

## **Nebraska Safety Intervention System - Assessment Overview**

### **Introduction**

One of the most important purposes of a family is to protect and keep secure members of the family, especially the children. As adult caregivers, parents have the primary role and responsibility in assuring family members are and remain safe. At times families may not be able to perform their responsibilities for child safety within the family system. When that occurs, Protection and Safety staff will intervene to assure child safety, and assist the parents in regaining their role, and fulfilling their responsibility for safety, permanency, and well being, and for providing a lifetime commitment to their children. Protection and Safety staff will work with the family to define the safety related outcomes, identify the needs of the family to be addressed to assure safety, and identify the strength based strategies that will be employed to accomplish the defined outcomes. Efforts must be made to ensure outcomes are related to restoring parents/caregivers to their protective role. Intervention will be as minimally intrusive as possible, while assuring child safety. Child safety is always the foremost outcome of Protection and Safety intervention and will not be compromised.

While child safety is the overarching concern of the Department of Health and Human Services, Division of Children and Family Services, the Division is also responsible for assuring permanency for those children who have been removed from their parental home, and cannot safely return there. The well being of children/ youth (physical health, mental health and education) placed by the court in the custody of DHHS is the third component of the Department's focus.

Certain assumptions underlie the process of intervention:

1. The safety of the child, youth and family will be the basis of each Protection and Safety intervention
2. Parents do care or want to care, for their children
3. People can change their behavior when provided adequate support and resources to do so
4. Protection and Safety staff will provide compassionate, respectful, family driven, outcome focused, individualized, culturally competent, time limited intervention
5. Families will be directly involved in the development of their safety plans, case plans and decisions about their family
6. Protective and Safety services will be as minimally intrusive as possible, but will be provided at the level of effort needed to ensure safety
7. Efforts seek to prevent the unnecessary separation of the children from the family unit, and Protection and Safety staff will help children remain in their homes and neighborhoods whenever they can remain safe with intervention
8. When children must be removed, Protection and Safety staff will identify those conditions required for return, and actively advocate for return of children when those conditions are met. (See definition for Conditions for Return)
9. If removed, children will be placed with family members whenever possible

**Definitions** The following definitions are used to guide the work of the agency:

**Abandoned Child/Youth:** A child/youth who is without an appropriate caregiver due to the intentional act and conscious decision of the parent not to care for the child.

**Caregiver:** A parent, foster parent, or other person responsible for the child/youth's care and supervision. While caregivers are generally members of the child's household, the term may also include individuals responsible for the child's care on a short term or interim basis.

**Case Plan:** A written agreement developed between the family, the Protection and Safety Worker and other team members as appropriate. In court involved cases, the court approves or modifies the case plan. The Case Plan includes outcomes, need, and strategies utilizing formal and informal resources and supports, and is based on the safety of the child, community safety, or permanency needs of the child.

**Child/ Youth Maltreatment:** Parenting behavior that is harmful or destructive to a child's (age birth through age 17) cognitive, social, emotional, and/or physical development.

**Child Pornography:** Visual depiction either live or by photographic representation of a person under 18 years of age involved in erotic fondling, erotic nudity, sadomasochistic abuse, or sexually explicit conduct.

**Child Protective Service Alert:** A process whereby PS agencies can attempt to locate families who have left their jurisdiction by notifying other parts of the state or other state PS agencies that the children are under the jurisdiction of the court or may be in danger.

**Conditions for Return:** Specific behavior and circumstances that must exist within a child/youth's home for a child/youth who has been placed elsewhere to return to his or her home. Conditions for Return are generally developed for children who are expected to be placed out of their parental home for longer than 30 days.

**Court Involved Case:** A case in which the County Attorney has filed a petition in the interest of the child/youth and the court has assigned responsibility of the child/youth to DHHS, or the court has taken jurisdiction of the child and family to address identified safety threats.

**Dependent Child/ Youth:** A Child/youth whose parent is or will be unable to care for through no fault of the parent, when no maltreatment has been identified. Parent may be incapacitated or absent due to illness, death, incarceration, or otherwise unavoidably unable to provide care. Or, the child has extraordinary mental health, emotional, or physical needs which the parent does not have the ability or capacity to meet.

**Domestic Violence:** The establishment of control and fear in a relationship through the use of violence and other forms of abuse. The offender may use physical abuse, emotional abuse, sexual abuse, economic oppression, isolation, threats, intimidation, and maltreatment of the children to control the other person. Relationships involving domestic violence may differ in terms of the severity of the abuse, but control is the primary goal of all offenders.

**Emotional Abuse:** Psychopathological or disturbed behavior in a child/youth which is documented in writing by a psychiatrist, psychologist, or licensed mental health practitioner to be the result of continual scapegoating, rejection, or exposure to violence by the child/youth's parent or caretaker.

Emotional Neglect: The child/ youth is suffering or has suffered severe negative emotional effects due to a parent's failure to provide opportunities for normal experiences that produce feelings of being loved, wanted, secure, and worthy, as documented in writing by a psychiatrist, psychologist, or licensed mental health practitioner.

Family: A biological, adoptive or self-created unit of people residing together consisting of adult(s) and child(ren) with the adult(s) performing duties of parenthood for the child(ren). Persons within this unit share bonds, cultural practices and a significant relationship. Biological parents, siblings, and others with significant attachments to a child living outside of the home are included in the definition of a family.

Family Team: A group comprised of individuals, including but not limited to family, friends, relatives, peers, providers, teachers etc. who come together both formally and informally to form a circle of support around a person and/or family in need. This family driven team, which changes as the needs of the family change, make it unique to the person and families it supports.

Family Team Meeting: A meeting that is convened for the purpose of creating, implementing, evaluating, and updating a Safety Plan and/or a Case Plan that furthers an individual's/family's achievement of their outcomes, and the Department's mandated safety concerns. The team meeting must include the family (unless reunification is not the permanency objective), the PSW, and may include other formal and informal supports selected by the family (or others if the family is no longer involved).

Formal Resource People/ Participants: Persons or individuals who participate as members of the Family Team due to their paid relationship with the child/youth and family. Examples of this include foster parents, teachers, therapists, community treatment aides, family organization advocates (mentors paid to provide support who are not chosen by the family), and agency staff.

Imminent/Specific Time Frame: A belief that threats to child/youth are likely to become active without delay; a certainty about an occurrence within the immediate to near future that could have severe effects.

Impending Danger: Threats to child/ youth safety that may not be occurring in the present, but are likely to occur in the immediate to near future. These threats may or may not be identified at the onset of PS intervention, but are often understood upon a more full evaluation and understanding of individual and family conditions and functioning. This understanding results in a reasonable and prudent conclusion that without PS safety intervention, severe harm is probable in the near future.

Informal Resource People/Participants: Persons or individuals who participate as members of the Family Team and do not receive payment for their responsibility with respect to the family. Examples of this may be relatives who are old enough to care for the child, neighbors, spiritual leaders, volunteer mentors, friends etc. for example. Informal resource participants who hold professional/paid employment positions are not in a relationship with the child/youth/family as a result of their profession, but may be friends, neighbors, etc.

Injury: Tissue damage such as welts, bruises, or lacerations that lasts more than 24 hours, resulting from trauma.

Injurious Environment: Circumstances within the child/youth's living environment that threatens the child/ youth's health or safety. Such circumstances may include, among others, the

structural condition of the residence; housekeeping or cleanliness issues such as feces, vermin, or trash; criminal activity within the home; or a young child's accessibility to hazardous items such as drugs, drug paraphernalia, weapons, or chemicals.

Juvenile Offender: (1) Any juvenile who has committed an act other than a traffic offense which would constitute a misdemeanor or an infraction under the laws of the state or violation of a city or village ordinance. (2) Or any juvenile who has committed an act which would constitute a felony under laws of this state. (3) Or any juvenile who has committed an act which would constitute a traffic offense as defined in Neb. Rev. Stat section 43-245.

Medical Neglect: Serious harm to a child resulting from parents/ caregivers' failure to provide medical care or attend to health needs. This may include parent/ caregiver failure to seek timely and appropriate medical care for a serious health problem.

Medical Neglect of Handicapped Infant: The withholding of medically indicated treatment (including appropriate nutrition, hydration, and medication) from disabled infants with life-threatening conditions. Exceptions include those situations in which:

1. The infant is chronically and irreversibly comatose
2. The provision of this treatment would merely prolong dying or not be effective in ameliorating or correcting all the life-threatening conditions
3. The provision of the treatment and the treatment itself under these conditions would be inhumane

Non-court Involved Case: A case in which the family agrees to work with DHHS without involving the juvenile court system, to address identified safety threats.

Non-custodial Parent: Any individual recognized as the parent legally through marriage, adoption, or biology; a man named by the mother or other relative as the father, who agrees he is the father; or in some cases, an individual who has acted in the role of parent for a significant period of time.

Observable and Specific: The danger is real, can be reported in descriptive ways, and is evidenced in explicit, unambiguous ways.

Out of Control: Family conditions that can harm a child/youth and are unrestrained; unmanaged; without limits or monitoring; not subject to influence, manipulation, or internal power; are out of the family's control.

Physical Abuse: The non-accidental infliction of injury or an act that poses substantial likelihood of bodily injury.

Physical Neglect: The failure of the parent to provide basic needs, for example food, clothing, shelter, medical care, supervision and a safe and sanitary living environment for the child/youth.

Present Danger: Immediate, significant and clearly observable severe harm or threat of severe harm, occurring to a child/ youth in the present.

Protection and Safety Worker: The Case manager, initial assessment worker or ongoing worker.

Protective Action: An immediate, short term response to control present danger observed at first contact with a family, or at any time present danger is identified to manage the immediate threats to the child.

Protective Capacity: Personal and parenting behavioral, cognitive, and emotional characteristics that can specifically and directly be associated with a person taking action to ensure the child's safety. A protective capacity is a specific quality that can be observed, understood and demonstrated as a part of the way a parent thinks, feels and acts that results in protective behavior. Protective capacities may be enhanced (adequate or above) or diminished (deficient).

Protective Capacity Assessment: A structured, interactive process that is intended to build partnerships with parents/caregivers in order to identify and seek agreement regarding what must change related to child safety, and to develop case plans that will effectively address parent/caregiver protective capacities and child needs.

Psychopathological or disturbed behavior: Behavior symptomatic of an emotional or behavioral disorder as determined by a psychiatrist, psychologist, or licensed mental health practitioner.

Risk of Child Maltreatment: The likelihood (chance, potential, prospect) for parenting behavior that is harmful and destructive to a child's cognitive, social, emotional and/or physical development, and those with parenting responsibility are unwilling or unable to behave differently.

Risk of Harm: The likelihood that a child will be in a situation that is damaging or destructive to the child/ youth's cognitive, social, emotional, and/or physical development.

Reunification: A placement of a child back into the family or home they were removed from, based on an analysis that the conditions for return have been met, indicating that there is sufficient progress in the enhancement of diminished protective capacities, an in-home Safety Plan can be put in place, the parents are willing to cooperate with an in-home safety plan, and there is evidence that the reunification is sustainable. Reunification may also be a permanency objective.

Runaway: A child/youth who has been absent from home for at least one night without parent/caregiver consent, and the parent/caregiver does not know where the child is.

Safe Child: A child who is not in present or impending danger, or the caregiver's protective capacity controls existing threats.

Safety Assessment: A focused information gathering, decision-making and documentation process conducted in response to a child abuse/neglect or dependency report in which possible threats to child safety are identified, analyzed and understood. Through the collection and analysis of discrete information sets, the safety assessment guides decisions about the presence or absence of present danger or impending danger to a vulnerable child, resulting in a decision as to whether a child is safe or unsafe. Safety assessment is continuous and is used to guide key decisions throughout the involvement with the family.

Safety Net: Arrangements and connections within the family network or community that can be created, facilitated, and reinforced that support the caregiver and provide resources and assistance when the Department is no longer involved with the family.

**Safety Plan:** A written arrangement between the family and agency that establishes how impending danger threats to child/youth safety will be controlled and managed. The plan will remain in effect as long as needed and must be continuously evaluated for sufficiency and modified as long as it is in effect.

**Safety Threshold:** The criteria that must be met in the family's situation to determine that a child/ youth is unsafe. Criteria include threats to safety that 1) are observable and specific, 2) are imminent, 3) out of control, 4) have the potential for severe effects, and 5) involve a vulnerable child/youth.

**Severity/ Severe Effects:** Effects that are consistent with harm that can result in pain, serious injury, disablement, grave/debilitating physical health conditions, acute/grievous suffering, terror, impairment, or death.

**Sexual Abuse:** Any sexually oriented act, practice, contact, or interaction in which the child/ youth is or has been used for the sexual stimulation of a parent, the child/ youth, or other person.

**Sexual Exploitation:** Allowing, encouraging, or forcing a minor child to solicit for or engage in prostitution, debauchery, public indecency, or pornographic photography, films or depictions.

**Status Offender:** Any juvenile who, by reason of being wayward, or habitually disobedient, is uncontrolled by his or her parent, guardian, or custodian; who departs himself or herself so as to injure or endanger seriously the morals or health of himself, or others; or who is habitually truant from home or school.

**Strengths:** An individual's functional attributes, abilities, interests or inherent assets. In this context, strengths must be related to the ability to protect one's children and must be related to the identified safety threats.

**Torture:** The infliction of intense pain to punish, coerce, or afford sadistic pleasure.

**Unsafe Child:** A child who is vulnerable to present or impending danger and the caregivers are unable or unwilling to provide protection.

**Violence:** The exertion of physical force so as to injure, abuse, or control.

**Vulnerable Child:** A child/youth who does not have sufficient capacity for self protection.

**Vulnerability:** Susceptibility to harm balanced by the child/youth's capacity for self-protection. Factors to consider include the child/youth's age, health, size, mobility, social/ emotional state; visibility in the community; and access to individuals who can provide protection.

**Youth Level of Service/Case Management Inventory (YLS/CMI):** The standardized assessment instrument used for youth adjudicated as status offense or juvenile offenders to assess risk, need, and responsivity factors; to determine treatment needs, and utilized for case planning.

### **Nebraska Safety Intervention System (NSIS)**

The Nebraska Safety Intervention System has two primary components, 1) Safety Assessment and 2) Safety Management. Within these functions there are distinct tasks that are completed and specific decisions that are made.

1. **Safety Assessment:** The purpose of the safety assessment is to determine if there is present and/or impending danger, i.e. are there safety threats that meet the safety threshold? Assessment of safety is an ongoing process that occurs throughout involvement with each family from intake and initial contact until closure. Safety assessments are precise in focus, in that information is gathered and analyzed according to the six domains: extent of maltreatment, if any, nature and circumstances of maltreatment, child/youth functioning, disciplinary approaches, parenting practices, and adult functioning. Safety assessments apply standardized criteria that are known through research and literature to be related to the presence of safety threats
2. **Safety Management:** Safety management involves the identification and implementation of actions intended to control present or impending danger. These actions must match the frequency and duration of the safety threats and be in effect for the period of time when relevant caregiver protective capacities are absent. They must also be accessible in time and physical proximity and have immediate effect that controls the identified safety threats

### **Safety Assessment Overview**

The role of the Department of Health and Human Services (DHHS) when intervening with a family is to assure child safety and to assist the family in fulfilling their responsibility as protectors of their children. When the family is able to assure child safety, the assistance of DHHS is no longer necessary.

Safety Assessment is a focused information gathering, decision-making and documentation process conducted in response to a child abuse/neglect or dependency report, or in response to safety issues identified by the YLS/CMI process, in which possible threats to child safety are identified, analyzed and understood,. Through the collection and analysis of discrete information sets, the safety assessment guides decisions about the presence or absence of present danger or impending danger, and evaluates child vulnerability, resulting in a decision as to whether a child is safe or unsafe. Safety assessment is continuous and is used to guide key decisions throughout the involvement with the family. The safety assessment will always be documented on N-FOCUS.

The assessment process is used:

1. At the initial contact and throughout the initial assessment with the child and family in response to a report of child abuse, neglect, or dependency. This function can only be completed by DHHS staff.
2. When the YLS/CMI indicates safety concerns for OJS and status offender youth. This function can only be completed by DHHS staff.
3. At any time during the case when a new child abuse/neglect (CAN) report is received. This function can only be completed by DHHS staff or Tribal Child Welfare staff as specified in a State/Tribal Child Welfare Agreement.
4. When there is any change that may result in new threats to safety, for example, a new person in the home. This function can be completed by DHHS staff, contracted case managers or Tribal Child Welfare staff as specified in a State/Tribal Child Welfare Agreement.
5. When considering reunification of children removed from the parental home. This function can be completed by DHHS staff or contracted case managers or Tribal Child Welfare staff as specified in a State/Tribal Child Welfare Agreement.
6. When supervised/unsupervised visits are being considered. This function can be completed by DHHS staff or contracted case managers or Tribal Child Welfare staff as specified in a State/Tribal Child Welfare Agreement.

7. At Case Plan evaluation. This function can be completed by DHHS staff or contracted case managers or Tribal Child Welfare staff as specified in a State/Tribal Child Welfare Agreement.
8. Prior to case closure. This function can be completed by DHHS staff or contracted case managers or Tribal Child Welfare staff as specified in a State/Tribal Child Welfare Agreement.
9. At any other key decision points. This function can be completed by DHHS staff or contracted case managers or Tribal Child Welfare staff as specified in a State/Tribal Child Welfare Agreement..

Once safety threats have been identified, the safety assessment will continue to be used until the safety threats have been addressed.

Use of the assessment process with families who have been involved with Protection and Safety staff for a period of time will be somewhat different than use in the Initial Assessment phase of the case. Each subsequent use of the safety assessment process to assess family safety issues will build upon the information that was gathered before, and include progress in reaching defined outcomes, meeting un-met needs, and assessing the effectiveness of strength based strategies.

The ongoing assessment process incorporates and expands the initial safety assessment. Building upon the information gathered during the initial assessment (and the YLS/CMI if the safety concern is about a status or juvenile offender), the ongoing assessment explores with the family, enhanced protective capacities/strengths that can be utilized as part of the Case Plan change process. The ongoing assessment also includes an assessment of parental protective capacities to determine which protective capacities, because they are diminished, may have an impact on child safety. Outcomes, needs, and strength based strategies are then developed by the Family Team to craft the case plan. This comprehensive assessment is completed for each family who will be part of ongoing services, whether non-court or court involved. Note: This assessment process is not used to assess allegations of abuse or neglect or safety in out of home placements.

