



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

**4126 Technology Way – 3rd Floor
Carson City, Nevada 89706
(775) 684-4400**

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

2008 – MTL #0510-091708
09/17/2008

TO: Barbara Legier, Deputy Director - Division of Child and Family Services – Central Office
Tom Morton, Director - Clark County Department of Family Services
Pat Hedgecoth, Social Services Manager V - DCFS – District Offices
Mike Capello, Director - Washoe County Department of Social Services

FROM: Cynthia Freeman, Social Services Chief III
775-684-4410 or cfreeman@dcs.state.nv.us

POLICY DISTRIBUTION: Enclosed find the **0510 Nevada Safety Assessment** policy updates for distribution to all applicable staff within your organization: This policy is effective 09/18/2008 and replaces the following policy: 0510 Nevada Safety Assessment release 12/27/2007.

Updates to the following areas have been made in this policy (policy page number/summary of change):

Page 12: Table 0510.3: UNITY Documentation for NV Safety Assessment Policy

Applicable UNITY Screen	Data Required
CFS056	Case Directory
CFS041	Safety Assessment History
CFS042	Safety Assessment Approval
CFS038	Safety Intervention Analysis/Safety Response Explain: Note(CFS242), if Unsafe

Please read the policy in its entirety and note any areas of Jurisdictional Action that are additionally required by your agency to be in compliance with the policy enclosed.

This is an **All STAFF MEMO** and it is the responsibility of the Agency Director listed above to disseminate the policy enclosed to appropriate staff within his/her organization and to ensure compliance.

0510.0 Nevada Safety Assessment

0510.1 Policy Approval Clearance Record

<input checked="" type="checkbox"/> Collaborative Policy	This policy supersedes: 225 Safety Assessment	Number of pages in Policy: 14 Date Policy Effective: 12/13/07
PART Review & Approval	____/____/____	Policy Leads: Caroline Thomas MSW LSW and Marjorie Walker MSW, LSW
DMG Approval	07/17/07 and 07/19/07	Policy Lead: Betsey Crumrine LCSW
Reformat Revisions	9/24/07	Policy Lead: Betsey Crumrine LCSW
Approved Revisions	09/18/08	Policy Lead: Betsey Crumrine LCSW
DMG Approved Revisions	____/____/____	Policy Lead: _____
DCFS Administrator Approval:		Signature: On File
Review from Representative from the Office of the Attorney General:	____/____/____	Signature:

0510.2 Statement of Purpose

0510.2.1 Policy Statement: A safety assessment is the systematic collection of information about threatening family conditions and current, significant, and clearly observable threats to the safety of a child(ren).

0510.2.2 Purpose: The purpose of assessing *safety*:

- Determination whether a child(ren) are likely to be in immediate or imminent danger of serious physical or other type of harm that may require a protective intervention; and
- The purpose of developing a *safety plan* is:
To insure the immediate protection of a child while safety threats are being addressed.

0510.3 Authority

Adoptions and Safe Families ACT 1997, D.L. 105-89
NRS 432B.180, .190, .260, .330, .340
NAC 432B.150, .155, .160, .185, .260, .310

0510.4 Definitions

0510.4.1 Caregiver Protective Capacities: A parent's or caregiver's strengths or abilities to manage existing safety threats, prevent additional safety threats from arising, or prevent risk influences from creating a safety threat. Protective capacities may be grouped into three different categories that include: cognitive, emotional and behavioral (personal and parenting).

Cognitive protective capacity refers to the parent's ability to recognize hazardous conditions in a child's physical environment or recognize others who may present a threat to a child. Another cognitive capacity is the ability of the caregiver to defer his/her own needs in favor of the child's. It is specific intellect, knowledge, understanding and perception that results in parenting and protective vigilance.

