

Statewide Initial Assessments

Round 3 Safety Model QA Reviews



**Nebraska Department of Health and Human Services
Quality Assurance**

March 2010

Overview

Nebraska Safety Intervention System: The Nebraska Safety Intervention System (NSIS) was developed with the assistance of the National Resource Center for Child Protective Services to improve our safety interventions with children and families throughout the state. Nebraska has been working with the Center since 2005 to review models used by other states, to select the model Nebraska would use, and to develop Nebraska specific materials. The model is a research based best practice model that provides workers the tools to better assess safety for children and families throughout their involvement with DHHS. More specifically, the NSIS:

- ⌚ Improves safety decisions;
- ⌚ Involves supervisors to a greater degree in all aspects of decision-making;
- ⌚ Provides clarity of purpose for initial and continuing safety assessment;
- ⌚ Provides clarity of purpose for ongoing work with families;
- ⌚ Improves the ability to assess and professionally support decisions;
- ⌚ Increases the equity and fairness for all families; and
- ⌚ Improves case planning and focus for safety related interventions.

It is important to note that the model is applied to cases involving child abuse and neglect only. The NSIS is not used in cases involving youth who are committed to state custody by the juvenile justice system, unless the Youth Level of Service/Case Management Inventory indicates a safety concern in a youth's family.

NSIS implementation began in April 2007 in the Western Service Area and continued throughout the state and was fully implemented in the spring of 2008. Service Areas were asked to begin NSIS implementation as soon as they completed training. Under this implementation plan, all new child abuse and neglect reports are assessed using NSIS. Each Service Area was also asked to develop and implement a transition plan to ensure that all current cases were evaluated using NSIS by October 2008.

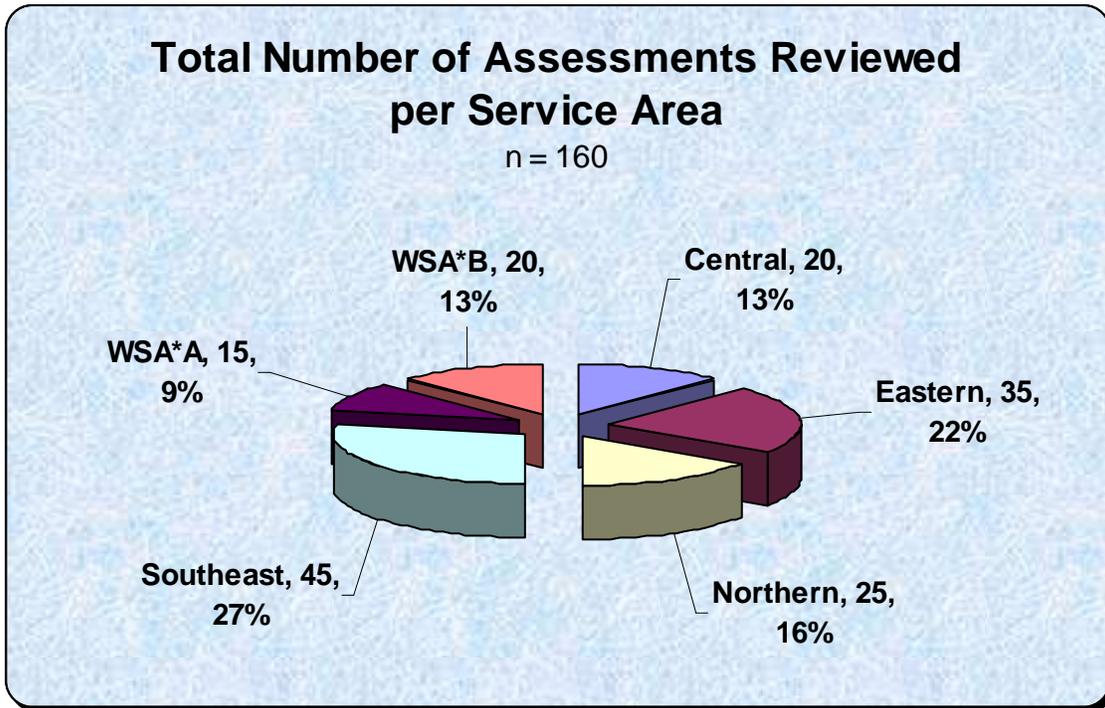
Quality Assurance (QA) staff members are applying a tiered review of cases processed using the Nebraska Safety Intervention System (NSIS) to monitor adherence to the model: an initial review of 15 safety assessments from each supervisor; a second review of five assessments from each supervisor; and ongoing case reviews thereafter.

