



**Child Saving Institute**  
 4545 Dodge St | Omaha, NE 68132  
 402.553.6000 | childsaving.org

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September 18, 2019

Ms. Annette Walton and Ms. Julie Schiltz  
 State Purchasing Bureau  
 1526 K Street, Suite 130  
 Lincoln, Nebraska 68508  
 as.materielpurchasing@nebraska.gov

Dear Ms. Walton and Ms. Schiltz:

Please find enclosed the Child Saving Institute Request for Proposal for the Nebraska DHHS Foster and Adoptive Parent Home Study Services RFP Number 6126 Z1.

Our thanks for your consideration of this RFP. Please contact me directly with questions at 402.504.3602 or tcopple@childsaving.org.

My Best,

Traci Copple



**Andrea L. Richardson** | Chief Development Officer  
 arichardson@childsaving.org | direct 402.504.3660  
 phone 402.553.6000 x 128 | cell 402.708.9847 | fax 402.553.2428  
 4545 Dodge St. | Omaha, NE 68132 | childsaving.org



**\*\*ORIGINAL\*\***

**Form A**  
**Bidder Contact Sheet**  
**Request for Proposal Number 6126 Z1**

Form A should be completed and submitted with each response to this RFP. This is intended to provide the State with information on the bidder's name and address, and the specific person(s) who are responsible for preparation of the bidder's response.

<b>Preparation of Response Contact Information</b>	
Bidder Name:	Child Saving Institute
Bidder Address:	4545 Dodge Street Omaha, Nebraska 68132
Contact Person & Title:	Peg Harriott, President and Chief Executive Officer
E-mail Address:	pharriott@childsaving.org
Telephone Number (Office):	402-553-6000
Telephone Number (Cellular):	402-490-2599
Fax Number:	402-553-2428

Each bidder should also designate a specific contact person who will be responsible for responding to the State if any clarifications of the bidder's response should become necessary. This will also be the person who the State contacts to set up a presentation/demonstration, if required.

<b>Communication with the State Contact Information</b>	
Bidder Name:	Child Saving Institute
Bidder Address:	4545 Dodge Street Omaha, Nebraska 68132
Contact Person & Title:	Lisa Blunt, Chief Operating Officer
E-mail Address:	lblunt@childsaving.org
Telephone Number (Office):	402-553-6000
Telephone Number (Cellular):	402-672-7339
Fax Number:	402-553-2428

## REQUEST FOR PROPOSAL FOR CONTRACTUAL SERVICES FORM

### BIDDER MUST COMPLETE THE FOLLOWING

By signing this Request for Proposal for Contractual Services form, the bidder guarantees compliance with the procedures stated in this Request for Proposal, and agrees to the terms and conditions unless otherwise indicated in writing and certifies that bidder maintains a drug free work place.

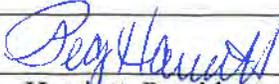
Per Nebraska's Transparency in Government Procurement Act, Neb. Rev Stat § 73-603 DAS is required to collect statistical information regarding the number of contracts awarded to Nebraska Contractors. This information is for statistical purposes only and will not be considered for contract award purposes.

PH NEBRASKA CONTRACTOR AFFIDAVIT: Bidder hereby attests that bidder is a Nebraska Contractor. "Nebraska Contractor" shall mean any bidder who has maintained a bona fide place of business and at least one employee within this state for at least the six (6) months immediately preceding the posting date of this RFP.

\_\_\_\_\_ I hereby certify that I am a Resident disabled veteran or business located in a designated enterprise zone in accordance with Neb. Rev. Stat. § 73-107 and wish to have preference, if applicable, considered in the award of this contract.

\_\_\_\_\_ I hereby certify that I am a blind person licensed by the Commission for the Blind & Visually Impaired in accordance with Neb. Rev. Stat. §71-8611 and wish to have preference considered in the award of this contract.

### FORM MUST BE SIGNED USING AN INDELIBLE METHOD (NOT ELECTRONICALLY)

FIRM:	Child Saving Institute Inc
COMPLETE ADDRESS:	4545 Dodge Street, Omaha, Nebraska 68132
TELEPHONE NUMBER:	402-553-6000
FAX NUMBER:	402-553-2428
DATE:	September 18, 2019
SIGNATURE:	
TYPED NAME & TITLE OF SIGNER:	Peg Harriott, President and Chief Executive Officer

**II. TERMS AND CONDITIONS**

**Bidders should complete Sections II through VI as part of their proposal.** Bidder should read the Terms and Conditions and should initial either accept, reject, or reject and provide alternative language for each clause. The bidder should also provide an explanation of why the bidder rejected the clause or rejected the clause and provided alternate language. By signing the RFP, bidder is agreeing to be legally bound by all the accepted terms and conditions, and any proposed alternative terms and conditions submitted with the proposal. The State reserves the right to negotiate rejected or proposed alternative language. If the State and bidder fail to agree on the final Terms and Conditions, the State reserves the right to reject the proposal. The State of Nebraska is soliciting proposals in response to this RFP. The State of Nebraska reserves the right to reject proposals that attempt to substitute the bidder's commercial contracts and/or documents for this RFP.

Bidders should submit with their proposal any license, user agreement, service level agreement, or similar documents that the bidder wants incorporated in the contract. The State will not consider incorporation of any document not submitted with the bidder's proposal as the document will not have been included in the evaluation process. These documents shall be subject to negotiation and will be incorporated as addendums if agreed to by the Parties.

If a conflict or ambiguity arises after the Addendum to Contract Award have been negotiated and agreed to, the Addendum to Contract Award shall be interpreted as follows:

1. If only one Party has a particular clause then that clause shall control;
2. If both Parties have a similar clause, but the clauses do not conflict, the clauses shall be read together;
3. If both Parties have a similar clause, but the clauses conflict, the State's clause shall control.

**A. GENERAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The contract resulting from this RFP shall incorporate the following documents:

1. Request for Proposal and Addenda;
2. Amendments to the RFP;
3. Questions and Answers;
4. Contractor's proposal (RFP and properly submitted documents);
5. The executed Contract and Addendum One to Contract, if applicable; and,
6. Amendments/Addendums to the Contract.

These documents constitute the entirety of the contract.

Unless otherwise specifically stated in a future contract amendment, in case of any conflict between the incorporated documents, the documents shall govern in the following order of preference with number one (1) receiving preference over all other documents and with each lower numbered document having preference over any higher numbered document: 1) Amendment to the executed contract with the most recent dated amendment having the highest priority, 2) executed contract and any attached Addenda, 3) Amendments to RFP and any Questions and Answers, 4) the original RFP document and any Addenda, and 5) the Contractor's submitted Proposal.

Any ambiguity or conflict in the contract discovered after its execution, not otherwise addressed herein, shall be resolved in accordance with the rules of contract interpretation as established in the State of Nebraska.

**B. NOTIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

Contractor and State shall identify the contract managers who shall serve as the points of contact for the executed contract.

Communications regarding the executed contract shall be in writing and shall be deemed to have been given if delivered personally or mailed, by U.S. Mail, postage prepaid, return receipt requested, to the parties at their respective addresses set forth below, or at such other addresses as may be specified in writing by either of the parties. All notices, requests, or communications shall be deemed effective upon personal delivery or three (3) calendar days following deposit in the mail.

**C. BUYER REPRESENTATIVE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The State reserves the right to appoint a Buyer's Representative to manage [or assist the State Purchasing Buyer in managing] the contract on behalf of the State. The Buyer's Representative will be appointed in writing, and the appointment document will specify the extent of the Buyer's Representative authority and responsibilities. If a Buyer's Representative is appointed, the Contractor will be provided a copy of the appointment document, and is required to cooperate accordingly with the Buyer's Representative. The Buyer's Representative has no authority to bind the State to a contract, amendment, addendum, or other change or addition to the contract.

**D. GOVERNING LAW (Statutory)**

Notwithstanding any other provision of this contract, or any amendment or addendum(s) entered into contemporaneously or at a later time, the parties understand and agree that, (1) the State of Nebraska is a sovereign state and its authority to contract is therefore subject to limitation by the State's Constitution, statutes, common law, and regulation; (2) this contract will be interpreted and enforced under the laws of the State of Nebraska; (3) any action to enforce the provisions of this agreement must be brought in the State of Nebraska per state law; (4) the person signing this contract on behalf of the State of Nebraska does not have the authority to waive the State's sovereign immunity, statutes, common law, or regulations; (5) the indemnity, limitation of liability, remedy, and other similar provisions of the final contract, if any, are entered into subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity; and, (6) all terms and conditions of the final contract, including but not limited to the clauses concerning third party use, licenses, warranties, limitations of liability, governing law and venue, usage verification, indemnity, liability, remedy or other similar provisions of the final contract are entered into specifically subject to the State's Constitution, statutes, common law, regulations, and sovereign immunity.

The Parties must comply with all applicable local, state and federal laws, ordinances, rules, orders, and regulations.

**E. BEGINNING OF WORK**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The bidder shall not commence any billable work until a valid contract has been fully executed by the State and the awarded bidder. The bidder will be notified in writing when work may begin.

**F. CHANGE ORDERS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
OK			

The State and the Contractor, upon the written agreement, may make changes to the contract within the general scope of the RFP. Changes may involve specifications, the quantity of work, or such other items as the State may find necessary or desirable. Corrections of any deliverable, service, or work required pursuant to the contract shall not be deemed a change. The Contractor may not claim forfeiture of the contract by reasons of such changes.

The Contractor shall prepare a written description of the work required due to the change and an itemized cost sheet for the change. Changes in work and the amount of compensation to be paid to the Contractor shall be determined in accordance with applicable unit prices if any, a pro-rated value, or through negotiations. The State shall not incur a price increase for changes that should have been included in the Contractor's proposal, were foreseeable, or result from difficulties with or failure of the Contractor's proposal or performance.

No change shall be implemented by the Contractor until approved by the State, and the contract is amended to reflect the change and associated costs, if any. If there is a dispute regarding the cost, but both parties agree that immediate implementation is necessary, the change may be implemented, and cost negotiations may continue with both Parties retaining all remedies under the contract and law.

**G. NOTICE OF POTENTIAL CONTRACTOR BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
OK			

If Contractor breaches the contract or anticipates breaching the contract, the Contractor shall immediately give written notice to the State. The notice shall explain the breach or potential breach, a proposed cure, and may include a request for a waiver of the breach if so desired. The State may, in its discretion, temporarily or permanently waive the breach. By granting a waiver, the State does not forfeit any rights or remedies to which the State is entitled by law or equity, or pursuant to the provisions of the contract. Failure to give immediate notice, however, may be grounds for denial of any request for a waiver of a breach.