Behavioral protective capacity can include meeting the basic needs of the child and protecting the child from others as needed for child safety. Physical protection might

mean the ability to physically isolate the child or to mediate conflicts that could escalate into harmful situations. In addition, the caregiver must address forms of personal behavior or conditions that may contribute to the child being unsafe, such as: alcohol and drug abuse, selection of dangerous partners, and mental health issues. It is specific action, activity, performance that is consistent with and results in parenting and protective vigilance.

Emotional protective capacity refers to the attachment or emotional bond between a child and their parent or caregiver. Attachment constitutes an emotional bond that provides motivation to protect and nurture a child. Consider how the attachment does or does not contribute to the increased safety of the child and the potential impact of disrupted attachment. It is specific feelings, attitudes, identification with a child and motivation that results in parenting and protective vigilance.

- 0510.4.2 Child Maltreatment:** Encompasses physical abuse, sexual abuse, emotional abuse and neglect. Child maltreatment occurs as a result of parenting behavior harmful or destructive to a child's cognitive, emotional, social, or physical development.
- 0510.4.3 Child Welfare Services (CWS):** As defined by NRS 432B.044, includes, without limitation: 1) Protective services, investigations of abuse or neglect and assessments; 2) Foster care services, as defined in NRS 432.010; and 3). Services related to adoption.
- 0510.4.4 Impending Danger:** A family situation or household member's behavior that is determined to be out-of-control and will likely result in serious harm to a child. [This was previously known as "foreseeable danger"].
- 0510.4.5 Information Collection Standard:** Refers to the six critical areas that are used for assessing and analyzing family strengths, risk of maltreatment and child safety. This are: 1) surrounding circumstances accompanying the maltreatment; 2) child functioning on a daily basis; 3) adult functioning with respect to daily life management and general adaptation (including mental health functioning and substance usage); 4) disciplinary approaches used by the parent; 5) the overall, typical, pervasive parenting practices; and 6) the extent of maltreatment.
- 0510.4.6 Nevada Initial Assessment (NIA):** The information gathering process necessary to identify family safety, strengths, and risk of maltreatment.
- 0510.4.7 Nevada Initial Assessment Summary:** The consolidation of the information collected related to the six areas of functioning.
- 0510.4.8 Observable:** Dangerous, real, can be seen, can be reported, and is evidenced in explicit unambiguous ways.
- 0510.4.9 Observable and Specific:** A family condition is observable when it can be clearly described and articulated.
- 0510.4.10 Out of Control:** A behavior or condition may be defined as out of control if credible information suggest that a caregiver or a child's family system lacks the internal inhibitions to prevent actions that pose a threat of serious harm to a child or otherwise knowingly chooses to engage in behavior that poses a threat of serious harm to a child. Examples of a behavior or condition that may be deemed to be out of control include, but are not limited to: a physiological, neurological or psychological condition (e.g. an addiction, mental illness, mental retardation, or domestic violence); or a strong belief

system that to the caregiver justifies an action (e.g. belief that harsh and dangerous physical punishment is necessary or justifiable).