### **Required Actions**

For initial safety assessments, the assigned Protection and Safety Worker (PSW) will complete the following required actions.

- 1) Required response times. For those Intakes that may be life threatening and are designated as Priority 1, the expected response time to contact the alleged victim is 0 to 24 hours from the time the Intake is received. The Intake will be immediately assigned to an assessment worker who is available to respond and coordinate the response with law enforcement. If a PSW is unable to respond, a PSW must notify law enforcement of the emergency nature of the Intake and request that law enforcement respond immediately. The State Patrol may be contacted if local law enforcement is not available. The PSW must make contact with the child/youth and family within 24 hours of the law enforcement contact, if the law enforcement contact occurred on the Intake received date. If the law enforcement contact occurred prior to or after the Intake received date, the PSW will make contact in 0 to 24 hours of the Intake received date.

If the Intake is designated as a Priority 2, the required response time to make contact with the alleged child/youth victim is 0 to 5 calendar days from the date the Intake is received. The case will be assigned immediately to a PSW. The PSW and the PSS will determine from the facts of the case how quickly contact must be made to address the potential safety

threats. The PSW must make contact with the child/youth and family within 0 to 5 calendar days of the law enforcement contact, if the law enforcement contact occurred on the Intake received date. If the law enforcement contact occurred prior to or after the Intake received date, the PSW will make contact in 0 to 5 days of the Intake received date.

If the Intake is designated as a Priority 3, the required response time to make contact with the alleged child/youth victim is 0 to 10 calendar days from the time the Intake is received. The case will be assigned immediately to a PSW. The PSW and the PSS will determine from the facts of the case how quickly contact must be made to address the potential safety threats. The PSW must make contact with the child/youth and family within 0 to 10 calendar days of the law enforcement contact, if the law enforcement contact occurred on the Intake received date. If the law enforcement contact occurred prior to or after the Intake received date, the PSW will make contact in 0 to 10 days of the Intake received date.

If present danger is identified when an assessment is being conducted for any Intake, regardless of the priority, an immediate Protective Action is necessary. The PSW will explore alternatives with law enforcement and the family to identify a Protective Action that will be sufficient to assure the child/youth's safety without removal from the home or family whenever possible. Removal will be the last option, when all other alternatives have been considered and found to be not sufficient to assure safety.

The date of a Law enforcement contact can be recorded as the first contact with the alleged child victim if the child is taken into protective custody. It may also be recorded as the first contact if the report clearly indicates that the child was actually seen by the officer, the report addressed the allegations, and the report indicated there was no present danger.

- 2) Review available information. The PSW assigned will thoroughly review information gathered at Intake and in any existing case record, specifically any prior abuse/neglect reports, or law violation reports involving the child/youth, family and alleged perpetrator. The assessment worker will contact the reporter for additional information as necessary.

The PSW will complete a synopsis of the family's involvement with Child Welfare and the Office of Juvenile Services. A condensed version of the family history, the synopsis will detail what has happened, how it happened, and what was done to prevent it from happening again. The PSW will include details, in chronological order, about past Intakes, past assessments, and past service interventions. The synopsis of past contacts will be completed prior to the completion of the assessment. The synopsis will be documented on N-FOCUS under "The Prior DHHS Involvement Synopsis Narrative".

- 3) Coordinate with law enforcement. The PSW will:
  - a. Contact the appropriate law enforcement agency prior to initiating an assessment of child maltreatment to request that a joint investigation be done unless 1184 Team protocols have established a different process
  - b. Defer to law enforcement to schedule interviews if law enforcement plans to investigate the situation in cooperation with Protection and Safety staff
  - c. Document a consultation point after discussing with the Supervisor if requested by law enforcement not to contact the alleged child/ youth victim within the appropriate time frame as determined by the designated priority
  - d. Discuss any requested delays with the Supervisor, if concerned that a delay will be unsafe for the children involved
  - e. The Supervisor will consult with the Protection and Safety Administrator. Based on the consultation, the Administrator or Supervisor may contact law enforcement with his/her

concerns, consult with DHHS Legal staff, or discuss the situation with the local County Attorney.

- f. Document all decisions and consultation points in N-FOCUS

If the Intake alleges maltreatment by a member of the local law enforcement agency, the initial safety assessment will be completed with the assistance of the State Patrol. Requests for assistance from the State Patrol need to go through the Attorney General's Office. The assigned PSW will contact the Criminal Bureau Chief or a member of his staff at 402-471-2682 to request Patrol assistance. The State Patrol has decision making authority about whether or not they will participate. If they agree to do so, the assigned officer will lead the investigation and determine how and when the alleged perpetrator's Supervisor will be contacted. The assigned Patrol officer will also determine the timing and sequencing of interviews. As above, if the PSW believes any planned delay will be unsafe for the children involved, the Worker will consult with his/her Supervisor. If the allegation of maltreatment involves an officer in the State Patrol, the State Patrol will be the investigating agency, either assigning an officer from Internal Affairs, or an officer from another service area to investigate in cooperation with the assigned PSW.

If a PSW in the appropriate office has a conflict of interest in a particular case due to a personal relationship with parties in the case, the PSW will notify the Supervisor immediately. The Supervisor will make the decision about whether the assessment will be assigned to another PSW, or if necessary, to a worker in another office within the Service Area or if a request will be made for assignment of a PSW from another Service Area.

There are four situations where law enforcement may make the first contact with the family and later provide a written report to DHHS. All law enforcement reports will be date stamped and reviewed by a PSW within 24 hours of receipt. How DHHS responds to each report will depend on which situation occurred.

**1) Law enforcement is the first agency to receive a report of possible abuse or neglect and responds to protect the child. These reports will be processed through the Hotline as new Intakes, and will be accepted for assessment if:**

- The report meets screening criteria or;
- The report indicates possible safety concerns that have not been addressed. Intakes accepted based on unaddressed safety concerns will be designated as Priority 2.
- The report does not meet screening criteria, but an assessment of prior reports to the Child Abuse/Neglect Hotline indicate the need to conduct an assessment. This decision should take into account such things as the number of prior reports over time, the similarity of prior reports to the current report, the vulnerability of the child or children involved and the specifics of the prior and current report. "Prior reports" is defined as any past Intakes with allegations of abuse or neglect whether accepted for assessment or not. Although there may be times when it appears that reports are made maliciously, without foundation or not in good faith, there may be safety issues involved in such a report. Each report will be assessed as stated above. Intakes accepted based on prior history of reports will be designated as Priority 3.

**2) DHHS receives an Intake and sends law enforcement out to respond prior to closing the intake by making a decision to accept for assessment or screen out the report. These reports will be accepted for assessment if:**

- The report meets the screening criteria or;
- The report indicates possible safety concerns that have not been addressed. Intakes accepted based on unaddressed safety concerns will be designated Priority 2.
- The report does not meet screening criteria, but an assessment of prior reports to the Child Abuse/Neglect Hotline indicate the need to conduct an assessment. This

decision should take into account such things as the number of prior reports over time, the similarity of prior reports to the current report, the vulnerability of the child or children involved and the specifics of the prior and current report. "Prior reports" is defined as any past Intakes with allegations of abuse or neglect whether accepted for assessment or not. Although there may be times when it appears that reports are made maliciously, without foundation or not in good faith, there may be safety issues involved in such a report. Each report will be assessed as stated above. Intakes accepted based on prior history of reports will be designated as Priority 3.

**3) DHHS receives the CAN allegation report, accepts the Intake for assessment, and sends law enforcement out for prompt contact with the child and family.**

- The Intake has been accepted for assessment and the assessment will be completed, regardless of information obtained by the law enforcement contact.

**4) DHHS receives the report and classifies the Intake as accept for Law Enforcement Only. Note: Law Enforcement Only is to be used as an Intake closing reason only in situations when the alleged perpetrator is not a family or household member.**

- An assessment will be completed if the report indicates possible safety concerns that have not been addressed by law enforcement.

If an assessment is required by the above criteria, the PSW will complete the assessment by making contact with the child(ren) and family, and completing the assessment process. Assessments cannot be completed using information contained in the law enforcement report only. The PSW will enter any appropriate findings in the Child Abuse and Neglect Central Register for all assessments completed and the service area will assign a PSW to enter findings on Law Enforcement Only reports. The PSW making the entry will assure that the appropriate notice letter is sent to the responsible person.

The PSW assigned to complete the assessment can use the law enforcement contact date as the first contact with the child if the law enforcement contact occurs after the date of the Intake and it is clear in the report that the child was seen and immediate safety concerns were addressed.

**4) Gather Information**

The PSW will have face to face contact with the alleged child victim(s) within the appropriate time frames as determined by the designated priority, unless requested by law enforcement to do something different. If time frames cannot be met, the PSW will consult with his/her Supervisor as a mandatory consultation point and document the reason for noncompliance in the case narrative.

The PSW will interview each member of the household in the following order:

- a. The alleged child victim
- b. Siblings and other children
- c. Non-maltreating parent/ caretaker
- d. Other adults in the home
- e. The alleged perpetrator

If interviews cannot be conducted in this order, the worker will clearly document the reason for variance in the N-FOCUS narrative. Face to face contact is required with all children/youth and all adults in the home. While it may be possible to determine that a child is unsafe without interviewing all adults in the household when the incident of abuse/neglect is egregious enough, it is NOT possible to determine that a child is safe without interviewing all adults in the home. The worker will observe the home environment and interaction

between family members whenever possible. The non-custodial parent is not considered a member of the household unless he/she lives in the home with the children. However, information should be gathered from the non-custodial parent as a collateral contact. Information gathering may be necessary about the non-custodial parent or relatives if they will be part of the safety plan, or if they will be considered for possible placement.

The non-custodial parent will be contacted as soon as possible to elicit information from the parent about the children, about that person's knowledge of the situation with the children, and to determine the non-custodial parent's potential to be a safety plan participant, or to care for the children should removal from the custodial parent's home be necessary. Information about the child's current situation may be shared with the non-custodial parent without a release of information form being signed by the custodial parent. However, obtaining a signed release from the custodial parent is preferable.

If, during the process of information gathering, new allegations of abuse or neglect are identified, the PSW will report those allegations to the Child Abuse and Neglect Hotline so that the additional allegations can be added to the current intake or a new intake entered. A new incident of maltreatment on an open assessment case, or an ongoing case will be reported to the Hotline for entry on the system as a new Intake. The exception to this is a situation where DHHS involvement is solely based on the condition of the home. In these cases, a new Intake is not required.

The PSW will gather information from sources other than the family. For any assessment involving medical issues or where the alleged child/youth victim is seen by a doctor or hospital, written information from medical providers will be obtained and placed in the case file. Written reports from law enforcement, therapists, school personnel and others will also be obtained, reviewed, and placed in the case file.

The PSW will document contacts in person, by phone, or received in writing in chronological order on the Assessment Contact Sheet on N-FOCUS, identifying the relationship of the individual to the case, all available contact information, and date of the initial contact.

Information gathered must be sufficient as evidenced by the following characteristics:

1. Breadth: Worker's understanding of the family is based on comprehensive information that covers the critical points of inquiry (maltreatment, surrounding circumstances, child functioning, discipline, parenting in general, and adult functioning,)
2. Depth: Worker's understanding of the situation is based on precise and detailed information gathered by probing and diligent consideration
3. Reliable: Information is reasonable, believable, dependable, and can be justified when reflecting on the reality of the family situation
4. Pertinent: Information is relevant to decision making, significant, and applicable to revealing the presence of safety threats
5. Objective: Information is factual, actual, unbiased, existing without interpretation or value judgment
6. Clear: Information is unambiguous
7. Associated: Worker will understand how the information is connected and interrelated; how different things in the family are linked
8. Reconciled: Worker will attempt to resolve apparent distortions and differences in information so that discrepancies are reconciled
9. Supported: Information will be confirmed or corroborated by reliable sources
10. Pertinent information about the family's cultural background will be noted

A safety assessment will be completed on all Intakes accepted for assessment, regardless of the case status determination. Even though the specific allegation of abuse or neglect is found to be untrue, or does not rise to the level of preponderance standard, and is classified as unfounded for the Central Register entry, the Protection and Safety Worker will assess the child/youth's situation to determine if threats to safety exist. Even though the original allegation was unfounded, other identified threats to safety cannot be ignored.

Domains: The PSW will gather information exploring the following six domains. Individual and family strengths will also be identified. Information gathered will be documented in the domain sections of the Safety Assessment tool.

1. Maltreatment: This domain is concerned with the maltreating behavior and the immediate effect on the child/ youth. The presence or absence of maltreatment results in a finding at the completion of the assessment so that the appropriate case status determination entry can be made on the Nebraska Child Abuse and Neglect Central Register. The worker needs to know:
  - a. Type of maltreatment
  - b. Severity of the maltreatment
  - c. Duration of the current maltreatment
  - d. Description of specific events
  - e. Description of emotional and physical symptoms
  - f. Identification of the child/ youth and maltreating caregiver
  
2. Nature/ Circumstances that accompany the maltreatment: This domain addresses what is or was going on at the time of the maltreatment. The worker needs to know:
  - a. The duration of the maltreatment
  - b. Caregiver intent concerning the maltreatment
  - c. Caregiver explanation for the maltreatment and family conditions
  - d. Caregiver acknowledgement and attitude about the maltreatment
  - e. Other problems occurring in association with the maltreatment (like substance use, mental disturbance, or recent major stressor)
  - f. Past reports of maltreatment and how the reports were resolved
  
3. Child/youth functioning on a daily basis: This domain is concerned with the child/youth's general behavior, emotions, temperament, and physical capacity on a day to day basis. A developmentally appropriate standard is applied. The worker needs to know as much as possible about the child/youth's:
  - a. General mood and temperament
  - b. General development/Intellectual functioning
  - c. Communication and social skills
  - d. Expressions of emotions/feelings
  - e. Behavior
  - f. Peer relations
  - g. School performance
  - h. Independence
  - i. Motor skill development
  - j. Physical and mental health
  - k. Community involvement
  - l. Culture
  - m. Supports available (family, friends, informal/formal)

n. History of law violations

4. Disciplinary approaches and when are they used by the caregiver: This domain is concerned with how caregivers approach discipline, teaching and guiding the child/ youth. The worker needs to know as much as possible about:

- a. Disciplinary methods
- b. Concept and purpose of discipline
- c. Context in which discipline occurs
- d. Rules and expectations
- e. Cultural practices

5. General parenting practices and perspectives used by the caregiver (excluding discipline): It is preferable to observe parent/child/youth interaction in as typical a setting as possible. The worker needs to know as much as possible about:

- a. Reasons for being a caregiver
- b. Satisfaction in being a caregiver
- c. Caregiver knowledge and skill in parenting and child development
- d. Caregiver perceptions, expectations and empathy for the child/ youth
- e. Decision making in parenting practices
- f. Parenting style
- g. History of parenting behavior
- h. Protectiveness

6. Adult functioning with respect to daily life management and general adaptation: This domain concerns how the adults/ caregivers function on a daily basis. The PSW will specifically address:

- a. Mental health
- b. Substance abuse
- c. History of domestic violence either as a victim or a perpetrator

Additionally, the worker needs to know as much as possible about:

- a. Communication and social skills
- b. Coping and stress management
- c. Self control
- d. Problem solving ability
- e. Judgment and decision making
- f. Ability to function independently
- g. Home and financial management
- h. Employment
- i. Citizenship and community involvement
- j. Ability to think and communicate rationally
- k. Self care and self preservation
- l. Physical health and capacity
- m. Cultural practices
- n. Knowledge of basic needs for daily life
- o. Parents' own history of physical, emotional abuse/neglect or sexual abuse
- p. Personal and family support (informal and formal)
- q. History of law violations

If the family is not able to be located after a good faith effort to do so, these efforts to locate the family and consultation with the Supervisor about this situation will be documented in the maltreatment domain. A good faith effort has been made when all reasonable methods to locate the parties of interest have been utilized. Good faith efforts include, among other things, checking N-FOCUS, JUSTICE, Department of Motor Vehicles, Child Support Enforcement, local law enforcement agency, local utilities, and the Post Office. The PSW will consult with the Supervisor as a mandatory consultation point before determining no other efforts are needed.

It is important to be aware of and to recognize different religious and cultural child rearing practices. Some practices may appear to be inappropriate discipline or child abuse. While it is imperative to be respectful of the family who share these practices, the practices may be in conflict with the laws in this country. Families need to be provided information about what are acceptable disciplinary practices here, and what is necessary for children to be safe. If a safety threat is identified based on the safety threshold criteria of observable and specific, imminent, out of control, likely to have severe effects, and there is a vulnerable child, the child is unsafe, regardless of the family's cultural parenting practices.

### **Present Danger**

Present danger is defined as immediate, significant and clearly observable severe harm or threat of severe harm, occurring to a child/youth in the present. Some threats to safety will be occurring at the time of the Intake report or at the worker's initial contact. Some of the threats may constitute present danger and require an immediate Protective Action on the part of the PSW to protect the child/youth. Present danger includes, for example:

1. Hitting, beating, severely depriving now
2. Injuries to the face or head
3. Premeditated maltreatment
4. Life threatening living arrangements
5. Bizarre cruelty to a child/ youth
6. Bizarre/extreme viewpoint of a child/ youth
7. Vulnerable children who are left unsupervised or alone at the present time
8. Child/ youth extremely afraid of the home situation
9. Child/ youth needing immediate medical care
10. Caregiver unable to provide basic care
11. Caregiver exhibits bizarre behavior
12. Caregiver who is out of control at the present time
13. Caregiver under the influence of substance at the time which impedes the ability to care for the child/youth
14. Caregiver cannot or will not explain child/youth's serious injury
15. Family will flee or hides child/youth

The PSW will recognize present danger and initiate an immediate Protective Action. The five criteria of observable and specific; severe, out of control, imminent, and the presence of a vulnerable child necessary to reach the safety threshold are satisfied anytime a present danger is identified.