**H. BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
OH			

Either Party may terminate the contract, in whole or in part, if the other Party breaches its duty to perform its obligations under the contract in a timely and proper manner. Termination requires written notice of default and a thirty (30) calendar day (or longer at the non-breaching Party’s discretion considering the gravity and nature of the default) cure period. Said notice shall be delivered by Certified Mail, Return Receipt Requested, or in person with proof of delivery. Allowing time to cure a failure or breach of contract does not waive the right to immediately terminate the contract for the same or different contract breach which may occur at a different time. In case of default of the Contractor, the State may contract the service from other sources and hold the Contractor responsible for any excess cost occasioned thereby. OR In case of breach by the Contractor, the State may, without unreasonable delay, make a good faith effort to make a reasonable purchase or contract to purchase goods in substitution of those due from the Contractor. The State may recover from the Contractor as damages the difference between the costs of covering the breach. Notwithstanding any clause to the contrary, the State may also recover the contract price together with any incidental or consequential damages defined in UCC Section 2-715, but less expenses saved in consequence of Contractor’s breach.

The State’s failure to make payment shall not be a breach, and the Contractor shall retain all available statutory remedies and protections.

**I. NON-WAIVER OF BREACH**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
OH			

The acceptance of late performance with or without objection or reservation by a Party shall not waive any rights of the Party nor constitute a waiver of the requirement of timely performance of any obligations remaining to be performed.

**J. SEVERABILITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
GH			

If any term or condition of the contract is declared by a court of competent jurisdiction to be illegal or in conflict with any law, the validity of the remaining terms and conditions shall not be affected, and the rights and obligations of the parties shall be construed and enforced as if the contract did not contain the provision held to be invalid or illegal.

**K. INDEMNIFICATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
GH			

**1. GENERAL**

The Contractor agrees to defend, indemnify, and hold harmless the State and its employees, volunteers, agents, and its elected and appointed officials (“the indemnified parties”) from and against any and all third party claims, liens, demands, damages, liability, actions, causes of action, losses, judgments, costs, and expenses of every nature, including investigation costs and expenses, settlement costs, and attorney fees and expenses (“the claims”), sustained or asserted against the State for personal injury, death, or property loss or damage, arising out of, resulting from, or attributable to the willful misconduct, negligence, error, or omission of the Contractor, its employees, subcontractors, consultants, representatives, and agents, resulting from this contract, except to the extent such Contractor liability is attenuated by any action of the State which directly and proximately contributed to the claims.

**2. PERSONNEL**

The Contractor shall, at its expense, indemnify and hold harmless the indemnified parties from and against any claim with respect to withholding taxes, worker’s compensation, employee benefits, or any other claim, demand, liability, damage, or loss of any nature relating to any of the personnel, including subcontractor’s and their employees, provided by the Contractor.

**3. SELF-INSURANCE**

The State of Nebraska is self-insured for any loss and purchases excess insurance coverage pursuant to Neb. Rev. Stat. § 81-8,239.01 (Reissue 2008). If there is a presumed loss under the provisions of this agreement, Contractor may file a claim with the Office of Risk Management

pursuant to Neb. Rev. Stat. §§ 81-8,829 – 81-8,306 for review by the State Claims Board. The State retains all rights and immunities under the State Miscellaneous (§81-8,294), Tort (§81-8,209), and Contract Claim Acts (§81-8,302), as outlined in Neb. Rev. Stat. § 81-8,209 et seq. and under any other provisions of law and accepts liability under this agreement to the extent provided by law.

4. The Parties acknowledge that Attorney General for the State of Nebraska is required by statute to represent the legal interests of the State, and that any provision of this indemnity clause is subject to the statutory authority of the Attorney General.

**L. ATTORNEY'S FEES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
GH			

In the event of any litigation, appeal, or other legal action to enforce any provision of the contract, the Parties agree to pay all expenses of such action, as permitted by law and if order by the court, including attorney's fees and costs, if the other Party prevails.

**M. ASSIGNMENT, SALE, OR MERGER**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
GH			

Either Party may assign the contract upon mutual written agreement of the other Party. Such agreement shall not be unreasonably withheld.

The Contractor retains the right to enter into a sale, merger, acquisition, internal reorganization, or similar transaction involving Contractor's business. Contractor agrees to cooperate with the State in executing amendments to the contract to allow for the transaction. If a third party or entity is involved in the transaction, the Contractor will remain responsible for performance of the contract until such time as the person or entity involved in the transaction agrees in writing to be contractually bound by this contract and perform all obligations of the contract.

**N. CONTRACTING WITH OTHER NEBRASKA POLITICAL SUB-DIVISIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
PH			

The Contractor may, but shall not be required to, allow agencies, as defined in Neb. Rev. Stat. §81-145, to use this contract. The terms and conditions, including price, of the contract may not be amended. The State shall not be contractually obligated or liable for any contract entered into pursuant to this clause. A listing of Nebraska political subdivisions may be found at the website of the Nebraska Auditor of Public Accounts.

The Contractor may, but shall not be required to, allow other states, agencies or divisions of other states, or political subdivisions of other states to use this contract. The terms and conditions, including price, of this contract shall apply to any such contract, but may be amended upon mutual consent of the Parties. The State of Nebraska shall not be contractually or otherwise obligated or liable under any contract entered into pursuant to this clause. The State shall be notified if a contract is executed based upon this contract

**O. FORCE MAJEURE**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
PH			

Neither Party shall be liable for any costs or damages, or for default resulting from its inability to perform any of its obligations under the contract due to a natural or manmade event outside the control and not the fault of the affected Party (“Force Majeure Event”). The Party so affected shall immediately make a written request for relief to the other Party, and shall have the burden of proof to justify the request. The other Party may grant the relief requested; relief may not be unreasonably withheld. Labor disputes with the impacted Party’s own employees will not be considered a Force Majeure Event.

**P. CONFIDENTIALITY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within	NOTES/COMMENTS:

		<b>RFP Response (Initial)</b>	
BA			

All materials and information provided by the Parties or acquired by a Party on behalf of the other Party shall be regarded as confidential information. All materials and information provided or acquired shall be handled in accordance with federal and state law, and ethical standards. Should said confidentiality be breached by a Party, the Party shall notify the other Party immediately of said breach and take immediate corrective action.

It is incumbent upon the Parties to inform their officers and employees of the penalties for improper disclosure imposed by the Privacy Act of 1974, 5 U.S.C. 552a. Specifically, 5 U.S.C. 552a (i)(1), which is made applicable by 5 U.S.C. 552a (m)(1), provides that any officer or employee, who by virtue of his/her employment or official position has possession of or access to agency records which contain individually identifiable information, the disclosure of which is prohibited by the Privacy Act or regulations established thereunder, and who knowing that disclosure of the specific material is prohibited, willfully discloses the material in any manner to any person or agency not entitled to receive it, shall be guilty of a misdemeanor and fined not more than \$5,000.

**Q. OFFICE OF PUBLIC COUNSEL (Statutory)**

If it provides, under the terms of this contract and on behalf of the State of Nebraska, health and human services to individuals; service delivery; service coordination; or case management, Contractor shall submit to the jurisdiction of the Office of Public Counsel, pursuant to Neb. Rev. Stat. §§ 81-8,240 et seq. This section shall survive the termination of this contract.

**R. LONG-TERM CARE OMBUDSMAN (Statutory)**

Contractor must comply with the Long-Term Care Ombudsman Act, Neb. Rev. Stat. §§ 81-2237 et seq. This section shall survive the termination of this contract.

**S. SUSPENSION OF SERVICES**

<b>Accept (Initial)</b>	<b>Reject (Initial)</b>	<b>Reject &amp; Provide Alternative within Solicitation Response (Initial)</b>	<b>NOTES/COMMENTS:</b>
BA			

DHHS may, at any time and without advance notice, require Contractor to suspend any or all activities provided under this Contract. A suspension may be the result of a reduction in federal or state funds, budget freeze, emergency, contract compliance issues, investigation, or other reasons not stated here.

In the event of such suspension, the DHHS Chief Operating Officer/Contract Administrator or designee will issue a written Stop Work Order to the Contractor. The Stop Work Order will specify which activities are to be immediately suspended, the reason(s) for the suspension, and, if possible, the known duration period of the suspension.

Upon receipt of the Stop Work Order, the Contractor shall immediately comply with its terms and take all necessary steps to minimize the incurrence of costs allocable to the work affected by the order during the period of suspension.

The DHHS Chief Operating Officer/Contract Administrator or designee may extend the duration of the suspension by issuing a modified Stop Work Order which states the new end date of the suspension and the reason for the extension.

The suspended activity may resume when (i) the suspension period identified in the Stop Work Order has ended or (ii) when the DHHS Chief Operating Officer/Contract Administrator or designee has issued a formal written notice cancelling the Stop Work Order or directing Contractor to resume partial services.

**T. EARLY TERMINATION**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The contract may be terminated as follows:

1. The State and the Contractor, by mutual written agreement, may terminate the contract at any time.
2. The State, in its sole discretion, may terminate the contract for any reason upon thirty (30) calendar day's written notice to the Contractor. Such termination shall not relieve the Contractor of warranty or other service obligations incurred under the terms of the contract. In the event of termination the Contractor shall be entitled to payment, determined on a pro rata basis, for products or services satisfactorily performed or provided.
3. The State may terminate the contract immediately for the following reasons:
  - a. if directed to do so by statute;
  - b. Contractor has made an assignment for the benefit of creditors, has admitted in writing its inability to pay debts as they mature, or has ceased operating in the normal course of business;
  - c. a trustee or receiver of the Contractor or of any substantial part of the Contractor's assets has been appointed by a court;

- d. fraud, misappropriation, embezzlement, malfeasance, misfeasance, or illegal conduct pertaining to performance under the contract by its Contractor, its employees, officers, directors, or shareholders;
- e. an involuntary proceeding has been commenced by any Party against the Contractor under any one of the chapters of Title 11 of the United States Code and (i) the proceeding has been pending for at least sixty (60) calendar days; or (ii) the Contractor has consented, either expressly or by operation of law, to the entry of an order for relief; or (iii) the Contractor has been decreed or adjudged a debtor;
- f. a voluntary petition has been filed by the Contractor under any of the chapters of Title 11 of the United States Code;
- g. Contractor intentionally discloses confidential information;
- h. Contractor has or announces it will discontinue support of the deliverable; and,
- i. In the event funding is no longer available.

**U. CONTRACT CLOSEOUT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
ORH			

Upon contract closeout for any reason the Contractor shall within 30 days, unless stated otherwise herein:

1. Transfer all completed or partially completed deliverables to the State;
2. Transfer ownership and title to all completed or partially completed deliverables to the State;
3. Return to the State all information and data, unless the Contractor is permitted to keep the information or data by contract or rule of law. Contractor may retain one copy of any information or data as required to comply with applicable work product documentation standards or as are automatically retained in the course of Contractor's routine back up procedures;
4. Cooperate with any successor Contractor, person or entity in the assumption of any or all of the obligations of this contract;
5. Cooperate with any successor Contractor, person or entity with the transfer of information or data related to this contract;
6. Return or vacate any state owned real or personal property; and,
7. Return all data in a mutually acceptable format and manner.

Nothing in this Section should be construed to require the Contractor to surrender intellectual property, real or personal property, or information or data owned by the Contractor for which the State has no legal claim.

**III. CONTRACTOR DUTIES**

**A. INDEPENDENT CONTRACTOR / OBLIGATIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BH			

It is agreed that the Contractor is an independent contractor and that nothing contained herein is intended or should be construed as creating or establishing a relationship of employment, agency, or a partnership.