- 0510.4.11 Present Danger:** An immediate, significant, and clearly observable family condition that is actively occurring or “in process” of occurring at the point of contact with a family; and will likely result in serious harm to a child.
- 0510.4.12 Re-certification of Initial Safety Assessment:** Occurs when the original safety decision at the point of initial contact was “safe” and no subsequent safety threats were identified at the conclusion of the investigation. The caseworker re-certifies that there is no change in the original safety assessment by signing and dating the Nevada Safety Assessment. It is then submitted to the supervisor for review and approval. Note: If during the investigation new safety threats are identified, re-certification is not appropriate and a new safety assessment must be completed.
- 0510.4.13 Re-assessment of Safety:** Means that a new safety assessment is completed for all children in the family (NAC 432B.185) at all required milestones.
- 0510.4.14 Risk Assessment:** The Risk Assessment (based on the Children’s Resource Center and California Structured Decision Making Model) identifies families, which have low, moderate, high, or very high probabilities of future abuse or neglect. This assessment does not predict recurrence, but assists the caseworker in assessing whether a family is more or less likely to have another incident without intervention.
- 0510.4.15 Risk of Maltreatment:** The likelihood of future maltreatment based on the current condition of the family. Risk indicates conditions and/or circumstances in a family that contribute to the likelihood of occurrence or re-occurrence of maltreatment.
- 0510.4.16 Safe Child:** A child may be considered safe when there are no present or impending threats of serious harm or there are sufficient caregiver protective capacities to prevent harm.
- 0510.4.17 Safety Assessment:** The process for evaluating family functioning to determine if there are negative family conditions that are out-of-control and therefore pose an imminent safety threat (present or impending danger) to a child.
- 0510.4.18 Safety Assessment Conclusion:** The conclusion that a child is safe or unsafe based upon the assessment of safety threats, and evaluation of child vulnerability and caregiver protective capacities.
- 0510.4.19 Safety Intervention:** The action taken to respond to and manage threats to child safety.
- 0510.4.20 Safety Plan:** A time limited, written plan that is put into place upon contact with the family when present and/or impending danger is manifested to ensure immediate protection of a child. The safety plan must be sufficient to manage and control safety threats, based on a high degree of confidence that it can be implemented and sustained.
- 0510.4.21 Safety Threshold for Danger:** The point at which a threat of harm suggests that a child is in imminent danger of serious harm. While risk of maltreatment considers harm on a continuum from mild to severe, safety threats (present and impending danger) are associated with maltreatment and actual or potential threat of serious harm to a child. Concern for child safety occurs when negative family circumstances and/or family member behaviors, emotions, perceptions, motives, etc., become intense and extreme to such a degree, that they cross over a threshold and cease being merely a risk influence,

and become a safety threat. The safety threshold for danger is what differentiates a negative family condition from being a safety factor versus a risk factor. Family behaviors and conditions cross the threshold of safety when they meet the following criteria:

1. **Out-of-control** (*see definition*);
2. **Severe:** Severity is fundamental to the definition of safety and refers to the effects of maltreatment that has already occurred (present danger) and/or the prudent judgment regarding the likelihood of severe effects of maltreatment based on the vulnerability of a child and the threat of danger that exists in a family (impending).
3. **Imminent:** In the context of safety intervention, imminence refers to threats to child safety that are likely to become active. There is a degree of certainty that the negative condition(s) that threaten child safety will emerge or re-emerge.
4. **Observable and Specific** behaviors and/or observable conditions in the family that clearly justify a safety concern.

0510.4.22 **Serious Harm:** Includes the threat or evidence of serious physical injury, sexual abuse, significant pain or mental suffering, extreme fear or terror, extreme impairment or disability; death, substantial impairment or risk of substantial impairment to the child's mental or physical health or development.

0510.4.23 **State:** The Family Programs Office (FPO) at the Division of Child and Family Services (DCFS).

0510.4.24 **Unsafe or Not Safe Child:** A child is considered unsafe when present or impending danger threats exist and cannot be managed by the caregiver/family's protective capacities.

0510.4.25 **Vulnerable Child:** A child who is unable to protect him/herself and dependent on others for protection.

0510.5 Procedures

0510.5.1 **Safety Assessment:** The Nevada Safety Assessment is to be completed to assess and analyze child safety for all children in their home of origin and while in an out-of-home placement. The Safety Assessment Guidelines are used to clarify the 12 indicators of present and impending danger on the Safety Assessment form.

The Safety Assessment form has seven components: Milestones; Assessment; Child Vulnerability; Caretaker Protective Capacities; Conclusion; Safety Intervention Analysis and Safety Plan. Each component contains best-practice standards related to child safety assessment.

A. Milestones: Safety is assessed at the following milestones on all children in the home: (NAC 432B.185)

- 1) The initial intake performed by assessing a priority level to the report of harm (see Intake Policy).
- 2) The initial face-to-face contact with the alleged child victim must be documented within 24 hours of contact with the child, excluding weekends and Holidays. However,

if circumstances do not allow for contact with caregiver(s) and all other children in the home prior to the completion of that safety assessment, another safety assessment must be completed within 48 hours of contact with caregiver(s) and remaining children in the home. If the safety assessment is completed on hard copy, the assessment must be documented in UNITY within 5 days, per 0601 Documentation Policy.