### **Protective Action**

The Protective Action is an instantaneous (same day), short term, sufficient strategy that provides a child/ youth with responsible adult supervision and care during the completion of the assessment, when there are present dangers identified. It is not a plan; it is an action. The

Protective Action taken must be formed as part of the initial contact with the family when present danger is identified. The Protective Action must be:

1. Immediate: The action must be capable of being in operation the same day it is created. Before the PSW leaves the home, the immediate Protective Action must be in motion and confirmed
2. Short Term: The action is very specific, tied to particular present danger threats, and must control those threats from the present until sufficient information can be gathered and analyzed to determine the need for a formal continuing Safety Plan. The Protective Action is sufficient to manage safety until the initial safety assessment is completed. The Protective Action will remain in effect until the expedited safety assessment can be completed and a more comprehensive Safety Plan put into place if needed
3. Sufficient: The Protective Action must manage present danger threats. The PSW must verify and document in the Protective Action form that the selected people are responsible, will be available, are trustworthy and capable. If the action includes the child residing outside his/ her household, an evaluation of the safety of the environment where the child is to stay must be completed following guidelines in the section on Suitability of Safety Plan Participants
4. Confirms that parents/caregivers are willing to cooperate with the Protective Action. Protective Actions are not voluntary and legal action may be necessary to carry out the immediate Protective Action
5. Identifies the specific present danger to the child
6. Describes in detail how the Protective Action will work, including all logistics

The PSW will consult with a Supervisor as a mandatory consultation point when present danger is identified and Protective Action is necessary. Consultation will occur no later than one hour after the Protective Action is taken. The Protective Action will be documented on the Nebraska Immediate Protective Action form and a copy left with the family. Documentation of the Protective Action will be made on N-FOCUS by the end of the next work day. The Supervisor will formally review and approve the Protective Action by the end of the next work day after the Protective Action documentation is submitted for Supervisory review in the Protective Action narrative section on N-FOCUS.

Protective action options include, but are not limited to:

1. A maltreating or threatening person agrees to leave and remain away from the home and children until such time as the safety assessment is complete
2. A responsible, suitable person agrees to reside in the household and supervise the children/youth at all times and/ or as needed to assure protection until the initial safety assessment is complete
3. The child is cared for part or all of the time outside the child's home by a friend, neighbor, or relative until the initial assessment is complete
4. The child is formally placed in out of home care such as a relative or foster care pending the completion of the initial assessment

Note: At any point where Present Danger is identified, the PSW will stop the assessment and take a Protective Action immediately. Completion of the assessment will be expedited.

### **Impending Danger**

Threats to a child/youth that may not be occurring in the present, but are likely to occur in the immediate to near future may constitute impending danger. These threats may not be identified at the onset of Protection and Safety staff intervention, but are often understood upon a more

full evaluation and understanding of individual and family conditions and functioning. This understanding results in a reasonable and prudent conclusion that without DHHS safety intervention, severe harm is probable in the near future.

### **Safety Evaluation based on Safety Threshold Criteria**

The Safety Threshold is the point where family conditions in the form of behaviors, attitudes, emotions, intent, and circumstances are manifested in such a way that they have become threatening to child safety.

Five criteria must be met to conclude that a family condition rises to the level of a threat to the safety of the child/youth. The family circumstances or situation must:

1. Be observable and specific
2. Have severe effects
3. Be out of control
4. Involve imminent danger
5. Involve a child who is vulnerable

If all five criteria are met in relationship to a specific safety factor, the PSW will indicate the conclusion that the safety threat exists by marking “yes” on the Safety Assessment instrument. Each safety factor must be considered to determine if it 1) may apply to the family situation; and 2) if it does apply in the family, to determine if it rises to the level of a safety threat by meeting each of the five criteria. If less than all of the criteria are met, the PSW will indicate the conclusion that the safety threat does not exist by marking “no” on the Safety Assessment instrument.

The PSW will document that the Threshold criteria has been met as follows:

1. Observable and specific:
  - a. Describing in detail the behavior, motive, attitude, emotion, perception, or family situation that creates the threat to safety
  - b. Determining the frequency of the threat to safety
  - c. Describing the circumstances that prevail when the threat to safety is active
  - d. Describing anything that stimulates or influences the threat to safety
2. Severity: Indicating how the behavior, motive, attitude, emotion, perception, lack of capacity, or family condition is having or will have a significantly adverse effect on the child. This criteria is considered in terms of potential effect on the vulnerable child. The severity of the incident itself may help inform the potential for severe effects on the child, but the criteria is not judged solely on the severity of the maltreatment incident itself.
3. Out of control: Describing how the family is unable to control or manage the situation.
4. Imminent:
  - a. Determining the duration of the threat to safety
  - b. Describing how and when the threat to safety occurs
  - c. Describing the pattern of behaviors that creates threats to safety
5. Vulnerability: Determining what characteristics of the child result in the child being vulnerable to a specific safety factor.

The child's vulnerability must be assessed in relationship to any safety factors identified in the family. Vulnerability refers to a child's capacity for self-protection. The child can demonstrate capacity for self protection by behavior that defends against threats to safety and/or demonstrates the ability to meet his/her basic safety needs. Vulnerability is not a matter of degree. Children are either vulnerable, or they are not.

Factors to be considered in judging the child or youth's vulnerability to specific threats include:

- a. Age: Children from birth through the age of five years old are always vulnerable. It is especially important to be vigilant about infants. Many characteristics of older children make them vulnerable to threats to safety also
- b. Physical disability: Children who are unable to remove themselves from danger may be vulnerable, as are those who are highly dependent on others to meet their basic needs
- c. Mental disability: Children who are cognitively limited are less able to recognize danger, less able to know who can be trusted, less able to meet their own basic needs, or to seek protection may be vulnerable
- d. Provocative: Children whose emotional, mental health, or behavior problems cause others to be irritated and act out toward them, or to avoid them may be vulnerable
- e. Powerless: Regardless of age, intellect, and physical capacity, children who are highly dependent and susceptible to others may be vulnerable
- f. Defenseless: Regardless of age, a child/ who is unable to defend him/herself against aggression may be vulnerable. This may include children/ youth who are oblivious to danger
- g. Non-assertive: Regardless of age, a child who is so passive or withdrawn to not make his or her basic needs known is vulnerable
- h. Illness: Children with acute or continuing medical problems and needs may be vulnerable
- i. Invisible: Children that no one sees or who are hidden are vulnerable, regardless of age

As a safety assessment concern, a child's vulnerability informs about the predisposition for suffering more serious injury. As a safety planning issue, a child/youth's vulnerability helps inform about what must be done to manage threats and assure protection.

### **Safety Factors**

There are 14 safety factors that are assessed after the PSW collects information required for the six domains. The safety threshold criteria must be applied to each safety factor identified in the family to determine if the safety factor becomes a safety threat.

The following safety factors will be assessed to determine if they exist in the family situation:

<b>1. Caregivers cannot, will not, or do not explain injuries to the child or threatening family conditions.</b>
--

Parents/caregivers do not or are unable or unwilling to give explanations of maltreating conditions or injuries which are consistent with the facts. An unexplained serious injury is a present danger and remains so until an explanation alters the seriousness of not knowing how the injury occurred or by whom.

### Application of the Safety Threshold Criteria

You cannot control what you do not understand – what is not explained or explained adequately. A family situation in which a child is seriously injured without a reasonable explanation is a family situation that is out-of-control.

Typically, this safety threat occurs in connection with a serious injury. So the severity question is already answered. Research (such as that associated with the Battered Child Syndrome) supports a concern that one serious unexplained or non accidental injury reasonably may be followed by another. When the cause of an injury is not known, then, what might be operating could result in another injury in the near future.

Note: An unexplained injury at initial contact should be considered a present danger. If the injury remains unexplained at the conclusion of an initial assessment/investigation, the lack of an acceptable explanation must be considered an impending danger.

This threat is illustrated in the following examples:

- Parents/caregivers acknowledge the presence of injuries and/or conditions but plead ignorance as to how they occurred
- Parents/caregivers express concern for the child's condition but are unable to explain it.
- Parents/caregivers appear to be totally competent and appropriate with the exception of 1) the physical or sexual abuse and 2) the lack of an explanation or 3) an explanation that makes no sense
- Parents/caregivers accept the presence of injuries and conditions but do not explain them or seem concerned
- Sexual abuse has occurred in which 1) the child discloses; 2) family circumstances, including opportunity, may or may not be consistent with sexual abuse; and 3) the parents/primary caregivers deny the abuse, blame the child, offer no explanation or an explanation that is unbelievable
- "Battered Child Syndrome" case circumstances are present and the parents/primary caregivers appear to be competent, but the child's symptoms do not match the parents'/primary caregivers' apparent competence of functioning and there is no explanation for the child's symptoms
- Parents'/caregivers' explanations are inconsistent with injuries or family situation
- Facts observed by child welfare staff and/or supported by other professionals that relate to the incident, injury, and/or conditions contradict the parents'/primary caregivers' explanations
- History and circumstantial information are incongruent with the parents'/primary caregivers' explanation of the injuries and conditions
- Parents'/caregivers' verbal expressions do not match their emotional responses and there is not a believable explanation

There must be a child who is vulnerable to this specific safety factor.

<b>2. A child has serious physical injuries or serious physical symptoms from maltreatment.</b>
---

The key word is "serious," and suggests that the child's condition has immediate implications for intervention (e.g., need for medical attention, extreme physical vulnerability). The presumption related to this safety threat is there is some connection, either alleged or confirmed, that the physical injuries or physical symptoms are related to maltreatment. At intake and during the

initial contacts with a child physical injuries and physical symptoms may be obvious (as in a present danger), but insufficient information has been gathered to connect the child's condition to maltreatment. However, this item remains a safety threat until such time as the maltreatment as the cause of the child's condition is ruled out.

#### Application of the Safety Threshold Criteria

Serious physical effects of maltreatment are out-of-control when they are health or life threatening; when routine accessible medical care is questionable; and when their existence represents a symptom of unchecked aggressive, assaultive caregiver behavior. No control exists within the family to care for and nurture the child irrespective of the physical condition.

Severe is qualified by the nature of the child's condition and the impending results of no protection and questionable medical care and follow-up.

Imminence is qualified by whether the child's condition will not improve or worsen if left unattended.

Note: Many of the examples are also consistent with present danger. The injuries identified in the examples would be apparent at first contact. These remain here in this listing to emphasize the importance of addressing serious injuries to children as a result of maltreatment, the need for immediate medical care, and the relationship of these kinds of concerns to other family conditions and behaviors that represent a continuing state of danger-impending danger. Some of the examples, such as failure to thrive, may not be apparent at the initial contact.

This threat is illustrated in the following examples:

- Child has severe injuries
- Child has multiple/different kinds of injuries (e.g. burns and bruises)
- Child has injuries to head or face
- Injuries appear to be premeditated; injuries appear to have occurred as a result of an attack, assault or out of control reactions (e.g. serious bruising across a child's back as if beaten in an out of control disciplinary act)
- Injuries appear associated with the use of an instrument which exaggerates method of discipline (e.g., coat hanger, extension cord, kitchen utensil, etc.)
- Child has physical symptoms from maltreatment which require immediate medical treatment.
- Child has physical symptoms from maltreatment which require continual medical treatment
- Child appears to be suffering from Failure to Thrive
- Child is malnourished
- Child has physical injuries or physical symptoms that are a more serious example of similar injuries or symptoms previously known and recorded

There must be a child who is vulnerable to this specific safety factor

### **3. One or more caregivers intended to seriously hurt the child.**

This refers to caregivers who anticipate acting in a way that will result in pain and suffering. "Intended" suggests that before or during the time the child was mistreated, the parents'/primary caregivers' conscious purpose was to hurt the child. This threat must be distinguished from an incident in which the parent/caregiver meant to discipline or punish the child and the child was inadvertently hurt. "Seriously" refers to an intention to cause the child to suffer. This is more about a child's pain than any expectation to teach a child.

#### Application of the Safety Threshold Criteria

In this safety factor, “out of control” also includes the question of whether there is anything or anyone in the household or family that can control the safety threat. In order to meet this criterion, a judgment must be made that 1) the acts were intentional; 2) the objective was to cause pain and suffering; and 3) nothing or no one in the household could stop the behavior.

Caregivers who intend to hurt their children can be considered to behave and have attitudes that are extreme or severe. Furthermore, the whole point of this safety threat is pain and suffering which is consistent with the definition of severe effects.

While it is likely that often this safety threat is associated with punishment and that a judgment about imminence could be tied to that context, it seems reasonable to conclude that caregivers who hold such heinous feelings toward a child could act on those at any time – soon.

This threat includes both behaviors and emotions as illustrated in the following examples:

- The incident was planned or had an element of premeditation and there is no remorse
- The nature of the incident or use of an instrument can be reasonably assumed to heighten the level of pain or injury (e.g., cigarette burns) and there is no remorse
- Parent’s/caregiver’s motivation to teach or discipline seems secondary to inflicting pain and/or injury and there is no remorse
- Parent/caregiver can reasonably be assumed to have had some awareness of what the result would be prior to the incident and there is no remorse
- Parent’s/caregiver’s actions were not impulsive, there was sufficient time and deliberation to assure that the actions hurt the child, and there is no remorse
- Parent/caregiver does not acknowledge any guilt or wrong-doing and there was intent to hurt the child
- Parent/caregiver intended to hurt the child and shows no empathy for the pain or trauma the child has experienced
- Parent/caregiver may feel justified; may express that the child deserved it and they intended to hurt the child

There must be a child who is vulnerable to this specific safety factor.

#### **4. The living environment seriously endangers the child physical health.**

This threat refers to conditions in the home which are immediately life-threatening or seriously endangering a child’s physical health (e.g., people discharging firearms without regard to who might be harmed; the lack of hygiene is so dramatic as to cause or potentially cause serious illness). Physical health includes serious injuries that could occur because of the condition of the living arrangement.

#### Application of the Safety Threshold Criteria

To be out-of-control, this safety threat does not include situations that are not in some state of deterioration. The threat to a child’s safety and immediate health is obvious. There is nothing within the family network that can alter the conditions that prevail in the environment.

The living arrangements are at the end of the continuum for deplorable and immediate danger. Vulnerable children who live in such conditions could become deathly sick, experience extreme injury, or acquire life threatening or severe medical conditions.

Remaining in the environment could result in severe injuries and health repercussions today, this evening, or in the next few days.

This threat is illustrated in the following examples:

- The family home is being used for methamphetamine production; products and materials used in the production of methamphetamine are being stored and are accessible within the home
- Housing is unsanitary, filthy, infested, a health hazard. This may include things with a long-term, cumulative effect from exposure, such as asbestos or lead
- The house's physical structure is decaying, falling down
- Wiring and plumbing in the house are substandard, exposed
- Furnishings or appliances are hazardous
- Heating, fireplaces, stoves, are hazardous and accessible
- There are natural or man-made hazards located close to the home
- The home has easily accessible open windows or balconies in upper stories
- Occupants in the home, activity within the home, or traffic in and out of the home present a specific threat to a child's safety. This generally refers to people other than parents or caregivers.
- People abusing substances, high, under the influence of substances particularly that can result in violent, sexual or aggressive behavior are routinely in the home, party in the home or have frequent access to the home while under the influence
- People frequenting the home in order to sell drugs or who are involved in other criminal behavior that might be directly threatening to a child's safety or might attract people who are a threat to a child's safety

There must be a child who is vulnerable to this specific safety factor.

**5. A child demonstrates serious emotional symptoms, self destructive behavior, and/or lack of behavioral control that results in provoking dangerous reactions in caregivers.**

Key words are "serious" and "lack of behavioral control." "Serious" suggests that the child's condition has immediate implications for intervention (e.g., extreme emotional vulnerability, extreme antisocial conduct, suicidal thoughts or actions). "Lacks behavioral control" describes the provocative child who stimulates reactions in others.

Application of the Safety Threshold Criteria

The condition of the child is what is out-of-control. The child is a source of danger to him or herself. The damage has been done and the child cannot control it. Family members cannot control the child with respect to preventing what the child may do which could result in severe effects. Additionally, caregivers and even others can be so provoked by the child's behavior that they are not able or wanting to control their reactions against the child.

The child's emotional and behavioral conditions are so extreme that the child is seriously disturbed and self-destructive. The results could be suicide, overdose, or self mutilation. Or, the child may behave in ways that places the child/youth in situations in which others will be a danger to him or her. This may include physical or sexual abuse, sexual exploitation, etc. The child's emotional and behavioral conditions are so profound that he or she is an immediate danger to him or herself without protection. The severe effects could be immediate. The key

factor is the parent's response to the child's emotional and behavioral condition. If the parents/caregivers attempt to control and protect the child by responding appropriately to the child's conditions, this factor does not apply.

The child's condition may or may not be a result of previous maltreatment.

This threat is illustrated in the following examples:

- Child threatens suicide, attempts suicide, or appears to be having suicidal thoughts
- Child's emotional state is such that immediate mental health/medical care is needed
- Child is capable of and likely to self-mutilate
- Child is a physical danger to others
- Child abuses substances and may overdose
- Child is so withdrawn that basic needs are not being met
- Child is annoying, aggravating to the point of stimulating violence in others
- Child is highly aggressive and acts out repeatedly so as to cause reactive responses
- Child is confrontational, insulting or so challenging that caregivers lose patience, impulsively strike out at the child, or isolate the child or totally avoid the child

There must be a child who is vulnerable to this specific safety factor

<b>6. A child has exceptional needs that affect his/her safety that caregivers are not meeting, cannot meet, or will not meet.</b>
--

"Exceptional" refers to specific child conditions (e.g., developmental disability, blindness, physical disability) which are either organic or naturally induced as opposed to parentally induced. The key here is that the parents, by not addressing the child's exceptional needs, will not or cannot meet the child's basic needs.

#### Application of the Safety Threshold Criteria

"Exceptional needs" refers to physical and mental characteristics that result in a child being highly vulnerable and unable to protect or fend for him or herself. When the parent/caregiver cannot do what is necessary, does not want to do it, and thus does not do it, the parent's/caregiver's attitude and behavior are out of control. If no one in the family is doing what is required, no one is assuring control. This does not refer to parents/caregivers who do not do well at meeting the child's needs. It refers to specific deficiencies in parenting that must occur and are required for the "exceptional" child to be safe.

The needs of the child are acute, require immediate and constant attention. The attention and care is specific and can be related to severe results when left unattended. Imminence is obvious. Severe effects could be immediate to near future.