The Contractor is solely responsible for fulfilling the contract. The Contractor or the Contractor's representative shall be the sole point of contact regarding all contractual matters.

The Contractor shall secure, at its own expense, all personnel required to perform the services under the contract. The personnel the Contractor uses to fulfill the contract shall have no contractual or other legal relationship with the State; they shall not be considered employees of the State and shall not be entitled to any compensation, rights or benefits from the State, including but not limited to, tenure rights, medical and hospital care, sick and vacation leave, severance pay, or retirement benefits.

By-name personnel commitments made in the Contractor's proposal shall not be changed without the prior written approval of the State. Replacement of these personnel, if approved by the State, shall be with personnel of equal or greater ability and qualifications.

All personnel assigned by the Contractor to the contract shall be employees of the Contractor or a subcontractor, and shall be fully qualified to perform the work required herein. Personnel employed by the Contractor or a subcontractor to fulfill the terms of the contract shall remain under the sole direction and control of the Contractor or the subcontractor respectively.

With respect to its employees, the Contractor agrees to be solely responsible for the following:

1. Any and all pay, benefits, and employment taxes and/or other payroll withholding;
2. Any and all vehicles used by the Contractor's employees, including all insurance required by state law;
3. Damages incurred by Contractor's employees within the scope of their duties under the contract;
4. Maintaining Workers' Compensation and health insurance that complies with state and federal law and submitting any reports on such insurance to the extent required by governing law.

5. Determining the hours to be worked and the duties to be performed by the Contractor's employees; and,
6. All claims on behalf of any person arising out of employment or alleged employment (including without limit claims of discrimination alleged against the Contractor, its officers, agents, or subcontractors or subcontractor's employees).

If the Contractor intends to utilize any subcontractor, the subcontractor's level of effort, tasks, and time allocation should be clearly defined in the bidder's proposal. The Contractor shall agree that it will not utilize any subcontractors not specifically included in its proposal in the performance of the contract without the prior written authorization of the State.

The State reserves the right to require the Contractor to reassign or remove from the project any Contractor or subcontractor employee.

Contractor shall insure that the terms and conditions contained in any contract with a subcontractor does not conflict with the terms and conditions of this contract.

The Contractor shall include a similar provision, for the protection of the State, in the contract with any subcontractor engaged to perform work on this contract.

**B. EMPLOYEE WORK ELIGIBILITY STATUS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
OK			

The Contractor is required and hereby agrees to use a federal immigration verification system to determine the work eligibility status of employees physically performing services within the State of Nebraska. A federal immigration verification system means the electronic verification of the work authorization program authorized by the Illegal Immigration Reform and Immigrant Responsibility Act of 1996, 8 U.S.C. 1324a, known as the E-Verify Program, or an equivalent federal program designated by the United States Department of Homeland Security or other federal agency authorized to verify the work eligibility status of an employee.

If the Contractor is an individual or sole proprietorship, the following applies:

1. The Contractor must complete the United States Citizenship Attestation Form, available on the Department of Administrative Services website at <http://das.nebraska.gov/materiel/purchasing.html>.
2. The completed United States Attestation Form should be submitted with the RFP response.

3. If the Contractor indicates on such attestation form that he or she is a qualified alien, the Contractor agrees to provide the US Citizenship and Immigration Services documentation required to verify the Contractor’s lawful presence in the United States using the Systematic Alien Verification for Entitlements (SAVE) Program.
4. The Contractor understands and agrees that lawful presence in the United States is required and the Contractor may be disqualified or the contract terminated if such lawful presence cannot be verified as required by Neb. Rev. Stat. §4-108.

**C. COMPLIANCE WITH CIVIL RIGHTS LAWS AND EQUAL OPPORTUNITY EMPLOYMENT / NONDISCRIMINATION (Statutory)**

The Contractor shall comply with all applicable local, state, and federal statutes and regulations regarding civil rights laws and equal opportunity employment. The Nebraska Fair Employment Practice Act prohibits Contractors of the State of Nebraska, and their subcontractors, from discriminating against any employee or applicant for employment, with respect to hire, tenure, terms, conditions, compensation, or privileges of employment because of race, color, religion, sex, disability, marital status, or national origin (Neb. Rev. Stat. §48-1101 to 48-1125). The Contractor guarantees compliance with the Nebraska Fair Employment Practice Act, and breach of this provision shall be regarded as a material breach of contract. The Contractor shall insert a similar provision in all subcontracts for services to be covered by any contract resulting from this RFP.

**D. COOPERATION WITH OTHER CONTRACTORS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

Contractor may be required to work with or in close proximity to other contractors or individuals that may be working on same or different projects. The Contractor shall agree to cooperate with such other contractors or individuals, and shall not commit or permit any act which may interfere with the performance of work by any other contractor or individual. Contractor is not required to compromise Contractor’s intellectual property or proprietary information unless expressly required to do so by this contract.

**E. PERMITS, REGULATIONS, LAWS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:

BH			
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The contract price shall include the cost of all royalties, licenses, permits, and approvals, whether arising from patents, trademarks, copyrights or otherwise, that are in any way involved in the contract. The Contractor shall obtain and pay for all royalties, licenses, and permits, and approvals necessary for the execution of the contract. The Contractor must guarantee that it has the full legal right to the materials, supplies, equipment, software, and other items used to execute this contract.

**F. OWNERSHIP OF INFORMATION AND DATA / DELIVERABLES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
BH			

The State shall have the unlimited right to publish, duplicate, use, and disclose all information and data developed or obtained by the Contractor on behalf of the State pursuant to this contract.

The State shall own and hold exclusive title to any deliverable developed as a result of this contract. Contractor shall have no ownership interest or title, and shall not patent, license, or copyright, duplicate, transfer, sell, or exchange, the design, specifications, concept, or deliverable.

**G. INSURANCE REQUIREMENTS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
GHA			

The Contractor shall throughout the term of the contract maintain insurance as specified herein and provide the State a current Certificate of Insurance/Acord Form (COI) verifying the coverage. The Contractor shall not commence work on the contract until the insurance is in place. If Contractor subcontracts any portion of the contract the Contractor must, throughout the term of the contract, either:

1. Provide equivalent insurance for each subcontractor and provide a COI verifying the coverage for the subcontractor;

2. Require each subcontractor to have equivalent insurance and provide written notice to the State that the Contractor has verified that each subcontractor has the required coverage; or,
3. Provide the State with copies of each subcontractor's Certificate of Insurance evidencing the required coverage.

The Contractor shall not allow any subcontractor to commence work until the subcontractor has equivalent insurance. The failure of the State to require a COI, or the failure of the Contractor to provide a COI or require subcontractor insurance shall not limit, relieve, or decrease the liability of the Contractor hereunder.

In the event that any policy written on a claims-made basis terminates or is canceled during the term of the contract or within one (1) year of termination or expiration of the contract, the Contractor shall obtain an extended discovery or reporting period, or a new insurance policy, providing coverage required by this contract for the term of the contract and one (1) year following termination or expiration of the contract.

If by the terms of any insurance a mandatory deductible is required, or if the Contractor elects to increase the mandatory deductible amount, the Contractor shall be responsible for payment of the amount of the deductible in the event of a paid claim.

Notwithstanding any other clause in this contract, the State may recover up to the liability limits of the insurance policies required herein.

#### **1. WORKERS' COMPENSATION INSURANCE**

The Contractor shall take out and maintain during the life of this contract the statutory Workers' Compensation and Employer's Liability Insurance for all of the contractor's employees to be engaged in work on the project under this contract and, in case any such work is sublet, the Contractor shall require the subcontractor similarly to provide Worker's Compensation and Employer's Liability Insurance for all of the subcontractor's employees to be engaged in such work. This policy shall be written to meet the statutory requirements for the state in which the work is to be performed, including Occupational Disease. **The policy shall include a waiver of subrogation in favor of the State. The COI shall contain the mandatory COI subrogation waiver language found hereinafter.** The amounts of such insurance shall not be less than the limits stated hereinafter. For employees working in the State of Nebraska, the policy must be written by an entity authorized by the State of Nebraska Department of Insurance to write Workers' Compensation and Employer's Liability Insurance for Nebraska employees.

#### **2. COMMERCIAL GENERAL LIABILITY INSURANCE AND COMMERCIAL AUTOMOBILE LIABILITY INSURANCE**

The Contractor shall take out and maintain during the life of this contract such Commercial General Liability Insurance and Commercial Automobile Liability Insurance as shall protect Contractor and any subcontractor performing work covered by this contract from claims for damages for bodily injury, including death, as well as from claims for property damage, which may arise from operations under this contract, whether such operation be by the Contractor or by any subcontractor or by anyone directly or indirectly employed by either of them, and the amounts of such insurance shall not be less than limits stated hereinafter.

The Commercial General Liability Insurance shall be written on an **occurrence basis**, and provide Premises/Operations, Products/Completed Operations, Independent Contractors, Personal Injury, and Contractual Liability coverage. **The policy shall include the State, and others as required by the contract documents, ) as Additional Insured(s). This policy shall be primary, and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory. The COI shall contain the mandatory COI liability waiver language found hereinafter.** The Commercial Automobile Liability Insurance shall be written to cover all Owned, Non-owned, and Hired vehicles.

<b>REQUIRED INSURANCE COVERAGE</b>	
<b>COMMERCIAL GENERAL LIABILITY</b>	
General Aggregate	\$2,000,000
Products/Completed Operations Aggregate	\$2,000,000
Personal/Advertising Injury	\$1,000,000 per occurrence
Bodily Injury/Property Damage	\$1,000,000 per occurrence
Medical Payments	\$10,000 any one person
Damage to Rented Premises (Fire)	\$50,000 each occurrence
Contractual	Included
Independent Contractors	Included
Abuse & Molestation	Included
<i>If higher limits are required, the Umbrella/Excess Liability limits are allowed to satisfy the higher limit.</i>	
<b>WORKER'S COMPENSATION</b>	
Employers Liability Limits	\$500K/\$500K/\$500K
Statutory Limits- All States	Statutory - State of Nebraska
Voluntary Compensation	Statutory
<b>COMMERCIAL AUTOMOBILE LIABILITY</b>	
Bodily Injury/Property Damage	\$1,000,000 combined single limit
Include All Owned, Hired & Non-Owned Automobile liability	Included
Motor Carrier Act Endorsement	Where Applicable
<b>UMBRELLA/EXCESS LIABILITY</b>	
Over Primary Insurance	\$1,000,000 per occurrence
<b>COMMERCIAL CRIME</b>	
Crime/Employee Dishonesty Including 3rd Party Fidelity	\$100,000
<b>CYBER LIABILITY</b>	
Breach of Privacy, Security Breach, Denial of Service, Remediation, Fines and Penalties	\$2,000,000
<b>MANDATORY COI SUBROGATION WAIVER LANGUAGE</b>	
"Workers' Compensation policy shall include a waiver of subrogation in favor of the State of Nebraska."	
<b>MANDATORY COI LIABILITY WAIVER LANGUAGE</b>	

“Commercial General Liability & Commercial Automobile Liability policies shall name the State of Nebraska as an Additional Insured and the policies shall be primary and any insurance or self-insurance carried by the State shall be considered secondary and non-contributory as additionally insured.”

