible for reviewing and approving all reports and documentation prior to their submission to the Family Court.

*NOTE:* When the need for Court intervention is precipitated by a new report of child abuse or neglect (i.e., a report received subsequent to the initiation of in-home services), the CPS investigator is responsible for the initiation of Court proceedings and testimony related to the need for Court intervention through the Contested Hearing. In such situations – and in situations where CPS has initiated Family Court involvement prior to the Transitional CFT – the in-home case manager must attend all Family Court Hearings with the CPS investigator.

## **4710. Initiating Court Intervention**

When it is determined that the in-home case manager needs to initiate Family Court intervention, the in-home case manager must:

- Prepare the affidavit (non-detained), describing the facts leading to the need for Family Court intervention, in UNITY.
- Submit the affidavit to the Court, and contact the Court clerk to schedule the Non-Detained Protective Custody (PC) Hearing.

The affidavit must be submitted and the Court date set no later than one (1) business day following the in-home case manager's/supervisor's decision that involuntary in-home services are needed. The in-home case manager must staff the case with the in-home supervisor to determine the exact timing of these steps.

Immediately upon determining the date/time of the Hearing, the in-home case manager is responsible for notifying the parent(s) of the date, time, and location of the Hearing.

### **Documentation**



### **a. Non-Detained PC Hearing**

The in-home case manager must attend the Non-Detained PC Hearing:

- To provide the Court with information related to the need for Family Court intervention,
- To inform the Court about what services the family has received and about the Department's plan to monitor the child's safety, and
- To present the Department's recommendation. The in-home case manager, with the approval of the in-home supervisor, may recommend that:
  - » The case proceeds to Plea and the child(ren) remain in the care of the parent(s)/caregiver(s), or
  - » The case proceeds to Plea and the child(ren) be removed.

If the Court agrees to intervene, the following may occur:

- The matter may be set for a Status Check Hearing to report the progress of the parent(s), or
- The matter may be set for plea.

**NOTE:** If it is determined that the Court will order involuntary in-home services, the in-home case manager must recommend that the child(ren) be placed under the formal supervision of the Court and **not** in the custody or wardship of the Department.

When the Court agrees to intervene, the in-home case manager must generate a petition request and submit it to the DA. In addition to the petition request, the in-home case manager must submit any evidentiary documentation (e.g., drug tests, assessments, educational records, police reports). The DA is responsible for agreeing to file the petition request and for notifying the in-home case manager. If the petition request is approved, the matter will be set for a scheduled Plea Hearing. If the petition request is rejected, the in-home supervisor, in-home case manager and agency DA must hold a case staffing to determine whether:

- The family will continue to receive voluntary in-home services, or
- The case will be closed, or
- The agency DA will file the petition.

**NOTE:** If safety threats have been identified, the case staffing must include the assistant manager.

### **Documentation**

## **b. Plea Hearing**

The in-home case manager must attend the Plea Hearing. At the Plea Hearing:

- The parent(s) is provided a copy of the petition by the bailiff when he/she checks in.
- The judge may set the matter for a status check/further proceedings to see if the matter can be resolved.
- The judge may appoint the parent(s) a public defender, and the matter will be continued for one (1) week later.
- The parent(s) can plead.
  - » If the parent(s) denies the allegation(s) (with or without representation), then the case will be set for a Contested Hearing.
  - » If the parent(s) admits or pleads no contest (with or without representation), then the case will be set for an R&D Hearing.
- The in-home case manager must submit the reasonable efforts order.
- The in-home case manager may also request that the Court make any orders that are applicable (e.g., drug testing, any special evaluations).

### **Documentation**

## **c. Contested Hearing**

If the parent(s) denies the allegations at the Plea Hearing, the case will be set for a Contested Hearing. The Contested Hearing will be scheduled approximately three (3) weeks following the Plea Hearing. The in-home case manager must plan to testify to the facts and safety concerns leading to the need for involuntary in-home services.

If the state proves that there is a preponderance of evidence that the allegations necessitating Court intervention are true, the matter will be set for R&D. If the matter is not proven by the state, the judge will dismiss the case.

### **Documentation**

## **d. Report and Disposition Hearing**

The R&D Hearing will be set approximately three (3) weeks from the Plea Hearing (or Contested Hearing).

Prior to the Hearing, the in-home case manager must complete the Dispositional Report and any applicable attachments (e.g., drug results, criminal records and assessments).

*NOTE:* When Family Court intervention is initiated during a CPS investigation, the CPS investigator is responsible for completing the first portion of the Dispositional Report. When Family Court intervention is initiated by the in-home case manager, the Dispositional Report must be completed by the in-home case manager.

The report and applicable attachments must be filed with the Court no later than noon on the Thursday of the week prior to the R&D Hearing. The in-home case manager must also notify all parties and submit a copy of the report and all applicable attachments to other parties (parents, attorneys, DA) within the seventy-two (72) hours prior to the Hearing.

At the R&D Hearing:

- The Court may order formal supervision.
- The Court may order wardship.
- The in-home case manager must submit the initial signed case plan.
- A Review Hearing will be set approximately six (6) months from the removal date/PC Hearing.

#### **Documentation**

## **4720. Ongoing Work With the Court**

### **a. Further Proceedings**

When cases have been set for further proceedings as the result of the petition filed by the CPS investigator or by the in-home case manager, a Status Check Hearing will be set approximately thirty (30) to ninety (90) days following the Plea Hearing.

The in-home case manager must summarize the family's progress or lack of progress in achieving their case plan objectives and any applicable documentation during Court.

#### **Documentation**



## **b. Status Check Hearings**

The in-home case manager must summarize the family's progress or lack of progress in achieving their case plan objectives and any applicable documentation during Court. The in-home case manager, with the approval of the in-home supervisor, may recommend that:

- The petition be dismissed (if the family has substantially achieved their case plan objectives and the agency DA concurs),
- The case be continued (if the family has made minimal progress in achieving their case plan objectives and further in-home services are warranted), or
- The petition be moved forward (if the family has made inadequate progress in achieving their case plan objectives and the family's behaviors and/or conditions pose a threat to the child[ren]'s safety). (See *Section 4710.b: Plea Hearing.*) **NOTE:** For Further Proceedings cases, case plans must be completed within required time frames but are not filed with the Court unless the case moves to R&D.

### **Documentation**

## **c. Review Hearings**

Following the Plea Hearing or Contested Hearing, the Court will set the case for Review Hearings every three (3) to six (6) months. The in-home case manager must file a new case plan with the Court at each Review Hearing. Since in-home services are intended to be time-limited, the in-home case manager must recommend either removal or case closing at the first Review Hearing unless the assistant manager has approved continued in-home services.

If recommending removal, the in-home case manager is responsible for completing a modification of Court order.

### **Documentation**

## **d. Modification of Court Order**

When it is determined that a child(ren) involved in a preexisting Court order must be removed from the care of his/her parents, the preexisting Court order must be modified. The in-home case manager must request a Modification of Court Order (MOCO) Hearing be set by submitting a "half-slip" to the Juvenile DA.

The in-home case manager is responsible for completing the MOCO and Court report.

## 4800. Removals During In-Home Services

While the goal of in-home services is to maintain children in their own home and prevent removal, this goal is secondary to assuring children's safety.

*NOTE:* In the event that it becomes necessary to remove American Indian children, the in-home case manager/supervisor must follow Indian Child Welfare Act procedures (see *Section 4450: Indian Child Welfare Act*).

## 4810. The Removal Decision-Making Process

The decision to remove a child requires supervisory approval and may be made **only** as the result of the determination that the child's safety is threatened **and** that no safety plan can assure the child's safety for a reasonable time during which the parents change their behavior or improve the conditions rendering the child unsafe. The child(ren)'s safety may be threatened because:

- The child(ren) are unsafe according to the most recent safety assessment, or
- The child(ren) are currently safe, but the in-home case manager/supervisor has identified one (1) or more safety or risk factors that are escalating in severity. (See *Section 4440: Ongoing Evaluation of Change in Risk/Safety Factors*.)

In most instances, the need to remove children from families receiving in-home services will be identified during a new CPS investigation (i.e., the investigation of a CPS report made while the family is receiving in-home services). There are, however, instances in which the need for removal of children from families receiving in-home services will be identified for reasons that do not meet the criteria for a CPS report (e.g., a parent's persistent failure to make progress on a case plan objective, **and** the parent's failure poses a threat to the child(ren)'s safety).

During CPS investigations of families receiving in-home services, the decision to remove is informed by information provided by the in-home case manager, but it is the responsibility of the CPS investigator and the CPS supervisor.

Only CPS investigators and the police are authorized to remove children not placed in the Department's custody or wardship by the Family Court. In order to remove any child not in the Department's custody or wardship, the in-home case manager must seek an order from the Family Court, call the Hotline (only if there is reasonable cause to believe that a child has been abused or neglected as defined in the Nevada Child Abuse and Neglect Allegation System), or call the police (in an emergency).

Except in situations where, because of safety threats to children, the need for removal is urgent, the decision to remove must be made in the context of a CFT. The purpose of the removal CFT is to:



- Seek alternatives to removal, (e.g., safety plans),

When removal cannot be avoided, the purposes of the removal CFT are to:

- Develop contingencies and plans for rapid reunification,
- Identify potential relative caregivers,
- Identify and plan for the resolution of any needs or problems affecting the child(ren) or the placement, and
- Discuss and plan a placement process designed to minimize trauma to involved children, which may include:
  - » Parental involvement in the actual placement, and
  - » Preplacement visits.
- Arrange an initial visitation plan.

When removal cannot be avoided, the in-home case manager must adhere to the following procedures:

## **4820. Minimizing the Effects of Separation and Loss When Entering Substitute Care**

Whenever children are removed from families receiving in-home services, the in-home case manager is primarily responsible for minimizing the effects of separation and loss on involved children. If a CPS investigator is involved in the removal, he/she must also exert all reasonable efforts to minimize the traumatic effect of removal on children.

When removing children, the in-home case manager **must** remember the potentially traumatic effect removal has on children. When appropriate given the circumstances, the in-home case manager may decide to minimize this trauma by:

- Whenever reasonably possible, given the parent(s) reaction to the removal, the parent must be engaged in the effort to minimize trauma to the child(ren). This may include involvement on the part of the parent(s) in the child(ren)'s placement.
- Explaining in language the child(ren) can understand that the purpose of removal is to keep the child(ren) safe, and providing the child(ren) with as much information as is honestly possible about what will happen next.
- In nonemergency removals, arranging preplacement visits by the child(ren) to the home of the identified substitute caregiver.



- Telling the child(ren) where he/she is going (e.g., to Emergency Reception Center [ERC] for a medical exam, to a relative's home **if** the in-home case manager knows this to be true).
- Encouraging the child(ren) to ask questions and express her/his feelings about the separation and placement.
- Helping the child(ren) to select a favorite possession(s) to take with him/her.
- Encouraging and helping the child(ren) to pack his/her own belongings.
- Reassuring the child(ren) that he/she is safe.
- If true, explaining to the child(ren) that he/she will be able to see his/her parent(s).

### **4830. Gather Information About the Needs of the Child(ren)**

Before or during the removal, the in-home case manager must, to the greatest extent possible, gather information concerning the child(ren) including, but not limited to:

- Any special medical needs (e.g., conditions for which the child is being treated and prescribed medications),
- Information about the child's daily routine (e.g., naps, favorite activities, etc.),
- Any allergies,
- Any special dietary needs (for medical or religious reasons), and
- Any special cultural needs.

### **4840. Medical Screening**

When a removal precipitated by a new CPS report occurs during regular business hours, activities related to medical screening are the responsibility of the in-home case manager. At other times, medical screening activities are the responsibility of the CPS investigator.

All children must receive a medical screening **before** they are placed. If the in-home case manager has reason to believe that a child is affected by a significant acute medical issue or if the child exhibits significant or unusual suspicious marks, the in-home case manager must take the child to a hospital emergency department. The in-home case manager may consult with the ERC nurse to determine whether and when a child needs to be taken to a hospital. Otherwise, the child must be taken to the ERC, where he/she will be medically screened by the ERC nurse. If the ERC nurse determines that the child requires medical attention from a hospital, the in-home case manager must take the child to a hospital emergency department. The in-home case manager must stay with the child while the child is receiving outpatient medical attention at the ERC or at a hospital.

If the in-home case manager or ERC nurse determines that the child presents symptoms of any mental health concern, the in-home case manager must immediately contact DFS clinical personnel to arrange a mental health screening.

## **4850. Placement**

When a removal precipitated by a new CPS report occurs during regular business hours, placement activities are the responsibility of the in-home case manager. At other times, placement activities are the responsibility of the CPS investigator.

### **a. Placement With Relatives**

As soon as the in-home case manager and supervisor decide that removal is necessary, the in-home case manager must ask the child(ren), the child(ren)'s parents/caregivers, and others likely to have information about whether there are relatives who may be willing and able to provide care for the child(ren).

#### **(i) Relatives Who May Provide Unlicensed Relative Foster Care**

Nevada law gives DFS the authority to place children with relatives who fall within the third degree of consanguinity. This includes the child(ren)'s:

- Grandparents.
- Great-grandparents.
- Aunts and uncles, including spouses of aunts and uncles.
- Adult siblings.

#### **(ii) Background Check**

If relatives willing to provide care are identified, all members of the relative family home over eighteen (18) years of age are to be instructed to go to the DFS Administrative Office at 701 North Pecos Road. They must be instructed to bring government-issued photograph identification. All adult members of the relative household will be fingerprinted and will undergo UNITY, CANS, SCOPE, and NCIC checks at the DFS Administrative Office. *NOTE:* Whenever anyone over eighteen (18) years of age moves into the house, it is required that he/she immediately obtain criminal background and child maltreatment checks.

The results of the criminal background and child maltreatment checks may prohibit placement with a relative according to licensing regulations. See the Licensing Procedures for the types of offenses that preclude placement with a relative.

With the exception of going to the relative's home to conduct the relative placement assessment, the in-home case manager must remain with the child(ren) at the Receiving Center until the home is



approved or until it is denied or the relative decides not to provide care. When this occurs, the in-home case manager must remain available to the Receiving Center staff to discuss placement alternatives.

### **(iii) Relative Placement Assessment**

If the prospective relative caregiver is not found to have criminal background or child maltreatment history precluding placement, the in-home case manager must go to the relative's home to further assess his/her ability to safely provide care. As part of this assessment, the in-home case manager must, by personal observation and brief interviews with family members, evaluate any indications that the prospective relative caregiver:

- Is unwilling or unable to understand the danger necessitating the child(ren)'s removal from the care of his/her parent(s) and is incapable of assuring the child(ren)'s safety.
- Is mentally or physically incapable of meeting the child(ren)'s immediate and long-term needs for safety and well-being.
- Is unable or unwilling to meet the child(ren)'s permanency needs (e.g., parental and sibling visitation).
- Shows evidence of impairments such as drug or alcohol abuse, unresolved child welfare issues, and/or serious criminal history that preclude him/her from raising a child/children.
- Does not have an appropriate support system needed to care for the child(ren) and does not appear to have the capacity or desire to develop one.
- Has insufficient financial income/stability to provide care for the family including the prospective relative foster child(ren) while awaiting licensure.

This visit, including any reason that the relative home is not approved for placement, must be documented in a UNITY case note.

In addition, the in-home case manager must complete an assessment of the safety of the relative's home and document its safety on the *Emergency Placement Safety Checklist*. In order to complete the checklist, the in-home case manager must conduct initial walk-through to inspect all parts of the home, and the in-home case manager must discuss the Department's expectations of relative foster care providers with the relative. This includes:

- **No** corporal punishment of child(ren) in DFS custody or guardianship is permitted.
- The Department is responsible for all important decision making concerning the child(ren). The relative may not allow the child(ren) to have contact with her/his parents without Department approval. Only the Department may move the child(ren) to the care of another caregiver.



- The relative caregiver is expected to work with the Department and the child(ren)'s family according to the terms of the case plan and including participation in visitation and CFT meetings.
- The Department's goal is to achieve a permanent living arrangement for the child. The in-home case manager must discuss potential permanency options with the relative caregiver.
- The relative caregiver must inform the Department of any plan to change the composition of the family (i.e., people moving in or out of the home) before the change takes place.

If, at the end of the relative placement assessment, the in-home case manager determines that there is a **short-term** concrete need posing an obstacle to placement (e.g., cribs, diapers, baby formula, car seats) the in-home case manager will contact Emergency Receiving Center to arrange for immediate resolution of the issue.

## Documentation

### (iv) Placement With the Relative(s)

If the in-home case manager, with the approval of the in-home supervisor, determines that the relative can safely care for the child(ren), the in-home case manager must make arrangements for the child(ren) to be brought to the relative's home. The in-home case manager may:

- Pick the child(ren) up from ERC and bring him/her to the relative's home, or
- Accompany the relative caregiver to ERC so that the relative caregiver can pick up the child(ren), or
- Provide the relative caregiver with a *Yellow Card* authorizing the relative to pick up the child(ren) from ERC. If the placement takes place after the PC Hearing, the CPS investigator must give the relative caregiver documentation of a judicial electronic release, or
- If it is decided that the relative will pick the child(ren) up using a *Yellow Card*, the CPS investigator must call to inform ERC that this is the case and to provide ERC with an approximate time that the child(ren) will be picked up.