This threat is illustrated in the following examples:

- Child has a physical or mental condition that, if untreated, is a safety threat
- Parent/caregiver does not recognize the condition
- Parent/caregiver views the condition as less serious than it is
- Parent/caregiver refuses to address the condition for religious or other reasons

- Parent/caregiver lacks the capacity to fully understand the condition or the safety threat
- Parent's/caregiver's expectations of the child are totally unrealistic in view of the child's condition
- Parent/caregiver allows the child to live or be placed in situations in which harm is increased by virtue of the child's condition

There must be a child who is vulnerable to this specific safety factor.

### **7. A child is fearful of the home situation or people within the home.**

The home situation" includes specific family members and/or other conditions in the living situation. "Other people in the home" refers to those who either live in the home or frequent the home so often that a child daily expects that the person may be there or show up. (e.g., frequent presence of known drug users in the household).

#### Application of the Safety Threshold Criteria

To meet this criterion, the child's fear must be obvious, extreme, and related to some perceived danger that the child feels or experiences. There is nothing or no one within the family that will allay the child's fear and assure a sense of security.

By trusting the level of fear that is consistent with the safety threat, it is reasonable to believe that the child's terror is well founded in something that is occurring in the home that is extreme with respect to terrorizing the child. It is reasonable to believe that the source of the child's fear could result in severe effects.

Whatever is causing the child's fear is active, currently occurring, and an immediate concern of the child. Imminence applies.

This threat is illustrated in the following examples:

- Child demonstrates emotional and/or physical responses indicating fear of the living situation or of people within the home (e.g., crying, inability to focus, nervousness, withdrawal)
- Child expresses fear and describes people and circumstances which are reasonably threatening
- Child recounts previous experiences which form the basis for fear
- Child's fearful response escalates at the mention of home, people, or circumstances associated with reported incidents
- Child describes personal threats which seem reasonable and believable

There must be a child who is vulnerable to this specific safety factor.

### **8. One or more caregivers lack parenting knowledge, skills, or motivation necessary to assure a child's safety.**

This refers to basic parenting that directly affects a child's safety. It includes parents/primary caregivers lacking the basic knowledge or skills which prevent them from meeting the child's basic needs; or the lack of motivation resulting in the parents/primary caregivers abdicating their role to meet basic needs or failing to adequately perform the parental role to meet the child's basic needs. This inability and/or unwillingness to meet basic needs creates child safety concerns.

### Application of the Safety Threshold Criteria

This family condition is out-of-control when caregivers do not know and understand how to provide the most basic care such as feeding infants, hygiene care, or immediate supervision. Parents/caregivers may be hampered by cognitive, social, or emotional deficits. The basis for ineptness will vary. The lack of aptitude must be clear. Skill, on the other hand, must be considered differently than knowledge. People can know things but not be performing. Motivation is yet another matter. People may be very capable, have sufficient pertinent knowledge, but simply don't care or can't generate sufficient energy to act. Remember, any of these are out-of-control by virtue of the behavior of the caregiver and the absence of any controls internal to the family.

This threat is illustrated in the following examples:

- Parent's/caregiver's intellectual capacities affect judgment and/or knowledge in ways that prevent the provision of adequate basic care
- Young or intellectually limited parents/primary caregivers have little or no knowledge of a child's needs and capacity
- Parent's/caregiver's expectations of the child far exceed the child's capacity thereby placing the child in unsafe situations
- Parent/caregiver does not know what basic care is or how to provide it (e.g., how to feed or diaper; how to protect or supervise according to the child's age)
- Parents'/caregivers' parenting skills are exceeded by a child's special needs and demands in ways that affect safety
- Parent's/caregiver's knowledge and skills are adequate for some children's ages and development, but not for others (e.g., able to care for an infant, but cannot control a toddler)
- Parent/caregiver does not want to be a parent and does not perform the role, particularly in terms of basic needs
- Parent/caregiver is averse to parenting and does not provide basic needs
- Parent/caregiver avoids parenting and basic care responsibilities
- Parent/caregiver allows others to parent or provide care to the child without concern for the other person's ability or capacity (whether known or unknown)
- Parent/caregiver does not know or does not apply basic safety measures (e.g., keeping medications, sharp objects, or household cleaners out of reach of small children)
- Parents/caregivers place their own needs above the children's needs thereby affecting the children's safety
- Parents/caregivers do not believe the children's/youth's disclosure of abuse/neglect even when there is a preponderance of evidence and this affects the children's safety

There must be a child who is vulnerable to this specific safety factor.

<b>9. One or more caregivers are threatening to severely harm a child/youth or are fearful they will maltreat a child or request placement.</b>
---

This refers to caregivers who are directing threats to hurt a child. Their emotions and intentions are hostile, menacing and sufficiently believable to conclude grave concern for a child's safety. This also refers to caregivers who express anxiety and dread about their ability to control their emotions and reactions toward their child. This expression represents a "call for help."

### Application of the Safety Threshold Criteria

Out-of-control is consistent with conditions within the home having progressed to a critical point. The level of aggravation, intolerance or dread as experienced by the caregiver is serious and high. This is no passing thing the caregiver is feeling. The caregiver is or feels out-of-control. The caregiver is either afraid of what he or she might do or beyond self limits and forbearance. A request for placement is extreme evidence with respect to a caregiver's conclusion that the child can only be safe if he or she is away from the caregiver.

Presumably, the caregiver who is threatening to hurt a child or is admitting to an extreme concern for mistreating a child recognizes that his or her reaction could be very serious and could result in severe effects on a vulnerable child. The caregiver has concluded that the child is vulnerable to experiencing severe effects.

The caregiver establishes that imminence applies. The threat to severely harm, admission or expressed anxiety is sufficient to conclude that the caregiver might react toward the child at any time and it could be in the near future.

This threat is illustrated in the following examples:

- Parents/caregiver use specific threatening terms including even identifying how they will harm the child or what sort of harm they intend to inflict
- Parents/caregiver threats are plausible, believable; may be related to specific provocative child behavior
- Parents/caregiver state they will maltreat
- Parent/caregiver describes conditions and situations which stimulate them to think about maltreating
- Parent/caregiver talks about being worried about, fearful of, or preoccupied with maltreating the child
- Parent/caregiver identifies things that the child does that aggravate or annoy the parent/caregiver in ways that make the parent want to attack the child
- Parent/caregiver describes disciplinary incidents that have become out-of-control
- Parents/caregivers are distressed or "at the end of their rope," and are asking for some relief in either specific (e.g., "take the child") or general (e.g., "please help me before something awful happens") terms
- One parent/caregiver is expressing concerns about what the other parent/caregiver is capable of or may be doing

There must be a child who is vulnerable to this specific safety factor.

<b>10. No adult in the home is performing basic parenting duties and responsibilities (food, clothing, shelter, and age appropriate supervision) that assure child safety.</b>
--

This refers only to adults (not children) in a caregiving role. Duties and responsibilities related to the provision of food, clothing, shelter, and supervision are to be considered at such a basic level that the absence of these basic provisions directly affect the safety of a child. This includes situations in which the parents'/caregivers' whereabouts are unknown. The parents'/caregivers' whereabouts are unknown while the initial assessment is being completed and this is affecting child safety. This safety threat applies when a child's caregiver is present and available, but does not provide supervision or basic care. The failure to provide supervision and basic care may be due to avoidance or protective care and duties or physical incapacity. In such instances, this safety threat is considered if no other caregiver issues co-exist with the lack of

supervision like substance use or mental health. Compare this threat to the safety threat concerned with impulsiveness and lack of self-control.

### Application of the Safety Threshold Criteria

The caregiver who normally is responsible for protecting the child is absent; likely to be absent; or is incapacitated in some way or becomes incapacitated. Nothing within the family can compensate for the condition of the caregiver which meets the out-of-control criterion. An unexplained absence of parents/caregivers is obviously a situation that is out-of-control. Without explanation, the children have been abandoned and are totally subject to life situations that they may not be able to control. Thus they may be placed in situations by others that pose a danger threat. They are totally without caregiver protection. Nothing can control the absence of the caregivers.

Duties and responsibilities are at a critical level that if not addressed represent a specific danger or threat is posed to a vulnerable child. The lack of meeting these basic duties and responsibilities could result in a child being seriously injured, kidnapped, seriously ill, even dying. Regarding absent parents/caregivers and in the absence of a family network that imposes itself, vulnerable children left without caregivers will suffer serious effects.

That the severe effects could occur in the now or in the near future is based on understanding what circumstances are associated with the caregiver's absence or incapacity, the home condition, and the lack of other adult Supervisory supports. The absence of caregivers meets the imminence criteria. The threat is immediate.

This threat includes both behaviors and emotions as illustrated in the following examples:

- Parent's/caregiver's physical or mental disability/incapacitation renders the person unable to provide basic care for the children
- Parent/caregiver is or has been absent from the home for lengthy periods of time, and no other adults are available to provide basic care
- Parents/caregivers have abandoned the children
- Parents arranged care by an adult, but the parents'/primary caregivers' whereabouts are unknown or they have not returned according to plan, and the current caregiver is asking for relief
- Parent/caregiver is or will be incarcerated, thereby leaving the children without a responsible adult to provide care
- Parent/caregiver does not respond to or ignores a child's basic needs
- Parent/caregiver allows child to wander in and out of the home or through the neighborhood without the necessary supervision
- Parent/caregiver ignores; does not provide necessary, protective supervision and basic care appropriate to the age and capacity of a child
- Parent/caregiver is unavailable to provide necessary, protective supervision and basic care because of physical illness or incapacity
- Parent/caregiver allows other adults to improperly influence (drugs, alcohol, abusive behavior) the child and the parent/caregiver is present or approves
- Child has been abandoned or left with someone who does not know the parent/caregiver
- Parent/caregiver has left the child with someone and not returned as planned

- Parent/caregiver did not express plans to return or the parent/caregiver has been gone longer than expected or what would be normally acceptable
- No one knows the parent's/caregiver's identity
- Parents'/caregivers' unexplained absence exceeds a few days

There must be a child who is vulnerable to this specific safety factor

#### **11. A child is perceived in extremely negative terms by one or more caregivers.**

“Extremely” is meant to suggest a perception which is so negative that, when present, it creates child safety concerns. In order for this threat to be checked, these types of perceptions must be present and the perceptions must be inaccurate.

##### Application of the Safety Threshold Criteria

This refers to exaggerated perceptions. It is out-of-control because their point of view of the child is so extreme and out of touch with reality that it compels the caregiver to react to or avoid the child. The perception of the child is totally unreasonable. No one in or outside the family has much influence on altering the caregiver's perception or explaining it away to the caregiver.

The extreme negative perception fuels the caregiver's emotions and could escalate the level of response toward the child. The extreme perception may provide justification to the caregiver for acting out or ignoring the child. Severe effects could occur with a vulnerable child such as serious physical injury, extreme neglect related to medical and basic care, failure to thrive, etc.

The extreme perception is in place, not in the process of development. It is pervasive concerning all aspects of the child's existence. It is constant and immediate in the sense of the very presence of the child in the household or in the presence of the caregiver. Anything occurring in association with the standing perception could trigger the caregiver to react aggressively or totally withdraw at any time and, certainly, it can be expected within the near future.

This threat is illustrated by the following examples.

- Child is perceived to be the devil, demon-possessed, evil, a bastard or deformed, ugly, deficient, or embarrassing
- Child has taken on the same identity as someone the parent/caregiver hates and is fearful of or hostile towards, and the parent/caregiver transfers feelings and perceptions of the person to the child
- Child is considered to be punishing or torturing the parent/caregiver
- One parent/caregiver is jealous of the child and believes the child is a detriment or threat to the parents'/primary caregivers' relationship and stands in the way of their best interests
- Parent/caregiver sees child as an undesirable extension of self and views child with some sense of purging or punishing
- Parent/caregiver sees the child as responsible and accountable for the parent/caregiver's problems; blames the child; perceives, behaves, acts out toward the child as a result based on a lack of reality or appropriateness because of their own needs or issues

There must be a child who is vulnerable to this specific safety factor.

#### **12. Caregivers do not have or use resources necessary to assure child's safety.**

“Basic needs” refers to the family’s lack of (1) minimal resources to provide shelter, food, and clothing or (2) the capacity to use resources if they were available. Research indicates that the majority of low income parents do not neglect their children. Thus, being economically disadvantaged does not, in and of itself, result in child abuse or neglect. Often times the resources that the family lacks can be provided in ways that do not involve Protection and Safety intervention. If the parents’/caregivers’ actions or inactions in acquiring or using resources for their children results in the children lacking minimal basic needs, this may require Protection and Safety intervention.

#### Application of the Safety Threshold Criteria

There could be two things out-of-control here. There are not sufficient resources to meet the safety needs of the child. There is nothing within the family’s reach to address and control the absence of needed protective resources. The second question of control is concerned with the caregiver’s lack of control related to either impulses about use of resources or problem solving concerning the use of resources.

The lack of resources must be so acute that their absence could have a severe effect right away. The absence of these basic resources could cause serious injury, serious medical or physical health problems, starvation, or serious malnutrition.

Imminence is judged by context. What context exists today concerning the lack of resources? If extreme weather conditions or sustained absence of food define the context, then the certainty of severe effects occurring soon is evident. This certainty is influenced by the specific characteristics of a vulnerable child (e.g. infant, ill, fragile, etc.).

This threat is illustrated in the following examples.

- Family resources are insufficient to support needs (e.g. food, clothing, shelter medical care) that, if unmet, could result in a threat to child safety
- Parents/caregivers lack life management skills to properly use resources when they are available
- Family is routinely using their resources for things (e.g., drugs) other than their basic care and support thereby leaving them without their basic needs or the children’s basic needs being adequately met
- Child’s basic needs exceed normal expectations because of unusual conditions (e.g., disabled child) and the family is unable to adequately address the needs

<b>13. One or more caregivers will not/cannot control their behavior and/or are acting violently and dangerously.</b>
---

There must be a child who is vulnerable to this specific safety factor.

There are two aspects to this threat. One is impulsive/out of control caretaker behavior and the other is violent and/or dangerous caretaker behavior. The first aspect of the threat is concerned with self-control. It is concerned with a person’s ability to postpone, to set aside needs; to plan; to be dependable; to avoid destructive behavior; to use good judgment; to not act on impulses; to exert energy and action; to inhibit; to manage emotions; and so on. This is concerned with self-control as it relates to child safety and protecting children. So, it is the lack of caregiver self-control that places vulnerable children in jeopardy. This threat also includes caregivers who are incapacitated or not controlling their behavior because of mental health or substance abuse. This safety threat is different from the first safety threat concerned with no adult in the home to routinely provide supervision and protection. That safety threat is based on consistent

neglectful caregiver's behavior; this safety threat is tied specifically to a caregivers' spontaneous reactions or failure to control their behavior.

#### Application of the Safety Threshold Criteria

This threat is self-evident as related to meeting the out-of-control criterion. Beyond what is mentioned in the definition, this includes caregivers who cannot control their emotions, resulting in sudden explosive temper outbursts; spontaneous uncontrolled reactions; loss of control during high stress or at specific times like while punishing a child. Typically, application of the out-of-control criterion may lead to observations of behavior but, clearly much of self-control issues rest in emotional areas. Emotionally disturbed caregivers may be out of touch with reality or so depressed that they represent a danger to their child or are unable to perform protective duties. Finally, those who use substances may have become sufficiently dependent that they have lost their ability for self control in areas concerned with protection.

Severity should be considered from two perspectives. The lack of self-control is significant. That means it has moved well beyond the person's capacity to manage it regardless of self-awareness, and the lack of control is concerned with serious matters as compared to, say the lack of self-control to exercise. The effects of the threat could result in severe effects as caregivers lash out at children, fail to supervise children, leave children alone or leave children in the care of irresponsible others.

A presently evident and standing problem of poor impulse control or lack of self-control establishes the basis for imminence. Since the lack of self-control is severe, the examples of it should be rather clear and add to the certainty one can have about severe effects probably occurring in the near future.

This includes behaviors, other than aggression or emotion, that affect child safety as illustrated in the following examples:

- Parent/caregiver is unable to perform basic care, duties, fulfill essential protective duties
- Parent/caregiver is seriously depressed and unable to control emotions or behaviors
- Parent/caregiver is chemically dependent and unable to control dependency's effects
- A substance abuse problem renders the parent/primary caregivers incapable of routinely/consistently attending to the child's basic needs
- Parent/caregiver makes impulsive decisions and plans which leave the children in precarious situations (e.g., unsupervised, supervised by unreliable caregiver)
- Parent/caregiver spends money impulsively resulting in a lack of basic necessities
- Parent/caregiver is emotionally immobilized (chronically or situation specific) and cannot control behavior
- Parent/caregiver has addictive patterns or behaviors (e.g., addition to substances, gambling or computers) that are uncontrolled and leave the children in unsafe situations (e.g., failure to supervise or provide other basic care)
- Parent/caregiver is delusional and/or experiencing hallucinations
- Parent/caregiver cannot control sexual impulses
- Parent/caregiver is seriously depressed and functionally unable to meet the children's basic needs

The second aspect of this threat is violent or dangerous caretaker behavior and refers to aggression, fighting, brutality, cruelty and hostility. It may be immediately observable, regularly active or generally potentially active.

## Application of the Safety Threshold Criteria

To be out-of-control, the violence must be active. It moves beyond being angry or upset, particularly related to a specific event. The violence is representative of the person's state of mind and is likely pervasive in terms of the way the person feels and acts. There is nothing within the family or household that can counteract the violence.

The active aspect of this sort of behavior and emotion could easily result in lashing out toward family members and children, specifically, who may be targets or bystanders. Vulnerable children who cannot self-protect, who cannot get out of the way and who have no one to protect them could experience severe physical or emotional effects from the violence. The severe effects could include serious physical injury, terror or death.

The judgment about imminence is based on sufficient understanding of the dynamics and patterns of violent emotions and behavior. To the extent the violence is a pervasive aspect of a person's character or a family dynamic, occurs either predictably or unpredictably, and has a standing history, it is conclusive that the violence and likely severe effects could or will occur for sure and soon.

This threat includes both behaviors and emotions as illustrated in the following examples.