*The NSIS System was first implemented in the Panhandle area of the Western Service Area (WSA) and then later implemented in the eastern part of the Western Service Area. Because of this difference in implementation time, the QA reviews are conducted and data reported separately for each of these areas in WSA. For the purposes of this report, throughout this document and related charts, we will refer to the Panhandle part of WSA which is supervised by Kathy Carter as **WSA*A**, and the eastern part of WSA, supervised by Jerrilyn Crankshaw, as **WSA*B**.*

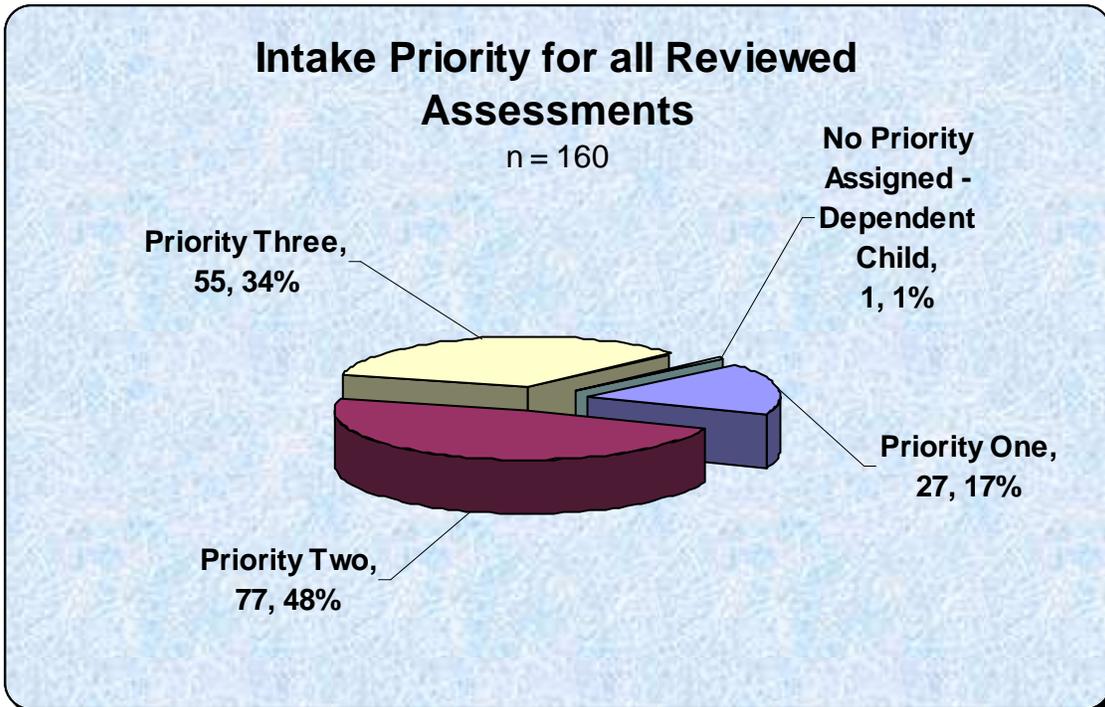
The QA team completed the 1st round of reviews of Initial Assessments (IA) throughout the state in October of 2008. The 2nd round of IA reviews was completed in April 2009 and the 3rd round completed in January 2010. The QA team reviewed a total of 378 initial assessments during the 1st round, 155 initial assessments during the second round and 160 initial assessments during the 3rd round of IA reviews.

This report contains a summary of all 160 reviews completed during the third round of IA reviews. Please note that some reviewer comments were included in this report for several of the items that were reviewed. Charts comparing statewide data for all three rounds of IA reviews can be found in the attached excel file [Statewide IA Safety QA \(Comparison Charts\)](#).

Of the 160 initial assessments reviewed, 20 were from the Central Service Area, 35 were from the Eastern Service Area, 25 were from the Northern Service Area, 45 were from the Southeast Service Area, and 35 from Western Service Area (15 from WSA*A and 20 from WSA*B).



Twenty seven (27) of the initial assessments reviewed were priority one cases, 77 were priority two cases, 55 were priority three cases and 1 was a dependency case.