The in-home case manager must provide the relative caregiver with his/her telephone number and with the telephone numbers for the in-home supervisor and for ERC. ERC staff will give the relative caregiver the *Kinship Caregiver Resource Guide* brochure, provide information about medical care, and begin the licensing application process when the relative is at ERC for fingerprinting. No later than the business day following placement, the in-home case manager must contact the relative caregiver in person or by telephone to inquire about the child(ren)'s adjustment and to determine whether there is anything needed pertaining to the child(ren)'s adjustment/placement.

## Documentation

### **b. Fictive Kin Placements**

Fictive kin placements are **not** authorized by NRS prior to disposition. Prior to the Court's disposition, Nevada law gives the Department the authority to place children in licensed foster homes or facilities and in the home of relatives **only**. Once a child has been made a ward by order of the Family Court, fictive kin placement may be considered. The in-home case manager must explore with children, parents, and others whether there are non-relatives with whom the child(ren) has a significant and positive relationship. When considering placing children who are in the Department's wardship with fictive kin, the in-home case manager must follow all procedural requirements that apply to placement with relatives (1450a)

If, prior to the Dispositional Hearing, the Court asks about the possibility of placement with an unlicensed non-relative, the in-home case manager must inform the Court that that DFS has no authority to make such placements. If the Court orders the placement with the unlicensed non-relative, DFS must comply. The in-home case manager must conduct an emergency background check (NCIC, CANS, and UNITY). If a record that would normally preclude placement – see CPS Investigation Procedures *Section 2730.a.ii: Background Check* – is identified, the in-home case manager must immediately inform the DA and request that the case be placed on the calendar so that the Court can be informed of the record.

### **c. Non-Relative Placement**

If no suitable relative is located, the in-home case manager must inform the Receiving Team. The Placement Team Packet also includes informational brochures that will be provided to parents regarding their rights during this process, as well as information regarding CFT meetings.

The Placement Team will locate a licensed foster care placement. The in-home case manager will be responsible for the child's transportation to the identified placement. No later than the business day following placement, the in-home case manager must contact the foster parent in person or by telephone to inquire about the child(ren)'s adjustment and to determine whether there is anything needed pertaining to the child(ren)'s adjustment/placement.

## Documentation

### **4860. CFT Meeting**

If a preplacement CFT meeting was not convened within two (2) working days before removal, the in-home case manager must convene a CFT meeting within two (2) working days of removal. The CFT meeting is a structured, guided discussion with the family about their strengths, needs, and problems, and the impact they have on the health, safety, permanency, and well-being of the child(ren). Generally, the primary purposes of this CFT meeting are to:



- Identify any immediate steps that the family can take toward resolving the issues leading to placement,
- If necessary, identify family members who may serve as relative caregivers,
- Identify and plan for the resolution of any needs or problems affecting the child(ren) or the placement, and
- Arrange an initial visitation plan.

*NOTE:* The initial visit between the child(ren) and the parent(s)/caregiver(s) must occur as soon as possible and always within forty-eight (48) hours days of placement. The in-home case manager must arrange and facilitate the initial visit and must arrange all subsequent visits until the case is assigned to a permanency case manager.

#### **Documentation**

### **4870. Efforts to Achieve Early Reunification**

The in-home case manager must assertively exert all reasonable efforts to return the child(ren) to his/her parent/caregiver as quickly as this can be safely accomplished. These efforts must include, but are not limited to, consideration of:

- The establishment of a safety plan.
- Expediting investigative activities in order to make the most informed safety decision.
- The use of social services (e.g., emergency cash assistance or IFPS) to mitigate certain safety threats to the child(ren).

### **4900. Transition to the Permanency Unit**

Assuring a timely and smooth case transfer is a responsibility shared by the in-home case manager and supervisor and the permanency case manager and supervisor. The transition must provide continuity from the family's perspective and a full exchange of information between the in-home case manager and supervisor and the permanency case manager and supervisor. Children have an urgent need for a permanent living arrangement. It is important, therefore, that the transition from in-home to the Permanency unit occur within a reasonable period of time. The formal transition occurs at the Transitional CFT meeting. The Transitional CFT meeting provides the opportunity to:

- Hold a clear and complete discussion of the circumstances leading to the need for removal,



- Begin to engage the family in the effort to achieve permanency, and
- Create a permanency case plan.

## **4910. Cases That Are Transitioned From In-Home to Permanency**

For children and families receiving in-home services, some removals are intended as short-term interventions (e.g., a single parent needs brief inpatient care and has no child care alternatives). When there is the reasonable likelihood of early reunification (i.e., reunification within thirty [30] days), cases are to remain with the In-Home Services unit. Short-term removals that are not expected to result in placement exceeding thirty (30) days remain with the in-home case manager and are not transferred to the Permanency unit.

All other cases where the Family Court has placed at least one (1) child in the custody/wardship of the Department and in which at least one (1) child is placed in out-of-home care must be transferred to permanency services.

## **4920. Time Frames for the Transition to the Permanency Unit**

It is important that cases involving children placed in out of home care be transferred to the Permanency unit in a timely way. However, some removals are intended as short-term interventions (e.g., a single parent needs brief in-patient care and has no child care alternatives). When there is the reasonable likelihood of early reunification (i.e., reunification within thirty [30] days), cases are to remain with in-home services.

### **a. Children Who Are in the Custody or Wardship of the Department at the Time of Removal**

The cases of children who were placed in the custody or wardship of the Department by the Family Court prior to the children's removal (i.e., children who were in the Department's custody or wardship during the time they received in-home services) must be transferred to a permanency case manager within thirty (30) calendar days of the children's removal. The in-home supervisor will determine the timing of the transition based on the likelihood of early reunification. Cases in which there is not reasonable likelihood of reunification within thirty (30) days of removal must be transferred to the Permanency unit as soon as possible.

**b. Children Who Are Not in the Custody or Wardship of the Department at the Time of Removal**

The cases of children who were not in the custody or wardship of the Department prior to the children's removal (i.e., children who not were in the Department's custody or wardship during the time they received in-home services) must be transferred to a permanency case manager five (5) business days before the R&D Hearing.

**4930. Transition Process**

When the in-home supervisor determines that a case is to be transferred to a Permanency unit, the in-home supervisor must review both the UNITY and hard-copy case files to identify any incomplete in-home activities and to be sure that the case has been fully documented. The in-home supervisor must ensure that all in-home activities have been accomplished and that any documentation deficiencies are corrected. While the in-home case manager/supervisor shall remain responsible for the completion and documentation of all required in-home activities, the transfer process shall not be delayed beyond the required time frames for transfer because of outstanding in-home activities or because of documentation deficiencies.

**Documentation**

**a. Notify the Receiving Permanency Supervisor**

**Immediately** upon determining that a case is to be transferred from in-home to the Permanency unit, the in-home supervisor must notify by e-mail the permanency supervisor for the respective geographic area to which the case is to be transferred. This notification will include the *Case Transfer Form* and a copy of the Court affidavit(s).

**b. Assign the Case to a Permanency Case Manager**

The permanency supervisor must assign the case to a permanency case manager within twenty-four (24) hours of the notification from the in-home supervisor. The permanency supervisor must forward an e-mail copy of the case assignment, including the name of the assigned permanency case manager, to the in-home supervisor.

**Documentation**

**c. Review of Documents**

The assigned permanency case manager and supervisor must carefully review the following documents before the Transitional CFT meeting and, if at all possible, before the respective supervisory transfer conference:



- The *Case Transfer Form* and affidavit sent by the in-home supervisor to initiate the case transfer,
- The Hotline report for the CPS investigation leading to the case opening,
- UNITY case notes related to the CPS investigation leading to the case opening and/or current removal,
- The Safety Assessment, Risk Assessment, and *NIA Summary* for the CPS investigation leading to the case opening,
- Any safety assessments completed during the provision of in-home services,
- The NCFAS-G+R (LV) completed during the provision of in-home services,
- The case plan completed during the provision of in-home services,
- UNITY case notes related to the provision of in-home services,
- UNITY documentation of any previous CPS investigations involving the family, and
- UNITY documentation of any previous Permanency unit involvement (in-home or placement) with the family.

#### Documentation

### d. Supervisory Transition Conference

The sending in-home supervisor must contact the receiving permanency supervisor by e-mail, by telephone, or in person to arrange a supervisory transfer conference. The supervisory conference may occur in person or by telephone. If at all possible, it will take place before the Transitional CFT meeting. The purpose of the supervisory conference is for the in-home supervisor to describe the case and identify any special issues for the permanency supervisor.

#### Documentation

### e. In-Home Case Manager/Permanency Case Manager Transition Conference

The in-home case manager must contact the receiving permanency case manager to arrange the Transitional CFT meeting and to discuss the case (describing the family, the overall situation, and any special issues). This transfer conference must occur before the Transitional CFT meeting.

**NOTE:** As often as is reasonably possible, the in-home case manager and supervisor and permanency case manager and supervisor shall meet in person together in a joint transfer conference.



## Documentation

### f. Transitional Child and Family Team Meeting

The Transitional CFT meeting is an in-person meeting held in a location determined by the in-home case manager in conjunction with the parent(s). The Transitional CFT meeting must occur within five (5) working days prior to R&D for cases where wardship has already been determined or, for other cases, within five (5) days of case assignment. The participants are:

- The child(ren)'s custodial and noncustodial parent(s). *NOTE:* it is important that both parents/caregivers participate if two (2) parents/caregivers live in the home.
- The in-home case manager.
- The assigned permanency case manager.
- The family may invite any other people who are committed to the family and child(ren) and who are invested in helping them achieve their case plan objectives.
- The child(ren) may participate for all or some of the meeting as agreed to by the parent(s)/caregiver(s) and the in-home case manager.
- Any previously identified CFT members.
- The out-of-home caregiver may attend as determined by the in-home case manager, in conjunction with the parents and the out-of-home caregiver.

The purposes of the Transitional CFT meeting are to:

- Introduce the permanency case manager to the family.
- Discuss the safety and risk concerns leading to the need for placement so that that family, the in-home case manager, and the permanency case manager share an understanding of the issue(s) in need of resolution.
- Transfer the in-home case manager's relationship to family and authority to the permanency case manager.
- Identify/clarify any issues pertaining to the provision of in-home services.
- Establish expectations for the family and the permanency case manager with regard to the ongoing relationship.
- Review the case plan, including the visitation plan, and to make any necessary revisions.

- Obtain any necessary consents for release of information from the parent(s)/caregiver(s).
- Formally transition the case from in-home to the Permanency unit.

## Documentation

### g. Case Record Transition

Following the Transitional CFT meeting, the in-home case manager must give the hard-copy case file to the permanency case manager. The same or the following day, the permanency case manager must give the case file to the permanency supervisor. Within twenty-four (24) hours of receiving the file, the permanency supervisor must review the hard-copy and UNITY case records to become familiar with the case and to ensure that the in-home documentation is complete. If the permanency supervisor identifies any incomplete required in-home activities or any documentation deficiencies, the permanency supervisor must contact the in-home supervisor. The in-home supervisor is responsible for ensuring that all required in-home activities and related documented activities are complete. Any disagreement about whether in-home activities have been completed and/or documented as required will be resolved by the respective assistant manager(s).

At the point of transfer, the in-home case manager is responsible for ensuring that all of the in-home activities have been documented, UNITY screens have been completed and are up to date, and that certain paperwork is placed in the case file. This includes:

- All documents related to any CPS investigation.
- Documentation of the Nevada Safety Assessment and all other completed safety assessments, including copies of all safety plans.
- Records obtained from medical, mental health, and service providers, and the school.
- Paperwork completed in the field, which includes the *Social Summary*, *Common TANF Application*, ICWA paperwork (and all corresponding paperwork if there is a tribal affiliation), and the *Emergency Placement Safety Checklist* (if applicable).
- Documentation of all *CFT Summary* forms.
- Documentation that all required UNITY screens have been completed. For example, the End Date Legal and/or Removal Status screens have appropriately been updated, and all participant demographic information for all involved parties is complete and up to date.
- For Court-involved cases that have been set for an R&D Hearing, the Dispositional Report.
- The NCFAS-G+R (LV).
- A signed case plan(s).
- If applicable, a youth plan for independent living.



## **h. Transition of Case Responsibility**

Primary responsibility for the case is transferred to the permanency case manager/supervisor at the Transitional CFT meeting. Responsibility for any outstanding in-home activity, documentation, and required testimony at the any Family Court Hearings remains with the in-home case manager/supervisor. **Under no circumstances will primary case responsibility revert to the in-home case manager/supervisor because of outstanding in-home responsibility, unless so directed by the assistant manager.**

## **41000. In-Home Case Closure**

Since the core of in-home protective services is the relationship that the in-home case manager and the family have established, it is important that the closing process be handled carefully and sensitively. If the in-home case manager suddenly withdraws from a family with which he/she has established an important relationship, gains that have been made can be lost.

### **41010. Time Frames for Closing In-Home Cases**

As a general rule, in-home cases must be closed within the following time frames:

- Voluntary in-home cases (i.e., cases in which there is no Family Court involvement) must be closed within ninety (90) days of the Transitional CFT meeting.
- Formal in-home cases (i.e., cases in which there is Family Court involvement) must be closed within one hundred eighty (180) days of the Transitional CFT meeting.

### **a. Early In-Home Case Closures**

In-home cases may be closed earlier when:

- The in-home case manager, in conjunction with the in-home supervisor and the CFT, determine that the case plan objectives have been met, and
- It is determined that the child(ren) will be safe without further Department involvement, and
- Any Family Court involvement requiring Department intervention has been terminated.

### **Documentation**

### **b. In-Home Cases Extended Beyond Normally Required Time Frames**

In-home cases may, with the necessary approval, be kept open beyond the normally required time frames when:



- The Family Court has required that the case remain open, or
- The in-home case manager, in conjunction with the in-home supervisor and the assistant manager/manager, has determined that:
  - » Continued in-home services are needed to assure the child(ren)'s safety, and
  - » With continued in-home services, the family can reasonably be expected to substantially achieve their case plan objectives sufficiently that the child(ren) will be safe without Department intervention within a reasonable period of time.

In-home cases may be kept open for thirty (30) -day increments beyond the normally required time frame with the approval of the assistant manager at each thirty (30) -day increment. The permanency manager must approve any in-home case kept open for more than nine (9) months.

## Documentation

### 41020. Case Closing Decisions

In-home cases may be closed because:

- The family has substantially achieved their case plan objectives and the in-home case manager, in conjunction with the in-home supervisor, has assessed that the children will be safe without further Department involvement, and, if applicable, the Family Court has terminated wardship and approved case closing, or
- The family has not achieved their case plan objectives but – following in-home service provision for ninety (90) days for voluntary in-home services or one hundred eighty (180) days for formal in-home services – the in-home case manager in conjunction with the in-home supervisor have assessed that the children will be safe without further Department involvement, and, if applicable, the Family Court has terminated wardship and approved case closing, or
- The family has not achieved their case plan objectives and the in-home case manager, in conjunction with the in-home supervisor, has determined that all reasonable efforts to successfully engage the family in relevant services, including the intervention of the Family Court, have been exhausted.

When any of the following conditions are identified, the in-home case manager must staff the case with his/her in-home supervisor. The in-home supervisor must determine whether case closing process will begin.

**NOTE:** If at any time during the case closing process the in-home case manager determines that any family action, behavior, or condition has the substantial potential to threaten the safety of any

involved child(ren) without Department intervention, the in-home case manager must staff the case with the in-home supervisor. The in-home supervisor must determine what, if any, additional activities or direction must be taken.

## Documentation

### 41030. Case Closing Plan

The closing plan identifies services, supports, and protective measures to be received by the family following case closing. Community providers and other members of the CFT provide interventions included in the closing plan. The closing plan is documented on a *CFT Summary* form.

#### a. Developing the Closing Plan at the Case Closing CFT

The closing plan is developed at the Case Closing CFT at which it is determined that – because of the family's progress toward achieving their case plan objectives – the case may be closed in the next thirty (30) days. For Family Court involved cases the Case Closing CFT must be held approximately thirty (30) days before the Court review, at which the in-home case manager/supervisor plans to recommend closing. The closing case plan includes:

- Services provided by collateral providers related to the family behaviors and conditions leading to the need for in-home services (e.g., substance abuse treatment, mental health services, and mentoring services),
- Supports provided by members of the CFT (e.g., child care help provided by extended family members), and
- Protective measures, including:
  - » A plan for an ongoing contact with the family by available protective adults (e.g., grandmother, teacher, or friend) to detect recurrence of maltreatment,
  - » For children over five (5) years of age, a specific protective plan that will identify at least one (1) protective adult (e.g., an extended family member or teacher) to whom the child will turn if there is repeated maltreatment, and
  - » The agreement of all members of the CFT to call the Child Abuse Hotline in the event that they have reasonable cause to believe that the child(ren) have been abused or neglected.

## Documentation



## **b. Documenting the Closing Plan**

The in-home case manager must document the case closing plan on a CFT Summary. The CFT participants must sign the closing plan. The in-home case manager must distribute copies of the case closing plan to members of the CFT. This distribution may be done in person or by mail.

### **Documentation**

## **41040. Case Closing Activities**

### **a. Family Visits During Case Closing**

During the final thirty (30) days of in-home services, the in-home case manager must make one (1) unannounced home visit. The purposes of this visit are to:

- Assess the family's continued progress in achieving their case plan objectives,
- Assess the family's overall ability to assure their children's safety without continued Department involvement,
- Review the closing plan with family members,
- Meet privately with the child(ren) to review any child-specific protection measures, and
- For families that have made substantial progress in achieving case plan goals, to acknowledge and support this achievement.