- 3) Re-certify or complete a safety assessment at the conclusion of Nevada Initial Assessment
- 4) Any time the agency is considering removal of the child from the custody of his/her parents;
- 5) Before any unsupervised visitations between the child and his/her parents;
- 6) Before returning the child to the custody of his/her parents;
- 7) Any time a significant event or change occurs that affects the household of a parent of the child or a foster parent or other provider of substitute care for the child, including, without limitation, a birth, marriage, death or major illness;
- 8) Before each court review.
- 9) Any time, as determined by the agency, there is an indication that the safety of the child may be jeopardized; whenever evidence or circumstances suggest that a child's safety may be in jeopardy.
- 10) After reunification with the family of the child (30 days after reunification, if the case remains open) and
- 11) Prior to supervisory approval for closure of a case for the provision of child welfare services to a child.

B. Safety Assessment: The Safety Assessment consists of 12 standardized indicators of present and impending danger (threat of serious harm) that are used to analyze the information related to the six assessment areas. When assessing the 12 safety threats, the caseworker must consider how specific case information relates to the following four safety threshold criteria (see Safety Assessment Guidelines):

1. Out-of-control
2. Severe (serious harm)
3. Imminent
4. Observable and specific

C. Child Vulnerability: A vulnerable child is one who is unable to protect him/herself and is dependent on others for protection. This determination is made in Part C of the Safety Assessment Form and requires justification for why a child is not considered vulnerable to each indicated safety threat.

D. Caregiver Protective Capacities: Part D of the Safety Assessment form collects information regarding a parent or caregiver's strengths or abilities to manage existing safety threats, prevent additional safety threats from arising, or prevent risk influences from creating a safety threat. The assessment of protective capacities of a caregiver includes the consideration of behavioral, cognitive and emotional characteristics such as intellectual skills, motivations to protect, positive attachments and social connections.

The worker will indicate whether a caregiver residing in the home can and will protect a vulnerable child from present and/or impending danger and then will justify this decision by describing the protective capacities present. For example, "Caregiver believes child and has filed a temporary protection order against alleged perpetrator who has subsequently moved out of the home. Caregiver has reported any attempts to contact the alleged victim to police and child welfare agency".

- E. Safety Assessment Conclusion:** The safety assessment conclusion is a critical determination based on an evaluation of each of the 12 standardized safety threats. A child is considered to be safe if there are no safety threats present, OR, if there are safety threats present AND there are sufficient caregiver protective capacities to assure that safety threats are controlled. A child is not safe if there are safety threats present and caregiver protective capacities are insufficient to assure that safety threats are controlled.
- F. Safety Intervention Analysis:** This is a focused examination of four areas that assist in the development of a sufficient safety plan. Whenever it is determined that a child is not safe, it is necessary to consider what safety plan will be most appropriate and least intrusive. Safety intervention analysis follows the decision that a child is not safe. Safety intervention analysis is the process of further engaging a family in the safety planning process to promote family self-determination. The results of safety intervention analysis, which includes the development of a safety plan, should not be implemented without supervisory consultation. The family, caseworker and supervisor should consider how safety threats are manifested in the family and the time of day when safety threats are active. This will assist in determining the type of safety plan that is required and the level of effort needed to control existing safety threats.

To determine if an in-home CPS managed safety plan is an appropriate response for a particular family it is necessary to consider the following four questions listed in Part F of the Safety Assessment:

1. Caregiver(s) is/are residing in the home where the child will live?
2. The home environment is stable or calm enough for safety actions or tasks to be provided and for people participating in safety management to be in the home safely without disruption?
3. Caregiver(s) is/are willing for safety actions or tasks to be provided and will cooperate with those participating in the initial protective plan or continuing safety plan?
4. Are there sufficient resources within the family or community to perform the safety actions, tasks, or services necessary to manage the identified safety threats?