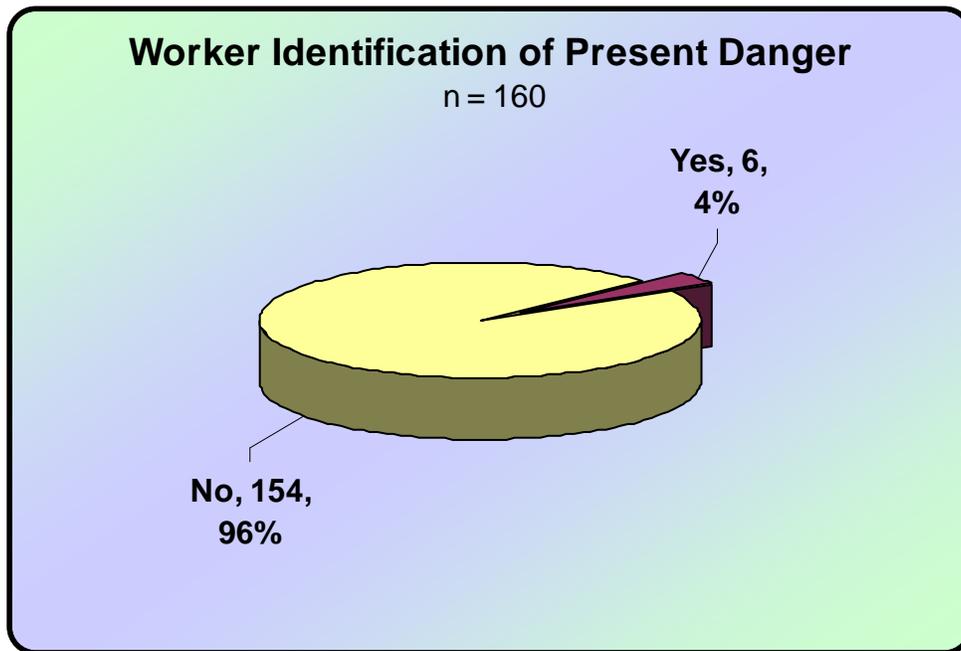


Initial Response/Contact Information (CHART 1 – Comparison Charts):

38% of the time the interview protocol was followed. Reviewers were able to find documentation to indicate the reason for the deviation from protocol in 23% or 23 out of 99 instances in which protocol was not followed.

- Initial contact with child victim was made within the required time frame in 79% of the Safety Assessments (126 out of 160 instances).
- Other children in the household were present in 52 out of 160 (33%) of the reviewed assessments. Other children in the household were interviewed in 43 out of 52 instances (83%). The reviewers were unable to find explanation to reasonably justify the lack of contact with other children in the household in all 9 cases in which other children in the household were not interviewed.
- 47 out of 160 (29%) of the reviewed assessments had a non-maltreating caregiver listed in the intake. The non-maltreating caregiver was interviewed in 87% or 41 out of 47 instances.
- Other adults were present in 31 out of 160 (19%) of the reviewed assessments. Fifty eight percent (58%) or 18 out of 31 of those adults were interviewed by workers.
- Interviews with the maltreating caregiver occurred in 94% or 148 out of 157 assessments. *Three (3) assessments were not applicable to this item due to the following reasons: Perpetrator was not identified on the intake; perpetrator listed is not a caregiver for the child, assessment was completed for a dependent child case.*

Present Danger/ Protective Action Plans (CHARTS 2&3 – Comparison Charts):



Overall, NONE of the five protective action plans were judged to be sufficient by reviewers.

- Workers identified present danger at the initial contact with the child victim and/or family in 6 of the 160 reviewed Safety Assessments (4%).

- 98% of the time (157 out of 160) the reviewers agreed with the worker's assessment of Present Danger.
 - *The reviewers disagreed with the worker's conclusion in one instance in which the worker identified present danger and two instances in which the worker did not identify present danger.*
- Even though the workers identified present danger at the initial contact with the child victim and/or family in 6 out of the 160 reviewed Safety Assessments, the workers documented a total of 5 Immediate Protective Actions (IPA).
 - Reason for the protective action was explained to the parent/caregiver in 50% of the IPA's developed. (3 out of 6).
 - 50% (3 out of 6) of the IPA's included sufficient oversight requirements to assure child safety.
 - 67% (4 out of 6) of the IPA's contained parent's willingness to cooperate.
 - 50% (3 out of 6) of the IPA's contained a description of the persons responsible for the protective action.
 - 33% (2 out of 6) of the IPA's taken contained confirmation of person responsible for the protective action.
 - 17% (1 out of 6) of the IPA's contained a description of how the protective action was going to work.
 - 17% (1 out of 6) of the IPA's contained timeframes for the protective action.