### **Documentation**

### **b. Final Case Closing Meeting**

The case closing meeting is the final planned contact between the in-home case manager and the family. At the case closing meeting:

- The closing plan must be reviewed,
- Any protective interventions for children over the age of five (5) must be reviewed,
- If applicable, acknowledgement of the family's success must be made,
- A realistic discussion about the consequences to the family in the event of recurring maltreatment must be held **after any children participating in the meeting have been excused**,
- Any child-specific protection measure must be reviewed privately with the involved child(ren), and

- The in-home case manager says goodbye to the family.

Once a case has been reviewed, the determination made to close the case has been made by the in-home supervisor, and the closing activities have been completed, the case can officially be closed. The in-home case manager and supervisor are jointly responsible for officially completing the case closing activities within UNITY and ensuring the integrity of the case file.

#### **Documentation**

### **c. Closing the Case**

Once a case has been reviewed, the determination made to close the case has been made by the in-home supervisor, and the closing activities have been completed, the case can officially be closed. The in-home case manager and supervisor are jointly responsible for officially completing the case closing activities within UNITY and ensuring the integrity of the case file.

#### **Documentation**



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I	8/17/09	5480	Immigration Status	9/1/09
I	8/17/09	5540	Adoption	9/1/09
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I	8/17/09	5720	Change of Placement	9/1/09
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I	8/17/09	5750	Support and Service for Out-of-Home Caregivers	9/1/09
I	8/17/09	5760	Collateral Services	9/1/09
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I	8/17/09	51000	Parent/Child and Sibling Visitation	9/1/09
I	8/17/09	51120	Report and Disposition Hearing	9/1/09
I	8/17/09	51130	Status Check Hearings	9/1/09
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# **5000. PERMANENCY SERVICES POLICIES AND PROCEDURES**

## **5100. Introduction to Providing Out-of-Home Case Management Services**

### **Policy Statement**

It is the policy of the Clark County Department of Family Services (DFS) to remove children from the home of their parent(s)/caregiver(s) only when it is determined that they will not be safe living in that home. When a child(ren) must be placed in out-of-home care, the Department must ensure their safety, permanency, and well-being. The Department must:

- Protect children placed in out-of-home care from abuse and neglect during and following their placement in out-of-home care.
- Continually assess and respond to the needs, including medical, mental health, developmental, educational, and other needs, of each child in out-of-home care.
- Conduct accurate and ongoing assessments of family functioning that focus on the issues closely related to the safety threats and risk factors leading to removal to determine whether and under what circumstances the children may be safely returned.
- Promptly establish a primary and alternative permanency goal for each child in out-of-home care and assertively work toward achievement of a permanent living arrangement for each child.
- Include direct services to children and their families provided by DFS case managers as the core component of permanency services.
- Carefully arrange and coordinate relevant services from community partners.
- Include the active involvement of Child and Family Teams (CFTs) in case planning, decision making, and provision of services.

### **Purpose**

The purpose of the **Permanency Services Policies and Procedures** is to set forth the required process by which the Department's case managers provide services to children and families where

the Family Court has placed the children in the custody or wardship of the Department and the children have been placed in out-of-home care.

The **Permanency Services Policies and Procedures** provide requirements to standardize:

- The thorough and continuous assessment of child safety, child well-being, and family functioning.
- Case planning services for children and families conducted by the permanency case manager and the family in conjunction with Child and Family Teams (CFTs).
- The planning and conduct of visits between children placed in out-of-home care and their parent(s)/caregiver(s) and siblings.
- Identification of services that are directly responsive to:
  - » Family issues related to the children's maltreatment and safety.
  - » Issues related to the children's well-being while in substitute care.
  - » The children's need for a permanent home.
- The process for evaluating the family's progress in resolving the issues leading to the children's removal.
- The manner of working with the Family Court and the revision of permanency goals to ensure the timely achievement of permanent living arrangements when families fail to progress within an acceptable time frame.
- Permanency case manager contact with a parent(s)/caregiver(s), children, and out-of-home caregivers.
- The Department's collaboration with the Family Court.
- Requirements for permanency case manager contact with collateral service providers.
- Procedure for providing services to children and families following the children's reunification with their families.
- Criteria for case closing.

## Legal Basis

Nevada Revised Statutes (NRS) and Nevada Administrative Code (NAC) provide the legal basis for permanency services in Nevada. The relevant sections are as follows:

- NRS 432B: Protection of Children From Abuse and Neglect.



- NAC 432B: Protection of Children From Abuse and Neglect.
- NRS 432B.393: Concurrent Planning, Reasonable Efforts.
- NRS 432B.400: Case Plan for Child Receiving Out-of-Home Care.
- NRS 432B.582: Semiannual Review of Child Placement by the Court.
- NRS 432B.590: Permanency Options.

These regulations provide broad guidelines for permanency services. The procedures provide specific operational requirements for Department staff.

## **Roles and Responsibilities**

### **Permanency Case Manager**

The permanency case manager is required to:

- Actively engage with children and their parent(s)/caregiver(s) in the service delivery process.
- Conduct timely and continuous assessments of the safety of children while they are placed in out-of-home care.
- Continuously evaluate the safety threats the parent(s)/caregiver(s) would pose to children in their care.
- Continuously assess the well-being of children in out-of-home care.
- Mediate the relationship between the foster parent(s) and the birth parent(s).
- Regularly assess family functioning using the designated process.
- Work with the family to establish a Child and Family Team (CFT).
- In consultation with the family, the CFT, and the Family Court, promptly establish primary and alternate permanency goals for each child placed in out-of-home care.
- In collaboration with the family and CFT, develop a case plan designed to:
  - » Help parents/caregivers overcome problems/issues leading to the need for out-of-home care.
  - » Address the well-being needs of children placed in out-of-home care.
- Regularly evaluate the progress of children and families in completing case plan tasks and achieving case plan objectives and amend case plans accordingly.

- Implement alternative (concurrent) permanency goals based on the evaluation of family progress in achieving case plan objectives.
- With approval of the Family Court, change permanency goals based on the evaluation of family progress in achieving case plan objectives.
- Visit children in out-of-home care regularly and according to established requirements.
- Visit the parent(s)/caregiver(s) of children in out-of-home care regularly and according to established requirements.
- Visit out-of-home caregivers regularly and according to established requirements.
- Regularly, and according to established requirements, visit out-of-home care settings in which children are placed.
- Engage out-of-home caregivers in the permanency service process.
- Support out-of-home placements by:
  - » Being readily accessible to out-of-home caregivers.
  - » Responding to issues identified by out-of-home caregivers.
  - » Providing supportive services.
- Continuously evaluate the suitability of the out-of-home placement for the particular children in the placement and, as necessary:
  - » Make every reasonable effort to avoid changing placements by arranging/providing supportive services.
  - » Working with the CFT, make placement changes that are in the best interest of the child(ren).
- Ensure that children in out-of-home care visit their parent(s)/caregiver(s) regularly and as required.
- Make certain that children in out-of-home care regularly (and as required) visit their siblings with whom they are not placed.
- Actively participate in family and sibling visits, including observing/providing visitation supervision to visits as required.
- Arrange and provide services identified in case plans.
- Monitor the progress of children and families as they receive services, including having regular communication with collateral service providers, as required.



- Make every reasonable effort to achieve a permanent living arrangement for each child in out-of-home care in the shortest reasonable time frame.
- Provide in-home services to children who remain in the care of their parents, according to the **Permanency Services Policies and Procedures** and the **In-Home Services Policies and Procedures**.
- Provide in-home services to children (e.g., newborns) who come into the care of parents who have other children in out-of-home-care according to the **Permanency Services Policies and Procedures** and the **In-Home Services Policies and Procedures**.
- Document all activities as required.
- Convene and participate in CFTs as required.
- Attend all required Family Court hearings.
- Provide the Family Court with all required reports/documentation.
- Consult with the permanency supervisor regularly and whenever decisions requiring supervisory approval must be made.

### **Senior Permanency Case Manager**

The senior permanency case manager is required to:

- Conduct each of the activities required of the permanency case manager.
- Be assigned exceptionally complex permanency cases.
- Act as a lead worker in the absence of the permanency supervisor by:
  - » Facilitating the assignment of new cases to permanency case managers.
  - » Staffing cases and otherwise assisting permanency case managers in carrying out their case-related responsibilities.
- Assist with the training of newer permanency case managers.

### **Permanency Supervisor**

The permanency supervisor is required to:

- Participate in the process of receiving new permanency services cases as they are transferred from CPS or In-Home Services Unit.

- Assign cases to permanency case managers according to procedural requirements and within the required time frames.
- Together with the permanency case manager, plan the information gathering process for the Assessment of Family Functioning (NCFAS-G+R [LV]).
- Approve all determinations made by the permanency case manager's Assessment of Family Functioning.
- Approve all assessments related to child safety, including:
  - » *Nevada Safety Assessment.*
  - » *Out-of-Home Placement Safety Check.*
  - » *Visitation Safety Check.*
- Approve each initial and updated case plan within the required time frames.
- Meet with newer permanency case managers (as identified by the permanency supervisor and assistant manager), at a minimum, on a weekly basis, and meet with all other permanency case managers, at a minimum, on a biweekly basis to review cases in order to:
  - » Evaluate assessments of child safety, risk, and well-being.
  - » Evaluate the permanency case manager's and the family's completion of case plan tasks and the family's progress in achieving case plan objectives.
  - » Evaluate the well-being status of each child in out-of-home care.
  - » Assist the permanency case manager in identifying and implementing interventions to improve the well-being of children in out-of-home care.
  - » Assist the permanency case manager in overcoming barriers to the children's families' success.
  - » Support the permanency case manager.
  - » Discuss and address difficult or problematic case situations.
  - » Identify cases that are ready to be closed.
- Conduct permanency team meetings on, at a minimum, a monthly basis to:
  - » Review changes in policy, procedure, and practice.
- Evaluate permanency progress in each case and identify situations where:
  - » Reunification should be considered.



- » Alternative permanency goals must be implemented.
- » Permanency goal changes must be recommended to the Family Court.
- Assess the suitability of the out-of-home placement for each child placed in out-of-home care and identify those where changes of placement cannot be avoided and must be made.
- When placement changes must occur, approve the placement setting selected.
- Review the quality of family and sibling visitation and approve changes to the visitation plan/process.
- Ensure that in-home services are provided to children who remain in the care of their parents, according to the **Permanency Services Policies and Procedures** and the **In-Home Services Policies and Procedures**.
- Ensure that in-home services are provided to children (e.g., newborns) who come into the care of parents who have other children in out-of-home-care, according to the **Permanency Services Policies and Procedures** and the **In-Home Services Policies and Procedures**.
- Provide instruction to staff in support of case management and permanency planning.
- Attend Child and Family Team (CFT) meetings as applicable.
- Approve all critical decisions, including but not limited to:
  - » Reunification.
  - » Unsupervised visitation.
  - » Requests to the Family Court to change permanency goals.
  - » Change of placement.
  - » Case closing.
- Review and approve all documentation/recommendations prior to their submission to Court.
- Review management reports to ensure that permanency service activities occur within required time frames and with required frequency.
- Receive and forward notifications concerning the fatality or near fatality of children receiving Department services as required by policy and procedure.

## Assistant Manager

- Review and support the work of supervisors.

- Provide general oversight over Permanency Units to ensure quality service delivery and compliance to policy and procedure.
- Meet individually with permanency supervisors at least once per month to evaluate unit functioning and identify and address barriers to effective permanency service provision.
- Meet with assigned supervisors as a group at least once per month to review permanency policy, procedure, and program functioning.
- Participate in supervisor/assistant manager meetings as convened by the permanency manager.
- Meet with permanency supervisors on an as-needed basis to discuss and address difficult or problematic case or personnel situations.
- Review management reports to ensure that permanency services activities occur within required time frames and with required frequency.
- Randomly review permanency case files on a monthly basis for quality of content and to ensure that required time frames are met.
- Review management reports to evaluate unit performance regarding case disposition (case opening/case closing, permanency progress, etc.).
- Resolve disagreements related to case transfers or other interactions between units.
- Approve decisions to continue placement with an out-of-home caregiver when the *Out-of-Home Placement Safety Check* or the *Nevada Safety Assessment* would normally require removal.
- Approve the recommendation for other planned permanent living arrangement (OPPLA) as a primary permanency goal.
- Participate in permanency staffing for children who have been in out-of-home care for ten (10) months or longer.
- Receive and forward notifications concerning the fatality or near fatality of children receiving Department services as required by policy and procedure.

## Manager

- Conduct monthly one-on-one meetings with assistant managers to discuss unit performance.
- Meet with assistant managers on an as-needed basis to discuss and address difficult or problematic case or personnel situations.



- Conduct monthly supervisor meetings to review policy, procedure, practice, and permanency program functioning.
- Review management reports to evaluate unit and region performance.
- Act as a liaison to the greater Clark County community and other systems providing services to children and their families.
- Ensure that quality improvement activities align with policy, procedure, and the law.

## **5200. A Framework for Providing Permanency Services**

The Department's primary mission is to identify children who have been abused or neglected by their parent(s) or caregiver(s) and to take action to protect them from further maltreatment. In some instances, the threats that an abusive or neglectful parent(s)/caregiver(s) poses to the safety of children cannot be controlled by any reasonable in-home intervention. These children must be taken into custody and placed in out-of-home care.

When children are removed from the care of their parents, they experience trauma, which has the potential to disrupt many aspects of their development, including their emotional, cognitive, physical, and behavioral development. Therefore, it is critical that when the Department protects children by removing them from abusive and neglectful parents:

- The children are placed in safe nurturing homes.
- The children have immediate and frequent visitation with their parents.
- The children receive timely services to ensure their well-being.
- Through focused and assertive case management, the children are promptly placed in permanent homes, either through reunification, adoption, or other permanency options.

Childhood is brief. Children develop quickly, and their sense of time is different from that of adults. They do not have time to wait for a permanent place to grow up. The permanency case manager is central to the Department's and the family's success. The permanency case manager's role is complex and requires consistent interaction with the parent(s)/caregiver(s), the child, and others. This interaction includes:

- Engaging the family in a working alliance with the goal of helping the family change its behavior and the conditions that have led to the children's removal.

- Using this relationship with the family members to help them make necessary changes and to make difficult decisions concerning the children's permanency.
- Establishing a protective and nurturing relationship with the children in out-of-home care.
- Directly overseeing the care and services children receive in order to provide for their safety and well-being.
- Establishing a supportive working relationship with the out-of-home caregiver.
- Linking, coordinating, and monitoring services provided to children and their families by collateral service providers.
- Continually assessing changes in parental capacities, along with the out-of-home supervisor, to make timely decisions about permanency efforts.
- Providing accurate information to the Court and assertively advocating for and on behalf of the best interest of children.

It is important that the permanency case manager understand that success in ensuring the safety, permanency, and well-being of children in the Department's care depends on the permanency case manager's taking the lead to establish effective working relationships among the participants in the effort.

## **5210. Engagement**

The relationship between the permanency case manager and the children, family, and out-of-home care provider is central to service delivery in out-of-home care.

### **a. Engagement With the Family**

The family must be involved as a **full partner** in the process. Positive change is more likely to occur when the family members participate in the identification of their own strengths, problems, and needs. In order to ensure that the family takes responsibility for its own future, family involvement must always extend to the selection of services needed. In addition, each family has its own traditions and values that the permanency case manager must respect, while always remembering that the child's safety and well-being are paramount.

The relationship between the family and the permanency case manager is unique. That the permanency case manager establishes the appropriate collaborative alliance with family members is critical to a positive case outcome. The permanency case manager must:

- Undertake activities that are limit-setting and directive. These activities focus on:



- » Working with the family to identify the behaviors/conditions that led to the child(ren)'s removal (e.g., behaviors that are abusive/neglectful or threaten the safety of children).
- » Establishing mechanisms (e.g., verification that parents/caregivers have completed case plan tasks, observation of parent/child interaction during visitation) through which the permanency case manager will know whether these unacceptable behaviors/conditions persist.
- » Being clear with the family about the potential consequences of failing to curtail the behaviors and correct the conditions that necessitated removal.
- Undertake activities that are supportive and that the family may view as helpful. This involves:
  - » Helping the family identify its strengths and needs.
  - » Actively assisting the family in obtaining services. For example, if the family is having difficulty locating suitable housing, the case manager actively assists the parents in their search.
  - » Acknowledging and praising the family for any success and accomplishments.

In addition, the family will be more readily engaged in the permanency service process when the permanency case manager:

- Sets up and maintains a reasonable and well-defined schedule of activities.
- Is clear and specific about what the family can expect from him/her.

All of these activities will be more effective in helping the family members change their behavior if they are performed with obvious regard and respect for the family and with sensitivity to the family's culture.

## **b. Engagement With the Children**

Similarly, the permanency case manager must establish the appropriate relationship with the child(ren). For children in out-of-home care, the permanency case manager is the primary link between the child's living situation and his/her family. From the children's point of view, the permanency case manager is the children's lifeline to parents and siblings.

The nature of the permanency case manager's relationship with children in out-of-home care will vary depending on the age and developmental status of the children, but it must always:

- Demonstrate the permanency case manager's commitment to the child(ren)'s safety and well-being and to enhancing the child(ren)'s sense of emotional security.
- Establish the child(ren)'s trust so that the child(ren) will feel free to honestly discuss his/her situation in the family.
- Consistently support **reasonable** attempts on the part of the out-of-home caregivers and the child(ren)'s parent(s) to set limits on the child(ren)'s behavior.