If the mandatory COI subrogation waiver language or mandatory COI liability waiver language on the COI states that the waiver is subject to, condition upon, or otherwise limit by the insurance policy, a copy of the relevant sections of the policy must be submitted with the COI so the State can review the limitations imposed by the insurance policy.

**3. EVIDENCE OF COVERAGE**

The Contractor shall furnish the Contract Manager, with a certificate of insurance coverage complying with the above requirements prior to beginning work at:

Department of Health and Human Services  
Attn: Permanency Administrator  
301 Centennial Mall S. 3<sup>rd</sup> floor  
Lincoln, NE 68509

These certificates or the cover sheet shall reference the RFP number, and the certificates shall include the name of the company, policy numbers, effective dates, dates of expiration, and amounts and types of coverage afforded. If the State is damaged by the failure of the Contractor to maintain such insurance, then the Contractor shall be responsible for all reasonable costs properly attributable thereto.

Reasonable notice of cancellation of any required insurance policy must be submitted to the contract manager as listed above when issued and a new coverage binder shall be submitted immediately to ensure no break in coverage.

**4. DEVIATIONS**

The insurance requirements are subject to limited negotiation. Negotiation typically includes, but is not necessarily limited to, the correct type of coverage, necessity for Workers’ Compensation, and the type of automobile coverage carried by the Contractor.

**H. ANTITRUST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The Contractor hereby assigns to the State any and all claims for overcharges as to goods and/or services provided in connection with this contract resulting from antitrust violations which arise under antitrust laws of the United States and the antitrust laws of the State.

**I. CONFLICT OF INTEREST**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

By submitting a proposal, bidder certifies that no relationship exists between the bidder and any person or entity which either is, or gives the appearance of, a conflict of interest related to this Request for Proposal or project.

Bidder further certifies that bidder will not employ any individual known by bidder to have a conflict of interest nor shall bidder take any action or acquire any interest, either directly or indirectly, which will conflict in any manner or degree with the performance of its contractual obligations hereunder or which creates an actual or appearance of conflict of interest.

If there is an actual or perceived conflict of interest, bidder shall provide with its proposal a full disclosure of the facts describing such actual or perceived conflict of interest and a proposed mitigation plan for consideration. The State will then consider such disclosure and proposed mitigation plan and either approve or reject as part of the overall bid evaluation.

**J. ADVERTISING**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The Contractor agrees not to refer to the contract award in advertising in such a manner as to state or imply that the company or its services are endorsed or preferred by the State. Any publicity releases pertaining to the project shall not be issued without prior written approval from the State.

**K. NEBRASKA TECHNOLOGY ACCESS STANDARDS (Statutory)**

Contractor shall review the Nebraska Technology Access Standards, found at <http://nitc.nebraska.gov/standards/2-201.html> and ensure that products and/or services provided

under the contract are in compliance or will comply with the applicable standards to the greatest degree possible. In the event such standards change during the Contractor's performance, the State may create an amendment to the contract to request the contract comply with the changed standard at a cost mutually acceptable to the parties.

**L. DISASTER RECOVERY/BACK UP PLAN**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
OK			

The Contractor shall have a disaster recovery and back-up plan, of which a copy should be provided upon request to the State, which includes, but is not limited to equipment, personnel, facilities, and transportation, in order to continue services as specified under the specifications in the contract in the event of a disaster.

**M. DRUG POLICY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
OK			

Contractor certifies it maintains a drug free work place environment to ensure worker safety and workplace integrity. Contractor agrees to provide a copy of its drug free workplace policy at any time upon request by the State.

**N. WARRANTY**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within Solicitation Response (Initial)	NOTES/COMMENTS:
OK			

Despite any clause to the contrary, the Contractor represents and warrants that its services hereunder shall be performed by competent personnel and shall be of professional quality

consistent with generally accepted industry standards for the performance of such services and shall comply in all respects with the requirements of this Agreement. For any breach of this warranty, the Contractor shall, for a period of ninety (90) days from performance of the service, perform the services again, at no cost to the State or if Contractor is unable to perform the services as warranted, Contractor shall reimburse the State all fees paid to Contractor for the unsatisfactory services. The rights and remedies of the parties under this warranty are in addition to any other rights and remedies of the parties provided by law or equity, including, without limitation actual damages, and, as applicable and awarded under the law, to a prevailing party, reasonable attorneys' fees and costs.

**IV. PAYMENT**

**A. PROHIBITION AGAINST ADVANCE PAYMENT (Statutory)**

Neb. Rev. Stat. §§81-2403 states, "no goods or services shall be deemed to be received by an agency until all such goods or services are completely delivered and finally accepted by the agency."

**B. TAXES (Statutory)**

The State is not required to pay taxes and assumes no such liability as a result of this solicitation. The Contractor may request a copy of the Nebraska Department of Revenue, Nebraska Resale or Exempt Sale Certificate for Sales Tax Exemption, Form 13 for their records. Any property tax payable on the Contractor's equipment which may be installed in a state-owned facility is the responsibility of the Contractor.

**C. INVOICES**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

Invoices for payments must be submitted by the Contractor to the agency requesting the services with sufficient detail to support payment. Invoices shall include at a minimum family name, number of direct hours with family, number of indirect hours to complete the home study, home address where study was performed, date of initial referral, date of study completion, and number of visits to home. The terms and conditions included in the Contractor's invoice shall be deemed to be solely for the convenience of the parties. No terms or conditions of any such invoice shall be binding upon the State, and no action by the State, including without limitation the payment of any such invoice in whole or in part, shall be construed as binding or estopping the State with respect to any such term or condition, unless the invoice term or condition has been previously agreed to by the State as an amendment to the contract.

**D. INSPECTION AND APPROVAL**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

Final inspection and approval of all work required under the contract shall be performed by the designated State officials.

The State and/or its authorized representatives shall have the right to enter any premises where the Contractor or subcontractor duties under the contract are being performed, and to inspect, monitor or otherwise evaluate the work being performed. All inspections and evaluations shall be at reasonable times and in a manner that will not unreasonably delay work.

**E. PAYMENT**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

State will render payment to Contractor when the terms and conditions of the contract and specifications have been satisfactorily completed on the part of the Contractor as solely determined by the State. (Neb. Rev. Stat. §73-506(1)) Payment will be made by the responsible agency in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408). The State may require the Contractor to accept payment by electronic means such as ACH deposit. In no event shall the State be responsible or liable to pay for any services provided by the Contractor prior to the Effective Date of the contract, and the Contractor hereby waives any claim or cause of action for any such services.

**F. LATE PAYMENT (Statutory)**

The Contractor may charge the responsible agency interest for late payment in compliance with the State of Nebraska Prompt Payment Act (See Neb. Rev. Stat. §81-2401 through 81-2408).

**G. SUBJECT TO FUNDING / FUNDING OUT CLAUSE FOR LOSS OF APPROPRIATIONS**

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The State's obligation to pay amounts due on the contract for a fiscal years following the current fiscal year is contingent upon legislative appropriation of funds. Should said funds not be appropriated, the State may terminate the contract with respect to those payments for the fiscal

year(s) for which such funds are not appropriated. The State will give the Contractor written notice thirty (30) calendar days prior to the effective date of termination. All obligations of the State to make payments after the termination date will cease. The Contractor shall be entitled to receive just and equitable compensation for any authorized work which has been satisfactorily completed as of the termination date. In no event shall the Contractor be paid for a loss of anticipated profit.

**H. RIGHT TO AUDIT (First Paragraph is Statutory)**

The State shall have the right to audit the Contractor's performance of this contract upon a 30 days' written notice. Contractor shall utilize generally accepted accounting principles, and shall maintain the accounting records, and other records and information relevant to the contract (Information) to enable the State to audit the contract. The State may audit and the Contractor shall maintain, the Information during the term of the contract and for a period of five (5) years after the completion of this contract or until all issues or litigation are resolved, whichever is later. The Contractor shall make the Information available to the State at Contractor's place of business or a location acceptable to both Parties during normal business hours. If this is not practical or the Contractor so elects, the Contractor may provide electronic or paper copies of the Information. The State reserves the right to examine, make copies of, and take notes on any Information relevant to this contract, regardless of the form or the Information, how it is stored, or who possesses the Information. Under no circumstance will the Contractor be required to create or maintain documents not kept in the ordinary course of Contractor's business operations, nor will Contractor be required to disclose any information, including but not limited to product cost data, which is confidential or proprietary to Contractor.

Accept (Initial)	Reject (Initial)	Reject & Provide Alternative within RFP Response (Initial)	NOTES/COMMENTS:
			

The Parties shall pay their own costs of the audit unless the audit finds a previously undisclosed overpayment by the State. If a previously undisclosed overpayment exceeds one-half of one percent (.5%) of the total contract billings, or if fraud, material misrepresentations, or non-performance is discovered on the part of the Contractor, the Contractor shall reimburse the State for the total costs of the audit. Overpayments and audit costs owed to the State shall be paid within ninety days of written notice of the claim. The Contractor agrees to correct any material weaknesses or condition found as a result of the audit.





State of Nebraska, Department of Administrative Services, Materiel Division, State Purchasing Bureau  
Foster and Adoptive Parent Home Study Services  
Request for Proposal Number 6126 Z1  
Child Saving Institute

**G. BIDDER REQUIREMENTS**

1.	Describe the plan to recruit, train, and supervise staff who are knowledgeable about the unique needs of foster and adoptive children and families.
	<p>Bidder Response:</p> <p>Child Saving Institute (CSI) maintains a foster care team that consists of 4-5 full-time foster care specialists with a dedicated full-time foster care supervisor; 2-3 full-time foster care licensing specialists, 1 adoption specialist, and 2-3 part-time foster care recruiters and training specialists all under the supervision of a dedicated full-time foster care licensing and adoption supervisor.</p> <p>Child Saving Institute has long-standing relationships with the School of Social Work at the University of Nebraska at Omaha, the social work program at Creighton University, and the College of St. Mary; where CSI provides high- quality practicum experiences for their students. CSI has been able to positively recruit students as a result of these relationships.</p> <p>Applicants for all positions being filled at Child Saving Institute must prove their educational and employment experience match the needs of CSI. Additionally, all new hires at CSI undergo and complete a new hire training process where they are oriented to the agency history, policies and procedures, mandatory reporting requirements, release of information and case specific communication standards and expectations, best-practice expectations of their position, and case file documentation standards and expectations. New hires receive one-on-one training with their assigned supervisor, where the supervisor attends home visits, family team meetings, and other case specific meetings to model, teach and observe the new staff in their learning environment. Supervisors are required to create a training plan for each new hire. This training plan is expected to be detailed and ensure that the new hire receives the knowledge and skills necessary to be able to perform their position successfully. For members of the foster care team, this includes specific trainings around Trauma Informed Care, Reasonable and Prudent Parenting Standards, Stages of Child Development, Human Trafficking, ICWA/MEPA/IEPA, attachment disorders, ACES, verbal de-escalation, Child Abuse 101 and Child Abuse 201, Trust Base Relational Intervention Theories (TBRI), and Circle of Security, etc. Supervisors are expected to research available community trainings in addition to internal training opportunities to ensure a well-rounded approach has been taken to help ensure all of our staff are adequately prepared to serve the children and families within our community. The training plan is completed initially during the first 30-days of employment, then reviewed regularly throughout the first 6 months of</p>

employment with goals and benchmarks being established on the plan. The plan is then evaluated and reviewed again at 12 months for final completion. Additionally, during the first 90-days of employment, all new hires complete a self-evaluation to assess their level of comfortability in their position. Supervisors also complete a 90-day evaluation on the new hire to assess the staff member's proficiency in their position is meeting the needs of the agency. The two evaluations are reviewed and any needed performance corrective measures are documented at that time.