If the answer to any of the above questions is "NO," safety management must involve out-of-home placement. Explain all "no" responses.

G. Safety Assessment Form Documentation Requirements:

The caseworker must complete eleven required screens in the UNITY system that are associated with the Safety Assessment. See section 510.6.4B. for UNITY documentation screens.

0510.5.2

Safety Planning: Safety plans are intended to be temporary interventions and should only be instituted when a determination has been made that children are unsafe. The safety plan must be completed and signed by the caregiver(s) prior to the worker leaving the identified child(ren) with the caregiver after a safety threat has been identified. If a

safety plan is in place, the provisions of the plan must continue to sufficiently control present or impending danger or the plan must be adjusted. If the child is placed out of the home, reasonable efforts must be made to return the child to the home of origin as soon as possible. Cases should never be closed when an active safety plan is in place.

The purpose of a safety plan is to control and manage present (impending) danger and/or safety threats. The use of an in-home safety plan or placement is intended to substitute for diminished or absent caregiver protective capacities by controlling and managing identified safety threats until such time as the caregiver is able to assure child safety. Safety plans recognize and use caregiver’s strengths and abilities to manage existing safety threats, prevent additional safety threats from arising, or prevent risk influences from becoming safety threats. These safety plans are very short term, to allow time to complete the NIA and assess for impending danger.

- A. Safety Plan Intervention:** Safety planning is designed along a continuum from the least to most intrusive intervention to assure child safety. A family’s ability to sufficiently manage safety on its own is the least intrusive response for controlling identified safety threats. If caregiver protective capacities cannot independently control safety threats, then consideration should be given to the use of an in-home safety plan (see safety plan analysis). If it is determined that an in-home safety plan is not feasible or appropriate, then out-of-home placement must be pursued. In cases where children are legally removed from the home, documentation of a safety plan is not required. However, a case plan must still be completed within the timeframe required by the 0204 Case Planning Policy.

Consider the following questions when determining safety plan sufficiency:

- 1) If a safety plan is in place, can the child continue to remain in the home with the use of an in-home safety plan?
- 2) If a child has been removed, can reunification occur with the implementation of an in-home safety plan?
- 3) If a safety plan is in place, will the provisions of the plan continue to sufficiently control present and/or impending danger? What adjustment(s) to the plan is needed to sufficiently control present and/or impending danger?
- 4) If there has been no previous safety plan or placement prior to the completion of the NIA, what safety plan seems indicated to sufficiently control present and/or impending danger?

If it is determined that there is no present and/or impending danger and a child is safe, a safety plan or placement is not required. A comparison of the content of the safety plan verses a case plan is as follows:

Safety Planning	Case Planning
Purpose: Control and Manage Safety Threats - (present and/or impending danger)	Purpose: Change the Conditions Associated with Safety Threats
Child Welfare Responsibility: Oversight of Child Safety	Child Welfare Responsibility: Facilitation of Services and Monitoring Progress
Safety Providers: Informal and Formal	Service Providers: Formal and Informal
Effect: Immediate Action	Effect: Long Term Outcomes

B. Safety Plan Criteria: To be effective, all safety plans must meet the following criteria:

- 1) Action oriented;
- 2) Safety response(s) must be readily accessible and available at the level required to assure safety;
- 3) Safety response(s) must have an immediate impact on controlling safety threats;
- 4) Intervention should be the least intrusive response for assuring safety;
- 5) Describe the frequency of the activity to address child safety;
- 6) Do not include promissory commitments (e.g., "I will not hit my child.")
- 7) Identify each person participating in specific activities;
- 8) Identify a Safety Provider;
- 9) Delineate timeframes for each activity and the plan; and
- 10) Describe agency activities to oversee the plan, to include changes in the caseworker contact requirement and safety plan monitoring responsibilities during the timeframe the safety plan is in place.