To establish and maintain this relationship, the permanency case manager must spend sufficient time with the children so that (s)he and the children know each other. The permanency case manager must be available to the children and must be obviously and reliably responsive to issues that are important to children in out-of-home care.

As with the parent(s), the permanency case manager's efforts to engage the child(ren) will be more effective if they are made with obvious regard and respect for the family and with sensitivity to the child(ren)'s culture.

### **c. Engagement With Out-of-Home Caregivers**

The out-of-home caregiver (e.g., foster parent, relative caregiver) is a critically important member of the team. While children live in out-of-home care, no one is more important to their safety and well-being than the out-of-home caregiver. It is important that the out-of-home caregiver be engaged as a partner in the permanency service process. The permanency case manager must:

- Involve the out-of-home caregiver in planning for services and interventions necessary to meet the child(ren)'s needs.
- Inform the out-of-home caregiver about important events concerning the child(ren) (e.g., Court hearings, visitation changes).
- Be continuously available (or ensure the availability of other Permanency Unit professionals) to respond to issues confronted by out-of-home caregivers. This includes **always** returning telephone calls or responding to other communication from out-of-home caregivers in a timely manner.
- Provide the out-of-home caregiver with relevant information (e.g., medical, developmental, psychological) about the child(ren) placed in his/her home.
- In **general terms**, and in accordance with confidentiality requirements (see *Section 5230: Confidentiality*), keep the out-of-home caregiver informed about the family's progress toward reunification and about the Department's permanency plans for the child(ren).



The effort to engage the out-of-home caregiver in the permanency service process will be more effective if the permanency case manager demonstrates obvious respect for the caregiver's role in the process.

## **5220. Full Disclosure**

In order to establish the most effective working relationship with the family, and to provide permanency services ethically, the permanency case manager must be honest, open, and forthcoming with the family about the permanency process. It is never acceptable to knowingly deceive, coerce, or trick family members. It is also not acceptable to threaten family members with unrealistic consequences for their behavior. This means that the permanency case manager must:

- Inform the family of his/her responsibilities as a mandated reporter.
- Inform the family about the activities (s)he plans to conduct in relation to the family (e.g., concurrent planning and verification of the family's participation with service providers).
- Explain the potential consequences of the family's failure to complete case plan tasks and achieve case plan objectives in a timely manner.
- Discuss the implications of concurrent planning with the family.
- Discuss with parent(s)/caregiver(s) that (s)he may be required by the Court to pay child support.

This disclosure must be honest and straightforward. It must also be made in the clear context of the alliance of the permanency case manager with the family in the effort to provide for the child(ren)'s safety, permanency, and well-being.

## **5230. Confidentiality**

### **a. General Provisions**

Both the law (NRS 432B) and ethical practice require that the confidentiality of children and families receiving permanency services be protected. The family's right to confidentiality must, however, be balanced with the Department's responsibility for the safety of children.

**All Department staff** are obligated to protect the confidentiality of children and families. As often as is reasonably possible, the permanency case manager must obtain releases of information signed by family members before releasing family information. In addition to protecting the family's confidentiality, this will improve the permanency case manager's ability to engage the family.

During the provision of permanency services, the permanency case manager:

- May only divulge information about children and families in furtherance of his/her responsibility for the permanency, protection, and well-being of involved children. Information about any family receiving permanency services may **never** be released for any other reason.
- Must provide out-of-home caregivers with all information necessary to respond to the child(ren)'s well-being needs. This includes but is not limited to:
  - » Information pertaining to any condition, behavior, problem, or other issue affecting the child(ren).
  - » Information about the issues leading to the child(ren)'s removal (e.g., information about the allegations that have been substantiated and **general** information about conditions, behaviors, or other issues affecting the parent[s]/caregiver[s] that are related to the need for removal or have otherwise affected the child[ren]).
  - » **General** information about the parent's (parents')/caregiver's (caregivers') progress toward achieving permanency objectives so the out-of-home caregiver can effectively support concurrent planning.
- Must furnish providers of services included in the case plan with information relevant to the service being provided. This includes information about the relationship between the condition, behavior, or problem requiring services and the potential for reunification so the service provider can effectively participate in addressing the child(ren)'s safety, permanency, and well-being needs.

## **b. Who May Receive Information**

NRS 432B.290 authorizes release of information about the Department's CPS involvement to the following parties:

- Physicians.
- Agencies, including, without limitation, agencies in other jurisdictions responsible for or authorized to undertake the care, treatment, or supervision of the child or parent/caregiver.
- A person or an organization that has entered into a written agreement with an agency that provides child welfare services to provide assessments or services and that has been trained to make such assessments or provide such services.
- The district attorney (DA) or other law enforcement officer who requires the information in connection with an investigation or prosecution of the abuse or neglect of a child.



- A Court, for *in-camera* inspection only, unless the Court determines that public disclosure of the information is necessary for the determination of an issue before it.
- The attorney for the child.
- A federal, state, or local governmental entity, or an agency of such an entity, that needs access to the information to carry out its legal responsibilities to protect children from abuse and neglect.
- Any person who is the subject of a report.
- The mandated reporter who made the report about which information is to be released.

Information about families receiving permanency services may not be given to family friends, neighbors, relatives, or employers without the family's written consent.

## **5240. Child and Family Team**

The Child and Family Team (CFT) is a gathering of family members, friends, fictive kin, community members, service providers, and other interested parties who join together to strengthen the family's capacity to provide for the safety, well-being, and permanency of its children. In addition to participating in key case decisions, the CFT serves as an important support for families.

### **a. Child and Family Team Membership**

Child and Family Team (CFT) members include people who are committed to the family and child(ren) and who are invested in helping the family members improve their capacity to ensure the safety and well-being of the children. The members of the family play an important role in identifying members of the CFT. The permanency case manager must help the family identify potential members by ascertaining whom the family members turn to when they need help. Members of the CFT include:

- The child(ren)'s parent(s)/caregiver(s).  
*NOTE:* It is important that both parents/caregivers are included in the CFT if two [2] parents/caregivers live in the home.
- The assigned permanency case manager.
- The permanency supervisor or senior case manager in exceptionally complex case situations.
- Collateral services providers (e.g., family support workers, adoption social workers, youth support workers, foster parent liaisons, Department of Family Services [DFS] clinical services staff, kinship liaisons).

- Court Appointed Special Advocate (CASA) workers, mental health service providers, and substance abuse service providers.
- Any other people identified by the family in conjunction with the permanency case manager who are committed to the family and child(ren) and who are invested in helping them change.
- The child(ren) may participate for all or some of the meeting as agreed to by the parent(s)/caregiver(s) and the permanency case manager.
- Out-of-home caregivers may be members of CFTs with the agreement of the family, the caregiver, and the permanency case manager.
- Attorneys representing the parent(s)/caregiver(s) and the child(ren) (guardians ad litem), who must be notified of each CFT.

CFT meetings held for specific purposes may include other participants as applicable and as agreed upon by the family and the permanency case manager.

When parents whose parental rights are intact do not live together, the permanency supervisor may determine that separate CFT meetings must be held for each parent. Separate CFT meetings are necessary when:

- There is a plausible threat of violence.
- There is a likelihood that including both parents will result in a level of disruption that will interfere with the purpose of the CFT.
- There is a *Court Order* stipulating that the parents cannot have contact.

#### **b. When Child and Family Team Meetings Must Be Held**

Child and Family Team (CFT) meetings must be held at key decision points of permanency service provision, including:

- Transition from CPS investigation or the In-Home Services Unit to permanency services (Transitional CFT).
- Development of the formal case plan (Formal Case Planning CFT).
- Each case plan review (Case Plan Review CFT).
- Whenever nonemergency change of placement is considered or emergency change of placement occurs (Change of Placement CFT).



- Whenever a major change in visitation (e.g., moving from supervised to unsupervised visits, adding overnight visits) is being considered.
- Whenever reunification is being considered (Reunification CFT).

*NOTE:* The permanency supervisor and the supervisor of a different unit within the Permanency Unit, In-Home Services Unit, or CPS must attend the Reunification CFT.

- Thirty (30) days following reunification.
- Thirty (30) days before planned case closing.

### **CFTs Required During Permanency Services**

<b>CFT</b>	<b>Time Frame</b>
Transitional CFT	Will be scheduled within three (3) business days, and no more than five (5) business days, following the Plea Hearing.
Formal Case Planning CFT	Twenty (20) business days from the Transitional CFT meeting.
Case Plan Review CFT	After thirty (30) and sixty (60) days from the completion of the formal case plan and every ninety (90) days thereafter.
Change of Placement CFT	<i>Planned Change of Placement</i> – Between five (5) and ten (10) days preceding change of placement. <i>Emergency Change of Placement</i> – Within two (2) business days of change of placement.
Reunification CFT	Whenever the permanency case manager and supervisor determine that reunification may be possible within thirty (30) days.
Emergency CFT	Whenever a family crisis creates a threat to a child's safety, permanency, or well-being.
Case Closing CFT	Thirty (30) days before case closing is planned.

### **c. Child and Family Team Meeting Process**

The permanency case manager usually takes the lead in facilitating the Child and Family Team (CFT) meeting. It is the CFT meeting facilitator's role to elicit information and input relevant to the purpose of the CFT from all participants. Each participant's opinion regarding decisions being considered at the CFT meeting must be considered seriously and with respect. Every effort to reach consensus among the CFT members must be made. However, since it is the Department's responsibility to ensure the child(ren)'s safety, permanency, and well-being, the permanency case manager must maintain final authority for decisions that are within the Department's authority (e.g., unsupervised visitation, change of placement, reunification).

The completed *CFT Summary Form* must be distributed to the CFT meeting participants within five (5) working days of the meeting.

## **Documentation**

### **5250. Effective Communication**

During all stages of permanency service provision, when working with a limited-/non-English-speaking person or a person with audio/visual impairment, the permanency supervisor/case manager shall make every effort to facilitate effective communication between him/her and that individual. This includes:

- Determining the primary language or preferred mode of communication of the family.
- Assigning a permanency case manager who is certified to communicate in the language (foreign or sign) of the family.
- Procuring the services of an interpreter (e.g., through the Family Court's interpreter services) who has agreed to respect the confidential nature of permanency services provision when a limited/non-English-speaking or hearing-impaired person will be involved. All efforts to obtain the services of an interpreter must be documented in a UNITY case note.

If at all possible, family members, friends, and especially children should **not** be used as interpreters.

### **5260. Assessment**

The permanency case manager must continually assess the family and children so as to:

- Ensure the safety of involved children in their substitute care placements.
- Evaluate the family's capacity to safely care for involved children.
- Identify and evaluate any issues affecting the well-being of involved children.
- Identify and evaluate family strengths, problems, service needs, and progress.

#### **a. Nevada Safety Assessment**

The *Nevada Safety Assessment* protocol must be followed and results documented at specified milestones throughout the service delivery process to ensure that the child is safe. When a child is in out-of-home care, the safety assessment must be completed at the following milestones:



- Before unsupervised visitation is considered.
- Change in circumstances.
- Prior to Court date every six (6) months.
- In the birth parent's (parents') home before reunification.
- Thirty (30) days after reunification.
- Before the case is closed.

### **b. Out-of-Home Placement Safety Check**

The *Out-of-Home Placement Safety Check* evaluates the safety of children in their out-of-home care placements (e.g., foster homes, with relative caregivers). The permanency case manager must complete and document the out-of-home safety check at the following milestones:

- Seven (7) days after completion of the formal case plan.
- Seven (7) days after any change of placement of a child into the home.
- Every three (3) months.
- Any time a significant event or change occurs that affects the out-of-home caregiver of the child, including, without limitation, a birth, marriage, death, or major illness.
- Any time, as determined by the permanency case manager/supervisor, there is an indication that the safety of the child(ren) may be in jeopardy.
- Other (i.e., at the supervisor's request).

### **c. Assessment of Family Functioning (NCFAS-G+R [LV])**

An Assessment of Family Functioning is conducted to identify behaviors or issues within the family that suggest future child maltreatment and contribute to the need for removal. The assessment:

- Identifies family strengths, issues, and behaviors that underlie the maltreatment.
- Suggests specific services or interventions.
- Identifies areas related to child well-being (e.g., education, children's physical and mental health).
- Establishes a baseline against which the family's progress can be measured.

Assessments are conducted using the NCFAS-G+R (LV). They must be completed and documented during the initial phase of permanency service provision and reevaluated periodically during the process.

#### **d. Assessment of Child Functioning**

An assessment of child functioning is completed using information obtained from the:

- Parent(s) and other family members.
- Out-of-home care relative and/or foster caregiver.
- Permanency case manager's observation of children.
- Results of any special evaluations (e.g., developmental, medical, educational, or psychological). At removal and prior to placement, the Department of Family Services (DFS) Receiving Team coordinates the completion of an initial health screen and an additional clinical screen. For **all** children entering substitute care, a complete Early Periodic, Screening, Diagnosis, and Treatment (EPSDT) exam is required within fourteen (14) days of placement and a Universal Psychosocial and Psychoeducational Assessment (UPPA) must be completed within thirty (30) days of placement.
- Current and former providers of services (teacher, day care provider, physician, mental health professional, etc.).

The purpose of this assessment is to:

- Identify the strengths of children placed in out-of-home care.
- Identify problem areas where intervention is necessary.
- Identify specific interventions, including interventions to be undertaken by the out-of-home caregiver, the permanency case manager, and other professionals, necessary to enhance the well-being, safety, and permanence of children in out-of-home care.

### **5270. Case Planning**

Using information from the CPS investigation, safety assessment, Assessment of Family Functioning, and assessment of child functioning, the permanency case manager works **with the family** and the Child and Family Team (CFT) to construct a case plan. The case plan identifies:

- The permanency goal for each child.



- The services and interventions designed to resolve family issues related to the child's maltreatment.
- Activities related to alternative permanency options (e.g., adoption, legal guardianship) should families fail to make timely and adequate progress in achieving their case plan objectives.
- Interventions to address issues that affect the well-being of involved children.
- The visitation plan.

The case plan serves as a contact between the family and the Department, specifying the tasks and activities for which each participant is responsible.

The family's progress toward achieving the goals identified in the case plan is periodically evaluated in CFT meetings during the provision of out-of-home services.

## **5280. Service Provision**

During the provision of out-of-home services, the family receives support and services from three (3) sources:

- *Direct Permanency Services* – The permanency case manager must, at defined intervals, visit the:
  - » Child(ren) in out-of-home care.
  - » Out-of-home caregiver.
  - » Out-of-home placement facility (e.g., foster home group home, relative caregiver).
  - » Parent(s) (for whom parental rights are intact) and other potential caregivers living with the parent(s) (a parent's paramour, a stepparent, etc.).
  - » Home(s) of birth parents (for whom parental rights are intact).

During these visits, the permanency case manager must work with children, family members, and out-of-home care providers to identify and respond to issues affecting the child(ren)'s safety, permanency, and well-being while (s)he is in out-of-home care and, prospectively, if (s)he were to be reunified with his/her parent(s)/caregiver(s).

- *Child and Family Team (CFT)* – Nonprofessional members of the CFT (e.g., extended family members, friends) provide support and may oversee family functioning.
- *Collateral Services* – The permanency case manager links the family with professional specialized services (e.g., substance abuse assessment/treatment, mental health evalua-

tion/therapy, domestic violence service, family support worker) that are included in the case plan.

*NOTE:* In cases where at least one (1) child is in out-of-home care and other children remain at home with their parent(s)/caregiver(s), the permanency case manager is responsible for the provision of in-home services. These services must be provided according to the requirements of the **In-Home Services Policies and Procedures** (see *Section 4000: In-Home Services Policies and Procedures*).

## **5290. Family Visitation**

Parent/child visitation is critically important to the emotional security and well-being of children placed in out-of-home care. It is also critically important to the timely and successful achievement of permanency. When siblings are placed in different out-of-home care facilities, it is important that regular sibling visitation occur.

The permanency case manager must work with families, out-of-home caregivers, and the Family Court to develop a visitation plan that provides for **safe, timely, and frequent** family visitation. The permanency case manager must be present for a specified portion of the parent/child visits.

## **52100. Monitoring During Permanency Services**

The permanency case manager must monitor:

- The progress of a parent(s)/caregiver(s) in completing case plan tasks and achieving case plan objectives.
- The adjustment of children to their out-of-home placement.
- The progress in successfully addressing any well-being needs affecting the child(ren) (e.g., medical, developmental, educational needs).

The permanency case manager monitors through:

- Regular in-person and other contact with parents and other family members.
- Regular in-person contact with involved children in their out-of-home care setting and elsewhere (e.g., school and community settings).
- Observation of family visitation.
- Regular in-person and other contact with substitute caregivers (e.g., foster parents, relative caregivers).



- Regular in-person, telephone, and/or written contact with collateral service providers.
- The Child and Family Team (CFT) process.

## **52110. Ending Department Involvement**

Permanency cases may be closed when:

- Permanency has been achieved for the child(ren) (e.g., the children have been reunified, adopted, placed in legal guardianship), **and**
- The child reaches the age of majority without signed consent to remain in care, **and**
- The permanent living arrangement is stable, **and**
- The Family Court has approved closing.

## **52120. Documentation of Permanency Activities**

All case contacts and activities, including attempted activities, conducted by permanency case managers and supervisors must be documented in UNITY case notes and other required UNITY screens. (Refer to the **Case Notes UNITY Student Guide** and the **Forms UNITY Student Guide** regarding how to create case notes and view and create forms. *NOTE:* The permanency case manager must always keep the form unlocked.) This includes, but is not limited to, documentation of telephone contacts, location of contact, visits, meetings, staffing, Court hearings, and receipt of records (e.g., school records, reports from service providers). The purpose of documentation in UNITY is to provide a detailed account of case activities.