Domains (CHART 5 - Comparison Charts):

GENERAL COMMENT: *When completing DOMAIN information, workers must NOT cut and paste information from previous assessments. If there has been no change in a specific domain since the last assessment, the worker simply needs to include a statement in the documentation that there have been no changes since the previous assessment.*

48% or 76 out of 160 of the reviewed assessments contained sufficient information in the six domains to accurately assess the 14 safety factors.

- **Maltreatment** – Sufficient information was collected in 83% (133 out of 160) of the assessments.
 - **Reviewer Comments:**
 - *Provide conclusion/overall analysis from interviews – include findings/conclusion.*
 - *Provide details about symptoms, events and circumstances related to maltreatment.*
 - *Include information from and about the children/victims regarding the maltreatment allegations.*
 - *Interview or include information for everyone listed as perpetrators.*
 - *Address all areas of concern in the intake.*
 - *Caution run on narratives, information needs to be separated into other domain areas.*
- **Nature** – Sufficient information was collected in 64% (102 out of 160) of the assessments.
 - **Reviewer Comments:**
 - *Need to include caregiver's explanation of maltreatment*

- *This section needs to include worker’s analysis of lengthy history of intakes received on this family.*
 - *Summarize and discuss the major influences of the overarching causes to abuse and neglect.*
 - *Include analysis of events/factors surrounding the abuse and neglect.*
 - *Include information about circumstances of past removals and whether or not those circumstances relate to current maltreatment.*
- **Child Functioning** – Sufficient information was collected in 72% (115 out of 160) of the assessments.
 - **Reviewer Comments:**
 - *Need to include information on other children in the home.*
 - *What do the parents report about their child and his/her development and behavior?*
 - *Need to incorporate information from collaterals (doctor, day care provider etc.) about child’s development and functioning.*
 - *Include description of overarching statements surrounding child’s development or behavioral difficulties. For example, if you state “child seems to be mentally and physically healthy”—please provide supportive evidence as to how this is the case.*
- **Disciplinary Practices** – Sufficient information was collected in 49% (79 out of 160) of the assessments.
 - **Reviewer Comments:**
 - *Need to include information from children – what do they say about disciplinary practices.*
 - *Address the purpose of discipline. When do the caregivers have to implement discipline...what behaviors are the children exhibiting? Include situations and detailed information in which the parent implements discipline for the child(ren).*
 - *Address future discipline plans in assessments involving infants.*
 - *Include information about patterns of discipline with older children.*
- **General Parenting** – Sufficient information was collected in 56% (89 out of 160) of the assessments.
 - **Reviewer Comments:**
 - *Include description of overarching statements about general parenting. For example, if you state “the mother’s relationship with her children is lacking depth”—please provide supportive evidence as to how this is the case.*
 - *Include information and supportive statements describing parenting skills, style and approach and the parent’s knowledge of child development.*
 - *Include past parenting of older children that may not be in the home, or may have been relinquished or terminated.*
 - *Include information about family activities, family routine, and parental roles.*
 - *Include parenting information for all individuals living in the home if they take a role in caring for the children (i.e. live in boyfriend, grandparents living in the home and caring for the child/ren).*

- **Adult Functioning** – Sufficient information was collected in 43% (68 out of 160) of the assessments.
 - **Reviewer Comments:**
 - *Include corroborating statements or evidence to support statements made by parents regarding Domestic Violence, Mental Health and Substance Abuse.*
 - *Include information about the history and current nature of adult relationships (marriage and other relationships).*
 - *Need to include information for ALL adults living in the home.*
 - *Include information about community or family supports, employment and financial supports.*

Collateral Source (CHART 5 - Comparison Charts):

- **89% or 142 out of 160 assessments indicated that information should have been collected from a collateral source. Collateral information was collected in 48% or 68 out of those 142 cases.**
 - **Reviewer Comments:**
 - *Incorporate the information gained from collaterals into the assessment.*
 - *Many times a contact is recorded on the contact sheet but the information gained is not incorporated into the assessment.*

Maternal/Paternal Relatives (CHART 5 - Comparison Charts):

- **Maternal relatives were identified in 66% of the assessments reviewed (105 out of 160).**
- **Paternal relatives were identified in 54% of the assessments reviewed (86 out of 160).**
 - **Reviewer Comments:**
 - *Documentation needs to contain at a minimum first name, last name, and location (city & state).*
 - *Include in documentation parents' refusal to provide extended family information during assessment.*

ICWA (CHART 5 - Comparison Charts):