CSI maintains a full-time foster care supervisor who directly supervises the foster care specialists. Foster care specialists provide support to foster children and foster families associated with CSI. This support includes education, modeling, role playing, de-escalating, answering questions and or making referrals on their behalf, communicating to the professional team on their behalf, etc. The CSI foster children and families have 24/7 emergency crisis response available through the use of an on-call system, where CSI supervisors are on-call to provide support or to coordinate any needed support.

Foster care licensing specialists are responsible to license family homes who have completed the Tips-Mapp curriculum. They complete the initial home study and complete the renewal home studies. When a family moves or has a change to their household status, they also complete the addendum requirements.

The CSI foster care trainers are responsible to train the Tips-Mapp curriculum to all new incoming families interested in becoming a foster family. They also recruit families by hosting bi-monthly foster care orientation sessions where families can have their questions answered to determine if they want to move forward and start the Tips-Mapp class. The trainers also host quarterly foster care appreciation events where the families being supported by CSI are all invited to attend. This networking aids in retention of homes. Additionally, the trainers arrange bi-monthly training sessions for CSI supported homes. This training assists foster parents in easily obtaining CEU's and the topics are selected specifically around the needs of fostering. For example, topics have included Human Trafficking, Explosive Disorders, Healthy Boundaries, Attachment Disorders, Navigating the IEP process, etc.

The adaption specialist is responsible to complete the adoptive home study when a family and child have been matched. The adoption specialist has been trained in Darla Henry's 3-5-7 Adaption Preparation Model. This model is a therapeutic best practice where the adoption specialist works one-on-one with the child and the identified adoptive parents to ensure each is prepared for adaption. Through these interactions the adaption specialist will educate and support everyone involved in the life-long unity.

All foster care team members each receive bi-weekly supervision with their assigned supervisor, team meetings one-time per month, and Department meetings one-time per month. CSI uses Reflective Supervision, which is an approach to supervision that aids in ensuring each staff continues to learn and grow from their work experiences.

	<p>Supervisors are also expected to conduct regular file inspections to ensure all necessary file documentation is being completed and captured properly.</p> <p>Through the use of a dedicated foster core supervisor and a dedicated foster care licensing and adoption supervisor, this ensures the staff receive the necessary level of supervision and support to ensure high-quality outcomes for the children and families served by CSI.</p>
2.	<p>Describe bidder's approach to maintaining confidentiality of families and demonstrate the ability to ensure adequate data collection, management and reporting. Describe how bidder will comply with confidentiality requirements and collaboration with DHHS.</p> <p>Bidder Response:</p> <p>Child Saving Institute (CSI) takes client rights and client confidentiality very seriously. All CSI staff receive training from the CSI Risk Manager during the new hire training and receive regular reminders and mini-trainings. Confidentiality is monitored through supervisor file reviews, and through our agency-wide quarterly Case Record Review. Additionally, supervisors also receive training from the CSI contracted attorney on the importance of confidentiality and how to ensure confidentiality is maintained. CSI has strict policies and procedures around client rights and confidentiality. In the event someone is found to be in violation of the policy or procedure, there is a discipline process already determined for this type of violation.</p> <p>CSI has a very sophisticated data collection, management, and reporting process. CSI maintains electronic client records, through a program called Evolv. CSI has a full-time CQI and Data Coordinator who monitors and manages the data in Evolv. This monitoring then results in quarterly Continuous Quality Improvement where the Leadership team reviews the CQI report provided by the CQI and Data Coordinator. This review then equates into Program Improvement Plans where any needed areas of improvement are identified and planned for. All results are shared with the Executive Team and Board on a quarterly basis where they also monitor and ensure improvements. CSI has received accolades from the Council On Accreditation (COA) on the level of sophistication and accuracy of our CQI process and reporting.</p>
3.	<p>Describe how bidder will meet the timeframes specified in sections V.D.</p> <p>Bidder Response:</p> <p>Child Saving Institute (CSI) will work to ensure at least 90 percent of all completed home studies are completed within 45 days of referral.</p> <p>CSI will use a dedicated bachelor level adoption specialist who has been trained in the 3-5-7 adoption preparation model to complete all adoptive home studies. Additionally, one of the CSI foster care specialists will support a caseload of only kinship families. This person will be dedicated to complete any kinship home study referrals received by CSI. Lastly, CSI will utilize bachelor level foster care licensing specialists, who primarily write initial licensing home studies for new foster care</p>

	<p>families, to serve as backup support and assist with all home studies in the event that the timeframes become a concern.</p> <p>CSI will utilize our Human Resources support staff to complete the OneSource National Background checks, the in-state CPS/APS, and the Sex-Offender registry checks. By utilization of support staff to complete the background checks, this will allow more time for the specialists to conduct the in-person interviews with each child and family (no less than 2 visits) to complete the home study within the contractual expectations.</p> <p>CSI has been contracted with DHHS for many years to provide foster care and adoption services, inclusive of training, licensing, renewing, and supporting homes. CSI will continue to provide the quality services that our great reputation is built on. CSI will continue to comply with all regulations.</p>
4.	<p>Identify and describe the questions that will be asked of the family or individual during the Home Study process for foster care placement.</p> <p>Bidder Response:</p> <p>Please refer to the attached Home Study template and guidebook.</p>
5.	<p>Identify and describe the questions that will be asked of the family or individual during the adoption Home Study process.</p> <p>Bidder Response:</p> <p>Please refer to the attached Home Study template and guidebook.</p>
6.	<p>Identify how bidder will discuss the 7 Core Issues of Adoption with the family or individual when writing an Adoption Home Study: Loss, Rejection, Guilt and Shame, Grief, Identity, Intimacy, and Mastery/control.</p> <p>Bidder Response:</p> <p>The Child Saving Institute (CSI) adoption specialist is responsible to complete the adoptive home study when a family and child have been matched. The adoption specialist has been trained in Darla Henry's 3-5-7 Adoption Preparation Model. This model is a therapeutic best practice where the adoption specialist works one-on-one with the child and the identified adoptive parents to ensure each is prepared for adoption. The 7 Core Issues of Adoption are woven into the model with specific activities for the adoption specialist to conduct with the child and family during interactions together. Through these interactions the adoption specialist will educate and support everyone involved in the life-long unity.</p>
7.	<p>Describe how the home study will include information about the family or individual(s) criminal history including but not limited to all background checks as required per 395 NAC Chapter 3 <a href="http://www.sos.ne.gov/rules-and-">http://www.sos.ne.gov/rules-and-</a></p>

[regs/regresearch/Rules/Health and Human Services System/Title-395/Chapter-03.pdf](#) .

Bidder Response:

Child Saving Institute (CSI) will complete all necessary background checks as required by 395 NAC Chapter 3. CSI uses OneSource for all out-of-State National checks. Please refer to the home study template and guidebook for further information.

8.

For each Service Area, bidder should provide the methodology used to establish the "per home study" cost in the table below which includes but is not limited to personnel costs, travel expenses, and administrative costs.

Methodology used to determine base cost.	ESA	NSA	SESA	CSA	WSA
Direct Support Salaries	37.80%	%	%	%	%
Supervision Salaries	7.70%	%	%	%	%
Payroll Taxes and Benefits	13.65%	%	%	%	%
Background Checks	24.80%	%	%	%	%
Local Travel to Clients	6.95%	%	%	%	%
Indirect Costs	9.10%	%	%	%	%
Total	100 %	100 %	100 %	100 %	100 %

Bidder Response:

Direct Support Salaries: Cost per employee at an average of 10 hours per home study;

Supervision Salaries: Cost per employee at an average of 2 hours per home study;

Payroll Taxes and Benefits: Estimated 30 percent of total salaries;

Background Checks: Estimated \$71.33 per background check, assuming 2 background checks per home study;

Local Travel to Clients: Estimated 3 Trips at 13.33 miles 1 way;

Indirect Costs: All other costs associated with performing the home study such as computer software, office supplies, physical assets used by staff to perform their job, telephones, staff training and development, etc. Child Saving Institute uses a flat rate of 18 percent for indirect cost estimates.



State of Nebraska, Department of Administrative  
Services, Materiel Division, State Purchasing Bureau  
Foster and Adoptive Parent Home Study Services  
Request for Proposal Number 6126 Z1  
Child Saving Institute

## **VI. PROPOSAL INSTRUCTIONS**

This section documents the requirements that should be met by bidders in preparing the Technical and Cost Proposal. Failure to respond to a specific requirement may be the basis for elimination from consideration during the State's comparative evaluation.

Proposals are due by the date and time shown in the Schedule of Events. Content requirements for the Technical and Cost Proposal are presented separately in the following subdivisions; format and order:

### **A. PROPOSAL SUBMISSION**

#### **1. CORPORATE OVERVIEW**

The Corporate Overview section of the Technical Proposal should consist of the following subdivisions:

##### **a. Bidder Identification and Information**

**The bidder should provide the full company or corporate name, address of the company's headquarters, entity organization (corporation, partnership, proprietorship), state in which the bidder is incorporated or otherwise organized to do business, year in which the bidder first organized to do business and whether the name and form of organization has changed since first organized.**

Child Saving Institute, Inc. (CSI) is a public charity, determined by the Internal Revenue Service (IRS) as a 501(c)(3) organization, headquartered in Omaha, Nebraska. Located at 4545 Dodge Street, Omaha, Nebraska 68132, CSI serves primarily Douglas, Sarpy, and Cass counties.

CSI traces its origins to 1892 and the work of Rev. A.W. Clark and his wife, Sarah. It was originally called the Boys' and Girls' Aid Society of Omaha. In 1913, the board invited the National Benevolent Association (NBA) of the Christian Church (Disciples of Christ) to assume control of CSI. CSI was part of the NBA family until September 2002 whereupon CSI was incorporated in Nebraska as a Nebraska nonprofit organization as Children of Nebraska, Inc. before reverting to Child Saving Institute, Inc. in December 2002.

##### **b. Financial Statements**

**The bidder should provide financial statements applicable to the firm. If publicly held, the bidder should provide a copy of the corporation's most recent audited financial reports and statements, and the name, address, and telephone number of the fiscally responsible representative of the bidder's financial or banking organization.**

**If the bidder is not a publicly held corporation, either the reports and statements required of a publicly held corporation, or a description of the organization, including size,**

**longevity, client base, areas of specialization and expertise, and any other pertinent information, should be submitted in such a manner that proposal evaluators may reasonably formulate a determination about the stability and financial strength of the organization. Additionally, a non-publicly held firm should provide a banking reference.**

**The bidder must disclose any and all judgments, pending or expected litigation, or other real or potential financial reversals, which might materially affect the viability or stability of the organization, or state that no such condition is known to exist.**

**The State may elect to use a third party to conduct credit checks as part of the corporate overview evaluation.**

Child Saving Institute's (CSI) Fiscally Responsible Representative of Financial / Banking Organization is:

First National Bank of Omaha  
Donald L. Erikson  
Vice President of Commercial Banking  
11404 West Dodge Road, Stop 4250  
Omaha, Nebraska 68154  
402-602-3516  
derikson@fnni.com

Please find the Child Saving Institute 2018 audited financials attached.