The number of case note entries that the permanency case manager is required to enter into UNITY depends on the purpose of the contact. When participants in the same role/relationship category are interviewed together, the interview may be recorded in a single UNITY case note. When participants in different role/relationship categories are interviewed together, the permanency case manager must complete a separate UNITY case note for each category. For example:

- When three (3) children are seen, the permanency case manager may make one (1) case note. "Child contact" must be selected as the case note type, "in-person" must be selected as the type of contact, and the "with" field must include the names of all three (3) children.
- When a child and parent are seen, the permanency case manager must make two (2) separate case notes. The "child contact" case note type must be selected for contact with the child, and the "parent contact" case note type must be selected for contact with the parent.

- When a child and out-of-home caregiver are seen, the permanency case manager must make two (2) separate case notes. The “child contact” case note type must be selected for contact with the child, and the “caretaker contact” case note type must be selected for contact with the out-of-home caregiver.

Case note documentation must be:

- *Objective* – Only observed facts and statements made by the subjects of interviews may be documented in case notes. Case notes are **not** to be a place where permanency case managers express their opinions about case situations.
- *Non-Conclusive* – Case note documentation may describe behavior and conditions observed by the permanency case manager. For example, it is appropriate to document that “the father staggered, slurred his words, and smelled of alcohol.” It is inappropriate to document that “the father was drunk” (see *Section 5230: Confidentiality* regarding documenting confidential information, such as HIV status, in case notes).
- *Detailed* – Case note documentation must provide a specific, detailed account of what interview subjects say and what permanency case managers observe. When interviewing family members, it is necessary to record important statements in a manner that is as nearly *verbatim* as is reasonably possible. It is also important to document any notable behavioral presentation made by the interview subject during the interview; for example, “The child looked at the door to the room where his foster father waited before answering any question about his injury.”

In addition to detailed information describing the interview/activity, all UNITY case notes must include:

- » The type of contact (e.g., in-person, telephone).
- » The date of the activity.
- » The start and end times of the activity.
- » Identification of **all** persons present during the activity.
- *Timely* – Case notes must be written as soon after the activity as is reasonably possible. At a minimum, case note documentation must be completed within the following time frames:
  - » All interviews/activities involving **critical issues** (i.e., information that may be necessary to after-hours staff) as identified by permanency supervisors must be documented in UNITY case notes on the same day that the interview or activity occurred.



- » All other case activities must be documented within three (3) working days of their occurrence and not later than the end of the permanency case manager's/supervisor's workweek.

## Documentation

### **5300. Transition From CPS Investigations or the In-Home Services Unit to Permanency Services**

Cases may be transferred to permanency services from CPS investigations or from the In-Home Services Unit. Ensuring a smooth case transfer is a responsibility shared by the sending CPS investigator/supervisor or in-home case manager/supervisor and the receiving permanency case manager and supervisor. The transition must provide continuity from the child's and family's perspective and a full exchange of information between the CPS investigator/in-home case manager and the permanency case manager.

Permanency services are most effective when begun soon after removal. It is important, therefore, that the transition from CPS/the In-Home Services Unit to the Permanency Unit occur at the earliest possible time following removal. The formal transition occurs at the Transitional Child and Family Team (CFT) meeting. The Transitional CFT meeting provides the opportunity to:

- Hold a clear and complete discussion of the circumstances leading to the need for removal.
- Begin to engage the family in the effort to attain permanency.
- Create the transitional case plan.

### **5310. Transfers From CPS Investigations to Permanency**

Cases must be transferred to a permanency case manager when, during CPS investigations, at least one (1) child has been:

- Removed.
- Placed in the legal custody of the Department.
- Placed in out-of-home care.

The official transfer takes place at a Transitional Child and Family Team (CFT) meeting.

### **a. Time Frames for Transfers From CPS Investigations**

The Transitional Child and Family Team (CFT) meeting must be scheduled no later than three (3) working days following the Plea Hearing and held no later than five (5) working days following the Plea Hearing regardless of the status of the investigation. While the CPS investigator/supervisor shall remain responsible for the completion and documentation of all required investigative activities, the transfer process shall not be delayed beyond the time frames for transfer because of outstanding investigative activities or because of documentation deficiencies.

### **b. Notify the Receiving Permanency Supervisor**

Within twenty-four (24) hours of determining that a case is to be transferred from CPS/the In-Home Services Unit to the Permanency Unit, the CPS/in-home supervisor must notify by e-mail the permanency supervisor for the geographic area to which the case is to be transferred. This notification will include a copy of the petition and the completed *Case Transfer Form*.

### **c. Assign the Case to a Permanency Case Manager**

The permanency supervisor must assign the case to a permanency case manager within one (1) business day of the notification from the CPS/in-home supervisor.

The permanency supervisor must forward an e-mail copy of the case assignment, including the name of the assigned permanency case manager, to the CPS/in-home supervisor.

As part of the case assignment process, the permanency supervisor must discuss the case with the permanency case manager at or before the time the case is assigned in UNITY. This discussion may take place in person or by telephone.

### **Documentation**

### **d. Review Documents**

The assigned permanency case manager and supervisor must carefully review the following documents before the Transitional Child and Family Team (CFT) meeting and, if at all possible, before the respective transfer conference:

- The affidavit or brief case summary sent by the CPS/in-home supervisor to initiate the case transfer.
- The *Transfer Decision Summary Cover Sheet and Checklist*.
- The Hotline report for the most recent CPS investigation leading to the removal of the children from the parent's (parents') custody.



- UNITY case notes related to the CPS investigation leading to the removal of the children from the parent's (parents') custody.
- The *Nevada Safety Assessment* and *NIA Summary* for the CPS investigation leading to the removal of the children from the parent's (parents') custody.
- UNITY documentation of any previous CPS investigations involving the family.
- UNITY documentation of any previous permanency involvement (in-home or placement) with the family.
- Any documentation from the placement specialist (on the Receiving Team or the Placement Team), including *Placement Request and Disclosure Form*, the *Health Passport*, and the *Placement Custody Letter*. (It is important to note that other forms may be included in the placement packet for children placed in a higher level of care.)

#### **Documentation**

#### **e. Supervisor Transfer Conference**

The sending CPS supervisor will contact the receiving permanency supervisor by e-mail, by telephone, or in person to arrange a supervisory transfer conference. The supervisory conference may occur in person or by telephone. If at all possible, it will take place before the Transitional Child and Family Team (CFT) meeting. The purpose of the supervisory conference is for the CPS supervisor to describe the case, identify any special issues for the permanency supervisor, and identify any incomplete CPS investigative activity and/or documentation.

#### **Documentation**

#### **f. CPS Investigator/Permanency Case Manager Transition Conference**

The sending CPS investigator must contact the receiving permanency case manager to arrange the Transitional Child and Family Team (CFT) meeting and to discuss the case (describing the family, the overall situation, and any special issues). This transfer conference must occur before the Transitional CFT meeting.

**NOTE:** As often as is reasonably possible, the CPS investigator and supervisor and the permanency case manager and supervisor shall meet in person in a joint transfer conference.

#### **Documentation**

### **g. Transitional Child and Family Team Meeting**

The Transitional Child and Family Team (CFT) meeting is an in-person meeting held in a location determined by the CPS investigator in conjunction with the parent(s). The Transitional CFT meeting must be scheduled no later than three (3) business days, and held no more than five (5) business days, following the Plea Hearing without regard to the status of the investigation. The participants are:

- The child(ren)'s custodial and noncustodial parent(s) (it is important that both parents/caregivers participate if two [2] parents/caregivers live in the home).
- The CPS investigator.
- The assigned permanency case manager.
- The family may invite any other people who are committed to the family and child(ren) and who are invested in helping them achieve their case plan objectives.
- The child(ren) may participate for all or some of the meeting as agreed to by the parent(s)/caregiver(s) and the CPS investigator.
- Any previously identified CFT members.
- The out-of-home caregiver may attend as determined by the CPS investigator, in conjunction with the parents.
- In Family Court-involved cases, attorneys for parents and children must be notified of the Transitional CFT. While every reasonable effort must be made to include attorneys in the Transitional CFT, the meeting must be held within the time frame required in *Section 4310: Time Frames for Transition to In-Home Services Cases*.

The purposes of the Transitional CFT meeting are:

- To introduce the permanency case manager to the family.
- To discuss the safety and risk concerns leading to the need for placement so that CFT participants share an understanding of the issue(s) in need of resolution.
- To transfer the CPS investigator's relationship to the family and authority to the permanency case manager.
- To identify/clarify any issues pertaining to the investigation.
- To establish expectations for the family and permanency case manager with regard to the ongoing relationship.



- To develop the transitional case plan, including a plan for monitoring activities.
- To obtain any necessary consents for release of information from the parent(s)/caregiver(s).
- To discuss the child(ren)'s adjustment to out-of-home care.
- To discuss any special needs identified for the child(ren).
- To review and update the visitation plan.
- To formally transition the case from the investigative to the service assessment/provision stage.

The permanency case manager is responsible for documenting the Transitional CFT meeting on the *CFT Summary Form* and in UNITY case notes. The investigator will bring the blank forms for the Transitional CFT meeting. For all subsequent meetings, the permanency case manager will be responsible for bringing the applicable blank forms.

At every CFT meeting, all participants must sign the *CFT Confidentiality Statement*. Each attendee must also sign the *CFT Summary Form*. The permanency case manager is responsible for distributing signed copies to the attendees. This distribution may be done in person or by mail.

## Documentation

### h. Case Record Transition

Following the Transitional Child and Family Team (CFT) meeting, the CPS investigator must give the hard-copy case file to the permanency case manager. The same or the following day, the permanency case manager must give the case file to the permanency supervisor. Within twenty-four (24) hours of receiving the file, the permanency supervisor must review the hard-copy file and UNITY case records to become familiar with the case and to ensure that the CPS documentation is complete. If the permanency supervisor identifies any incomplete required CPS activities or any documentation deficiencies, the permanency supervisor must contact the CPS supervisor. The CPS supervisor is responsible for ensuring that all required investigative activities and related documented activities are complete. Any disagreement about whether CPS activities have been completed and/or documented as required will be resolved by the respective assistant manager(s).

At the point of transfer, the CPS investigator/supervisor is responsible for ensuring that all of the investigative activities have been documented, UNITY screens have been completed and are up to date, and required documentation has been placed in the case file. This includes:

- Documentation that the UNITY and Shared Computer Operations for Protection and Enforcement (SCOPE) history have been reviewed.

- A copy of the initial *CPS Report*.
- A copy of the *Investigation Finding Worksheet*.
- Documentation in case notes of each attempted or completed investigative contact/activity.
- Documentation of the *Nevada Safety Assessment* and all other completed safety assessments, including copies of all safety plans.
- Documentation of the Nevada risk assessment.
- Documentation of the *NIA Summary*.
- Records obtained during the investigation including, but not limited to, police reports, medical reports, and reports from service providers.
- Paperwork completed in the field, which includes all *CFT Summary Forms*, the *Common TANF Application*, *Indian Child Welfare Act (ICWA)* (and all corresponding paperwork if there is a tribal affiliation), and the *Emergency Placement Safety Check* (if applicable).
- Documentation that all required UNITY screens have been completed; for example, the end date legal and/or removal status screens have appropriately been updated, and all participant demographic information for all involved parties is complete and up to date.
- For Court-involved cases that have been set for Report and Disposition (R&D), a dispositional report with the following sections completed by the CPS investigator:
  - » Demographic information.
  - » Reason for hearing.
  - » Specialist recommendations.
  - » Report of police or investigating authority.
  - » Parent's response to the offense.

In addition, copies of the petition, reasonable efforts, and seventy-two (72) -hour protective orders are forwarded to the permanency case manager.

**NOTE:** The CPS investigator must forward all subsequent documents to the assigned case manager.

## **Documentation**

### **i. Transition of Case Responsibility**

Primary responsibility for the case is transferred to the permanency case manager/supervisor at the Transitional Child and Family Team (CFT) meeting. Responsibility for any outstanding investigative



activity, documentation, and required testimony at any Evidentiary Hearing remains with the CPS investigator/supervisor. **Under no circumstances will primary case responsibility revert to the CPS investigator/supervisor because of outstanding investigative responsibility unless so directed by the CPS manager.**

## **5320. Transfers From In-Home Services to Permanency**

For children and families receiving in-home services, some removals are intended as short-term interventions (e.g., a single parent needs brief inpatient care and has no child care alternatives). When there is the reasonable likelihood of early reunification (i.e., reunification within thirty [30] days), cases are to remain with the In-Home Services Unit. Short-term removals that are not expected to result in placement exceeding thirty (30) days remain with the in-home case manager and are not transferred to the Permanency Unit.

All other cases where the Family Court has placed at least one (1) child in the custody/wardship of the Department and in which at least one (1) child is placed in out-of-home care must be transferred to permanency services within the time frames discussed below.

### **Documentation**

#### **a. Time Frames for the Transition of Cases From In-Home Services to Permanency Services**

##### **(i) Children Who Are in the Custody or Wardship of the Department at the Time of Removal**

The cases of children who were placed in the custody or wardship of the Department by the Family Court prior to the children's removal (i.e., children who were in the Department's custody or wardship during the time they received in-home services) must be transferred to a permanency case manager within thirty (30) calendar days of their removal. The in-home supervisor will determine the timing of the transition based on the likelihood of early reunification. Cases in which there is not reasonable likelihood of reunification within thirty (30) days of removal must be transferred to the Permanency Unit as soon as possible.

##### **(ii) Children Who Are Not in the Custody or Wardship of the Department at the Time of Removal**

The cases of children who were not in the custody or wardship of the Department prior to their removal (i.e., children who were not in the Department's custody or wardship during the time they received in-home services) must be transferred to a permanency case manager five (5) business days before the Report and Disposition (R&D) Hearing.

## **b. Notify the Receiving Permanency Supervisor**

**Immediately** upon determining that a case is to be transferred from in-home to the Permanency Unit, the in-home supervisor must notify by e-mail the permanency supervisor for the geographic area to which the case is to be transferred. This notification will include the *Case Transfer Form* and a copy of the Court affidavit(s).

## **c. Assign the Case to a Permanency Case Manager**

The permanency supervisor must assign the case to a permanency case manager within twenty-four (24) hours of the notification from the in-home supervisor. The permanency supervisor must forward an e-mail copy of the case assignment, including the name of the assigned permanency case manager, to the in-home supervisor.

### **Documentation**

## **d. Review of Documents**

The assigned permanency case manager and supervisor must carefully review the following documents before the Transitional Child and Family Team (CFT) meeting and, if at all possible, before the respective supervisory transfer conference:

- The initial or most recent *Case Transfer Cover Sheet* and attachments from investigations, which are sent by the in-home supervisor to initiate the case transfer.
- The Hotline report for the CPS investigation leading to the case opening.
- UNITY case notes related to the CPS investigation leading to the case opening and/or current removal.
- The modification of the Court Order Report.
- The *Nevada Safety Assessment*, risk assessment, and *NIA Summary* for the CPS investigation leading to the case opening.
- Any safety assessments completed during the provision of in-home services.
- The NCFAS-G+R (LV) completed during the provision of in-home services.
- The case plan completed during the provision of in-home services.
- UNITY transfer summary case note.
- UNITY case notes related to the provision of in-home services.
- UNITY documentation of any previous CPS investigations involving the family.



- UNITY documentation of any previous Permanency Unit involvement (in-home or placement) with the family.

#### **Documentation**

### **e. Supervisor Transfer Conference**

The sending in-home supervisor must contact the receiving permanency supervisor by e-mail, by telephone, or in person to arrange a supervisory transfer conference. The supervisory conference may occur in person or by telephone. If at all possible, it will take place before the Transitional Child and Family Team (CFT) meeting. The purpose of the supervisory conference is for the in-home supervisor to describe the case and identify any special issues for the permanency supervisor.

#### **Documentation**

### **f. In-Home Case Manager/Permanency Case Manager Transition Conference**

The in-home case manager must contact the receiving permanency case manager to arrange the Transitional Child and Family Team (CFT) meeting and to discuss the case (describing the family, the overall situation, and any special issues). This transfer conference must occur before the Transitional CFT meeting.

*NOTE:* As often as is reasonably possible, the in-home case manager and supervisor and permanency case manager and supervisor shall meet in person in a joint transfer conference.

#### **Documentation**

### **g. Transitional Child and Family Team Meeting**

The Transitional Child and Family Team (CFT) meeting is an in-person meeting held in a location determined by the in-home case manager in conjunction with the parent(s). The Transitional CFT meeting must occur within five (5) working days prior to the Report and Disposition (R&D) Hearing for cases where wardship has already been determined or, for other cases, within five (5) days of case assignment. The participants are:

- The child(ren)'s custodial and noncustodial parent(s) (it is important that both parents/caregivers participate if two [2] parents/caregivers live in the home).
- The in-home case manager.

- The assigned permanency case manager.
- The family may invite any other people who are committed to the family and child(ren) and are invested in helping them achieve their case plan objectives.
- The child(ren) may participate for all or some of the meeting as agreed to by the parent(s)/caregiver(s) and the in-home case manager.
- Any previously identified CFT members.
- The out-of-home caregiver may attend as determined by the in-home case manager, in conjunction with the parents.