- **Information regarding ICWA was obtained in 76% of the assessments reviewed (122 out of 160).**
 - **Reviewer Comments:**
 - *Workers need to utilize the kinship narrative and include a statement as to how ICWA information was obtained by CFS Specialist. For example: If a worker states that ICWA does not apply to family or N/A, the worker needs to include a statement of how the worker learned that it did not apply.*
 - Good examples include:
 - *Per mother/name and father/name child does not meet criteria for ICWA because of the following reason.*
 - *Father was asked about enrollment or qualification he may meet in Native American Tribe in which he denied eligibility for him or his son.*
 - *According to (parents/name), no Native American Tribal heritage exists within the family.*

Impending Danger (CHARTS 4&6 - Comparison Charts):

- **84% of the time the reviewers agreed with the workers determination of impending danger at the initial contact with the child or family.**
- **95% of the time the reviewers agreed with the workers decision at the conclusion of the safety assessment that the child was UNSAFE**
- **45% of the time the reviewers agreed with the worker’s decision at the conclusion of the safety assessment that the child was SAFE.**

Impending Danger at the initial contact with the child and/or family (Chart 4): The worker identified impending danger at the initial contact with the child or family in 39% or 62 out of the 160 assessments reviewed. The reviewer agreed with the worker's decision in 84% or 135 out of the 160 assessments reviewed.

- *The reviewer disagreed with the worker in 25 instances in which the worker indicated that there was NO impending danger at the initial contact with the youth and family. The reviewers determined that there was **not enough information** in the assessment to make a determination of whether or not impending danger was present at worker’s initial contact with the child and/or family.*

Impending Danger at the end of the Initial Assessment (Chart 6): The worker identified impending danger at the end of the initial assessment in 39% or 62 out of the 160 of the reviewed assessments.

- The reviewer agreed with the worker on all of the safety factors identified “yes” in 79% or 49 out of 62 of these assessments.
 - Within the safety factors identified “yes”, 48 out of 62 (77%) contained threshold documentation for identification/justification of impending danger.
- The reviewer agreed with the worker on all of the safety factors identified “no” in 42% or 67 out of all 160 assessments that were reviewed.
- 47% or 75 out of 160 of the reviewed assessments contained sufficient information to provide a reasonable understanding of family members and their functioning.
- 48% or 77 out of 160 of the reviewed assessments contained sufficient information to support and justify decision making.

Safety Assessment Conclusion:

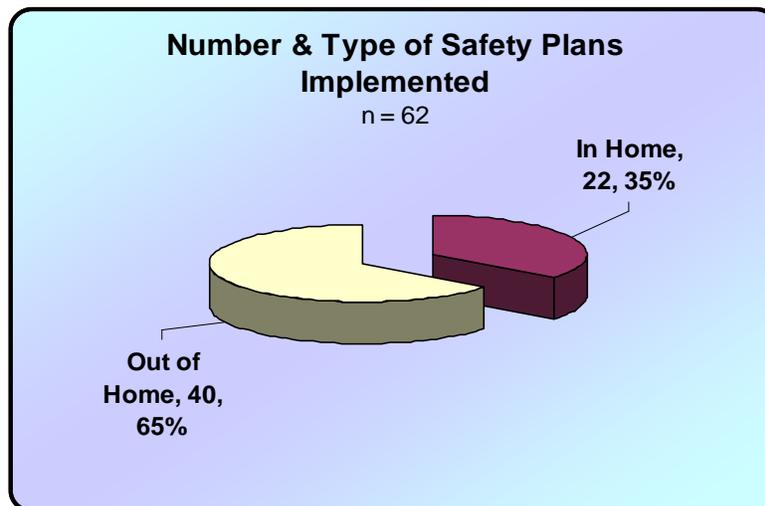
- The worker determined that the child was UNSAFE at the conclusion of the safety assessment in 62 out 160 (39%) of the reviewed assessments. The reviewer agreed with the worker’s decision that the child was UNSAFE in 59 out of 62 assessments (95%).
- The worker determined that the child was SAFE in 98 out of 160 (61%) of the reviewed assessments. The reviewer agreed with the worker’s decision that the child was SAFE in 45% or 44 out of 98 assessments.
 - *The reviewer determined that the information in the assessment was **not sufficient** to make a determination of safety in 55% or 54 out of 98 of the assessments in which the worker determined the child to be SAFE.*

Note: CFS Administrators (CFSA) were immediately alerted on cases in which reviewers were concerned for the safety of the child/ren involved. In many of the cases, although there was not enough information to make a determination of impending danger, these Safety Assessments did not rise to the level of immediate CFSA notification.

