

DIVISION OF CHILDREN AND FAMILY SERVICES
ADMINISTRATIVE MEMO #3-2010 (Revised)

To: All Division of Children and Family Services Staff

From: Edward H. Matney, Policy Section Administrator *Edward H. Matney*
Division of Children and Family Services

Approved by: Todd L. Reckling, Director *Todd L. Reckling*
Division of Children and Family Services ("CFS")
Department of Health and Human Services

Date: June 23, 2010 (Originally Issued on June 21, 2010)

Re: CAN Intakes on Children Under Age Three

Effective Date: Immediately

Duration: Until Revised

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Introduction and Background:

Nebraska introduced a new safety intervention system (NSIS) in 2007. This process focuses on assessment of overall child safety in the family situation, in addition to determining the presence or absence of specific instances of child abuse or neglect. Because the focus is primarily on safety, not on maltreatment, there will be some situations where there are clear safety concerns unrelated to any specific acts of maltreatment.

Infants and young children are highly vulnerable to both intentional and negligent acts and omissions by their parents and caregivers. Thus, CFS response to concerns about inadequate care or potentially inadequate care of infants and young children needs to be both prompt and comprehensive. Medical professionals are in a unique position to evaluate both the condition of the child, and the ability of the parents and caregivers to provide appropriate and necessary care. CFS will, in some situations, need to respond to concerns by medical professionals about the care of infants and young children differently than the response suggested by the screening and priority-setting intake tools currently in use. The term "infants and young children" refers to children from birth through two years of age.

The purpose of this memo is to clarify CFS response to intake reports concerning infants and young children when the reporter is a hospital staff member; a medical doctor ("doctor"); or a doctor's staff member who is calling at the request of the doctor.

Action: All intakes concerning a report of abuse, neglect, or circumstances that may constitute a safety concern involving a child two years of age or younger **must** be accepted for safety assessment when the reporter is a hospital staff member; a doctor; or a doctor's staff member who is calling at the request of the doctor. This directive can be overridden only by a CFS administrator and that administrator must document the reason for the decision in the intake. Although the accepted intake may not need to be designated a "Priority 1," because a life threatening condition does not currently exist and another priority is designated; the assigned CFS Specialist must begin and complete the assessment promptly.

Intake reports involving children two years of age or under received from reporters who are not medical professionals as listed above will continue to be screened using the screening tools and priority-setting decision trees currently in use. However, the Intake CFS Specialists will continue to use critical-thinking skills and will recognize the increased vulnerability of this population when making decisions.