The purposes of the Transitional CFT meeting are to:

- Introduce the permanency case manager to the family.
- Discuss the safety and risk concerns leading to the need for placement so that the family, the in-home case manager, and the permanency case manager share an understanding of the issue(s) in need of resolution.
- Transfer the in-home case manager's relationship to family and authority to the permanency case manager.
- Identify/clarify any issues pertaining to the provision of in-home services.
- Establish expectations for the family and the permanency case manager with regard to the ongoing relationship.
- Review the case plan, including the visitation plan, and make any necessary revisions.
- Obtain any necessary consents for release of information from the parent(s)/caregiver(s).
- Formally transition the case from the In-Home Services Unit to the Permanency Unit.

The permanency case manager is responsible for documenting the Transitional CFT meeting on the *CFT Summary Form* and in UNITY case notes. The in-home case manager is responsible for bringing the blank forms for the initial Transitional CFT meeting. For all subsequent meetings, the permanency case manager is responsible for bringing all applicable forms.

At every CFT meeting, all participants must sign the *CFT Confidentiality Statement* and the *CFT Summary Form*. During the Transitional CFT meeting, the permanency case manager is responsible for completing the *CFT Summary Form*, which includes documenting the transitional case plan details. The permanency case manager must distribute signed copies of the *CFT Summary Form* to the attendees either in person or by mail.



## Documentation

### h. Case Record Transition

At the Transitional Child and Family Team (CFT) meeting, the in-home case manager must give the hard-copy case file to the permanency case manager. The same or the following day, the permanency case manager must give the case file to the permanency supervisor. Within twenty-four (24) hours of receiving the file, the permanency supervisor must review the hard-copy file and UNITY case records to become familiar with the case and to ensure that the in-home documentation is complete. If the permanency supervisor identifies any incomplete required in-home activities or any documentation deficiencies, (s)he must contact the in-home supervisor. The in-home supervisor is responsible for ensuring that all required in-home activities and related documented activities are complete. Any disagreement about whether in-home activities have been completed and/or documented as required will be resolved by the respective assistant manager(s).

At the Transitional CFT meeting, the in-home case manager is responsible for ensuring that all of the in-home activities have been documented, UNITY screens have been completed and are up to date, and certain paperwork is placed in the case file.

At the point of the Transitional CFT meeting, the in-home case manager is responsible for ensuring that all of the in-home activities have been documented, UNITY screens have been completed and are up to date, and required documentation has been placed in the case file. This includes:

- All documents related to any CPS investigation.
- Documentation of the *Nevada Safety Assessment* and all other completed safety assessments, including copies of all safety plans.
- Records obtained from medical, mental health, and service providers and the school.
- Paperwork completed in the field, which includes the *Social Summary*, *Common TANF Application*, *Indian Child Welfare Act (ICWA)* (and all corresponding paperwork if there is a tribal affiliation), and the *Emergency Placement Safety Check* (if applicable).
- The modification of the Court Order Report.
- Documentation of all *CFT Summary Forms*.
- Documentation that all required UNITY screens have been completed (i.e., the end-date legal and/or removal status screens have appropriately been updated and all participant demographic information for the involved parties is complete and up to date).

- For Court-involved cases that have been set for a Report and Disposition (R&D) Hearing, the dispositional report.
- The NCFAS-G+R (LV).
- A signed case plan(s).
- If applicable, a youth plan for independent living.

## Documentation

### i. Transition of Case Responsibility

Primary responsibility for the case is transferred to the permanency case manager/supervisor at the Transitional Child and Family Team (CFT) meeting. Responsibility for any outstanding in-home activity, documentation, and required testimony at any Family Court hearings remains with the in-home case manager/supervisor. **Under no circumstances will primary case responsibility revert to the in-home case manager/supervisor because of outstanding in-home responsibility, unless so directed by the assistant manager.**

## 5400. Conducting Assessments

The permanency case manager and supervisor are responsible for conducting:

- Ongoing assessment of the safety of all involved children from the perspective of safety threats posed by the birth family and the birth family home (*Nevada Safety Assessment*).
- Ongoing assessment of the safety of children in their out-of-home placements (*Out-of-Home Placement Safety Check*).
- Ongoing assessment of the safety of children during visits with their parent(s)/caregiver(s) (*Visitation Safety Check*).
- Ongoing Assessment of Family Functioning (NCFAS-G+R [LV]).
- Ongoing assessment of the well-being of all children in out-of-home care (NCFAS-G+R [LV]).

As shown below, the permanency case manager must complete certain assessments of children in out-of-home care, their parent(s)/caregiver(s), and their out-of-home caregiver(s) at particular milestones.



**Assessments of Children and Their Families During Placement in Out-of-Home Care**

Assessment	Milestone
<i>Nevada Safety Assessment</i> (assessing the safety of children when they are with their parent[s]/caregiver[s]).	<ul style="list-style-type: none"> <li>• Before each Court review (every six [6] months).</li> <li>• Before any unsupervised visitations between the child and his/her parents.</li> <li>• Before returning the child to the custody of his/her parent(s).</li> <li>• Thirty (30) days following the return of a child to his/her parent(s).</li> <li>• Any time, as determined by the permanency case manager/supervisor, there is an indication that the safety of the child(ren) may be jeopardized.</li> <li>• Any time a significant event or change occurs that affects the household of a parent of the child, including, without limitation, a birth, marriage, death, or major illness.</li> <li>• Prior to supervisory approval for case closure of a permanency case.</li> </ul>
<i>Nevada Safety Assessment</i> (assessing the safety of children when they are with their out-of-home caregiver[s]).	<ul style="list-style-type: none"> <li>• Any time, as determined by the permanency case manager/supervisor, there is an indication that the safety of the child(ren) may be jeopardized in his/her out-of-home placement.</li> <li>• Any time a significant event or change occurs that affects the household of an out-of-home caregiver of the child, including, without limitation, a birth, marriage, death, or major illness.</li> <li>• Prior to supervisory approval for case closure of a permanency case.</li> </ul>

Assessment	Milestone
<i>Out-of-Home Placement Safety Check.</i>	<ul style="list-style-type: none"> <li>Seven (7) days after completion of the formal case plan.</li> <li>Seven (7) days after any change of placement of a child into the home.</li> <li>Every three (3) months.</li> <li>Any time a significant event or change occurs that affects the out-of-home caregiver of the child, including, without limitation, a birth, marriage, death, or major illness.</li> <li>Any time, as determined by the permanency case manager/supervisor, there is an indication that the safety of the child(ren) may be in jeopardy.</li> <li>Other (i.e., at the supervisor's request).</li> </ul>
NCFAS-G+R (LV).	<ul style="list-style-type: none"> <li>Within fifteen (15) working days of the Transitional Child and Family Team (CFT) meeting.</li> <li>Within fifteen (15) days of the identification or location of an absent parent.</li> <li>Before each evaluation of the case plan (every ninety [90] days).</li> <li>Before the permanency supervisor approves case closure.</li> </ul>
<i>Visitation Safety Check.</i>	<ul style="list-style-type: none"> <li>Every three (3) months.</li> <li>Before making changes to the visitation arrangements (e.g., changing the level of supervision or discontinuing visitation).</li> </ul>
<i>Social Summary.</i>	<ul style="list-style-type: none"> <li>Ensure the completion of the initial <i>Social Summary</i> (by the CPS investigator or within forty-five [45] working days of the Transitional CFT meeting).</li> <li>Update as applicable every six (6) months (before evaluating the case plan).</li> </ul>

## 5410. Special Direction When Assessments Detect Domestic Violence

Whenever the permanency case manager gathers information that a parent whose parental rights are intact has committed an act of domestic violence, the permanency case manager must, with supervisory approval and in compliance with NRS 432B.157:

- Notify the district attorney (DA).



- Hold a case conference including, at minimum, the permanency case manager, the permanency supervisor, and the DA to determine whether to set a status check hearing in Family Court.
- Notify the Family Court of the domestic violence, if determined to be necessary.

The Family Court will make a determination as to whether the parent is a domestic violence perpetrator. A child may not be released to a domestic violence perpetrator unless the Family Court finds it to be in the child's best interest.

## **5420. Nevada Safety Assessment**

In out-of-home care, the *Nevada Safety Assessment* is used in two (2) ways:

- For children for whom one (1) or both parents' parental rights are intact, to assess the safety of children living in out-of-home care **as if they were in the care of their birth families/caregivers**. The results of this prospective safety assessment are used as part of the evaluation of whether children can be safely reunified and what conditions must be applied to visitation (i.e., the duration and location of family visits and the level of supervision necessary).
- In conjunction with the *Out-of-Home Placement Safety Check*, to assess the safety of children in their out-of-home placement.

The safety of children living in out-of-home care is assessed continuously and must be documented at defined milestones and according to the focus identified for each milestone. The purpose of the safety assessment is to identify children who are in immediate or impending danger of serious harm because of maltreatment or because of the dangerous actions, behaviors, and/or conditions of (1) their birth families/homes or (2) their out-of-home caregivers/homes.

### **a. Understanding Safety**

Safety is best understood when it is compared to risk. Safety is a subset of the broader concept of risk. A threat to a child's safety is a specific type of risk. All safety factors are also risk factors; however, not all risk factors are safety factors because safety is a form of risk that is more precisely defined or specialized.

#### **(i) Similarities Between Safety and Risk**

Safety and risk are similar in some very important ways.

- In child welfare, they are both used to predict future harm to children.



- Safety and risk both relate to the conditions of the home environment, the behavior or the physical/mental condition of a family member, or an interaction in the family.
- Safety and risk elements can change quickly.
- In many cases, both safety and risk can often be controlled or reduced by utilizing family strengths or other mitigating factors and circumstances. In some cases, it may be necessary to address the problems with specific interventions designed to protect the child.

#### (ii) Differences Between Safety and Risk

The essential differences between safety and risk concern time, severity, and the purpose of the child welfare response.

- Safety threats refer to danger **now (present danger) or in the immediate future (impending danger)**. Risk refers to potential maltreatment sometime in the future.
- A safety threat suggests that a child will be **seriously** harmed. Risk is concerned with a full range of severity of harm, from minor to severe.
- Safety and risk may both require intervention in order to prevent maltreatment of children. In the case of threats to child safety, the purpose of intervention is to **control** the situation to prevent harm from occurring immediately or in the short term. The primary purpose of child welfare response to risk is to reduce or resolve the problems that lead to risk.

#### b. Using the *Nevada Safety Assessment*

The *Nevada Safety Assessment* is a process designed to provide a mechanism for quickly assessing whether a child involved with the Department is safe. A child is **unsafe** when, because of behaviors of the child's parent/caregiver or because of conditions in the home, it is likely that, without quick intervention, the child will be seriously harmed or is at risk of serious harm in the future (i.e., within fourteen [14] days). The safety assessment is used to help focus decision making about whether a child is safe or unsafe. If a child is assessed as being unsafe, the safety assessment guides decisions about the measures or actions that will best ensure the safety of the child.

The *Nevada Safety Assessment* is to be considered a process rather than a required form. Nevertheless, the permanency case manager must complete a hard-copy version of the *Nevada Safety Assessment* as the assessment is conducted in the field.

The permanency case manager is required to:



- Complete a hard-copy version of the *Nevada Safety Assessment* as the assessment is conducted in the field.
- Following the completion of the hard copy of the *Nevada Safety Assessment*, enter the assessment results in UNITY within one (1) working day.

The permanency supervisor must approve the *Nevada Safety Assessment* in UNITY within twenty-four (24) hours of its being completed by the permanency case manager.

### **Documentation**

#### **(i) When the Nevada Safety Assessment Must Be Completed During Permanency Services – Part A**

##### **Assessment of the Safety of Children From the Perspective of Safety With Parent(s)/Caregiver(s)**

The permanency case manager must complete a *Nevada Safety Assessment* from the perspective of the child(ren)'s safety with his/her parent(s)/caregiver(s) at the following milestones:

- Before each Court review (every six [6] months).
- Before any unsupervised visitations between the child and his/her parent(s).
- Before returning the child to the custody of his/her parent(s).
- Thirty (30) days following the return of a child to his/her parent(s).
- Any time, as determined by the permanency case manager/supervisor, there is an indication that the safety of the child(ren) may be jeopardized.
- Any time a significant event or change occurs that affects the household of a parent of the child, including, without limitation, a birth, marriage, death, or major illness.
- Prior to supervisory approval for case closure of a permanency case.

**NOTE:** When the permanency case manager is providing services to children who are in the care of their parent(s)/caregiver(s) (i.e., [1] children who have been reunified and [2] children who have been born into, or moved into, a family from which other children are in out-of-home care [see *Section 5710.a: Permanency Case Manager Contact With Children in Out-of-Home Care*]), the permanency case manager must adhere to the requirements for the *Nevada Safety Assessment* in the **In-Home Services Policies and Procedures**.

##### **Assessment of the Safety of Children From the Perspective of Safety With Out-of-Home Caregivers**



The permanency case manager must complete a *Nevada Safety Assessment* from the perspective of the child(ren)'s safety with his/her out-of-home caregiver(s) at the following milestones:

- Any time, as determined by the permanency case manager/supervisor, there is an indication that the safety of the child(ren) may be jeopardized in his/her out-of-home placement.
- Any time a significant event or change occurs that affects the household of an out-of-home caregiver of the child, including, without limitation, a birth, marriage, death, or major illness.
- Prior to supervisory approval for case closure of a permanency case.

**c. Steps for Completing the *Nevada Safety Assessment***

The *Nevada Safety Assessment* must be completed in five (5) sequential steps:

**(i) Safety Threat Identification – Part B**

The *Nevada Safety Assessment* includes twelve (12) caregiver behaviors or conditions of the child(ren)'s environment that may constitute threats to child safety. As a result of the presence of one (1) or more of the twelve (12) safety concerns, one (1) or more children may be in immediate or impending danger of serious harm. When assessing the child(ren)'s safety, consider the effects that any adults or members of the household who have access to the child(ren) could have on his/her safety, taking into account the child(ren)'s vulnerability and the caregiver's protective capacity. When considering the identification of a safety factor as threatening the child(ren), two (2) factors must be evaluated:

- The behavior or condition must be serious enough to pose a plausible danger of serious harm to the child in the near future. For example, a father of a fourteen (14) -year-old who smokes marijuana while caring for the child probably does not pose a safety threat to his child. A mother who is addicted to methamphetamine and caring for an infant probably does pose a safety threat.
- There must be a substantial reason to believe that the behavior or condition exists. Suspicions, rumors, gut feelings, or hunches do not constitute safety threats. The safety threat must be observable, and there must be credible information supporting the conclusion that it exists.

When there are no safety factors that are checked "yes," the permanency case manager is to summarize the available information by indicating that no child is likely to be in immediate danger of serious harm.

**NOTE:** Whenever a permanency case manager determines that there is reasonable cause to believe that an incident or set of circumstances constituting child abuse or neglect as defined in the



Nevada Child Abuse and Neglect Allegation System (CANS) has occurred, the permanency case manager must **immediately** contact the Hotline.

**(ii) Assessment of the Vulnerability of Involved Children to Identified Safety Threats – Part C**

An identified safety concern may present a threat to some vulnerable children but not to other, less vulnerable children. A vulnerable child is one who cannot protect himself/herself from an identified safety threat and is dependent on others for protection. For example, an infant whose parent has a moderately serious drinking problem is vulnerable because an infant cannot self-protect against inadequate supervision. A healthy sixteen (16) -year-old in the same situation is probably not vulnerable. Children with developmental, behavioral, physical, and/or emotional disabilities are generally considered more vulnerable.

- If a safety concern is identified but the permanency case manager determines that any child(ren) in the home is not vulnerable to the concern, the reason(s) that the child(ren) is not vulnerable must be documented on the *Nevada Safety Assessment*.
- If, following the completion of Part C, no safety threats are identified, the conclusion that the child(ren) is safe is documented in Part E.

**(iii) Assessment of Caregiver Protective Capacities – Part D**

If a safety threat(s) is identified after completing Parts B and C, the permanency case manager must assess whether any caregiver protective capacities mitigate the identified safety threat(s). Caregiver protective capacity is defined as the ability and willingness of a caregiver **other than the caregiver causing the safety threat** to protect the child from the identified threat. In order for the permanency case manager to determine that a caregiver can and will protect a child from a safety threat, the protective caregiver must have demonstrated protective capacity through his/her behavior. A caregiver simply saying that (s)he will take protective action is not sufficient to mitigate concern for the child's safety. The caregiver must have credibly acknowledged the safety threat and demonstrated reliability through his/her behavior. For example, the mother of a sexual abuse victim who files for a protective order to prevent the perpetrator from returning to the home has demonstrated protective capacity.

**(iv) Safety Conclusion – Part E**

The safety conclusion is the determination that the child(ren) is either safe or unsafe.

- If no safety threats are identified or all identified safety threats are mitigated by caregiver protective capacity, the child(ren) is assessed as safe.
- If safety threats are identified and no caregiver demonstrates the capacity to protect the child(ren) from the safety threats, the child(ren) is assessed as unsafe.



- If all children are assessed as safe, the safety assessment is complete.

**(v) Safety Intervention Analysis – Part F**

If any child is assessed as unsafe, the permanency case manager must make an immediate safety intervention.