Please find the Child Saving Institute 2018 annual report attached.

CSI is not party to judgments, pending or expected litigation, or other real or potential financial reversals.

**c. Change Of Ownership**

**If any change in ownership or control of the company is anticipated during the twelve (12) months following the proposal due date, the bidder should describe the circumstances of such change and indicate when the change will likely occur. Any change of ownership to an awarded vendor(s) will require notification to the State.**

There is no anticipated change in ownership or control of the Child Saving Institute during the twelve months following the proposal due date.

**d. Office Location**

**The bidder's office location responsible for performance pursuant to an award of a contract with the State of Nebraska should be identified.**

Child Saving Institute, Inc. (CSI) is headquartered in Omaha, Nebraska and located at 4545 Dodge Street, Omaha, Nebraska 68132. CSI serves primarily Douglas, Sarpy, and Cass counties.

**e. Relationships With The State**

**The bidder should describe any dealings with the State over the previous five (5) years. If the organization, its predecessor, or any Party named in the bidder's proposal response has contracted with the State, the bidder should identify the contract number(s) and/or any other information available to identify such contract(s). If no such contracts exist, so declare.**

During the past five years, Child Saving Institute (CSI) has had multiple contracts with the Nebraska Department of Health and Human Services (DHHS) to provide services to youth and families involved in the child welfare system. Services provided under contract or through letters of agreement with DHHS include foster care, emergency shelter, adoption family recruitment (Heart Gallery), visitation and relinquishment counseling.

Additionally, in June 2019 CSI submitted a Request for Qualification (RFQ) for In-Home Parenting Skills Services, RFQ Number 100779 Z6.

**f. Bidder's Employee Relations To State**

**If any Party named in the bidder's proposal response is or was an employee of the State within the past twelve (12) months, identify the individual(s) by name, State agency with whom employed, job title or position held with the State, and separation date. If no such relationship exists or has existed, so declare.**

**If any employee of any agency of the State of Nebraska is employed by the bidder or is a subcontractor to the bidder, as of the due date for proposal submission, identify all such persons by name, position held with the bidder, and position held with the State (including job title and agency). Describe the responsibilities of such persons within the proposing organization. If, after review of this information by the State, it is determined that a conflict of interest exists or may exist, the bidder may be disqualified from further consideration in this proposal. If no such relationship exists, so declare.**

Child Saving Institute declares that the parties named in this proposal have not been employees of the State within the past sixty (60) months or five (5) years.

**g. Contract Performance**

**If the bidder or any proposed subcontractor has had a contract terminated for default during the past five (5) years, all such instances must be described as required below. Termination for default is defined as a notice to stop performance delivery due to the bidder's non-performance or poor performance, and the issue was either not litigated due to inaction on the part of the bidder or litigated and such litigation determined the bidder to be in default.**

**It is mandatory that the bidder submit full details of all termination for default experienced during the past five (5) years, including the other Party's name, address, and telephone number. The response to this section must present the bidder's position on the matter. The State will evaluate the facts and will score the bidder's proposal accordingly. If no such termination for default has been experienced by the bidder in the past five (5) years, so declare.**

**If at any time during the past five (5) years, the bidder has had a contract terminated for convenience, non-performance, non-allocation of funds, or any other reason, describe fully all circumstances surrounding such termination, including the name and address of the other contracting Party.**

Child Saving Institute (CSI) has not had a contract terminated for default, convenience, non-performance, non-allocation of funds, or for any other reasons during the past five (5) years. CSI has maintained a solid ability to comply in full with all regulations, contracts and agreements.

**h. Summary of Bidder's Corporate Experience**

**The bidder should provide a summary matrix listing the bidder's previous projects similar to this RFP in size, scope, and complexity. The State will use no more than three (3) narrative project descriptions submitted by the bidder during its evaluation of the proposal.**

**The bidder should address the following:**

- i. Provide narrative descriptions to highlight the similarities between the bidder's experience and this RFP. These descriptions should include:**
  - a. The time period of the project;**
  - b. The scheduled and actual completion dates;**
  - c. The Contractor's responsibilities;**
  - d. For reference purposes, a customer name (including the name of a contact person, a current telephone number, a facsimile number, and e-mail address); and,**
  - e. Each project description should identify whether the work was performed as the prime Contractor or as a subcontractor. If a bidder performed as the prime Contractor, the description should provide the originally scheduled completion date and budget, as well as the actual (or currently planned) completion date and actual (or currently planned) budget.**
- ii. Contractor and subcontractor(s) experience should be listed separately. Narrative descriptions submitted for subcontractors should be specifically identified as subcontractor projects.**
- iii. If the work was performed as a subcontractor, the narrative description should identify the same information as requested for the Contractors above. In addition, subcontractors should identify what share of contract costs, project responsibilities, and time period were performed as a subcontractor.**

Child Saving Institute (CSI) is the lead and fiscal agent and provider of KidSquad, an early childhood mental health consultation program. KidSquad uses a framework of evidence-based practices to promote children's social and emotional development, prevent challenging behavior in early childhood programs, and provide individualized interventions to children with intensive behaviors. Through the KidSquad program, CSI has supported many DHHS-involved children struggling to maintain placement in their early childhood programs due to issues related to trauma. In 2018, KidSquad served 120 early

childhood education or childcare classrooms in Douglas and Sarpy counties and 95 individual children. 74 percent of the children were low income and received childcare subsidy through DHHS, and 25 percent of the children had DHHS involvement through child protective services.

CSI also provides outpatient mental health services to children and youth who have experienced trauma using a variety of therapeutic interventions which are based on evidence-based practice and clinical practice guidelines. Service modalities include child parent psychotherapy (CPP), trauma-focused cognitive behavioral therapy (TF-CBT), dialectical behavior therapy, parent child interaction therapy, play therapy, Circle of Security Parenting, eye movement desensitization and reprocessing, and adoption competent therapy.

When implementing evidence-based models and practices, it is key that services are provided with fidelity. The first step to fidelity is to identify a model that meets the needs and cultural characteristics of the client and/or population served. For example, for KidSquad CSI identified the Pyramid Model for Supporting Social Emotional Competence in Infants and Young Children. The foundational practices of the Teaching Pyramid are well researched, developmentally appropriate and culturally responsive. Secondly, CSI ensures that the staff providing the models and services are well-trained in the model being utilized and have on-going supervision and coaching by a supervisor also trained in the model. Thirdly, through supervision and file reviews CSI ensures that staff are implementing models and services as designed and follow any sequence set forth within the models. Lastly, CSI has a rigorous continual quality improvement process for collecting data for quality outcomes and ensuring the program and model continue to meet the needs of clients and improve their circumstances.

CSI's KidSquad program is a multi-agency collaboration that utilizes a third party evaluator, the Interdisciplinary Center for Program Evaluation of the University of Nebraska Medical Center's Monroe-Meyer Institute (MMI). KidSquad is a multi-agency program that includes Child Saving Institute, Lutheran Family Services, Heartland Family Services, Center for Holistic Development, Region 6 Behavioral Healthcare and MMI. In 2018, KidSquad provided services in 120 classrooms throughout Douglas and Sarpy counties. The evaluation process set forth by MMI includes pre-post assessment data on each classroom and pre-post assessment data for each child served. Client satisfaction surveys are collected quarterly and annually. Staff from each agency are required, with client consent and releases of information, to submit data in a timely manner to MMI. MMI utilizes fidelity-trained evaluators to complete classroom observations both pre- and post-service. As the lead and fiscal agent of KidSquad, CSI facilitates a Leadership Team that includes the agencies providing KidSquad services, the evaluation team, and community stakeholders. The KidSquad Leadership Team provides guidance for ensuring the evaluation process is continual, services are of high quality, and outcome data is used to inform improvement in services.

CSI has a Continual Quality Improvement (CQI) program that evaluates the ability of its 14 programs, including KidSquad, to achieve strategic and programmatic goals, deliver

quality services, monitor performance and satisfaction, communicate results and identify improvements.

CSI is committed to providing services that are culturally responsive and trauma informed. Many of the children and youth served by CSI have experienced significant trauma. Service providers also support parents and caregivers who are experiencing a variety of challenges, including depression, substance misuse/abuse, a history of trauma, and other significant stressors like family or community violence. Additionally, CSI provides culturally responsive services to families from a variety of backgrounds. For example, in 2018, 58 percent of the children served by KidSquad came from minority backgrounds and 24 percent had a primary home language that was not English.

An important tool for being culturally responsive and trauma informed is to ensure services are child and family centered. This allows parents/caregivers and youth to share their cultural values and norms and service providers to intentionally adapt and respond to each child's strengths and needs.

CSI staff are trained to understand and teach others to understand how trauma and other stressors affect behavior. Service providers work to implement strategies to prevent and minimize the impact of trauma, poverty, and mental health disorders and increase access to mental health services for young children and their families. For example, KidSquad professionals assist teachers to create an environment that honors the diversity of students and helps children feel they belong.

Staff professional development is key to ensuring services are trauma-informed and culturally responsive. CSI dedicates funding to training each year and has developed strong community partnerships to support professional development of staff in this area. For example, in April of 2019, KidSquad collaborated with Buffett Institute to bring Dr. Rose Marie Allen to Omaha for one day of community training on the topic of implicit bias and two days of intensive training for program staff on this topic.

CSI is an authorized Medicaid provider and is credentialed by Nebraska Total Care, United Health Care, and WellCare.

CSI has extensive experience working with blended funding from private donors and foundations, Medicaid, United Way of the Midlands, Department of Health and Human Services, grants, and other sources. KidSquad, for example, receives funding through a philanthropic entity and United Way of the Midlands. Therapy services are funded via Medicaid (Nebraska Total Care, United Health Care, and WellCare), United Way of the Midlands, private donors, and others.

No Subcontractor projects listed. Though KidSquad is a lead fiscal agent of a service provided by other entities, all information provided was with regard to Child Saving Institute service provision.