- Violence includes hitting, beating, physically assaulting a child/youth, spouse or other family member
- Violence includes acting dangerously toward a child/youth or others including throwing things, brandishing weapons, driving recklessly, aggressively intimidating and terrorizing
- Family violence involves physical and verbal assault on a parent in the presence of a child/youth; the child witnesses the activity and is fearful for self and/or others. DHHS has defined "in the presence of a child" to mean the child is present in the house at the time of the incident, whether or not they are in the same room at the time of the incident
- Family violence is occurring and the child/youth is assaulted
- Family violence is occurring and the child could be inadvertently harmed even though the child may not be the actual target of the violence
- Parent/caregiver who is physically impulsive, exhibiting physical aggression, having temper outbursts or unanticipated and harmful physical reactions (e.g., throwing things)
- Parent/caregiver whose behavior outside of the home (e.g., drugs, violence, aggressiveness, hostility) creates an environment within the home which threatens child safety (e.g., drug parties, gangs, drive-by shootings)
- Parent/caregiver is exhibiting psychotic like features that may include hallucinations or delusions about the child, or that result in dangerous attitudes, emotions, behaviors, or situations

There must be a child/youth who is vulnerable to this specific safety factor.

**14. Caregivers refuse Protection and Safety intervention; refuse access to a child; and/or there is some indication that caregivers will flee.**

This threat is selected if the facts suggest that the family is acting in such a way in order to hide the child from PS. Attempts to avoid PS access to a child can include overtly rejecting all attempts by PS to enter the home, see a child, and conduct the initial assessment information collection. The key to caregivers rejecting PS involvement is the term “overt.” The rejection is far more than a failure to cooperate, open anger or hostility about PS involvement or other signs of general resistance or reluctance. Rejecting PS intervention must be blatant to meet the safety threshold criteria. This safety threat applies also when there are indications that a family will change residences, leave the jurisdiction, or refuse access to the child. In all instances when a family is avoiding any intervention by PS the current status of the child or the potential consequences for the child must be considered severe and immediate.

Application of the Safety Threshold

Like other safety threats, it appears when people do things deliberately that they are under control. Certainly overt rejection of PS or an attempt to flee must be considered a deliberate act to prevent PS from having access to a child; it is a planned-out intention to hide a child. People who solve their problems by such behavior can be considered to be out-of-control and desperate. Furthermore, caregivers who need to keep secret what is happening in their family represent people who are out-of-control. Certainly, families who are transient for purpose of keeping things secret do not possess within their ranks anything that serves to control such behavior. Overt rejection of PS could be an expression of a parent/caregiver’s rights. However, until through legal means, access to the child can be gained, the conclusion about the rejection representing a safety threat remains the same.

Judging severity is speculative with respect to this safety threat. An assumption prevails concerned with a conservative point of view that caregivers who overtly reject PS intervention as defined here, or who might flee are doing so for some critical reason. It is consistent with a “worst scenario” perspective. A child might already be seriously hurt or may be in serious danger.

Imminence is obvious. Fleeing can happen immediately. The van could be packed and the family gone by this evening. People who flee are desperate and act very impulsively. Overt rejection of intervention immediately results in no access to a child and no opportunity to determine if a child is safe.

This threat is illustrated in the following examples:

- Parents/caregivers avoid talking with the PSW; refuses to allow PSW access to the home
- Parents/caregivers manipulate in order to avoid any contact with PSW; make excuses for not participating; miss appointments; go through various means and methods to avoid PSW involvement and any access to a child
- Parents/caregivers avoid allowing PSW to see or speak with a child; do not inform PSW where the child is located
- Family is highly transient
- Family has little tangible attachments (e.g., job, home, property, extended family)
- Parent/caregiver is evasive, manipulative, or suspicious
- There is precedence for avoidance and flight
- There are or will be civil or criminal complications that the family wants to avoid

- There are other circumstances prompting flight (e.g., warrants, false identities uncovered, criminal convictions, financial indebtedness)

There must be a child/youth who is vulnerable to this specific safety factor.

### **Determination That a Child is Safe or Unsafe**

If the five safety threshold criteria are not met in relation to a specific safety factor, “No” is selected on the Safety Assessment instrument to identify the conclusion that a threat to safety does not exist, or at the time of the safety assessment, the information available did not reveal the threat. If none of the fourteen safety factors meet all of the safety threshold criteria, no safety threats are identified and the child(ren) are determined to be safe. The assessment may be closed. Referrals to community agencies may be made if appropriate.

If one or more of the safety factors meet all of the safety threshold criteria causing it to become a safety threat, then “Yes” must be selected on the safety evaluation to indicate that a child is unsafe.

### **Risk situations**

If the safety assessment results in a determination that the child is safe, the case will be closed. In some situations there may be a child in the family who is vulnerable to risk of harm, or the family may benefit from community services. In these situations, the PSW will discuss with the family information about potential resources they may choose to access. In some situations it may be necessary for the PSW to assist the family in accessing the necessary services. The family’s responsibility for payment for services is dependent on the service accessed, and is not the responsibility of the child welfare program. The PSW will document what was discussed and the family’s response on the Safety Assessment Instrument.

### **Safety Assessment for Status Offense and Juvenile Offense Cases**

Although the focus for status offenders and youth adjudicated as delinquent has historically been on the youth and their behaviors, DHHS also has an obligation to assure that these youth are safe in their living arrangements. When information from the YLS/CMI process or other sources involves an allegation of abuse or neglect, that allegation will be reported to the Hotline for screening. If accepted for assessment, safety will be assessed using the Nebraska Safety Assessment Instrument and information from the YLS/CMI.

### **Dependency Cases**

All dependency cases will be assessed using the safety assessment process to identify or rule out safety threats.

### **Safety Management Overview**

If a decision is reached that a child is unsafe, the PSW must develop an immediate Protective Action if there are present dangers, or a Safety Plan if there are impending dangers. These actions on the part of the PSW are considered to be safety management.

Safety management refers to the intervention used or specific action a PSW takes to control present or impending danger threats to a child’s safety. Safety management includes in-home actions, a combination of in-home/out-of-home actions or an out-of-home action. Safety management as an action refers to something specific and active that the PSW does to control a threat to a child’s safety. The action to achieve safety management can be an informal activity

performed by a relative, friend, or volunteer; a formal service from a professional provider; or both.

Safety management is concerned with controlling danger and threats of danger only-not changing family functioning or circumstances. Safety management will be provided using the least intrusive alternative available. The PSW will attempt to use resources within the family network to form the Protective Action and/or Safety Plan whenever possible.

Unique characteristics of safety management:

- Safety management can be provided by any responsible adult. It does not have to be a professional provider
- Safety management is focused exclusively on behavior, emotion, attitude, motive, intent or situations that are associated with present or impending danger threats to child/youth safety
- Safety management is concerned with control of identified safety threats, not necessarily changing anything within a family or parent/caregiver behavior
- Safety management must have influence over specific threats to child/youth safety
- Safety management substitutes for deficient caregiver protective capacities
- Safety management directs specific actions, activity, arrangements, experiences, circumstances that control present or impending danger threats to child/youth safety
- The objective for safety management must be achieved the first moment and every time a safety action is implemented
- Safety management is dynamic as it changes and adjusts to differences and changes in threats to safety and caregiver protective capacity
- Safety management and safety actions remain as a requirement as long as threats to child safety exist in a family, and parent/caregiver protective capacities are not sufficient to assure child protection

### **Development of the Safety Plan**

If there is no present danger that requires an immediate Protective Action, there may still be impending danger threats that require steps to be taken to assure safety. In these situations the worker, with the family, will develop a Safety Plan. The Safety Plan must be implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected. Safety Plans and case plans will often be in place simultaneously. Safety Plans and case plans are different in function. The Safety Plan is designed to provide immediate control of family conditions that create an unsafe situation. The Case Plan is intended to identify outcomes, needs, and strategies necessary for sustained change of those conditions that brought the family to the attention of Protection and Safety staff. Safety Plans may serve as the Case Plan during safety assessment period, but there must always be a Case Plan developed. The formal Case Plan will be developed within 60 days of custody or 60 days from the beginning of the assessment, whichever is sooner.

Protection and Safety Workers must attend to the safety of children. At anytime a PSW identifies a threat to child safety, that worker is responsible for ensuring a Safety Plan is developed (or Protective Action taken when necessary) to manage the threat. The PSW will actively involve the parents/caregivers, family members, and informal and formal resources in the development of the Safety Plan. Efforts to involve parents/caregivers and others must include adherence to Family Centered Practice values, beliefs, and principles. Parents/caregivers, the PSW and others participating in the planning process must identify what action will be taken, who will make sure the child is protected, when the action is to be done, where the action and plan will take place, and how these actions will control the identified safety threats. Caregivers, the PSW and others must be clear on who will be implementing each

strategy, by when and for how long. As additional information is gathered and analyzed, the Safety Plan will be revised as indicated.

Parents/caregivers have a right to:

- Be informed about the purpose of the assessment
- Be informed of present or impending danger and the necessity of a Protective Action and/or Safety Plan to assure safety
- Refuse to cooperate with the creation of a Protective Action or Safety Plan
- Be informed in writing of the possible consequences of refusing to participate in a non-court involved Protective Action or Safety Plan

While the parents/caregivers do have a choice about whether or not to participate voluntarily, they do not have a choice about whether some action will be taken to assure a child in present or impending danger will be protected. The PSW will make every effort to reach an agreement with the family about an appropriate Protective Action and/or Safety Plan. It should be understood, however, that if the PSW and the parents/ caregivers cannot come to an agreement about the means by which a Protective Action and/or Safety Plan can be established when present or impending danger exists, the PSW must pursue legal intervention. The PSW cannot leave the home or situation without initiating a Protective Action or putting a Safety Plan in place if the children are subject to present or impending danger threats. The PSW may or may not need to call law enforcement if present danger is identified. If the child is already a ward, the PSW has the authority to remove the child if necessary, following mandatory consultation with a Supervisor.

If the worker and family cannot agree on the Safety Plan, the worker must consult with his or her Supervisor or, in the absence of that Supervisor, must consult with another Protection and Safety Supervisor or Administrator. After consulting with the Supervisor or administrator, the PSW will follow the direction of the Supervisor/Administrator and talk with the family again in an attempt to reach agreement. If no other options are identified, the PSW will explain the actions the Department must take in order to keep the children safe. Safety is not negotiable. If the PSW and family cannot reach agreement, the PSW must act to protect the children. This may involve contacting law enforcement or the County Attorney about removing the children from the home.

If a Safety Plan has been in place and the PSW becomes aware, by notification from the family or others or by the action or inaction on the part of the family, that the family is not following or does not wish to follow the Safety Plan, the PSW will reassess the situation to determine if a Protective Action is warranted or work with the family to develop another Safety Plan. If reassessment of the situation indicates that a Safety Plan continues to be warranted, and the family is unwilling or unable to participate in the current Safety Plan or development of a revised Safety Plan, the PSW must document the family's decision, as well as inform the family of the possible consequences of their decision. The PSW will also have the family sign the Safety Plan document, indicating that they cannot or will not follow a Safety Plan. If the family refuses to sign the statement, the PSW will document that decision.

The PSW is responsible for oversight of the Safety Plan. Safety Plans will be monitored continuously, but no less often than once a week prior to completion of the assessment. Monitoring of the Safety Plan will involve face to face contact with the child and family and phone calls to Safety Plan participants. This monitoring may be done by the PSW, or other person designated by the PSW to provide monitoring. An individual Safety Plan participant cannot be designated to monitor the Safety Plan. As progress is demonstrated toward achieving the identified outcomes, the Safety Plan may be monitored less frequently, but no less

often than once a month. All monitoring activities will be documented and maintained in the case record. If monitoring is done by someone other than the PSW, the PSW will review the monitoring reports at least once a week.

The PSW will consult with his or her supervisor or any other supervisor within one hour of completing a Safety Plan to assure that the Supervisor agrees the plan is adequate to provide necessary safety. This is a mandatory consultation point. The PSW will assure that the Safety Plan is documented on N-FOCUS by the end of the next work day. The Supervisor will formally approve and document approval of the Safety Plan on N-FOCUS by the end of the next work day after the plan is submitted for Supervisory review. The Supervisor will review the Safety Plan at least monthly. If the family declines to participate in the development of a Safety Plan, law enforcement will be contacted to consider removal of the children by emergency protective custody. If law enforcement declines to remove the children, and the PSW continues to believe the child is not safe, the PSW will contact a Supervisor for additional direction. This is a mandatory consultation point.

The Safety Plan must:

1. Control or manage impending danger
2. Incorporate/control any present danger controlled by a Protective Action
3. Have an immediate effect
4. Be immediately available and accessible
5. Have supports and services that have the immediate effect of controlling for identified threats to safety
6. Not contain promissory commitments

The most effective Safety Plan will involve:

1. A strategy that combines the use of in-home first and other out-of-home actions as necessary. This emphasizes the need to think of separation and out of home placement from a partial to total perspective. Out of home safety actions do not always mean removal of the child from the home on a full time basis. These actions may include removing the child from the home for a portion of the day, the week, or the month
2. The clarification of the protective role of parents/caregivers based on the nature of the present or impending danger. While it is important to return the protective responsibility to the parent/caregiver as soon as safely possible, it is not reasonable to assume a parent who has been judged to lack control of the family situation can be immediately relied upon to protect the child
3. A detailed description of the protective role of others who participate in the safety plan. This includes friends, relatives, and others who may have an active responsibility in assuring safety or who may play a supportive role during Protection and Safety involvement
4. Specific safety services and supportive arrangements that may include informal and formal supports as deemed necessary and agreed upon by the parent/caregiver and PSW
5. Clearly spells out the family network and professional safety management responsibilities that are expected to control for safety
6. Clearly identifies parent's/caregiver's access to the child which may range from none to extensive. Clearly identifies circumstances under which access is allowed
7. Clearly explains the different kinds of separation required between the child and the individual(s) responsible for the threats to safety, and clearly explains the reason separation is necessary. Any number of options may be available such as babysitting, respite care, formal child care arrangements, child oriented activity away from home, overnight stays with relatives or foster care providers, etc. Separation is often necessary, but should only occur

- when it is well planned out, temporary, fits within and as part of a larger Safety Plan, is a purposeful strategy within the Safety Plan, and is dynamic and fluid in implementation
8. Anticipated time limits that govern separation. When children are placed out of the home, the anticipated time limits should be thought of in terms of days or weeks, not months.
  9. Allows for parent/caregiver participation in the safety planning

Evaluations for substance abuse and mental health issues and detoxification programs may be part of the Safety Plan in order to gather additional information about the family dynamics and relationship of these issues to identified safety threats. However, it must be remembered that the evaluations themselves do not control for safety.

### **Court Involved and Non-court Involved Cases**

DHHS will provide ongoing services to families whose children are determined to be unsafe. The PSW will request a filing in Juvenile Court by the County Attorney in the following cases:

- Cases involving serious physical injury. It is likely that there will be a criminal court filing in these cases also. The criminal court filing does not replace the need for Juvenile Court involvement. Serious physical injury includes an injury in which the severity is determined by the intensity of treatment.
- Cases involving parent/caregiver methamphetamine use. Methamphetamine is a drug that alters brain chemistry for significant periods of time after use. Therefore, parents who use this drug cannot be relied upon to be sufficiently competent to understand the expectations and responsibilities of entering into an agreement to work with DHHS on a non-court involved basis.
- Cases involving sexual abuse where the perpetrator is the caretaker of a child victim.
- Cases involving domestic violence. Because of the wide range of behavior and circumstances that may constitute domestic violence, an exception to the requirement of requesting a filing in Juvenile Court may be appropriate. A case specific exception to the required request for filing may be provided by the Protection and Safety Administrator. Documentation of the decision will be recorded in N-FOCUS in the consultation narrative.

In other cases, the PSW will consult with his/her Supervisor to determine if it is appropriate to offer the family the option of working with Protection and Safety on a non-court involved basis. It may be appropriate for non-court involvement if the family is acknowledging the safety threats, is willing to, and has the ability to make a commitment to work with Protection and Safety to resolve the safety issues, and the PSW is comfortable that the family is sincere in their commitment. If the children are determined to be unsafe and the family chooses not to work with the Department on a non-court involved basis, the PSW will request a filing in Juvenile Court. Non-court cases will be provided the same access to services as court cases. Length of time of involvement with DHHS will be the same for both court and non-court cases, with the cases remaining open until the safety threats have been mitigated and/or the protective capacities sufficiently enhanced. In cases where DHHS is not requesting a filing in Juvenile Court, the PSW will notify the County Attorney that the Department plans to work with the family on a non-court involved basis and provide the County Attorney with a copy of the Safety Assessment and Safety Plan, unless the County Attorney specifically indicates that he/she does not want to receive this information. It is recommended that the PSW consult with the County Attorney and/or the 1184 Team regarding the Department plan to work with the family on a non-court involved basis. It is also recommended that the PSW consult with the County Attorney and/or the 1184 Team regarding the Department plan to close a non-court involved case.

If DHHS determines that the children are not safe, and the family is not willing to work with the Department on a non-court involved basis, and the County Attorney declines to file a petition in Juvenile Court in the interest of the children, the PSW will take the following actions:

- Determine from the County Attorney the basis for declining to file; is there information missing that can be obtained; did the written Request for Filing not clearly explain the safety threats; other?
- Discuss the situation with the supervisor;
- Contact DHHS Legal if directed to do so for additional options;
- If directed to do so, refer the situation to the Attorney General's office for review;
- Document all discussion and decisions on N-FOCUS.

### **Protection and Safety Responsibility in the Safety Plan**

Protection and Safety Workers must recognize that parents have certain rights during their involvement with Protection and Safety. These rights include the right to due process, which means PSWs will follow the law and established procedures in working with families; will be honest with families in explaining what is happening and what must be done; and will help families understand the consequences of choices available to them. Families have the right to know the allegations made against them, to provide information that represents their view of the situation, and have the right to refuse access to their home. They have a right and a responsibility to participate in any safety planning that may be necessary. Safety planning always begins with the involvement of the caregivers. Parents/ caregivers are an important resource for contributing to the development of the Safety Plan. It is consistent with Protection and Safety's interest to restore parents/ caregivers to their proper role within the family as protectors; to engage them into the safety planning process immediately; and to keep them involved. This does not mean parents/caregivers are responsible for the Safety Plan, nor do the parents have to agree that the Safety Plan that is created is the one most suitable to them. Regardless of the parent's/caregiver's level of cooperation, the PSW is responsible for the safety of the child. If the PSW concludes that a child is vulnerable to present or impending danger, the PSW will act to assure safety.