- A child(ren) found to be unsafe due to a behavior or condition related to the child(ren)'s out-of-home caregiver or placement.
  - » If any child is found to be unsafe in his/her out-of-home placement, that child and all other children in the Department's custody/wardship must be immediately removed from the placement facility. Exceptions to this requirement may only be made by the assistant manager.
  - » **Only** with the approval of the permanency assistant manager, establish a safety plan.
- When it is determined that children **who are in out-of-home care** would be unsafe if they were with their parent(s)/caregiver(s), the permanency case manager, in conjunction with the permanency supervisor, must:
  - » Consider adding or changing case plan tasks and/or objectives.
  - » Consider changing the visitation plan to ensure the child(ren)'s safety during visits.
  - » Consider changing the permanency goal.
- Children found to be unsafe due to a behavior or condition related to the child(ren)'s parent(s)/caregiver(s) (e.g., behaviors/conditions affecting children after reunification or during visitation, children who are living at home while their siblings are in out-of-home care).
  - » Establish a safety plan.
  - » If the child has been placed in the Department's custody or wardship by a Court, remove the child.
  - » If the child has not been placed in the Department's custody by a Court (i.e., children who live at home while their siblings are in out-of-home care), seek removal of the child by *Court Order* or, in emergency situations, by contacting CPS (the Hotline) or the police.

To determine which intervention is appropriate, the permanency case manager must consider the following questions:



- Is the safety threat caused by an action, behavior, or condition of the child(ren)'s birth parent/caregiver or the parent's (parents')/caregiver's (caregivers') home (and **not** the child[ren]'s out-of-home caregiver or placement facility)?
- Is it reasonably likely that the behaviors or conditions causing the safety threat(s) can be controlled while the threat(s) is resolved or reduced so that the child(ren) is safe with the caregiver(s)?
- Is there sufficient stability within the home to realistically permit a permanency safety intervention to protect the child(ren)?
- Does the caregiver(s) plausibly express the willingness to cooperate with a safety intervention?
- Are the resources (within the family and/or community) necessary for the safety intervention realistically and immediately available?

If the answer to all of the questions is yes, a **safety plan** must be established. If the answer to any of these questions is no, the permanency case manager must remove the unsafe child(ren) if (s)he has been made a Department ward by a Court or seek his/her removal through CPS or the police if (s)he is not in the Department's custody.

#### **d. Safety Planning**

When children are found to be unsafe in their out-of-home placement, they must be immediately removed from the placement facility. Safety plans may only be used to control safety threats occurring in any out-of-home placement facility with the prior approval of the assistant manager.

Safety plans are voluntary, temporary, and usually short-term measures designed to control threats that suggest that a child is likely to be seriously harmed in the near future. They are implemented **only** when a child has been assessed as being **unsafe**. Safety plans must be adequate to ensure the child's safety but as minimally disruptive to the child and family as is reasonably possible. Since children who are unsafe are likely to be harmed in the near future, safety plans **must** be put into place immediately after the CPS investigator, in-home case manager, or permanency case manager assesses the child(ren) to be unsafe (i.e., the permanency case manager must implement the safety plan before the child[ren] is left with the caregiver[s] responsible for the conditions that rendered him/her unsafe).

It is important that safety plans be crafted to control specific threats. There must be a mechanism for ending each safety plan. Every safety plan must specify the conditions under which the plan is to be terminated and an estimated time frame within which this can be expected to occur. For example, a safety plan in which the family moves in with friends while dangerous exposed wiring is repaired in the home can end when the wiring is safely repaired. Another example is a safety plan



in which a father who has allegedly sexually abused his daughter and has moved out of the home can end when he is either exonerated or when it is determined that he committed the sexual abuse and concrete steps have been taken to prevent him from having unsupervised access to his daughter. In addition, the safety plan must explain the consequences if the caregiver does not agree to implement the safety plan or fails to carry out the terms of the plan. Failure to agree to the plan or to carry out the plan may result in a reassessment of the home and possible removal and/or referral to the Court.

Many safety plan components involve a provider or an individual who participates in carrying out the terms of the safety plan. The safety plan provider may be a professional (e.g., an inpatient mental health professional, an inpatient substance abuse treatment provider) or a nonprofessional (e.g., a non-offending caregiver, an extended family member who moves into the home to control a safety threat).

**NOTE:** The provision of a service is never, in and of itself, a safety plan. It is relevant to the safety plan only to the extent that it:

- Controls a safety threat (e.g., placement of a dangerous caregiver in an inpatient setting).
- Serves as the mechanism by which the safety threat can be reduced/eliminated.

When developing a safety plan, the permanency case manager must:

- Develop a safety plan to control specific threats.
- Ensure that the safety plan provider of the safety intervention is:
  - » Fully aware of and acknowledges the issues giving rise to the assessment that the child(ren) is unsafe.
  - » Equipped with the requisite skill(s), competencies, and commitment to fulfill his/her designated role.
  - » Realistically capable of ensuring that the terms of the safety plan are met.
- Ensure that each element of the safety plan includes a monitoring plan to make certain that the family is complying with the plan, to verify that it is effectively controlling the related safety threat, and to determine whether it continues to be necessary to keep the child(ren) safe.

## Documentation



**(i) Developing the Safety Plan**

The permanency case manager must engage the parent(s)/caregiver(s) in the process of creating the safety plan because the plan is voluntary on the part of the parent(s)/caregiver(s) and is a collaborative effort between the Department and the family. The parent(s)/caregiver(s) must be specifically aware of the safety concerns giving rise to the need for the safety plan and must be allowed to offer suggestions about potential safety interventions.

Together with the family, each identified safety concern must be considered. One (1) or more safety interventions that will control each safety threat and to which the family agrees must be identified. To be effective, each of the safety interventions must:

- Be immediately accessible and available at the level required to ensure safety.
- Have an immediate impact on controlling safety threats.
- Be the least intrusive response while effectively ensuring the child(ren)'s safety.
- Be specific about the frequency, intensity, and duration of the intervention.
- Identify each person participating in specific activities.
- Identify a safety provider.

In order to serve as safety plan interventions, it is imperative that the elements of the safety plan **directly** respond to one (1) or more of the identified safety threats. For example, while having a grandmother move in with a family to provide protective care for children while their parent is undergoing inpatient drug treatment may be an effective safety intervention; it does no good to have the same grandmother move into a home that has dangerously exposed electrical wiring.

Some examples of interventions that, if they are responsive to the identified safety threat(s), may be effective as safety plan components include:

- An alleged perpetrator agreeing to move out of the home until the investigation is complete.
- A family moving in with friends or an extended family or into a hotel while dangerous home conditions are corrected.
- An adult family member moving into the home to assume protective primary child care responsibilities and to monitor the child(ren)'s safety.
- A parent whose substance abuse poses a safety threat to his/her child(ren) entering inpatient substance abuse treatment while a grandmother cares for the children.



Some service interventions that may be useful in reducing risk may not, by themselves, be components of safety plans. These include:

- An alleged perpetrator promising that (s)he will stop engaging in a dangerous behavior.
- Counseling.
- Parenting training.
- Homemaker services.

The permanency case manager must provide the parent(s)/caregiver(s) and any safety plan providers with a hard-copy version of the safety plan.

#### **(ii) Monitoring the Safety Plan**

Every safety plan must include a strategy for monitoring each safety intervention that is part of the plan. The monitoring plan must include, at minimum:

- Weekly in-person contact with all children assessed to be unsafe who remain at home.
- Weekly in-person contact with any parent/caregiver whose behavior has caused the child to be assessed as unsafe.
- Weekly in-person and/or telephone contact with any nonprofessional safety plan provider.
- Weekly in-person or telephone contact with any professional safety plan provider.
- Conduct of a new/recertified *Nevada Safety Assessment* every five (5) working days during the life of any safety plan.

The permanency case manager is responsible for monitoring the safety plan until it is no longer necessary because all children are safe without it or until the safety threats warrant the removal of children.

#### **Documentation**

##### **(iii) Safety Plan Review**

The permanency supervisor must review and approve every safety plan within twenty-four (24) hours of its inception and on a weekly basis thereafter. The purposes of the review are to:

- Ensure that the safety interventions are adequate.
- Ensure that the safety interventions are not unnecessarily intrusive.



- Ensure that the monitoring plan and its implementation by the CPS investigator are adequate.
- Determine whether the safety plan continues to be necessary.

## Documentation

### (iv) Ending the Safety Plan

Safety plans may be ended because, as result of changes in families/situations, children are no longer unsafe (successful outcome) or because efforts to make changes in families/situations necessary to children's safety have not occurred within a reasonable period of time and, without safety plans, children will not be safe (unsuccessful outcome).

- *Successful Outcome* – Safety plans may be ended because the permanency case manager/supervisor assesses that the child(ren) will be safe without the safety plan. This means that:
  - » The behavior/condition that threatened the child(ren)'s safety has been eliminated or reduced in severity sufficiently that the child(ren) is safe with no safety plan. For example, (1) the mother has kicked her sexually abusive boyfriend out of the home and obtained an order of protection to keep him away from her children, or (2) a dangerously psychotic parent has received inpatient psychiatric care, and his/her symptoms are controlled with medication.
  - » The protective capacity of the parent(s) has increased sufficiently that the child(ren) is safe with no safety plan (e.g., a single parent who has abused her eight [8] -year-old son because she understood provocative behavior as a willful defiance learns that the child's behavior is the result of a treatable psychological problem and gets support from her family in managing the child's behavior).
  - » A child's level of vulnerability has decreased sufficiently that the child(ren) is safe with no safety plan (e.g., a dangerously ill child has received medical care and his/her safety is no longer threatened by the parents' failure to obtain medical care).

When it is determined that the child(ren) will be safe without the safety plan, the plan must be immediately terminated. The decision to terminate a safety plan must be based on the completion of a new safety assessment, considering the child(ren)'s safety as if there were no safety plan, in which the child(ren) is found to be safe. The decision to end the safety plan requires the approval of the permanency supervisor.

The permanency case manager must inform the family and any safety plan providers that the safety plan is being terminated immediately upon the permanency supervisor's determination that the child will be safe without it. The family may be informed of the decision in



person or by telephone. If the family is informed by telephone, the permanency case manager must have in-person contact with the child(ren) and the parent(s)/caregiver(s) within forty-eight (48) hours of the safety plan termination.

- **Unsuccessful Outcome** – Since safety plans are voluntary agreements between the Department and parent(s)/caregiver(s), the decision to terminate them may be made unilaterally by the parent(s)/caregiver(s). When the permanency case manager/supervisor learns that a family has unilaterally terminated a safety plan, an immediate safety assessment of the involved child(ren) must be completed. If the child(ren) is found to be unsafe and the family declines to accept a new safety plan, the permanency case manager, in consultation with the permanency supervisor, must remove all unsafe children who have been placed in the Department's custody by a Court and/or seek the removal of all other unsafe children by seeking a *Court Order* or, in emergency situations, by contacting CPS (the Hotline) or the police.

**NOTE:** Under no circumstances may a safety plan be left in effect following the closure of a permanency case.

## **Documentation**

### **5430. Out-of-Home Placement Safety Check**

When children are placed in the Department's custody/wardship **and** in out-of-home care, the scope of the Department's responsibility for the children widens. It is therefore necessary for the permanency case manager to continually assess whether the out-of-home placements selected for children placed in out-of-home care meet the children's basic needs for safety and well-being. The results of this assessment are used by the permanency case manager and supervisor as an important part of the evaluation of the suitability of the placement for specific children. The placement is only suitable if it meets the safety, well-being, and permanency needs of the individual child(ren).

For children placed in foster homes, in licensed or unlicensed relative homes, or with fictive kin, this assessment is conducted and documented using the *Out-of-Home Placement Safety Check*.

#### **a. Time Frames for Completing the Out-of-Home Placement Safety Check**

At a minimum, the *Out-of-Home Placement Safety Check* must be completed at the following milestones:

- Seven (7) days after completion of the formal case plan.



- Seven (7) days after any change of placement of a child into the home.
- Every three (3) months.
- Any time a significant event or change occurs that affects the out-of-home caregiver of the child, including, without limitation, a birth, marriage, death, or major illness.
- Any time, as determined by the permanency case manager/supervisor, there is an indication that the safety of the child(ren) may be in jeopardy.
- Other (i.e., at the supervisor's request).

### **Documentation**

## **b. Using the *Out-of-Home Placement Safety Check***

### **(i) Section 1 – Identifying Information**

The permanency case manager must list all children in the Department's custody/wardship and all other members of the household. This includes all children not in the Department's custody/wardship (e.g., the caregiver's birth children, adopted children, other relative children living in the home). It also includes any person who lives in the home (i.e., sleeps in the home) for a significant period of time.

### **(ii) Section 2 – Safety Threats**

The permanency case manager must determine whether there have been any changes in the child's and/or in the placement's status since the last safety assessment or the most recently completed *Out-of-Home Safety Check*. If so, the change must be described in a brief narrative.

### **(iii) Section 3 – Protective Capacities**

#### **Part A – Caregiver Protective Capacities**

Using information obtained during visits to the child(ren), visits and other contacts with the out-of-home caregiver(s), visits to the home, contacts with service providers, and other permanency services activities, the permanency case manager must evaluate/determine whether the caregiver is able to meet the child(ren)'s need for safety.

- Has the child(ren) been free of suspicious injuries or injuries that may be the result of an act or failure to act by the caregiver(s)?
- Is the caregiver able and willing to protect the child(ren) from harm or threat of harm?
- Is the caregiver's health adequate to meet the safety needs of the child(ren)?



- Is the caregiver able to control the child(ren)'s behavior or conditions to prevent harm to the child(ren)?
- Is the caregiver willing and able to meet the basic needs of the child(ren) (food, clothing, shelter, and healthcare needs)?
- Is the caregiver able and willing to meet the child(ren)'s special healthcare needs, including any existing serious medical condition?
- Is the caregiver free of any substance abuse issue that poses a threat of harm to the child(ren)?
- Does the caregiver ensure that others who supervise or are in the presence of the child(ren) create no risk of harm to the child(ren)?
- Is the home free of other children who are placed in the foster home and who pose a threat of harm to the child(ren)?
- Does the caregiver have positive perceptions and realistic expectations of the child(ren)?
- Is the home free of other persons who live in or frequent the home and pose a threat of harm to the child(ren)?
- Are there no reports of abuse or neglect against the caregiver? (Check P drive folder titled "Licensing Investigation" to obtain this information.)
- Is the caregiver(s) able and willing to prevent access to the child(ren) by a parent/caregiver that would pose a threat of harm to the child(ren)?
- Is the caregiver free of any current mental health issue that poses a threat of harm to the child(ren)?
- Is the home free of any interpersonal violence (including, but not limited to, domestic violence) that poses a threat of harm to the child(ren)?

If any of the above questions is answered "no," the permanency case manager must explain the safety deficit in the space provided.

#### **Part B – Household Conditions**

Using information obtained during visits to the child(ren), visits and other contacts with the out-of-home caregiver(s), visits to the home, contacts with service providers, and other permanency services activities, the permanency case manager must evaluate/determine whether the home is suitable to meet the child(ren)'s need for safety.

- Is the home free of observable health/sanitation risks to the child?



- Is the home free of observable safety hazards (uncovered electrical outlets, broken windows, etc.)?
- Are weapons and ammunition locked up and inaccessible to children (if applicable)?
- Is there an accessible telephone or other reliable means of communication?
- Does the home have appropriate sleeping arrangements?
- Are there sufficient resources to provide the basic necessities (food, clothing, shelter, healthcare)?
- Does the family have the same physical address (i.e., has the out-of-home caregiver moved since the last *Out-of-Home Placement Safety Check*)?

If any “no” response concerns an issue that subjects any child in out-of-home care to a safety threat or a plausible risk of physical harm, the permanency case manager must take immediate action to ensure the child(ren)’s safety. This action may include, but is not limited to:

- Removing the child.
- Implementing a safety plan (see *Section 5420d: Safety Planning*).
- Contacting the Hotline.

If applicable, the permanency case manager must describe in detail any changes that have occurred in the family’s home situation since the last safety check.

For **licensed foster homes**, any “no” response will require immediate notification to the licensing worker and licensing supervisor.

For **unlicensed out-of-home caregivers**, explain all “no” responses and describe how household conditions will be immediately addressed.

#### (iv) **Section 4 – Well-Being Indicators**

While the assurance of child safety is a prerequisite for out-of-home placements, the Department must also make certain that placements ensure the well-being of children placed in out-of-home care. Using information obtained during visits to the child(ren), visits and other contacts with the out-of-home caregiver(s), visits to the home, contacts with service providers, and other permanency services activities, the permanency case manager must evaluate/determine whether the home is suitable to meet the child(ren)’s need for well-being. The following factors must be considered and evaluated:

##### **Part A – Caregiver Indicators**



The permanency case manager must evaluate whether:

- The caregiver recognizes the child's vulnerabilities and needs.
- The caregiver has social supports (extended family, friends, church, etc.).
- The caregiver is **not** experiencing high levels of stress associated with the care of the child.
- The caregiver uses nonphysical methods of discipline.
- The caregiver's family is stable and not experiencing high levels of conflict.
- The caregiver has a stable marital/relationship status (if applicable).
- The caregiver is **not** under stress due to changes in employment conditions or economic status.
- If applicable, the caregiver is receiving/has received adequate training to prepare him/her for the child placed in the home (severe behaviors, medical needs, etc.).
- The caregiver has received requested ongoing support or training.
- The caregiver expresses satisfaction with the agency.
- The caregiver and child do **not** appear to be in conflict.
- The caregiver has **not** experienced any disrupted placements in the home.
- The caregiver has not had the opportunity for respite between placements.
- The caregiver has cared for the appropriate number of children in accordance with his/her foster home license.
- Other people are **not** moving in and out or visiting the foster home (extended family members, friends) and affecting the quality of the child's care.
- Other (specify).