**i. Summary of Bidder's Proposed Personnel/Management Approach**

**The bidder should present a detailed description of its proposed approach to the management of the project.**

**The bidder should identify the specific professionals who will work on the State's project if their company is awarded the contract resulting from this RFP. The names and titles of the team proposed for assignment to the State project should be identified in full, with a description of the team leadership, interface and support functions, and reporting relationships. The primary work assigned to each person should also be identified.**

**The bidder should provide resumes for all personnel proposed by the bidder to work on the project. The State will consider the resumes as a key indicator of the bidder's understanding of the skill mixes required to carry out the requirements of the RFP in addition to assessing the experience of specific individuals.**

**Resumes should not be longer than three (3) pages. Resumes should include, at a minimum, academic background and degrees, professional certifications, understanding of the process, and at least three (3) references (name, address, and telephone number) who can attest to the competence and skill level of the individual. Any changes in proposed personnel shall only be implemented after written approval from the State.**

Lona Verbrigghe, Director of Child Welfare Services for Child Saving Institute (CSI) will primarily oversee this project. Reporting to Ms. Verbrigghe are Becky Bounds, Foster Care Licensing and Adoption Supervisor and Sam Oyler, Foster Care Supervisor. Ms. Bounds and Ms. Oyler will directly supervise the staff responsible to write the home studies. As explained in the Bidder Requirements of this proposal, CSI will use an Adoption Specialist to complete the adoptive home studies; this position reports to Ms. Bounds. Additionally, there will be a foster care specialist who will complete the kinship home studies. This position reports to Ms. Oyler. Backup support will be provided by foster care licensing specialists to complete home studies during times of high demand. These positions are proficient in writing home studies as they write all initial new licensing home studies and renewal home studies for licensed homes. The foster care licensing specialists are supervised by Ms. Bounds. Additionally, the CSI Human Resources and support team will be utilized to complete all necessary background checks for the referred home studies.

Primary work assignments of identified staff for this project:

Lona Verbrigghe, Director of Child Welfare Services – provides oversight to 5 program areas and ensures all accrediting body and regulatory compliance is consistently met.

Becky Bounds, Foster Care Licensing and Adoption Supervisor – provides oversight to the foster care licensing specialists and ensures initial and renewal home studies meet and exceed expectations. Oversees, the CSI Tips-Mapp trainers and ensures all training and recruitment expectations are met. Oversees, the adoption and permanency specialists and ensures all contractual expectations are met. Provides direct management to the Nebraska Heart Gallery, and post-adoption services.

Sam Oyer, Foster Care Supervisor – provides oversight to the team of foster care specialists who support foster/kinship homes with placements.

Please find attached resumes for Lana Verbrigghe, Becky Bounds, and Sam Oyer.

**j. Subcontractors**

**If the bidder intends to subcontract any part of its performance hereunder, the bidder should provide:**

- i. name, address, and telephone number of the subcontractor(s);**
- ii. specific tasks for each subcontractor(s);**
- iii. percentage of performance hours intended for each subcontract; and**
- iv. total percentage of subcontractor(s) performance hours.**

**If the contractor chooses to subcontract, all subcontractors must be submitted and approved by DHHS prior to completing a Home Study.**

Child Saving Institute will not be subcontracting for the purposes of this proposal. The scope of work contained within this proposal will be conducted by Child Saving Institute.

**2. TECHNICAL APPROACH**

The technical approach section of the Technical Proposal should consist of the following subsections:

- a. Copy of license
- b. Copy of accreditation
- c. Bidder Requirements – section V.G;
- d. Draft Foster Care Home Study guidebook;
- e. Draft Adoption Home Study guidebook;
- f. Draft Foster Core Home Study template; and
- g. Draft Adoption Home Study template.

**Child Saving Institute, Inc.  
and Affiliate**

**Consolidated Financial Statements  
December 31, 2018, with Comparative Totals for 2017  
and Supplementary Information  
December 31, 2018**

**Together with Independent Auditor's Report**

# Child Saving Institute, Inc. and Affiliate

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## Independent Auditor's Report

To the Board of Directors  
Child Saving Institute, Inc. and Affiliate  
Omaha, Nebraska:

### Report on the Financial Statements

We have audited the accompanying consolidated financial statements of Child Saving Institute, Inc. and Affiliate (the Organization) which comprise the consolidated statement of financial position as of December 31, 2018, the related consolidated statements of activities, cash flows and functional expenses for the year then ended, and the related notes to the consolidated financial statements.

### Management's Responsibility for the Consolidated Financial Statements

Management is responsible for the preparation and fair presentation of these consolidated financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of consolidated financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these consolidated financial statements based on our audit. We conducted our audit in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the consolidated financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the consolidated financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the consolidated financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the consolidated financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the consolidated financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

### Opinion

In our opinion, the consolidated financial statements referred to above present fairly, in all material respects, the financial position of the Organization as of December 31, 2018, and the changes in its net assets and its cash flows for the year then ended in accordance with accounting principles generally accepted in the United States of America.

### Emphasis of Matter

As discussed in Note 14 to the consolidated financial statements, in 2018 the Organization adopted the Financial Accounting Standards Board Accounting Standards Update 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-for-Profit Entities*. Our opinion is not modified with respect to this matter.

### **Report on Summarized Comparative Information**

We have previously audited the Organization's 2017 consolidated financial statements, and we expressed an unmodified audit opinion on those audited consolidated financial statements in our report dated May 31, 2018. In our opinion, the summarized comparative information presented herein as of and for the year ended December 31, 2017, is consistent, in all material respects, with the audited consolidated financial statements from which it has been derived.

### **Other Matter**

Our audit was conducted for the purpose of forming an opinion on the consolidated financial statements as a whole. The consolidating information in Exhibits 1 through 3 is presented for purposes of additional analysis rather than to present the financial position, changes in net assets and cash flows of the individual organizations and is not a required part of the consolidated financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the consolidated financial statements. The consolidating information has been subjected to the auditing procedures applied in the audit of the consolidated financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the consolidated financial statements or to the consolidated financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the consolidated financial statements as a whole.

**SEIM JOHNSON, LLP.**

Omaha, Nebraska,  
June 3, 2019.

**Child Saving Institute, Inc. and Affiliate****Consolidated Statement of Financial Position  
December 31, 2018, with Comparative Totals for 2017**

	<u>2018</u>	<u>2017</u>
<b>ASSETS</b>		
Current assets:		
Cash and cash equivalents	\$ 477,648	741,627
Receivables -		
Accounts receivable, net of allowance for doubtful accounts of \$25,000 in 2018 and 2017	431,107	522,782
United Way - designated funds	85,800	105,200
Prepaid expenses and other	<u>112,922</u>	<u>126,938</u>
Total current assets	1,107,477	1,496,547
Investments, primarily assets limited as to use	10,363,665	10,890,380
Property held subject to life interest	909,000	909,000
Property and equipment, net	<u>5,320,387</u>	<u>5,641,819</u>
Total assets	<u>\$ 17,700,529</u>	<u>18,937,746</u>
<b>LIABILITIES AND NET ASSETS</b>		
Current liabilities:		
Accounts payable and accrued expenses	\$ 657,183	576,021
Use interest of beneficiary (deferred revenue)	<u>476,112</u>	<u>493,539</u>
Total liabilities	<u>1,133,295</u>	<u>1,069,560</u>
Net assets:		
Without donor restrictions -		
Designated by board for endowment	3,631,048	4,188,463
Undesignated	<u>6,185,630</u>	<u>6,872,690</u>
Total net assets without donor restrictions	9,816,678	11,061,153
With donor restrictions	<u>6,750,556</u>	<u>6,807,033</u>
Total net assets	<u>16,567,234</u>	<u>17,868,186</u>
Total liabilities and net assets	<u>\$ 17,700,529</u>	<u>18,937,746</u>

*See notes to consolidated financial statements*

## Child Saving Institute, Inc. and Affiliate

### Consolidated Statement of Activities For the Year Ended December 31, 2018, with Comparative Totals for 2017

	2018			2017 Total
	Without Donor Restrictions	With Donor Restrictions	Total	
<b>REVENUE, GAINS AND OTHER SUPPORT:</b>				
Public support received directly -				
General contributions	\$ 1,234,742	155,975	1,390,717	968,286
Bequests and trust income	514,258	982,959	1,497,217	2,178,254
Change in value of life interest	—	17,427	17,427	12,894
Public support received indirectly -				
Allocated by United Way of the Midlands	45,206	—	45,206	31,274
United Way designated donations	—	171,600	171,600	210,400
Other revenue and gains -				
Program service fees	4,960,959	—	4,960,959	4,953,587
Investment income, net of investment expense	241,295	202,101	443,396	320,822
Changes in unrealized gains and losses on investments, net	(414,648)	(485,483)	(900,111)	925,047
Other revenue	536,029	13,424	549,453	422,289
Total revenue, gains, and other support	<u>7,117,841</u>	<u>1,058,023</u>	<u>8,175,864</u>	<u>10,022,853</u>
Net assets released from restrictions -				
United Way	191,000	(191,000)	—	—
Program services and other	923,500	(923,500)	—	—
Total net assets released from restrictions	<u>1,114,500</u>	<u>(1,114,500)</u>	<u>—</u>	<u>—</u>
Total revenue, gains and other support, net	<u>8,232,341</u>	<u>(56,477)</u>	<u>8,175,864</u>	<u>10,022,853</u>
<b>EXPENSES:</b>				
Program services	7,398,781	—	7,398,781	7,022,481
Fundraising and development	844,850	—	844,850	743,085
Management and general	1,233,185	—	1,233,185	1,044,357
Total expenses	<u>9,476,816</u>	<u>—</u>	<u>9,476,816</u>	<u>8,809,923</u>
CHANGE IN NET ASSETS	(1,244,475)	(56,477)	(1,300,952)	1,212,930
NET ASSETS, beginning of year, as reclassified (see Note 14)	11,061,153	6,807,033	17,868,186	16,655,256
NET ASSETS, end of year	<u>\$ 9,816,678</u>	<u>6,750,556</u>	<u>16,567,234</u>	<u>17,868,186</u>

See notes to consolidated financial statements

## Child Saving Institute, Inc. and Affiliate

### Consolidated Statement of Cash Flows For the Year Ended December 31, 2018, with Comparative Totals for 2017

	<u>2018</u>	<u>2017</u>
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>		
Change in net assets	\$ (1,300,952)	1,212,930
Adjustments to reconcile the change in net assets to net cash provided by operating activities:		
Depreciation	430,718	427,753
Use interest of beneficiary (deferred revenue)	(17,427)	(12,894)
Change in unrealized gains and losses on investments, net	900,111	(925,047)
Donated securities	(259,093)	(44,119)
Proceeds from sale of donated securities	259,093	44,119
(Increase) decrease in current assets -		
Accounts receivable	91,675	189,529
United Way receivable	19,400	-
Prepaid expenses and other	14,016	(30,817)
Increase (decrease) in current liabilities -		
Accounts payable and accrued expenses	81,162	48,975
Net cash provided by operating activities	<u>218,703</u>	<u>910,429</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>		
Purchases of property and equipment	(109,286)	(206,337)
Deposits to investments, net	<u>(373,396)</u>	<u>(785,085)</u>
Net cash used in investing activities	<u>(482,682)</u>	<u>(991,402)</u>
<b>DECREASE IN CASH AND CASH EQUIVALENTS</b>	(263,979)	(80,973)
<b>CASH AND CASH EQUIVALENTS, beginning of year</b>	<u>741,627</u>	<u>822,600</u>
<b>CASH AND CASH EQUIVALENTS, end of year</b>	<u>\$ 477,648</u>	<u>741,627</u>
<b>SUPPLEMENTAL DISCLOSURE OF NON-CASH TRANSACTIONS:</b>		
Donated securities	<u>\$ 259,093</u>	<u>44,119</u>