### **Determining Parent Participation in Safety Planning**

Based on the information gathered in the six domains, the PSW will assess the parent's/ caregivers' capacity to participate with safety planning by evaluating their attitude about the need for a Safety Plan; their attitude about participating in the plan; their emotional state; their openness to consider options; and their availability to participate in planning. It is expected that parents will suggest Safety Plan participants, maintain contact with their children within the parameters of the Safety Plan, and if the children are to remain in the home, cooperate with the in-home safety plan. The PSW will explain that overall responsibility and accountability rests with the PSW to ensure that all involved parties fulfill their assigned responsibilities as agreed upon in the Safety Plan to ensure the children are safe.

If parents/caregivers are not available, or do not have the capacity to participate in the development of the Safety Plan, the PSW will take necessary action to assure child safety. Workers should not assume that parents/caregivers with limited physical, cognitive, or mental health abilities are not able to be involved in the planning process. The PSW will make efforts to involve a support person or other advocate as necessary.

The attitude of the PSW is crucial to involving parents/caregivers in safety planning. If the worker believes parents/caregivers have a right to be involved and need to be involved, it is likely that a way will be found for them to be involved. This in turn will help with parents'/ caregivers' involvement throughout the Case Plan process.

Safety Plans may involve strategies that take place in-home, a combination of in-home and out-of-home, or an out-of-home placement. There is an analytical process required for safety

planning. The PSW must first consider in-home safety management options followed by combinations of in-home and out-of-home safety management options before finally concluding that only an out-of-home safety management option is acceptable. The PSW shall make all efforts to be as minimally intrusive to the family as necessary while assuring the child is safe. It is the expectation of the Department that children/youth will remain at home whenever it can be made safe for them to do so. Separation may not be necessary, or may be necessary at certain times during a day or week; for blocks of time; or all the time until conditions for return can be met. When the PSW makes a decision that only a full time out-of-home placement is the appropriate Safety Plan, the worker will also begin to consider under what conditions it will be possible for the child(ren)/ youth to be safely at home, at least on a part time basis. This will result in the identification of the transition steps toward achievement of Conditions for Return, and reduce the amount of time that full time out-of-home placement is necessary.

To determine an appropriate Safety Plan, the PSW will analyze three issues:

1. How are the safety threats manifested in the family?
  - a. How long have conditions in the family posed a safety threat?
  - b. How frequently or often does the family condition pose a safety threat?
  - c. How predictable is the safety threat? Are there occasions when the safety factor is more likely to be an active influence/threat?
  - d. Are there specific times during the day, evening, night, etc. that might require "special attention" due to the way in which the safety threat is manifested?
  - e. Do safety factors prevent a parent/caregiver from adequately functioning in primary roles (e.g., individual life management and parenting)?

It must be clear how safety threats are occurring and operating in the family before a determination can be made regarding the type of Safety Plan required (e.g., in-home safety plan, combination in-home and out-of-home safety plan, or an out-of home safety plan). If indications are that safety threats are constantly safety plan is suggested.

2. Is an in-home PS managed Safety Plan an appropriate response for this family?
  - Does a home exist that can be expected to be occupied for as long as the Safety Plan is needed, and parents/caregivers live there full time? (Cars, hospitals, treatment centers or other temporary or transitory living arrangements do not qualify as a home. Some programs, especially those for domestic violence victims or substance abuse treatment, may qualify as a home. Other shelters, depending on their programming, may not. Parents/caregivers who are hospitalized for detoxification, emergency mental health treatment, etc. will still have a home to return to, although an in-home Safety Plan could not be put in place in the hospital.) The point is whether or not there is a residence into which safety services could be implemented. If this question is answered "no", the PSW will determine if he/she can assist the family is obtaining a home or locating a qualifying shelter program.
  - Is the home environment calm enough for services to be provided and for the service provider(s) to be in the home safely?
  - Are the parents/caregivers willing for safety actions, tasks, or safety services to be provided, will the parents/caregivers cooperate with in-home service providers, and are parents/caregivers willing to sign Release/Exchange of Information forms so that information can be shared with safety plan participants?
  - 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 this is the only question that is answered "no", also consider an in-home/out-of-home combination plan.

Rigor should be applied in considering the least intrusive measures possible to assure child safety. That requires the PSW to be able to fully justify any “no” answer to the questions concerned with considering in-home safety management as an option. If the answer to any of the questions is “no”, (and the PSW cannot assist the family in obtaining a home) an in home Safety Plan is not appropriate and an in-home/out-of-home combination plan or an out-of-home plan must be considered.

3. What safety responses, services, actions and providers can be deployed in the home that will adequately control and manage safety threats?
  - Considering how the safety threats are manifested, what specific responses/services are necessary (an effective match) for controlling safety threats?
  - How are the selected in-home safety actions intended to control the identified safety threats? How are safety responses/services going to work?
  - What’s the level of effort needed from safety service providers to adequately control and manage safety threats?
    - How much of a response seems reasonable in order to assure child safety?
    - How often during the week will the family require assistance and supervision in order to assure child safety?
    - How long and in what intervals seem necessary?
    - Are there special periods of time that require specific attention?
  - Who can and will assure effective implementation of the in-home safety plan?
    - What informal supports and/or community resources has the family identified as being able to potentially assist in the safety response?
    - What community/service oriented resources are known to the agency that could potentially be used as an in-home safety response?
  - Are potential providers (informal or formal) suitable to participate in the in-home safety plan?
    - Protective capacities
    - Trustworthy
    - Committed
    - Properly aligned with Child Welfare
    - Supportive and encouraging
    - Flexible access
    - Promptly available
  - Are necessary safety planning resources available and accessible to the family at the level of effort, frequency and amount required to assure child protection? Given the nature and intensity of the impending danger, are there sufficient informal or formal resources within the family and community to perform safety actions, tasks or safety services necessary to manage the identified safety threats—existing pending danger. If the answer to this question is “no”, the analysis does not support the use of an in-home safety plan.

Stated another way, an out of home Safety Plan is necessary if:

1. Safety threats are so extreme or occurring within the family in such a way so as to prevent an in home safety plan
2. A child’s behaviors require 24/7 awake supervision for an extended period
3. The home environment is so chaotic, unpredictable, or dangerous so as to prevent an in-home safety plan
4. The parents/ caregivers are unwilling to accept people, resources or safety services that are available for an in home safety plan, or PSW is unable to confirm or rely on parent/caregiver compliance with the Safety Plan

## **Safety Plan Instrument**

When it has been determined that a Safety Plan is necessary, the Safety Plan form will be completed with the family in the family home and a copy provided to the family immediately. If services and supports cannot be put in place to keep the children safely at home, the PSW, as a representative of the Department, will recommend removal and placement where the children will be safe. The PSW must work with the family to make “reasonable efforts” to keep the children at home when it is safe to do so. For Indian children, the PSW will make “active efforts”. The PSW will assure that the family and any Safety Plan participants understand the plan by reading and explaining the plan to them. The parents and any Safety Plan participants will initial that this occurred, and will sign the Safety Plan indicating they understand and agree to follow the plan. The plan will be monitored continuously, but no less often than weekly. The PSW will assure that the family and participants understand who to contact (and how to reach them) if there is a problem with the plan or if the family decides they cannot follow the plan.

The PSW will consult with a PS Supervisor within one hour after completing the Safety Plan, and will assure entry of the Safety Plan on N-FOCUS by the end of the next work day. The Supervisor will review and formally approve the Safety Plan by the next work day after the Plan is submitted for review.

The Safety Plan is a legal document. It must be translated by a certified translator into the family’s native language whenever possible. For languages other than Spanish, translation must be done by a translator approved by the certified translators in Central Office, Operations-Support Services. For Spanish translations, the PSW will submit the Safety Plan requiring translation to the designated translators in Central Office, Operations, and Support Services. The document will be translated and returned to the PSW within one work day. If the Service Area has certified translators who have been approved by Central Office, Operations and Support Services, those individuals may do the translation if the turn around time will be less. These individuals must be approved by Central Office staff in writing prior to provision of the translation service. The family will be given a copy of the Safety Plan in English at the time it is created, and will have the Safety Plan explained to them by the interpreter. Upon receipt, the PSW will provide the translated copy of the plan to the family. The PSW will provide copies of both the English and the translated version of the Safety Plan to the parents’/caretakers’ attorney(s).

## **Determining Suitability of Safety Plan Participants**

Safety Plan participants refers to any formal or informal resource person including the non-custodial parent, who is selected to provide safety services within in-home Safety Plans, combination in-home/out-of-home Safety Plans, or out-of-home Safety Plans. Safety Plans may involve relatives, friends of the family, volunteers, agency professionals, or others. Both the family and the PSW must be able to trust and depend on those involved in the Safety Plan. Those involved in the Safety Plan must be better able to protect the child/youth than the caregivers have been determined to be.

The Safety Plan must be implemented immediately and have direct results. Making an informed decision about the suitability of potential Safety Plan participants must be done quickly. In every case, a child’s parents/caregivers will be the first source of information about people who can be considered for participation in the Safety Plan. Whenever possible, the child will be a source of information about people to participate in the Safety Plan. Other family members may assist in identifying prospective participants from the family network and social relationships. In all cases, the non-custodial parent will be considered for participation in the Safety Plan. To determine suitability, the PSW must have in person conversation with informal, and at least

phone contact with, formal Safety Plan participants. The worker must also have in person contact with any potential non-custodial parent, kin or foster placements in order for them to be a Safety Plan participant, unless the placement is currently licensed. The PSW will also have in person contact with respite care providers, child care homes, etc. unless the home or facility is licensed. The PSW will summarize the plan and assure that schedules, time commitments, access, availability and the relationship with Protection and Safety are clearly explained and understood by all participants.

The PSW will know as much as possible about the proposed plan participant. The extent to which the criteria are applied to individuals participating in the Safety Plan is dependent on the person's role/activity specific to the Safety Plan (e.g., transportation, supervision, full time vs. part time care of the child) and their level of involvement with the child. The expectation is that individuals selected by the family to participate in the Safety Plan will be approved to do so, unless a safety concern is identified.

The "Assessment of Safety Plan Participants" form will be used to guide the discussion with the proposed participants. The fact that the proposed safety plan participant does not meet one or more of the criteria does not automatically disqualify that person from participation in the Safety Plan unless the issue is clearly one of safety. In situations not clearly related to safety, the PSW will explore the issue further, discuss the situation with the Supervisor, and determine how significant that issue is in the particular case given the individuals' role in the Safety Plan.

The PSW will discuss any entries on the APS Registry or CPS Register with the Supervisor to decide if the facts of the situation should prevent the individual from being a safety plan participant. This discussion will explore how significant the event was, in relationship to the individual's role in the safety plan.

If Law Enforcement checks reveal a criminal history, the PSW will discuss the criminal history and the individual's proposed role in the safety plan with the Supervisor. If the Supervisor agrees, the PSW will request approval from the Protection and Safety Administrator. The PSA will make the final decision about whether or not the individual may participate in the safety plan.

Background checks will be completed on all Safety Plan participants, regardless of their level of involvement with the child. Required checks include:

- Adult Protective Service (APS) Central Registry check
- Child Protective Service Central (CPS) Register check
- Sex Offender Register check-Nebraska State Patrol website at [www.NSP.state.ne.us](http://www.NSP.state.ne.us) or the National Sex Offender website at [www.nsopr.gov](http://www.nsopr.gov)
- Local law enforcement check

Paid participants who are employees of licensed providers have completed background checks as part of their employment. It is not necessary to repeat those checks unless there is information that suggests a concern.

APS, CPS, and Sex Offender Register Checks will be completed immediately; the law enforcement check will be completed within 48 hours. Background checks may be completed after hours and on weekends by contacting the Hotline at 1-800-652-1999. Background checks can be completed without Release of Information forms for internal DHHS use. However, Release/Exchange of Information forms do need to be signed by the parents/caregivers allowing the exchange of information between the PSW and the Safety Plan participants. If parent/caregivers are unwilling to sign Release of Information forms for safety plan participants, those individuals cannot be part of the safety plan. Having a safety plan that the family wants is

contingent on the parents' willingness to sign the release forms. For purposes of emergency placement related to Safety Plans, the PSW will follow 390 NAC Chapter 7 concerning emergency placement approvals and Policy Memo #2-2004 dated 9/16/04. For non-wards, fingerprinting of placement providers is not required, nor is the exception process. (Note: Children placed under formal Voluntary Placement Agreements become wards).

For in-home/out-of-home combination Safety Plans, and Out-of-Home Safety Plans, all adult members of the household where the child will be spending time are considered safety plan participants and will have background checks completed.

Safety service participants will sign the Safety Plan summarizing what safety services they will provide, and indicate they agree to report any violations of the plan or new safety concerns to the PSW or other designated plan monitor. A copy of the Safety Plan will be given to the family and to the Safety Plan participants. If the safety plan participant is a day care center or other multi-staffed facility, the contact person will be the director, and the director's name will be entered on N-FOCUS as the plan participant. The PSW will talk with the Director of the program about the child and family situation, and the Director will sign the safety plan as the participant. It is necessary to work directly with the facility director, so that the director can assure that all staff are informed of and understand their role in the safety plan.

### **Reasonable Efforts**

A major provision of the Adoption and Safe Families Act of 1997 is that child welfare agencies are required to make "reasonable efforts" to enable children to remain safely at home before they are placed in out-of-home care. "Reasonable efforts" are those supports and services, both informal and formal that may allow the child/youth to remain in his/her home safely. The worker must analyze the existing threats to safety and determine what would be necessary to mitigate the threat to allow the child/youth to remain at home safely. The worker will make and document what "reasonable efforts" were considered, and will document why those efforts are not sufficient to maintain safety of the child/youth before placement is made. Further, the PSW will document that in his/her opinion, no additional efforts could have prevented removal. For court involved cases, the PSW will document reasonable efforts in the court report reasonable efforts narrative. For non-court involved cases, reasonable efforts will be documented in the Justification For Out-of-Home Safety Plan Narrative.

Reasonable efforts to preserve and reunify the family are not required when a court of competent jurisdiction has determined that:

- a. The parent of the juvenile has subjected the juvenile to aggravated circumstances, including, but not limited to, abandonment, torture, chronic abuse, or sexual abuse
- b. The parent of the juvenile has (i) committed first or second degree murder to another child of the parent, (ii) committed voluntary manslaughter to another child of the parent, (iii) aided or abetted, attempted, conspired, or solicited to commit murder, or aided or abetted voluntary manslaughter of the juvenile or another child of the parent, or (iv) committed a felony assault which results in serious bodily injury to the juvenile or another minor child of the parent; or
- c. The parental rights of the parent to a sibling of the juvenile have been terminated involuntarily

### **Active Efforts**

In the case of an Indian child/youth, federal law requires a higher standard be met before the child is removed from the parental home. "Active efforts" must be made prior to removal to prevent or eliminate the need for removal, or to make it possible for the child to be returned home. Active efforts are more intensive than "reasonable efforts". "Active efforts" means that

efforts to help the family resolve the problems that led to neglect or abuse, including referral to services that are sensitive to the family's culture. The worker must involve and use the available resources of the extended family, the tribe, Indian social service agencies and individual Indian caregivers. The PSW will document active efforts as above. (See also Court and Legal Guidebook, Terms and Definitions)

### **Emergency Removal**

If safety cannot be controlled with supports and services in the home, then placement out of the home will be considered. (See 390 NAC Chapter 7 Out of Home Care, and Guidebook.)

For Native American children/youth the worker will follow provisions of the Indian Child Welfare Act (ICWA) (see "Active Efforts" above). The worker will phone the appropriate Tribe for placement options and recommendations, and will document the contact and information received.

In the event that the child/youth must be removed from his/her home due to safety concerns, the non-custodial parent will be the first placement option considered, prior to relative or stranger care. If the non-custodial parent is not available, or is not appropriate, relatives and family friends known to the child will be considered before stranger care. Whenever possible, children will be consulted about people known to them for possible placement. No placement in foster care will be approved by the Supervisor without documentation of the reasons why the non-custodial parent, relatives, or family friends were not available or suitable. This is a mandatory consultation point.

### **Emergency Removal Fact Sheet**

If the child/youth is removed, the PSW will provide each family (parents and children if age appropriate) with a copy of the DHHS Emergency Removal Fact Sheet which clearly identifies contact information and outlines responsibilities of the family and the Department. If a Protection and Safety Worker is not present at the time of removal, the Fact Sheet will be provided to the family within 24 clock hours, either in person by the worker, or as a last resort, by mail. The Removal Fact Sheet will be read and explained to the family. The parents will sign the form at the bottom indicating they understand the content of the sheet. The PSW will develop a visitation plan and begin visitation between the removed child(ren) and the parents and siblings within 3 calendar days of the removal, unless such visitation would be unsafe, or is not in the children's best interest. The visitation plan will be documented in N-FOCUS within 3 work days following its development. If visitation is not arranged, the PSW will explain to the family why not, and will document this decision in N-FOCUS. Information received from the family about the child's medical needs, emotional and behavioral characteristics, and daily routine will be provided to the temporary caregiver. The PSW will provide the Emergency Removal Fact Sheet to all parties at the pre-hearing conference so that issues can be further discussed and resolved.

Note: Children who are staying with family members or family friends as part of a DHHS approved safety plan are not considered to be "removed". It is not necessary to provide the Emergency Removal Fact Sheet in these situations.

### **Conditions for Return**

When children are residing outside the parent's/caregiver's home as part of a Safety Plan, or are placed out of the home as a result of a court ordered Safety Plan, everyone involved, especially the child's parents/caregivers, should be well informed about what the conditions are

for the child/youth to be returned home or for a recommendation to be made to the court for the child's return. Well articulated conditions for return assure that caregivers are informed about what circumstances must exist for their child/youth to be returned to them. They provide a benchmark for the court, attorneys, Guardians Ad Litem, Court Appointed Special Advocate volunteers, and others who are a part of the decision-making process, concerned with placing and returning a child/youth. For cases involving the court, the Conditions for Return will not be an absolute promise to the family, but rather will be a guide for when recommendations for return can be made to the court. For families under the supervision of the court, court approval will be necessary before the child/youth may be returned home. Conditions for return may be statements that can be part of the Safety Plan and/or court order which will identify specific behavior and circumstances that must exist within a child's home for the child/youth to be returned to a "safe" environment. Impending danger threats do not necessarily have to be completely eliminated and parents/caregivers do not necessarily have to completely change their behavior in order for children to be reunified with their families. What is necessary is the establishment of well defined circumstances within a child's/youth's home that mitigate against threats to child/youth safety. Conditions in the home must be stabilized so that it has become possible to return the child safely with an in-home Safety Plan.