C. Safety Plan Provider(s): To qualify as a safety provider a person must be:

- 1) Fully aware of and acknowledge the safety concerns and agree to their role in monitoring safety concerns while working (being) in the home with the family.
- 2) Demonstrating a responsible attitude and/or have a background that demonstrates responsible actions;
- 3) Available, accessible, and agreeable to participation;
- 4) Trustworthy, committed, and properly aligned to the safety/case plan outcomes;
- 5) Prepared, skilled, and competent to perform the safety activity;
- 6) Able to perform the activities outlined in the safety plan; able to provide an appropriate physical environment for the child(ren); and
- 7) Must be able to protect the child(ren) from danger.

Any person, including a relative, friend, volunteer, paraprofessional, or professional may be a safety provider as long as the above qualifications are met.

In all communities consideration should also be given to the concept of:

Family Network/Environmental protective capacity refers to the visibility of a child within the community and the existence of other care giving and concerned adults who represent positive attributes and potential sources of protective capacities. The viability of these other adults often depend on their degree of access to the child and their capacity for immediate intervention, should a safety threat arise.

D. Documentation Requirements for Safety Plan: The caseworker must develop a Safety Plan with the caregiver(s) immediately upon determining that a child is unsafe, if the child(ren) is going to remain in the home while the safety threat is being addressed. The caregiver(s) must sign the Safety Plan prior to the worker leaving the child(ren) with the caregiver after an unsafe child has been identified. If a parent refuses to sign the safety plan, caseworker must consult with supervisor immediately as another plan for

safety will need to be made. If it is determined that an in-home safety plan is not feasible or appropriate, then out-of-home placement must be pursued.

A copy of the safety plan (signed by the caregiver and supervisor) must be attached to the case record. This document must become part of the case record within 24 hours of the plan being developed with the family (refer to FPO 0510C Safety Plan form).

- E. Managing Safety Plans:** During development of the safety plan, caseworkers must address how they will monitor the plan. Upon completion of the safety plan a case staffing between caseworker and supervisor must occur within 24 hours of instituting the plan to determine if the level of caseworker contact is adequate or additional caseworker visits are necessary during the institution of the safety plan. Weekly contact with safety plan providers is recommended.

Once a safety plan is established, it becomes a primary responsibility of the CPS caseworker to assertively supervise the safety response plan and monitor child safety. Continued safety management involves remaining well informed about the status of the safety plan. At the inception of the initial safety plan a date to review the safety plan will be agreed upon and noted on the safety plan form. Prior to the safety plan review, a caseworker and supervisor staffing must occur.

The safety plan review includes a face-to-face contact with the child, caregivers, and with out-of-home care providers (if involved). The review includes a personal contact with all other safety plan participants who are responsible for protecting the child. The review verifies that all parties remain informed, active and committed. The review concludes whether the safety plan is effectively managing safety threats and if less intrusive methods are possible and feasible.

Caseworker documentation needs to reflect that safety threats are addressed at each contact until safety threat is mitigated and safety plan is no longer needed.

- F. Ongoing Safety Monitoring:** Safety assessment, analysis and planning must occur throughout ongoing Child Welfare involvement with a family.
- Specific ongoing Child Welfare case milestones requiring a safety assessment are delineated in NAC 432B.185, however every encounter with a family during ongoing Child Welfare should consider threats to child safety.
 - When a family transfers to ongoing Child Welfare, immediate preparation should occur in order to assume continued safety management responsibilities. Upon transfer, Child Welfare staff must have a clear understanding of how safety threats are manifested in the family and the sufficiency of the safety plan should be re-evaluated at that time.
 - As a case proceeds through the ongoing Child Welfare process, safety intervention should be approached as an active and dynamic process. Ongoing Child Welfare staff must remain vigilant in managing safety responses required to assure child safety.