*The presence of a "no" answer is a negative response and may signify risk to the child or the placement; further, it may require a Placement Support Plan (PSP) or a placement preservation referral or alternative placement. **For licensed foster homes**, any "no" response will require a copy of this document to be sent to the Placement Team.*

#### **Part B – Child Vulnerability Indicators**

Does any child placed in the out-of-home care setting exhibit:



- Provocative or trigger-type behaviors (physically aggressive, sexual acting out, bed-wetting, disobedience, feeding issues)?
- Overmature behaviors ("parentified")?
- Suicidal thoughts or behaviors?
- Serious mental health issues?
- Substance use issues?
- Significant physical health issues?
- Running away, predelinquent or criminal behaviors?
- Repeated visits to the emergency room or a physician for reasons unrelated to medical conditions that existed prior to placement?

*The absence of a "yes" answer is a negative response and must prompt a discussion with the permanency supervisor concerning:*

- Referrals for relevant assessments of the affected child.
- Evaluations and/or review of the current case plan for the child.
- Potential supports that may be provided to the out-of-home caregiver.

### **Part C – Child Resiliency Indicators**

The permanency case manager must assess whether any child(ren) placed in the home:

- Demonstrates satisfactory relationships with other children in home.
- Exhibits acceptable school behaviors.
- Demonstrates acceptable academic achievement.
- Expresses comfort with caregivers or others in the home.
- Demonstrates developmentally appropriate behaviors.

*The presence of a "no" answer is a negative response and must prompt a discussion with the permanency supervisor concerning:*

- Referrals for relevant assessments of the affected child.
- Evaluations and/or review of current case plan for the child.

- Potential supports that may be provided to the out-of-home caregiver.

**(v) Section 5 – Visitation**

Using information obtained during visits to the child(ren), visits and other contacts with the out-of-home caregiver(s), visits and other contacts with the birth parent(s), contacts with service providers, and other permanency services activities, the permanency case manager must evaluate/determine whether the visitation plan and process meet the child(ren)'s need for safety.

- When supervising visitation, does the caregiver ensure the child(ren)'s safety?
- While supervising visitation, does the caregiver follow the rules and regulations established in the visitation plan?
- Is the caregiver appropriately and safely transporting children to and from visits (car seats utilized as required, seatbelts utilized as required, etc.)?

*If the answer to any of the above questions is "no," the permanency case manager must explain the safety deficit in the space provided.*

**(vi) Section 6 – Foster Home Safety Check Conclusion**

Based on the information gathered in Sections 2 through 5, the permanency case manager and supervisor must reach a conclusion as to whether the home is suitable for the continued placement of **each child** placed therein. The potential conclusions are as follows:

- The home promotes the child's safety.
- A placement preservation referral is necessary (requires the Child and Family Team [CFT] to develop a *Placement Support Plan [PSP]*).
- A notification to licensing must be made (requires CFT to develop a *PSP*).
- A CPS referral must be made to the Hotline (requires CFT to develop a *PSP*).
- Removal/alternative placement is necessary (requires CFT).

More than one (1) of the potential safety check conclusions may be applicable for the home or for individual children placed in the home.

The permanency case manager and supervisor must reach the safety check conclusion(s) considering the totality of the information gathered and documented in the safety check. The following guidelines must be complied with:



- If the answer to any of the protective capacities questions (Section 3) is “no,” continued placement of the respective child(ren) (i.e., the child[ren] to whom the “no” answer applies) must be approved by the assistant manager. Unless the assistant manager approves continued placement, the child(ren) to whom the “no” answer is applicable must be removed.
- For any well-being indicator (Section 4) evaluated as a negative response, the permanency case manager and supervisor must staff the case to determine whether:
  - » A *PSP* can adequately resolve the threat to the child(ren)’s well-being and it is in the child(ren)’s best interest to remain in the home.
  - » The threat to the child(ren)’s well-being cannot be resolved by a *PSP* and/or the issue is serious enough that it is not in the child(ren)’s best interest to remain in the home. In such cases an alternative placement must be made.

**(vii) Section 7 – PSP**

The *Placement Support Plan (PSP)* must include interventions that specifically address the safety deficits and/or well-being needs identified by the foster home ongoing safety check.

**Developing and Implementing the PSP**

Because the case manager and out-of-home caregiver best understand the needs of the child(ren) in out-of-home care, the *Placement Support Plan (PSP)* is developed by the permanency case manager with the **active participation** of the out-of-home caregiver. The *PSP* may include services and supports arranged by the permanency case manager and/or staff from the Caregiver Support Services Unit.

Services and supports arranged by the permanency case manager may include, but are not limited to:

- Counseling for the out-of-home caregiver to:
  - » Help the caregiver facilitate the adjustment of the child to the home and family.
  - » Help the caregiver address and respond to the child’s issues and problems in a way that is helpful to the him/her.
- In-school and after-school programming to continue to develop the interests of the child.
- Activities to allow the child to remain involved with his/her social connections and religious community.
- Respite care.
- Early childhood development or other educational interventions.

- Mentoring of the foster child.
- Medical or clinical services.

In addition, services and supports arranged by the permanency case manager and/or staff from the Caregiver Support Services Unit may arrange or provide services and supports to the caregiver, including but not limited to:

- Mentoring for the caregiver.
- Peer support for the caregiver.
- Concrete supports for the caregiver (e.g., help arranging home improvements to address household issues affecting the safety and/or well-being of the child[ren]).

### **Monitoring the PSP**

The permanency case manager is responsible for monitoring the *Placement Support Plan (PSP)* to ensure that:

- Tasks included in the plan are completed.
- Identified safety deficits and child well-being threats are adequately resolved.

Generally, monitoring the *PSP* will include contact with any service providers associated with the plan and direct observation by the permanency case manager.

### **Documenting the PSP**

The *Placement Support Plan (PSP)* must be documented in Section 7 of the *Out-of-Home Placement Safety Check*. Documentation must include:

- A list of the tasks included in the plan.
- The identity of the individuals responsible for completing each of the tasks.
- The time frame within which each task must be completed.
- The criteria that will be used to determine whether the *PSP* has been successful.

### **Documentation**



### **(viii) Signatures**

The *Out-of-Home Placement Safety Check*, including any *Placement Support Plan (PSP)*, must be signed by the out-of-home caregiver, the permanency case manager, and the permanency supervisor.

## **5440. Assessment of Family Functioning (NCFAS-G+R [LV])**

Beginning at case assignment, the permanency case manager, in conjunction with the permanency supervisor, must begin to assess child and family functioning. The assessment of child and family functioning is structured by the NCFAS-G+R (LV). The Assessment of Family Functioning must include an assessment of:

- The functioning and well-being of **all** children in the family, including those in out-of-home care and those remaining in the family's care.
- The capacity of **all** legal parents for whom parental rights are intact and other members of the parent's (parents') household to provide for the safety and well-being of all children in out-of-home care.

The family assessment is used to:

- Identify the strengths, challenges, and needs presented by children.
- Identify the strengths, problems, and potential parenting capacity presented by parents/caregivers.
- Suggest services or other interventions to:
  - » Help families address and resolve behaviors and conditions leading to removal.
  - » Ensure timely achievement of a permanent living arrangement for children.
  - » Address issues concerning the well-being of children in out-of-home care.
- Set baselines against which changes in child and family function can be measured.
- Make permanency decisions for children in out-of-home care.

The permanency supervisor must be actively involved in the assessment process as follows:

- In conjunction with the permanency case manager, planning the assessment process (i.e., identifying the sources of information upon which the assessment will be based).
- Planning the sequence and timing of assessment activities.

- Reviewing the completed assessment with the permanency case manager and approving all conclusions reached in the assessment.

It is imperative that the permanency case manager refer to the *NCFAS-G+R (LV) Definitions Manual* while completing the assessment.

#### **a. Required Time Frames for Completing the Family Assessment**

It is important that the initial family assessment be completed following the permanency case assignment because formal case planning is, in part, driven by the family assessment. However, the family assessment is a process that is continuous throughout the course of permanency service provision. The permanency case manager must amend the family assessment and case plan each time (s)he reassesses the current situation and circumstances.

At a minimum, a family assessment must be completed and documented:

- Within fifteen (15) working days of the Transitional Child and Family Team (CFT) meeting.
- Within fifteen (15) days of the identification or location of an absent parent.
- Before each evaluation of the case plan (every ninety [90] days).
- Before the permanency supervisor approves case closure.

#### **b. Information Gathering for the Initial NCFAS-G+R (LV)**

The NCFAS-G+R (LV) assessment is conducted considering a compilation of information gathered. The initial family assessment is completed using information obtained from the following sources:

- The CPS investigation(s) leading to the child(ren)'s removal.
- If applicable, information about any in-home service provision that preceded the child(ren)'s removal.
- All safety assessments completed to date.
- All risk assessments completed as part of any CPS investigation(s).
- Information Collection Standard (ICS).
- *NIA Summary* as completed by a CPS investigator.
- The CPS investigation and documentation related to any other previous involvement the family has had with the Department.



- Information concerning any involvement the family may have had with child welfare agencies in other Nevada counties or other states.
- Information obtained from interviews with members of the family.
- The permanency case manager's observations of the family and the family's environment.
- Information from collateral sources.
- Information from any special assessments concerning the child(ren) (developmental, educational, psychological, etc.) or the parent(s)/caregiver(s) (substance abuse, psychological, etc.).

Either before or immediately following the Transitional Child and Family Team (CFT) meeting, and before the initial assessment visit to the family, the permanency case manager must staff the case with the permanency supervisor to discuss an assessment plan. The assessment plan must identify the sources of information upon which the assessment will be based and time frames for required contacts.

Identification of the information needed for the family assessment is guided by the NCFAS-G+R (LV). The ten (10) domains of family functioning assessed using +R (LV) are:

- Environment.
- Parental Capabilities.
- Family Interactions.
- Family Safety.
- Child Well-Being.
- Social/Community Life.
- Self-Sufficiency.
- Family Health.
- Caregiver/Child Ambivalence.
- Readiness for Reunification.

Each of the overall domains comprises a series of sub-domains which are listed and defined in the *NCFAS-G+R (LV) Definitions Manual*. The definitions for the overall domains and the sub-domains describe the information that must be gathered by the permanency case manager.

**NOTE:** Whenever the permanency case manager gathers information that a parent whose parental rights are intact has committed an act of domestic violence, the permanency case manager must, in compliance with NRS 432B.157, notify the Family Court of the domestic violence. The Family Court will make a determination as to whether the parent is a domestic violence perpetrator. A child may not be released to a domestic violence perpetrator unless the Family Court finds it to be in the child's best interest.

### **c. Reviewing Documentation of Prior Child Welfare Intervention**

As part of the assessment, the permanency case manager must thoroughly review all available documents related to child welfare intervention in Clark County or elsewhere. This includes documentation of any:

- CPS investigation(s) leading to the child(ren)'s removal.
- If applicable, information about any permanency or in-home service provision that preceded the child(ren)'s removal.
- Safety assessments completed to date.
- Information Collection Standard (ICS).
- *NIA Summary* as completed by a CPS investigator.
- Risk assessments completed as part of any CPS investigation(s).
- Documentation related to any other previous involvement the family has had with the Department.
- Available information concerning any involvement the family may have had with child welfare agencies in other Nevada counties or other states.

### **d. Assessment Visits With the Family**

Assessment contacts with family members must meet the following requirements:

- At the Transitional Child and Family Team (CFT) meeting, the permanency case manager must schedule a home visit with the family. If at all possible, the visit must be scheduled within three (3) working days of the Transitional CFT meeting.
- At the initial home visit, the assessment process must be explained and discussed with the family.
- All family members residing in the home must be interviewed in person as part of the assessment.



- Noncustodial parents must be interviewed.
  - » If a noncustodial parent is reasonably available (i.e., lives in or near Clark County), this interview must take place in person.
  - » If a noncustodial parent is not reasonably available (e.g., resides in another state or a different county), the interview may be conducted by telephone or, if possible, by staff from the respective child welfare agency in the state/county in which the non-custodial parent resides.
  - » If the noncustodial parent's whereabouts are unknown, the permanency case manager must conduct a diligent search.
- The plan for assessing the family must identify which, if any, family members must be interviewed privately.
- During the assessment period, the permanency case manager must conduct at least four (4) in-person visits with the family within the fifteen (15) days allotted for completing the assessment.
  - » A minimum of two (2) assessment visits must be in the family's home.
  - » One (1) assessment visit must include an observation of the interaction between the parent(s)/caregiver(s) and the child(ren) during a visitation (see *Section 51000: Parent/Child and Sibling Visitation*).

Assessment visits must be structured visits during which specified household members must be thoroughly interviewed. The specifics of assessment visits must be planned by the permanency case manager and supervisor prior to the visits.

## Documentation

### e. Gathering Information From Collateral Sources

Collateral sources provide valuable information for use in assessing family functioning. Interviews with collateral sources are used to:

- Gain an external perspective on family functioning.
- Corroborate or refute information provided by family members.
- Enlist the support/cooperation of non-family members in the out-of-home process.

Collateral sources may not be contacted without the family's knowledge unless the permanency supervisor determines that revealing the identity of an important collateral contact to the family will

create a danger to the collateral source of information. In conducting collateral interviews, the case manager must use caution not to violate the family's confidentiality by divulging confidential information. The purpose of the interview is to obtain information, not reveal it. Therefore, it will be important that the permanency case manager prepare for the interview by determining specifically what information is needed from the collateral source.

Collateral sources may be contacted in person or by telephone. Collateral assessment sources include, as applicable and without limitation:

- Extended family members.
- Non-family members identified by the client as being important, (e.g., clergy, friends, godparents).
- Medical provider.
- School personnel.
- Day care provider.
- Mental health provider.
- Others who may have important relevant information about the family.

Before contacting professional sources, the permanency case manager must obtain specific written consent for release of information from the applicable family member.

When contacting service providers and other professional collateral sources of information, the permanency case manager must obtain:

- The professional collateral source's report about the family's attendance at/participation in the service, including the dates of service provision, the dates of any missed appointments/activities, and the reason for any missed appointments/activities.
- The professional collateral source's analysis of the family's participation (i.e., the family is fully engaged or the family appears to be "going through the motions").
- The service provider's analysis of the family's progress in reaching relevant service goals.

The permanency case manager must obtain relevant written documentation (e.g., progress reports, assessments) that is available and must place any received reports in the case file.



## **Documentation**

### **f. Information From Special Evaluations of Children's Parents and Other Caregivers**

When specialized issues affecting children's parents/caregivers are identified during the CPS investigation or the assessment process, the permanency case manager may need to seek special evaluations. The results of these special evaluations inform the safety assessments and the assessments of child and family functioning. Such special evaluations may include, but are not limited to:

- Substance abuse assessments.
- Mental health evaluations.
- Domestic violence assessments.
- Sexual offender evaluations.
- Medical evaluations.

In order to obtain special evaluations, the permanency case manager must consult with the permanency supervisor to determine whether the permanency case manager will make a referral directly to the relevant provider or the referral will be made through the Department of Family Services (DFS) Medical Case Management (MCM) Unit or the Family Clinical Services Unit.

## **Documentation**

### **g. Assessment of the Well-Being of Children in Out-of-Home Care**

The Department is responsible for ensuring the overall well-being of children in its out-of-home care. The first step in securing the well-being of children in out-of-home care is an assessment of their strengths, problems, and needs. Completion of the NCFAS-G+R (LV) includes assessment of the child's status/functioning in key areas. These areas must be considered from two (2) points of view:

- The child's well-being when (s)he was/will be in the care of his/her parent(s)/caregiver(s).
- The child's well-being while in out-of-home care.

**(i) Assessment of Physical Health**

The assessment of the child(ren)'s physical health is documented in Sub-domain 4 of the Family Health Domain of the NCFAS-G+R (LV).

*NOTE: Also see Section 9000: Medical Case Management Policies and Procedures.*

The physical health assessment includes:

- Initial health screening. When a child enters substitute care, (s)he receives an initial health screening. This screening is usually conducted by Department medical staff at the Emergency Reception Center. The medical passport is issued at the initial health screening. The medical passport follows the child and documents all healthcare received by the child while (s)he is in out-of-home care. A copy of the medical passport is given to the out-of-home caregiver, a copy is maintained in the hard-copy case file by the permanency case manager, and a copy is maintained in UNITY.
- Early Periodic, Screening, Diagnosis, and Treatment (EPSDT). EPSDT includes a more comprehensive and ongoing medical assessment. EPSDT includes a comprehensive health and developmental history; an unclothed physical exam; appropriate immunizations; laboratory tests; and dental, hearing, and vision evaluation. EPSDT is scheduled by the foster parent within fourteen (14) days of the child's placement in out-of-home care. The foster parent may use the clinic located on the Child Haven Campus or the healthcare provider of his/her choice. The Medical Case Management (MCM) Unit will inform both the caregiver and permanency case manager if the caregiver has not made an appointment at the clinic or submitted the results of EPSDT exams within the required time frame.
- Ongoing assessment of physical health and the provision of healthcare.

The permanency case manager has an important role in the ongoing health assessment process and in working closely with the out-of-home caregiver to ensure the provision of medical and dental care. This includes:

- Gathering information from the parent(s)/caregiver(s), children, healthcare providers, and other collateral contacts about the child's health/medical history and about family health history.
- Being fully informed about all medical issues affecting the child.
- Being aware of all upcoming medical appointments/procedures and ensuring that appointments are kept.