Safety Plan (CHARTS 7,8 & 9 - Comparison Charts):

The worker determined that the child was unsafe in 39% or 62 out of the 160 assessments reviewed. **Safety plans were established at the conclusion of the safety assessment in 100% or all 62 assessments.**

Overall, 2% or 1 out of 62 safety plans were judged to be appropriate by reviewers.



- 35% or 22 out of 62 of the safety plans were **in home safety plans**. The remaining 65% or 40 out of 62 of the safety plans were **out of home safety plans**. No combination safety plans were utilized in any of the reviewed cases.
 - The reviewers indicated that the worker should have considered implementing an **in home safety plan** in 8% (3 out of 40) of the cases in which an in home safety plan was not utilized.
 - The reviewers indicated that the worker should have considered implementing a **combination safety plan** in 15% (9 out of 62), of the cases in which combination safety plan was not utilized.
 - The reviewers indicated that the worker should have considered implementing an **out of home safety plan** in 18% (4 out of 22), of the cases in which an out of home safety plan was not utilized.
- 26% or 16 out of 62 of the safety plans contained a **sufficient contingency plan**.

Examples of sufficient contingency plan:

Note: The intent of having a sufficient contingency plan is to have staff think ahead, anticipate situations that might come up and make a plan to deal with them. A good contingency plan is an actual backup plan with names and information of individual(s) that will take over or complete safety actions if the original safety plan participant is unable to do so. A good contingency plan is one that can prevent the need for immediate caseworker notification or action.

For Out of Home Safety Plans:

1.) If (NAME) approved relative provider is unable to care for the (child/youth), the relative care provider will contact the child's caseworker and the child will be placed with (NAME) another identified and approved relative provider.

2.) If (NAMES) foster parents are unable to care for the (child/youth), the foster parents will contact the child's caseworker and the child will be placed with (NAME) identified respite care provider or (NAME) identified traditional or agency foster care provider.

For IN Home Safety Plans:

1.) If (NAME) relative safety plan provider is unable to be at (NAME) family home as expected from 4-6pm. Then (NAME) will contact (NAME) another relative safety plan participant who will substitute for them during that time. If both are unavailable due to a family emergency then (NAME) the pastor's wife will substitute for them during that time.

2.) If (NAME) a contractor providing safety services for the family is unable to do what they agreed to do, they will notify the caseworker and (NAME) another safety service contractor will be utilized.

Examples of insufficient contingency plan:

- 1) *The placement unit will need to find another placement.*
- 2) *Child will be made a state ward and placed into foster care.*
- 3) *This is an out of home safety plan and there is not a need for a backup plan.*
- 4) *The assigned caseworker should be contacted.*
- 5) *Their designee will take over*
- 6) *None*

- 79% or 49 out of 62 of the safety plans contained sufficient information to support the decision made with regards to suitability of safety plan participants.
 - **Reviewer Comments:** *Need to ensure suitability is completed for ALL participants including two-parent foster families, providers and informal supports. Include background checks on suitability.*
- 71% or 44 out of 62 safety plans addressed who was going to make sure the child was protected.
- 52% or 32 out of 62 safety plans addressed what action is needed.
- 65% or 40 out of 62 safety plans addressed where the plan and action are going to take place.
- 3% or 2 out of 62 safety plans addressed when the action will be finished.
 - **Reviewer Comments:** *Safety plans must be reviewed with the family on a timely basis even if there are no changes in the family situation. The safety plan document states that safety plans will be reviewed weekly. It is important to have the family's continued agreement to follow the safety plan. Please be sure to identify an end date and talk with the family when the plan is updated.*
- 34% or 21 out of 62 safety plans addressed how it is all going to work and how the actions are going to control for safety.
- 19% or 12 out of 62 safety plans contained caregiver promissory commitments.
(Note: This question uses a reverse scale: Lower number is better as we do not want the safety plans to contain caregiver promissory commitments).
- 40% or 25 out of 62 safety plans involved in home services.
- 32% or 20 out of 62 safety plans contained sufficient oversight requirements to assure that the plan was implemented in accordance with expectation and was assuring child safety.
 - **Reviewer Comments:**
 - *Please note that per policy, the safety plan must be monitored no less than once a week prior to the completion of the assessment.*
 - *Monitoring should involve face to face contact with the child and family and phone calls to safety plan participants.*

- 13% or 8 out of 62 safety plans were **NOT** updated by workers as safety threats increased or decreased.
 - **Reviewer Comments:** *Reviewer did not find updated safety plans in instances where a child changed placements to include moving back home or when there was implementation of new services or modifications in visitations.*

Protective Capacity Assessment (CHART 10 - Comparison Charts):

At the time of the reviews only nine (9) out of the 62 applicable assessments included a finalized copy of a Protective Capacity Assessment (PCA).