0510.5.3 Timelines:

Table 0510.1: Timelines for Nevada Safety Assessment Policy

Requirement	Deadline	Starting Date	Responsible Party	Actions to be Taken
Initial contact safety assessment Safety Assessments are located in UNITY windows, see Table 0510.3	Must be documented within 24 hours of contact with the child, excluding weekends and Holidays. However, if circumstances do not allow for contact with caregiver(s) and all other children in the home prior to the completion of that safety assessment, another safety assessment must be completed within 48 hours of contact with caregiver(s) and remaining children in the home. If the safety assessment is completed on hard copy, the assessment must be documented in UNITY within 5 days, per Documentation Policy.	At initial face-to-face contact with child.	CPS caseworker	Vary depending on safety status
Recertification of initial face- to-face safety assessment	The initial safety assessment can be re-certified if the original safety decision at the initial point of contact was "safe" and no subsequent safety threats were identified at the conclusion of the investigation.	At the conclusion of investigation.	CPS caseworker	Investigation concluded.
Safety Assessment at Milestones, see 0510.5.1 A. Milestones	If done on hard copy must be documented in UNITY within 5 days, as outlined in the documentation policy.	Varies depending on milestone	CPS or CWS caseworker	Vary depending on family situation
Safety Plan Must be documented on form, FPO 0510C	Must be developed immediately upon identifying a child is "unsafe" if that child is going to remain in the home while a safety threat (s) is being addressed. Upon completion of the safety plan a case staffing between supervisor and caseworker must occur within 24 hours of instituting a safety plan. The safety plan must become a part of the case record within 24 hours of being developed.	Date safety plan initiated	CPS or CWS caseworker	Vary depending on family situation
Safety Plan Review	Prior to the safety plan review, a caseworker and supervisor staffing must occur.	At the inception of the initial safety plan a date to review the safety plan will be agreed upon and noted on the safety plan form.	CPS or CWS caseworker	The safety plan review includes a face to face contact with the child, caregivers, and with out-of-home care providers (if involved). The review includes a personal contact with all other safety plan participants. The review verifies that all parties remain informed, active and committed.

0510.5.4 Forms:

- A. FPO 0510A The Nevada Safety Assessment:** There are eleven required UNITY screens that must be filled out in order to complete a safety assessment in UNITY. A paper copy of the safety assessment is provided as attachment 0510.9.1 for information purposes only.
- B. FPO 0510B Nevada Safety Assessment Field Guide:** The guide contains sections B, C, D, E and F of the Nevada Safety Assessment Form. It is provided to workers as a reference to the UNITY safety assessment when they are in the field.
- C. FPO 0510C Nevada Safety Plan:**
- 1) **Purpose:** The purpose of a safety plan is to control and manage present / impending danger and/or safety threats. This form shall be used for in-home safety management actions or tasks. A safety plan must be developed with the child's caregiver(s) immediately upon determining a child is unsafe, if the child (ren) is going to remain in the home while the safety threat(s) is being addressed.
 - 2) **Safety Plan Instructions:** Fill out the Safety Plan in conjunction with the child's caregiver(s) and safety plan providers. Write legibly and in terms caregiver(s) can understand. For each identified safety threat, every cell within that row must be filled in. If a parent refuses to sign the safety plan, make a notation of their response somewhere on the plan and consult with a supervisor immediately as another plan for safety will need to be made. If it is determined that an in-home safety plan is not feasible or appropriate, then out-of-home placement must be pursued. A copy of the safety plan (signed by the caregiver and supervisor) must be attached to the case record within 24 hours of the plan being developed with the family.

Case Name: This is the name of the name of the primary caregiver.

Case Number: This is the UNITY Case Number.

List identified safety threats to specified child and child's age: Write the number of the corresponding safety threat (Part B Safety Assessment) and a brief description. If a specific safety threat only pertains to one child out of many, identify child each threat pertains to.

Example, "# 3, Serious injury has occurred, Sara age 4." OR If an identified threat pertains to all children in the home,

Example, "#5, Caregiver unable to meet children's immediate needs for protection, children ages 2, 4, and 6."

Describe safety action or task selected to control the safety threat: Safety actions or tasks must convincingly demonstrate high confidence to effectively managing safety threats.