To identify conditions for return, the worker will:

- Identify impending danger threats and reason for placement. The PSW will focus on what specifically will control the threats
- Identify circumstances that must exist and be sustained within the family/household including time provisions that will enable the development of an in-home safety plan
- Identify behavior that must exist and be sustained within the family/household including time provisions that will enable the development of an in-home safety plan
- Develop a detailed understanding as to why an in-home plan will currently not work
- Identify alternative, acceptable people, or situations, and circumstances that if in place and active in the home would address the reasons an in home plan will not currently work

The PSW must have sufficient information about the family to assure that an in-home Safety Plan will be sustainable so that the children do not have to be removed again to assure their safety. "Conditions for Return" will be completed for any situation in which the child is expected to be out of the parental home for 30 days or longer, but may be developed for placements of shorter duration if the PSW and family agree. Consideration of criteria for Conditions for Return for any child removed from the home will be started at the assessment process, but may not be completed until the Protective Capacity Assessment has gathered sufficient information about the family. The PSW will consult with the Supervisor while determining the Conditions for Return as a mandatory consultation point. Conditions for Return will not be developed in situations where a court of competent jurisdiction has determined that reasonable efforts to preserve and reunify the family are not required. Conditions for Return will be completed and documented within 60 calendar days of removal.

### **Kinship Search-All Children**

In order to develop the Safety Plan with the family, it may be necessary to involve extended family members to assist with the care and protection of the child or youth, family and community. Thus, it is important to identify early in the case the non-custodial parent who has a legal responsibility to the child/youth, and has a legal right to know about the child's/youth's situation. It is also important to locate both maternal and paternal extended family members. The family may also be able to provide the names of other individuals that they view as helpful and supportive. This information will also be helpful if a plan cannot be developed that allows the child/ youth to remain in home, and out of home placement becomes necessary. In all cases the worker will:

1. Identify the non-custodial parent: Obtain name, address, phone number, information about frequency of the non-custodial parent's contact and relationship with the child, and any concerns the custodial parent may have about involving the non-custodial parent in the situation. The Parent Locator Service available through the Child Support Division may be accessed by following the directions in the iCHARTS Handbook available from the Child Support Division. Identification of the non-custodial parent will be provided to the county attorney and court at the time of the initial filing so that the non-custodial parent can be notified about any court hearings. The PSW will begin an approval study on the home of the non-custodial parent when removal from the custodial parent may be necessary. Guidelines outlined in Policy Memo #2-2004 dated 9/16/04 regarding emergency placements will be followed when placement is needed immediately
2. Obtain the names, addresses and phone numbers of other relatives so that they may be involved as part of the family team, or considered for placement if necessary. If the child/youth cannot live with the non-custodial parent, the relative approval study must be completed and relatives must be considered and ruled out prior to placement in foster care with strangers. The PSW will address issues involving adoption and stepparents as appropriate
3. Obtain the names, addresses, and phone numbers of other people the family views as important supports. These may include friends, neighbors, religious leaders, or others
4. Document collection of information on the genogram and eco-map forms
5. Identifying information about the non-custodial parent and close relatives will be documented on N-FOCUS by the close of the assessment

### **Non-Custodial Parent Care of a Child Who is a Ward or Non-Ward**

Living with the non-custodial parent is the preferred option when a child must be removed from his/her custodial home, if the non-custodial parent's home is found to be an appropriate living arrangement. The PSW will continue to work with the custodial parent to address safety issues that necessitated the removal, and to improve protective capacities.

Reunification with the custodial parent will be the initial permanency goal. Exception-In the event of aggravated circumstances including, but not limited to, a previous Termination of Parental Rights, abandonment; torture; chronic abuse; sexual abuse; felony assault resulting in serious bodily injury; or the murder, voluntary manslaughter or aiding, abetting, conspiracy or attempted murder of another child of the parent, efforts to rehabilitate and reunify with the custodial parent are not needed.

The concurrent plan will be family preservation with the non-custodial parent, in the event that remediation efforts with the custodial parent fail. Federal and state statutes are clear that when a child is placed in DHHS custody, the primary responsibility of the Department is to assure safety. Federal and state statutes are also clear that placement with a relative must be considered prior to placing a child with a non-related person. The philosophy of DHHS is that the child will live with the non-custodial parent unless living with the parent would be unsafe for the child. At the time of intake, the PSW must attempt to identify the non-custodial parent, whether that parent is the legal parent or alleged father.

During the assessment, the PSW must seek to identify, locate, and notify the non-custodial parent, with the purpose of determining if he or she can care for the child should removal from the custodial home be necessary. The background checks portion of the emergency approval process will be completed on the non-custodial parent immediately if the non-custodial parent has current visitation or if he/she may be part of the Safety Plan. The entire approval process will be completed if it appears placement may be necessary. The non-custodial parent will be

considered before placement with other relatives or placement in stranger care. In situations where the non-custodial parent lives out of state or an extended distance from the custodial parent with whom reunification is planned, additional factors must be considered in determining if the child should live with the non-custodial parent. These factors include:

- The ongoing relationship the child has had with the non-custodial parent;
- The child's school situation and whether a change of school would be beneficial or detrimental to the child's education;
- The potential for and benefits of continued visitation with the custodial parent and siblings;
- The impact that placement with the non-custodial parent is likely to have on reunification with the custodial parent; and
- The anticipated length of time that separation from the custodial parent may be necessary.

These factors will be discussed with the Supervisor to decide if placement with the non-custodial parent is in the child's best interest. If the non-custodial parent lives out of state, compliance with ICPC is necessary for children who are wards of Nebraska.

The non-custodial parent will always be considered for care of the child unless one or more of the following conditions have occurred:

- The parent has subjected a child to aggravated circumstances including but not limited to, abandonment, torture, chronic abuse, or sexual assault of a juvenile
- The parent has been convicted of first or second degree murder
- The parent has committed voluntary manslaughter
- The parent has aided or abetted, attempted, conspired, or solicited to commit murder
- The parent has aided or abetted voluntary manslaughter
- The parent has committed a felony assault
- The parent has had parental rights terminated involuntarily
- The parent is listed as a perpetrator on either the child/ adult central register as inconclusive or court substantiated

If the home of the non-custodial parent is not selected as the living arrangement for the child, it must be documented why the decision was made to place the child elsewhere. This decision is a mandatory consultation point.

A parental approval study must be completed prior to the child going to live with the non-custodial parent. Such study includes:

1. Background checks for all adult members of the household (age 18 and older):
  - CPS Central Register Check
  - Sex Offender Registry Check
  - APS Central Registry Check
  - Local Law Enforcement Check

Placement will not be made without approval from the Protection and Safety Administrator if the background checks result in any of the following:

- CPS Central Register or APS Central Registry entry as a perpetrator or under investigation as an alleged perpetrator
- Sex Offender Registry entry
- Felony conviction for any crime

In an emergency, the approval may be verbal. The approval must be given in writing within two days of the child going to live with the non-custodial parent.

2. Limited background checks are also required for adolescents living in the home. Only Central Register checks will be completed for youth ages 12 through 18.

Placement will not be made without approval from the Protection and Safety Administrator if the background checks result in any of the following:

- CPS Central Register or APS Central Registry entry as a perpetrator or under investigation as an alleged perpetrator
- Sex Offender Registry entry
- Felony conviction for any crime

In an emergency, the approval may be verbal. The approval must be given in writing within two days of the child going to live with the non-custodial parent.

3. Discussion with the non-custodial parent regarding any known special needs of the child, and support the parent would need in meeting the needs.
4. Home visit to the non-custodial parent's home, with all household members present. The purpose of this visit is to:
  - Assure that the living environment is adequate (the home appears to be safe for the child; there are adequate sleeping arrangements for the child; any special needs the child has can be met in the living environment)
  - Determine reaction of other household members to the child living in the home
  - Determine ability of the non-custodial parent to protect the child and to follow the court order

If the non-custodial parent lives in another state, ICPC requirements must be followed. See 390 NAC, Chapter 9.

If there is cause to believe there are barriers to the child safely residing in the home of the non-custodial parent, appropriate steps must be taken to gather additional information. These can include, but are not limited to:

- Statewide Law Enforcement check
- Request for references regarding the non-custodial parent
- Request for non-custodial parent's medical report
- Evaluate safety by gathering additional information about the adults' functioning, general parenting practices and preferred methods of discipline

If, during the course of the assessment of barriers, significant issues of abuse or neglect, or other significant parental conditions are identified, the PSW will consult with the Supervisor about requesting a petition be filed which could result in adjudication of the non-custodial parent. Such action may be appropriate if the non-custodial parent's condition, situation, or behavior makes it unlikely the non-custodial parent will be able to care for the child in the foreseeable future. Discussion with the Supervisor about any problems revealed by further information gathering is a mandatory consultation point. The non-custodial parent approval study can be written in the form of narrative and recorded in the placement narrative section of the child's N-FOCUS file.

(See also Program Memo: Title 390, Protection and Safety #1-2005 Diligent Efforts to Locate and Assess Non-custodial Parent and Relatives.)

## **Genograms and Eco-maps**

Genograms and eco-maps will be developed for all families that are receiving ongoing services, whether court or non-court involved. The PSW completing the initial assessment will begin the genogram/eco-map during the assessment process, for all cases where the child/youth has been determined to be unsafe. Genograms and eco-maps will also be created in those situations where the child/youth is safe, but the case will be receiving ongoing services, for example, 3b and OJS ward cases. The PSW providing ongoing services will continue to develop the genogram and eco-map during his/her work with the family. All information will be documented using the standardized format. (Cross reference Memo 2/9/06 and related guidebook material found at Chapter 4 Case Management.)

## **Case Status Determination and the Nebraska Child Abuse Neglect Central Register**

If the assessment was completed in response to an Intake referral concerning child maltreatment, at the conclusion of the assessment, the worker and Supervisor will determine whether or not maltreatment occurred, and the PSW will make the appropriate case status determination entry on the Nebraska Child Abuse and Neglect Central Register.

The Nebraska Child Abuse and Neglect Central Register shall be defined as: A computerized record of reports of child abuse/ neglect which result in a case status determination of Court Substantiated, Court Pending, or Inconclusive.

Unfounded reports and reports closed as “unable to locate” are not considered part of the Central Register. Therefore, information on unfounded or “unable to locate” reports will not be released in response to requests for Central Register information. For tracking purposes, unfounded reports and those closed as “unable to locate” will remain on the computer, but are not considered part of the Central Register.

Based on information gathered and analyzed during the initial safety assessment phase, the worker, in consultation with the Supervisor, will arrive at a finding regarding the alleged maltreatment. This is a mandatory consultation point. The decision at this point is whether there is credible evidence to support the finding that child abuse or neglect as defined by state statute and Department policy has occurred. The case status determination will be entered on N-FOCUS at the conclusion of the assessment or law enforcement investigation.

The impact of a person’s name being listed on the Central Register can be significant in the areas of employment, volunteer worker, or being a foster or adoptive parent. Therefore, it is imperative that entries be made accurately based on the following definitions as provided in statute. Definitions will be considered from the most serious (court substantiated) to the least serious (unfounded) based on the facts of the case.

**Court-Substantiated:** Court substantiated means that a District Court, County Court, or separate Juvenile Court has entered a judgment of guilty on a criminal complaint, indictment, or information, or an adjudication on a juvenile petition under Section 43-247(3)(a), and the judgment or adjudication relates or pertains to the same subject matter as the report of abuse or neglect. The court, the docket and page number should be noted in the case record. A Juvenile Court finding of abuse or neglect is presumptive evidence that the case is not unfounded.

**Court Pending:** Court pending means that a criminal complaint, indictment, or information or a juvenile petition under Section 43-247(3)(a), has been filed in District Court, County Court, or

separate Juvenile Court, and that the allegations of the complaint, indictment, information, or juvenile petition relate or pertain to the same subject matter as the report of abuse or neglect.

**Inconclusive:** Inconclusive means that the evidence indicates that more likely than not (preponderance) that child abuse or neglect occurred and court adjudication did not occur.

The definition of preponderance of evidence is as follows: Preponderance of the evidence means that an event is more likely to have occurred than not by the greater weight of the evidence. As the term “preponderance of the evidence” suggests, there must be credible evidence of maltreatment documented in the case record to support a finding of inconclusive.

**Unable to Locate:** Subjects of the maltreatment report have not been located after a good faith effort on the part of the Department.

A good faith effort has been made when all available methods to locate the parties of interest have been utilized. These efforts include, but are not limited to, N-FOCUS, JUSTICE, Department of Motor Vehicles, Child Support Enforcement, local law enforcement, local utility companies, and the Post Office. The case manager will consult with the Supervisor before determining no other efforts are needed. The efforts and the consultation will be documented in the N-FOCUS narrative.

**Unfounded:** All reports not classified as court substantiated, court pending, inconclusive, or unable to locate will be classified as unfounded.

### **Case Status Determination for Minors as Alleged Perpetrators**

In some situations, individuals under the age of 19 may have their names placed on the Nebraska Child Abuse and Neglect Central Register. In only rare circumstances would the names of children who are under the age of 12 be placed on the register. If there has been a criminal court conviction or a juvenile court adjudication, minors under the age of 19 will be listed on the Register with a finding of “Court Substantiated” if the conviction or adjudication is a finding about abuse or neglect, or sexual abuse of another minor. If there is credible evidence to a preponderance standard, youth under the age of 19 may also have their names placed on the Central Register with a case status determination of “inconclusive”. Before making a case status determination of “inconclusive”, the PSW will consult with the Supervisor as a mandatory consultation point. Factors to consider in making a finding of “inconclusive” include:

- The relative ages of the children/ youth involved, e.g. is there a significant age difference, especially five years or more?
- The relative ability and power of the children/youth involved. Are they similar in size, strength, and cognitive ability?
- The nature and level of sophistication of the sexual activity involved. Is the behavior age and developmentally appropriate for the children/youth involved?
- Level of force involved in the act, presence of coercion, enticement, or manipulation

### **Notification of Person’s Name placed on Central Register**

The PSW will verbally inform any person whose name will be entered on the Central Register with a finding of Court Substantiated, Court Pending, or Inconclusive. Additionally, a letter of notification will be sent to the identified perpetrator by certified mail return receipt requested when the Protective Services case is completed and finalized on the Central Register with a case status determination. Individuals will also be notified verbally and by certified mail if the investigation/assessment is being closed as Unfounded. If the individual is a minor, the certified

letter will be sent to the parent or guardian. An assessment is considered complete when any criminal or juvenile court proceeding (adjudication) has been completed. In cases involving both criminal and juvenile court proceedings, the case should be finalized on N-FOCUS as court substantiated upon the issuance of a finding by either court. An investigation is also complete when the worker determines that a finding of "Inconclusive" or "Unfounded" is appropriate based on the information gathered during the investigation/assessment. Proof of notification to the alleged perpetrator will be maintained in the case file. Proof of notification will include a copy of the notice letter, and the certified mail green return card or copy of electronic receipt.

### **Process to be Expunged from Central Register**

A person whose name has been entered on the Central Register may request that the entry be amended or expunged if they believe the entry is inaccurate or is being maintained in a way that is inconsistent with the law. The Department may amend, expunge, or remove from the Central Register any record upon good cause shown and upon notice to the subject of the report, at any time.

Requests for expungement from the Child Abuse and Neglect Central Register will be processed through the Child Welfare Unit in Central Office. The Child Welfare Unit will notify the Service Area Protection and Safety Administrator that a request for expungement has been received and provide copies of the written request. The Protection and Safety Administrator will secure and review the file and any related N-FOCUS information, and forward the file with related information and his/her recommendation regarding the expungement request to the Child Welfare Unit. The recommendation will be made within 15 calendar days of notification by the Child Welfare Unit.

Staff in Central Office and the Legal Division will review the case record, information on N-FOCUS and any information provided by the individual who is requesting his/her name be removed and will review the recommendation of the Protection and Safety Administrator. The initial expungement decision will be made by Child Welfare Unit staff within 15 calendar days.

There are a number of reasons an entry on Central Register may be expunged:

1. If no case file information can be located
2. If documentation is not adequate to support the case status determination
3. If the entry was made when a different definition of abuse or neglect was in use
4. If there is not sufficient evidence to take the request to an administrative appeal hearing

Expungement for reasons #2, #3, #4 will be made after review of the adequacy of the documentation including documentation related to:

- a. The interview and/or observation of the alleged victim
  - b. The interview of the alleged perpetrator
  - c. Information from witnesses and collateral contacts
  - d. Supporting evidence regarding injuries, such as descriptions, police photos and reports, medical reports, etc.
5. For "good cause". Good cause may be determined based upon:
    - a. Length of time since report
    - b. Subject's willingness to accept responsibility for the incident
    - c. Subject's follow through with recommended services

- d. Evidence of changes made by the subject
- e. Extenuating circumstances that may have contributed to the incident.

When the file is reviewed in Central Office, the reviewer must find documentation of credible evidence that the maltreatment occurred and the named perpetrator was the individual responsible. If the expungement request is denied, the individual has the right to request an administrative hearing to have the information reviewed a second time by an administrative hearing officer. For the hearing, exhibits are prepared from case narratives, photos of injuries, law enforcement reports, medical records and other information in the case file. These exhibits are provided to the hearing officer, to the individual requesting expungement, and to any attorney representing him/her. The caseworker and others involved in the case may also be called to testify at the administrative hearing, with cross examination from the other parties. The hearing officer must be provided with credible evidence to show that it is more likely than not (preponderance standard of proof) that maltreatment occurred, and the individual whose name is on the register is the responsible party. The hearing officer receives exhibits, reviews evidence and testimony before making a recommendation to the Director of the Division of Children and Families. The Director makes the final decision about whether or not the individual's name will be removed from the Register, if an administrative hearing is held. If the Director denies the expungement request, the individual has the right to appeal the decision to District Court. The District Court review is of the written record of the administrative hearing and the decision is final. Some individuals will have their names expunged from the Register because the case file documentation does not contain sufficient credible evidence in the form of witness statements, reports, or other documentation to use as exhibits at the administrative hearing.