- Only one out of these nine PCA's reflected that a consensus was reached between the worker and the family about what must change (11%).
- Eight out of the 9 PCA's identified caregiver enhanced protective capacities (89%).
- **Reviewer Comments:**
 - *As a reminder, the begin date for the PCA is to be within 7 days of the completion of the safety assessment. The PCA should be completed and documented on NFOCUS within 60 days of initial custody date or 60 days from the begin date of the initial safety assessment, which ever is sooner.*
 - *A problem was identified with documentation of the PCA. There was no specific place to document the parents' participation and agreement with the identified enhanced and diminished protective capacities. A specific narrative section was added in NFOCUS in the July 2009 release. In January 2009 a note was sent to service area administrators asking staff to document parent participation and agreement in the PCA section on diminished protective capacities until a narrative section is added to NFOCUS in the July release.*

Conditions of Return (CHART 10 – Comparison Charts):

At the time of the reviews, only 5 out of 40 applicable cases included a finalized copy of the Conditions of Return.

- 80% or 4 out of 5 of the Conditions of Return included information on what specific behavior must be present in the home to ensure and sustain safety.
- **Reviewer Comments:**
 - *Conditions of Return are to be started for all children likely to be out of the home longer than 30 days as soon as we know enough about the family to make decisions (this usually means the PCA has been started) and when the family has begun making changes and demonstrating that they are going to make progress.*
 - *Conditions of Return must be completed and documented on NFOCUS within 60 calendar days of removal.*

NOTE: The QA tool does not assess whether or not the worker met their time frame in documenting the PCA or the Conditions of Return on N-FOCUS. The QA team only reviews the quality of the PCA and the Conditions of Return if it is finalized on N-FOCUS at the time of the review.

Summary:

Data collected from the 3rd round of QA reviews of Initial Assessments indicated the following:

Strengths:

- 100% of the time QA reviewers agreed with the worker's determination of a child being unsafe at the conclusion of the safety assessment.
- 100% of the time QA reviewers agreed that the safety plan ran continuously as long as the safety threats were present.
- 98% of the time QA reviewers agreed with the worker's determination of present danger.
- 94% of the time workers interviewed the maltreating caregiver(s).
- 87% of the time workers interviewed all non-maltreating care givers.
- 87% of the time the reviewers agreed that the safety plan was adjusted as threats increased or decreased.

While there continues to be a need for improvement in most areas that were assessed, a comparison of the data collected from Rounds 2 and 3 of QA reviews indicate the following:

Areas remaining the same or showing a slight increase in percentage achieved:

Initial Response:

- Initial contact was made with all child victims within required timeframe.
- Other adults in the household were interviewed.
- Maltreating caregiver was interviewed.
- Documentation of reason for deviation from interview protocol.

Present Danger/Protective Action

- Reviewer agreed with the worker's assessment of present danger.
- If Present Danger was identified, Immediate Protective Action (IPA) was documented.
- IPA included sufficient oversight requirement to assure child safety.
- IPA documentation included parents willingness to cooperate.
- IPA included description of person responsible.
- IPA included description of how protective action was going to work.
- Reviewer judged the IPA to be sufficient.

6 Domains/Collateral Info/Identification of Relatives/ICWA

- Sufficient information was gathered in the maltreatment section.
- Sufficient information was gathered in the child functioning section.
- Sufficient information was gathered in the nature section.
- Sufficient information was gathered in the parent discipline section.
- Sufficient information was gathered in the general parenting section.
- ICWA information was obtained.
- Worker identified maternal relatives.
- Worker identified paternal relatives.

Safety Evaluation

* *Decrease in all areas*

Safety Plan:

- Suitability of safety plan participant(s) contained sufficient information.
- Safety plan involved in home services.

- Safety plan ran continuously as long as safety threats are present.
- **Please note that there was an increase in percentage for the following items. However, an increase in percentage is NOT DESIRABLE for these items.**
 - A combination safety plan was not utilized but should have been considered/utilized.
 - The safety plan contained promissory commitments.