Who will complete the task and where will it occur? Example, "Marie Brown, AA sponsor and Sally Dye, paternal grandmother." "In the home."

Describe method for monitoring safety action or task. "CPS caseworker will make weekly unannounced visits to the home and weekly calls to safety providers. Safety Providers will call CPS immediately with any concerns."

Describe how the safety provider is confirmed suitable to participate in the identified safety plan. Worker should document the reasons he/she deems each safety provider responsible to perform actions or tasks.

Examples include, "Safety provider is well informed ; trustworthy; accessible and available, mentally, emotionally and physically able, properly prepared or aligned with CPS, sufficiently experienced, reliable and dependable, accepting of his/her safety management responsibilities, fully accepting of the need for safety management and committed to participate with CPS in accordance with the established safety plan".

0510.6 Jurisdictional Action

- 0510.6.1 Development of Internal Policies:** Jurisdictions are expected to follow the policy as written.
- 0510.6.2 Timelines:** None
- 0510.6.3 Tools & Forms:** All three jurisdictions will use the forms included with this policy.
- 0510.6.4 Documentation:**

A. Case File Documentation (paper):

Table 0510.2: Case file documentation for NV Safety Assessment Policy

File Location	Data Required
Safety Plans and Safety Plan Review forms will be maintained in the case file.	Jurisdictions must identify and communicate to DCFS Central Office FPO policy lead the exact location in the case file where these two forms can be found within 60 days of distribution of this policy.

B. UNITY Documentation (electronic):

Table 0510.3: UNITY Documentation for NV Safety Assessment Policy

Applicable UNITY Screen	Data Required
CFS056	Case Directory
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0510.6.5 Supervisory Responsibility:

Supervisors have the responsibility for consulting, analyzing, providing oversight and making appropriate recommendations for safety assessments and safety plans.

Supervisory consultation should occur at the following points:

1. Safety Assessments which indicate a child is “unsafe” should immediately be routed to a supervisor and reviewed by the supervisor within 24 hours of submission.
2. Safety Assessments which indicate a child is “safe” should be reviewed by a supervisor within 72 hours of submission.
3. Initial Safety Plans must be reviewed and approved by a supervisor within 24 hours of implementation.
4. Continuing safety plans must be reviewed by a supervisor biweekly and/or prior to the safety plan review date indicated on safety plan.

0510.7 State Responsibilities

0510.7.1 Participants in Policy Development

- A. FPO Staff: Investigative/ Front End
- B. Jurisdictional Representatives: CPS Supervisors, Managers, Administrators
- C. Stakeholders: None

0510.7.2 Technical Assistance

- A. Requesting Technical Assistance: ACTION for Child Protection Inc.
- B. Relaying TA Information: ACTION for Child Protection Inc.
- C. Evidenced Based Practice: ACTION For Child Protection Inc.

0510.7.3 Clearance Process

- A. Approved by DMG on 7/17/07, revisions approved on 7/19/07.

0510.7.4 State Oversight

- A. QI Reviews will occur in all three jurisdictions to assure safety assessments are being completed at necessary milestones and documented in accordance with timeframes established in this policy.
- B. Targeted QI reviews will occur to ensure that the kind of safety actions and/or tasks used to form a safety plan correspond in complexity with exactly what it will take to control identified safety threats.

0510.8 Policy Cross Reference

0503 Differential Response
0506 Intake
0509 Nevada Initial Assessment
0511 Risk Assessment
0601 Documentation

0510.9 Attachments

0510.9.1	FPO 0510A	Nevada Safety Assessment, a UNITY document
0510.9.2	FPO 0510B	Nevada Safety Assessment Field Guide, UNITY document
0510.9.3	FPO 0510C	Nevada Safety Plan
0510.9.4	FPO 0510D	Safety Plan Review
0510.9.5	FPO 0510E	Nevada Safety Threats Guide
0510.9.6	FPO 0509C	NIA, Safety and Risk Assessment Table