In some cases, names will be expunged for "good cause". "Good cause" involves consideration of the seriousness of the incident; the length of time since the incident occurred; whether or not the individual accepted responsibility for his/ her actions; any efforts he/ she took to correct any problems identified at the time of the incident; whether or not there were extenuating circumstances that are no longer present; any recommendation from the worker and/or Supervisor; and whether or not the individual is viewed as a continuing danger to children.

Court findings may be expunged if the circumstances meet the criteria for good cause.

### **Child Welfare Alerts**

Occasionally a family under the jurisdiction of the court or about whom Child Welfare has serious safety concerns may leave their home community without the knowledge of the PSW. Because of the seriousness of the concerns, it may be important to attempt to locate the family out of state.

If a Nebraska family has left the jurisdiction, and the PSW believes it is important to issue an Alert to other states in an attempt to locate the family, the PSW will contact the Child Welfare Unit in Central Office with the following information:

1. As much identifying information about the family as possible including full names, aliases, birth dates, the last 4 digits of the social security numbers, race, ethnicity and physical description
2. A summary of the safety concerns
3. Legal status including whether the children are in the custody of DHHS, whether a pick-up order has been issued, or if no court action has been taken
4. States to be alerted, either specific states where the family is likely to be, or all of the states

5. Who is to be contacted if the family is located, including the PSW name, e-mail address, and phone number

Central Office staff will compose an Alert and send it to CPS agencies in the states identified.

If Alerts are received from other states, staff in Central office will first check N-FOCUS to determine if Nebraska has any knowledge of the family. Staff will then enter the information on N-FOCUS as an Information Only intake, including all information provided by the other state. The information is sent by e-mail to DHHS staff across the state. At three month intervals, the intake will be updated to indicate if the state is still looking for the family and the Alert is still active, if the family has been located, or other pertinent information.

The Alert process will also be used for wards who have run away from their placements. Send identifying information about the ward to the Division of Children and Family Services Policy Section, attention Child Welfare Unit in Central Office or, for OJS youth, to the Division of Children and Family Services Policy Section, attention Office of Juvenile Services in Central Office. Be sure to include full name, aliases used, birth date, last 4 digits of the social security number, race, ethnicity, and physical description. An Information Only intake will be entered on N-FOCUS and the Alert sent by e-mail to DHHS offices across the state.

See “On-Going Assessment and Case Planning”, “Requirements for Contacts with Children, Parents, and Providers” for additional direction on working with law enforcement regarding runaway and missing children/youth.

### **Child Abuse Prevention and Treatment Act (CAPTA) Referral**

For those cases with a substantiated maltreatment report involving a child under the age of 3, the PSW will comply with CAPTA requirements as outlined in Program Memo #5-2004 12/15/04.

### **Critical Incident Reports**

Protection and Safety Workers, Office of Juvenile Services Workers and Youth Rehabilitation and Treatment Center staff will report by phone and e-mail all Critical Incidents to their Supervisors immediately, but no later than one hour after learning of the incident. The Supervisor will immediately report via e-mail to all of the following individuals: a) the local Protection and Safety Administrator, b) the Service Area Administrator, c) the Administrator of the Children and Family Services Policy Section, d) the Administrator of the Child Welfare Unit within the Policy Section, e) the Administrator of the Office of Juvenile Services within the Policy Section (for delinquents only), f) the Director of the Children and Family Services Division, g) the Administrator of Communications and Legislative Services, and h) Legal Services in Central Office.

The Director of the Division of Children and Family Services will be responsible to contact the Chief Executive Officer of DHHS and other state officials as appropriate. If the Director is not available, the designee who the Director has specifically delegated his/her authority to during his/her absence (i.e. Policy Section Administrator or one of the Service Area Administrators) will be responsible to fulfill such notification duties.

This information will be used to:

- Increase the Department’s accountability to the public by gathering and aggregating information about areas where DHHS is doing well, and areas where there is need for improvement;

- Identify areas of potential liability for DHHA. Child specific information is confidential and is work product prepared by DHHS to respond to potential litigation.

The term Critical Incident includes, but is not limited to:

1. Death of a child/youth resulting from abuse or neglect;
2. Near fatality, life threatening condition or serious injury of a child/ youth resulting from abuse or neglect;
3. Suicide, or attempted suicide of a state ward or child/youth DHHS is involved with;
4. Death of a state ward or child/youth DHHS is working with by other means, accidental or non-accidental;
5. Death or non-accidental serious injury of staff person while on the job;
6. Elopement of a youth from a YRTC facility;
7. Allegations or arrests of DHHS youth for serious illegal/criminal activity (i.e. homicide; manslaughter; aggravated or armed robbery; etc.)
8. Any other event that is highly concerning, poses potential liability, or is of emerging public interest, such as contacts involving the media;
9. Any other incident designated by the Director.

This listing is not exhaustive and is meant to be used as a minimum guide, and not an absolute list. There may be situations other than the ones listed above that should be communicated with administration. If there is any question about an incident and whether or not it should be reported, please consult with a supervisor or local administrator.

**Any media inquiry about a Critical Incident should be immediately referred to the Communications and Legislative Services Division of DHHS. Communications and Legislative Services staff will be the contact with any media.**

The following is specific information that is to be provided to the Supervisor. If all information is not initially available, it will be provided when it is obtained. In the event of a Critical Incident as defined above, include:

- a. Child's/youth's name;
- b. Child's/youth's date of birth;
- c. Circumstances and date of Critical Incident;
- d. DHHS involvement (custody, CAN referral(s), other, none) prior to the incident;
- e. If the child/youth or other children in the family were ever previously state wards or had any involvement with DHHS, or any prior Intake reports on the child, family or other siblings;
- f. Child/Youth's placement at time of incident;
- g. If the incident occurred in an out-of-home setting (or temporary setting for the child such as a child care location or respite), the name of the provider, address and telephone number;
- h. Location/placement of child/youth following incident;
- i. Custody status of child/youth following the incident;
- j. Alleged perpetrator and relationship to child/youth victim, if applicable;
- k. Name and address of parent/caretaker;
- l. Siblings, if applicable;
- m. Emergency actions taken to protect other children/youth in the household or placement setting, if applicable. Emergency actions taken to protect the public;
- n. Contracting agency or agencies involved with child/youth and family;
- o. Adjudication type (i.e. abuse/neglect, status offender, delinquent, dual adjudicated);
- p. Length of time in custody of DHHS if a state ward.

In the event of a staff person's death or serious non-accidental injury while on the job include:

- a. Staff person's name;
- b. Job title and location;
- c. Circumstances and date of critical incident;
- d. Name and relationship of perpetrator, if any;
- e. Name and telephone number of staff person's immediate Supervisor.

### **Child Death Cases**

Despite the best efforts of communities, law enforcement, and the Department, some children will die of child abuse or neglect each year. The Department will attempt to learn from each of these tragic events.

When a child dies under circumstances in which abuse or neglect may be the cause, or a contributing factor, Department staff will take the following actions:

1. Follow the Critical Incident Protocol cited above;
2. Service Area Administrator or other administrator will collect the file and any other documentation of information on the child/family and secure the information immediately;
3. Intake PSW will designate "Child Death" on the intake CAN Factors section of N-FOCUS;
4. Intake PSW will enter the report as "Accept for Assessment" for all cases where a child died and abuse or neglect may have been the cause of the death, or a contributing factor to the child's death, even if there are no other children in the household/ family;
5. Coordinate Department response with the appropriate law enforcement agency;
6. Unless prohibited by law enforcement, the assigned worker will complete an assessment on all parents/ caregivers responsible for the child. Purpose of the assessment is to determine what each person's role in the incident was, what they knew or should have known, and to determine if their actions or in-actions contributed to, or allowed the child's death to occur;
7. Request review by the local 1184 Team.

At the conclusion of the law enforcement investigation and Department assessment, the worker will enter the case status determination on the Central Register. At that time, if it has been determined by credible evidence that the death was caused by abuse or neglect, or abuse or neglect was a contributing factor to the child's death, the worker will document this on N-FOCUS by the use of the Death Indicator. The worker will carefully match the allegation and identified perpetrator, and will update any "Court Pending" entries at the conclusion of any court action.

### **Closing the Assessment**

The Safety Threshold Criteria identifies children as unsafe only when the safety threat to a vulnerable child is observable and specific, imminent, out of control, and likely to have severe effects on the child. This is a high standard, and circumstances that meet this criteria are likely to require significant attention to meet outcomes of child safety that are sustainable over a period of time. Thus, cases where a child is judged unsafe will be transferred for ongoing services on either a court or non-court involved basis. Assessments will be completed within 30 calendar days.

### **Documentation**

All information from the safety assessment process will be documented on the N-FOCUS system. All safety assessments must be completed within 30 calendar days.

## **Supervision of Safety Intervention process**

Because the Supervisor is ultimately responsible for the actions and decisions of the workers he/she supervises, it is crucial that Supervisors be highly expert in safety intervention. They must be appropriately involved in supervising the safety intervention process, and assure that Supervisory oversight and approval presides as the basis for safety intervention decision making. Supervisors will focus case specific discussions with workers around issues of safety for the child/youth and family. The intensity of supervision necessary for each worker will depend on the worker's experience, level of comfort with the expectations of the work, and history of demonstrated judgment and competence.

Consultation is important to assure the consistent application of Department policy and to assure that as many factors and ramifications as possible are considered when critical decisions are made. The Protection and Safety Supervisor has the responsibility to call to the attention of and redirect the worker regarding any decision made on any case which is not consistent with the following criteria:

1. The best interest of the child
2. State or Federal statutes
3. Department policy and practice
4. Current court orders or established protocol
5. The case plan
6. For DHHS OJS wards, the safety of the community

## **Supervisory Responsibility During Assessment**

Supervisors must provide consultation and support related to the initial contact with the family to begin the assessment:

1. Assure adequate worker preparation so that the worker understands the nature and family circumstances that represent a threat to child safety; that the worker has a strategy for making the initial contact, for collecting information, and for evaluating safety threats. The Supervisor will assist the worker in considering possible action if present and/or impending danger are confirmed
2. Consider additional preparation for the safety assessment involving issues around law enforcement participation for purposes of joint investigation/assessment, worker safety, legal response to criminal acts, and to assist with child protection. The Supervisor will also discuss other resources the worker may need for the intervention to be successful
3. Discuss agency response if there is a need for immediate action to protect the child(ren), determine if the Supervisor agrees with the worker's assessment about present and impending danger threats, and discuss the worker's planned course of action, verifying that the planned response is the least intrusive necessary to provide adequate protection

The most essential product of the assessment is information. The Supervisor must assure that the worker has gathered pertinent, relevant and adequate information to arrive at the necessary decisions. Decisions include determining if maltreatment occurred, if there are present or impending danger threats making the children unsafe, if the family has emergency needs, and if the family is in need of continuing services. The quality of these decisions is directly related to the quality and sufficiency of information gathered. Supervisor consultation early in the assessment process may consider:

1. What the focus of the information gathering should be. The Supervisor should understand all that he/she can about the six family domain questions; the extent of maltreatment, the

nature or circumstances surrounding the maltreatment, child functioning, adult/caregiver functioning, parenting style, and disciplinary practices

2. How to overcome barriers in information gathering such as caregiver resistance, communication difficulties, access to family members, location and circumstances that must be managed, avoiding premature judgment and conclusions, worker bias, and reasoning vs. rationalization issues
3. Determining from whom to elicit information. Who would be the best source of information, discuss the order in which people should be interviewed, and how to use the information to confirm and corroborate

### Criteria for sufficiency

When reading assessments or discussing family situations with the worker, the Supervisor should consider the following characteristics about the information provided:

1. Breadth: Is the worker's understanding and analysis of the family based on information that covers the critical points of inquiry (maltreatment, surrounding circumstances, child functioning, adult functioning, parenting in general, and discipline). The information gathered about the family is comprehensive
2. Depth: Is the worker's understanding of the situation based on facts obtained by probing and diligent consideration of pertinent information? Information related to the six family domain questions is precise and detailed
3. Reliable: Is the information trustworthy and dependable reflecting the reality of the family situation? Information is reasonable, believable, and can be justified
4. Pertinent: Is the information relevant, significant and applicable to revealing the presence of safety threats to the child/ youth? Information is relevant to decision making
5. Objective: Is the information factual, actual, and unbiased? Information exists without interpretation or value judgment
6. Clear: Is the information unambiguous?
7. Association: Does the worker understand how the information is connected and inter-related? The worker understands how different things occurring in the family are linked
8. Reconcile: Has the worker resolved apparent distortions and differences in information so that discrepancies are reconciled?
9. Supported: Is the information confirmed or corroborated by reliable sources?

### Supervisory Assistance During Legal Action

Supervisor activity related to helping with legal intervention can include:

1. Processing the decision to invoke court authority, including helping the worker explore less intrusive options
2. Approving the decision to remove a child or seek court oversight
3. Providing step by step guidance to less experienced workers regarding necessary documentation and processes required to invoke court jurisdiction, and assisting with preparation of workers to provide testimony
4. Assistance to experienced workers and less experienced workers to actually produce documentation and take responsibility to expedite the process
5. Consultation with attorneys representing the Department's interest
6. Advocacy for the Department's interests
7. Attendance with workers in various proceedings

Although the worker is responsible for doing the safety analysis, the Supervisors may assist the worker in clarifying what information is known about the family and deciding what it means.

Supervisor questions may clarify what actions are necessary to protect the child/youth and help determine an appropriate safety plan, by identifying family strengths and resources that may be mobilized.

### **Review and Approval of Safety Assessment and Safety Management**

Supervisory sign off of the assessment and Safety Plan means the Supervisor is taking responsibility for the outcomes that may result from the actions and decisions made. Supervisory approval is a statement that everything that reasonably could be considered has been brought to bear in arriving at the conclusion that the child is safe or that any necessary Safety Plan will work as intended. The Safety Plan represents a reasonable and prudent judgment that the plan is sufficient.

The Supervisor will complete the Supervisory review of each assessment to assure that:

1. The Nebraska safety Assessment Instrument was completed correctly and completely
2. Documentation is on N-FOCUS, including all mandatory consultation points
3. Required time frames were met
4. A reasonable level of effort was expended given the identified safety concerns
5. Safety of the child/youth was assured during the assessment process
6. Sufficient information was gathered for informed decision making, based on written documentation
7. Available written documentation was obtained from law enforcement, medical providers, school personnel, and others as appropriate
8. ICWA information was documented
9. Information was obtained about non-custodial parent, relatives, and other family supports
10. If necessary, an immediate Protective Action was appropriately implemented to assure child safety
11. If necessary, a Safety Plan was appropriately completed and implemented to assure child safety
12. The Safety Assessment was documented in accordance with required practice
13. If necessary, the Protective Action was documented in accordance with required practice
14. If necessary, the Safety Plan was documented in accordance with required practice
15. The family network and others were appropriately involved in the gathering of information
16. The family network and others were appropriately involved in developing Safety Plans if such plans were necessary
17. Policy and procedures related to safety intervention were followed
18. Safety Plan is sufficient to protect child from threats of severe harm

For cases involving allegations of maltreatment:

1. Efforts to coordinate with law enforcement were documented
2. Interview protocols were followed or reasons for deviation were documented
3. The appropriate definition was used in making the case status determination
4. The finding was correctly documented on N-FOCUS
5. Factual information supports the selected finding
6. Proof of certified notice to the alleged perpetrator is located in the file

If information is not sufficient or there are other areas of the assessment needing improvement, it may be necessary for the assessment to be returned to the PSW for additional work.

## **Mandatory Consultation Points**

The following is a list of Mandatory Consultation points previously discussed in the policy material. Mandatory consultation with the Supervisor is required:

### **During Intake or Assessment**

1. When a referral is accepted for assessment
2. When a referral is NOT accepted for assessment
3. When not making contact with the alleged child victim(s) within the required time frame

### **During Assessments and Ongoing Services**

1. When making a Central Register finding on the assessment and determining the Department's response. This includes discussion between the Supervisor and the PS administrator before putting a minor's name on Central Register
2. When taking a Protective Action or creating a Safety Plan
3. When the PSW determines that the child is not safe and law enforcement is not willing to remove the child
4. When entering a finding of "Unable to Locate"
5. When considering the removal of a child/youth from the home
6. When concerns about safety issues arise in the approval study of the non-custodial parent's home
7. When making the decision that a child will not reside with the non-custodial parent or with the child's relatives
8. When establishing Conditions for Return
9. When considering separation of siblings
10. When considering the decision on whether or not to initiate court action
11. When considering returning a child/youth to the home
12. When considering any unplanned placement change that does not move the child toward permanency. The only exception is acute hospitalizations for medical treatment
13. When conducting assessments and developing the safety plan, case plan and court report, regardless of adjudication
14. When requesting a variance to an existing policy
15. When a worker suspects or receives new allegations of abuse or neglect
16. When considering closing a case
17. When placing a child/youth into a foster or adoptive home, group home, or residential facility located in another Service Area
18. When placing a child into a restrictive placement such as a hospital, YRTC, detention center, treatment facility, or out of state
19. When evaluating "good cause" to not follow ICWA placement preferences
20. When any short term or emergency placement is in danger of exceeding 8 days

The PSW will document the Supervisor consultation on N-FOCUS in the Consultation Point narrative, including the date of consultation, the subject matter of the decision, and the information on which the decision was based. The PSW will leave this information in "Draft" status. The Supervisor will review the entry and will finalize it. If the Supervisor disagrees with the content, he/she will have further discussion with the PSW.

Further consultation is required with the Protection and Safety Administrator in the following circumstances:

1. When requesting a variance to an existing policy

2. When a bed is being held for a child/youth beyond 5 days
3. When evaluating "good cause" to not follow ICWS placement preferences
4. When requesting approval for exceptions for Safety Plan participants
5. When requesting exceptions for criminal history or unmarried adults living together
6. When there is a conflict between Supervisors in different service areas concerning transfer of a case from one service area to another
7. When placing a ward out of state
8. When a decision is being made about not placing a child/youth with the non-custodial parent or child's relatives
9. When considering termination of parent rights or relinquishment
10. When considering adoption by a non-family member
11. If the Supervisor cannot resolve issues or conflicts about a safety plan

The Supervisor will document all administrative consultation points on N-FOCUS in the Administrative Consultation narrative including the date of consultation, the subject matter of the decision, and the information on which the decision was based. The Supervisor will leave this information in "Draft" status. The administrator will review the entry and will finalize it. If the Administrator disagrees with the content, he/she will have further discussion with the Supervisor.