Areas showing a **decrease** in percentage achieved:

Initial Response:

- All other children in the household were interviewed.
- Information was included to justify lack of contact with one or more children in the household.
- Interview protocol was followed.
- Non-maltreating caregiver was interviewed

Present Danger/Protective Action

- Reason for IPA was explained to the caregiver.
- Immediate Protective Action included confirmation of person responsible for the protective action.
- Immediate Protective Action included time frames (frequency and duration) of protective action.

6 Domains/Collateral Info/Identification of Relatives/ICWA

- Sufficient information was gathered in the adult functioning section.
- Collateral information was collected when necessary.

Safety Evaluation

- Documentation contained justification for identification of impending danger (threshold criteria).
- Reviewer agreed with the worker's assessment of impending danger at initial contact with youth/family.
- Sufficient information – provide understanding of family members & their functioning.
- Sufficient information – justify decision making.
- Sufficient information – to assess ALL 14 safety factors.
- Reviewer agrees with worker on safety factors “NO”.
- Reviewer agrees with the worker that the child is SAFE.
- Reviewer agrees with the worker that child is UNSAFE.
- Reviewer agrees with worker on safety threats – safety factors marked “YES”.

Safety Plan:

- Overall safety plan was judged by reviewers to be appropriate.
- Safety plan addressed “WHO”, “WHAT”, “WHERE”, “WHEN” and “HOW”.
- Safety plan contained a sufficient/appropriate contingency plan.
- Safety plan included a sufficient plan for oversight.
- Safety plan adjusted as threats increased or decreased.
- **Please note that there was a decrease in percentage for the following items. However, a decrease in percentage is DESIRABLE for these items.**
 - An in home safety plan was not utilized but should have been considered/utilized.
 - An out of home safety plan was not utilized but should have been considered/utilized.

Other Comments & Observations:

- Safety plans are to be implemented and active as long as threats to child safety exist and caregiver protective capacities are insufficient to assure a child is protected. If CFSS concludes there is no impending danger (child is safe), implementation of a safety plan is not necessary.

- A safety plan must: Control and manage impending danger; incorporate and control any present danger controlled by Protective Action; have an immediate effect; be immediately available and accessible and have supports and services that have immediate effect of controlling for identified safety threats. Safety plans must NOT have promissory commitments.
- Children and Family Services Specialist (CFSS) 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 CFSS, or other person designated by the CFSS 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 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 CFSS, the CFSS will review the monitoring reports at least once a week.
 - ☞ *Need to adjust/update safety plans as threats increase or decrease.*
 - ☞ *Safety plan document must be completed thoroughly and contain sufficient information to assure child safety.*
 - ☞ *Safety plan document must include suitability of safety plan participants.*
- CFSS must complete a protective capacity assessment (PCA) for a family in which a child has been determined to be unsafe. The PCA is an assessment to determine the enhanced and diminished protective capacities within the family
- When children are residing outside the parent's/caregiver's home as part of a Safety Plan, everyone involved, especially the child's parents/caregivers, should be well informed about what conditions (circumstances that must exist in the home) are for the child/youth to be returned to the home.

Reviewers Overall Analysis and Conclusion of the Work:

For the purpose of a case review, the reviewer assessed the following information based on their review of the case. This part of the review contains the same information as those included in the Supervisory Review of the Nebraska Safety Assessment.

Category	% Achieved
The Nebraska Safety Assessment Instrument was completed correctly and completely.	30%
Documentation is on N-FOCUS	100%
Required Time Frames were met.	78%
A reasonable level of effort was expended given the identified safety concerns.	48%
Safety of the child/youth was assured during the assessment process.	64%
Sufficient information was gathered for informed decision making	46%
Available written documentation was obtained from law enforcement/others as appropriately.	100%
ICWA information was documented.	76%
Information was obtained about non-custodial parent, relatives, and other family support.	43%
An Immediate Protective Action was appropriately implemented to assure child safety.	38%
A Safety Plan was appropriately completed and implemented to assure child safety.	13%
A Safety Assessment was documented in accordance with required practice.	35%
A Protective Action was documented in accordance with required practice.	0%
A Safety Plan was documented in accordance with required practice.	11%
The family network and others were appropriately involved in the gathering of information.	53%
The family networks and others were appropriately involved in developing Safety Plans.	68%
Policy and procedures related to safety intervention were followed.	63%
Safety plan is sufficient to protect child from threats of severe harm.	16%
Efforts to coordinate with law enforcement were documented.	97%
Interview protocols were followed or reason for deviation was documented.	51%
The appropriate definition was used in making the case status determination.	96%
The finding was correctly documented in N-FOCUS	98%
Factual information supports the selected finding.	92%