*See notes to consolidated financial statements*

**Child Saving Institute, Inc. and Affiliate**

**Consolidated Statement of Functional Expenses**

**For the Year Ended December 31, 2018, with Comparative Totals for 2017**

	Program Services							Total Program Services
	Early Childhood Education	Pregnancy Counseling / Adoption	Child Abuse Prevention	Intensive Family Preservation	SAFE	Shelter	Foster Care	
Salaries	\$ 1,993,200	180,998	521,782	357,640	191,287	488,837	267,620	4,001,364
Employee benefits	380,198	20,531	94,960	42,855	23,369	56,189	40,398	658,500
Payroll taxes	171,651	16,659	44,316	30,410	16,537	43,586	22,127	345,286
<b>Total personnel</b>	<b>2,545,049</b>	<b>218,188</b>	<b>661,058</b>	<b>430,905</b>	<b>231,193</b>	<b>588,612</b>	<b>330,145</b>	<b>5,005,150</b>
Professional fees	429,430	10,316	23,608	10,206	5,918	15,223	8,107	502,808
Supplies and food	200,320	5,180	40,383	20,009	14,740	58,095	7,905	346,632
Occupancy cost	50,151	3,954	10,369	7,278	4,321	10,902	5,527	92,502
Equipment and maintenance	110,043	6,761	17,117	12,442	6,337	23,414	10,180	186,294
Travel and conference	12,932	5,619	23,483	18,667	8,166	11,161	11,668	91,696
Specific aid to individuals	8,899	1,450	7,315	726	46	6,689	515,710	540,835
Office expenses	32,354	4,358	10,734	11,320	5,140	10,102	7,512	81,520
Liability insurance and taxes	32,259	3,183	7,995	5,782	3,245	8,079	4,236	64,779
Other	43,769	2,385	41,952	4,526	2,088	8,165	10,665	113,550
<b>Total expenses before depreciation</b>	<b>3,465,206</b>	<b>261,394</b>	<b>844,014</b>	<b>521,861</b>	<b>281,194</b>	<b>740,442</b>	<b>911,655</b>	<b>7,025,766</b>
Depreciation expense	219,285	12,733	31,201	13,704	9,721	59,354	27,017	373,015
<b>Total expenses</b>	<b>\$ 3,684,491</b>	<b>274,127</b>	<b>875,215</b>	<b>535,565</b>	<b>290,915</b>	<b>799,796</b>	<b>938,672</b>	<b>7,398,781</b>

*See notes to consolidated financial statements*

## Child Saving Institute, Inc. and Affiliate

### Consolidated Statement of Functional Expenses (Continued) For the Year Ended December 31, 2018, with Comparative Totals for 2017

	Support Services				Total Expenses	
	Planned	Development	Management	Total	2018	2017
	Giving		and	Support		
		General	Services			
Salaries	\$ 56,171	295,051	882,428	1,233,650	5,235,014	4,954,426
Employee benefits	16,186	34,727	122,408	173,321	831,821	741,220
Payroll taxes	4,031	25,919	76,401	106,351	451,637	432,533
<b>Total personnel</b>	<b>76,388</b>	<b>355,697</b>	<b>1,081,237</b>	<b>1,513,322</b>	<b>6,518,472</b>	<b>6,128,179</b>
Professional fees	1,092	15,141	5,863	22,096	524,904	467,257
Supplies and food	1,215	243,360	60,893	305,468	652,100	499,623
Occupancy cost	772	4,087	3,156	8,015	100,517	100,783
Equipment and maintenance	1,218	5,826	10,451	17,295	203,589	173,326
Travel and conference	4,284	633	2,149	7,066	98,762	91,949
Specific aid to individuals	—	—	—	—	540,835	528,805
Office expenses	3,011	23,375	3,346	29,732	111,252	110,787
Liability insurance and taxes	591	3,128	925	4,644	69,423	66,210
Other	2,211	99,233	11,250	112,694	226,244	215,251
<b>Total expenses before depreciation</b>	<b>90,782</b>	<b>750,280</b>	<b>1,179,270</b>	<b>2,020,332</b>	<b>9,046,098</b>	<b>8,382,170</b>
Depreciation expense	526	3,262	53,915	57,703	430,718	427,753
<b>Total expenses</b>	<b>\$ 91,308</b>	<b>753,542</b>	<b>1,233,185</b>	<b>2,078,035</b>	<b>9,476,816</b>	<b>8,809,923</b>

See notes to consolidated financial statements

## Child Saving Institute, Inc. and Affiliate

### Notes to Consolidated Financial Statements December 31, 2018, with Comparative Totals for 2017

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#### (1) Description of Organization and Basis of Presentation

The consolidated financial statements include the accounts of Child Saving Institute, Inc. and its affiliate, the Child Saving Institute Foundation, Inc. (the Organization). All significant inter-entity accounts and transactions have been eliminated in consolidation.

Child Saving Institute, Inc., a human service organization, was incorporated September 4, 2002 in Nebraska. The entity purchased all of the operating assets of the former NBA/Child Saving Institute on December 30, 2002. The former NBA/Child Saving Institute was originally incorporated in 1892. As the successor in interest to NBA/Child Saving Institute, the Organization assumed all liabilities arising with respect to the operations including, but not limited to, responsibility for all programs. Child Saving Institute, Inc. provides services to children and families and receives program service fees, grants, and contributions.

Child Saving Institute Foundation, Inc. (Foundation) was incorporated November 10, 2004 in Nebraska. The Foundation was formed for the purpose of holding real estate and endowment funds for the benefit of Child Saving Institute, Inc. programs.

#### (2) Summary of Significant Accounting Policies

These policies are in accordance with accounting principles generally accepted in the United States of America (GAAP).

##### A. *Use of Estimates*

The presentation of consolidated financial statements in conformity with GAAP requires management to make estimates and assumptions that affect the reported amounts in the consolidated financial statements. Actual results could differ from those estimates.

##### B. *Cash and Cash Equivalents*

Cash and cash equivalents for purposes of the consolidated statement of cash flows include investments of highly liquid debt instruments with original maturities of three months or less. Cash and cash equivalents held in investment accounts are not considered cash and cash equivalents for the purposes of the statements of cash flows.

##### C. *Accounts Receivable, Net*

Net service accounts receivable consist of fees due from clients and their insurance companies and amounts due on various contracts, reduced by a valuation allowance for doubtful accounts and contractual adjustments from third party payors. These receivables are unsecured. The allowances reflect management's estimate of amounts that will not be collected in the future and are based on reviews of account balances by payor classes.

Payment for services is expected within thirty days of receipt of the billing. Any amounts deemed uncollectible are written off on a monthly basis. The Organization does not charge interest on outstanding balances owed.

##### D. *Investments, Primarily Assets Limited as to Use*

Investments, primarily assets limited as to use, includes assets with donor restrictions and designated assets set aside by the Board of Directors for specific purposes, primarily funds functioning as endowment, over which the Board retains control and may, at its discretion, subsequently use for other purposes.

## Child Saving Institute, Inc. and Affiliate

### Notes to Consolidated Financial Statements December 31, 2018, with Comparative Totals for 2017

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All investments are measured at fair value in the consolidated statement of financial position. Investment income or loss (including realized and unrealized gains and losses on investments, interest and dividends) is included as changes in net assets without donor restrictions unless the income or loss is restricted by donor or law.

#### E. *Property Held Subject to Life Interest*

The Organization received a contribution of property subject to an irrevocable life interest (whereby the donor retains the right to use the property until his or her death) and recognized contribution revenue upon the transfer of the deed during 2016. The Organization's interest in the property was recognized at fair value based on the the underlying real estate at the time of the gift. Management has elected subsequent measurements of the property will be at the lower of cost or fair value. The Organization also recognized an obligation for the use interest of the life beneficiary, which is reported at estimated fair value based upon the life beneficiary's life expectancy, market rents and a discount rate at the time of the gift. The obligation will be amortized in subsequent periods based on changes in the life expectancy of the life beneficiary. The beneficiary is responsible for all executory costs of the property. Under the terms of the life interest, the property cannot be sold until the death of the life beneficiary; therefore, due to the time restriction, the contribution of the property is included in net assets with donor restrictions at December 31, 2016 and 2017.

Changes in the value of the life interest due to the life expectancy of the life beneficiary were included as changes in net assets with donor restrictions for the years ended December 31, 2018 and 2017.

#### F. *Property and Equipment, Net*

Property and equipment are stated at cost. All acquisitions of property and equipment over \$2,500 are reviewed for capitalization. Depreciation is provided over the estimated useful lives of each class of depreciable asset and is computed using the straight-line method. The useful lives of property and equipment for purposes of computing depreciation are as follows:

Building, grounds and leasehold improvements	10 – 30 years
Furniture and equipment	3 – 15 years

When assets are retired or otherwise disposed of, the cost and related accumulated depreciation are removed from the accounts, and any resulting gain or loss is recognized in income for the period. The cost of maintenance and repairs is expensed as incurred; significant renewals and betterments are capitalized.

Contributed property and equipment is recorded at fair value at the date of donation. If donors stipulate how long the assets must be used, the contributions are recorded as support with donor restrictions. In the absence of such stipulations, contributions of property and equipment are recorded as support without donor restrictions.

#### G. *Net Assets*

The Organization maintains the following classes of net assets:

*Net Assets Without Donor Restrictions* – Represents net assets that are available for use in general operations and not subject to donor (or certain grantor) restrictions. The Board of Directors has designated, from net assets without donor restrictions, net assets for an operating reserve and board-designated endowment.

## Child Saving Institute, Inc. and Affiliate

### Notes to Consolidated Financial Statements December 31, 2018, with Comparative Totals for 2017

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*Net Assets With Donor Restrictions* – Represents net assets subject to donor-imposed restrictions. Some donor-imposed restrictions are temporary in nature, such as those that will be met by the passage of time or other events specified by the donor. Other donor-imposed restrictions are perpetual in nature, where the donor stipulates that resources be maintained in perpetuity. Gifts of long-lived assets and gifts of cash restricted for the acquisition of long-lived assets are recognized as revenue when the assets are placed in service. Donor-imposed restrictions are released when a restriction expires, that is, when the stipulated time has elapsed, when the stipulated purpose for which the resource was restricted has been fulfilled, or both.

#### H. *Donor-Restricted Gifts*

Unconditional promises to give cash and other assets to the Organization are reported at fair value at the date the promise is received or given. Conditional promises to give and indications of intentions to give are reported at fair value at the date the gift is received. The gifts are reported as support with donor restrictions if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, net assets with donor restrictions are reclassified as net assets without donor restrictions and reported in the consolidated statement of activities as net assets released from restrictions. Donor-restricted contributions whose restrictions are met within the same year as received are reported as contributions without donor restrictions in the accompanying consolidated financial statements.

#### I. *Donated Services*

The Organization receives a substantial amount of services donated by volunteers interested in the Organization's programs. The kinds of services provided generally involve the contribution of time supporting various programs and free media promotion. When the value of donated services is ascertainable, they are reflected at fair value in the consolidated statement of activities as revenue and expenses. Donated services and materials totaling \$338,251 and \$206,904 are included in other revenue and offset with corresponding expenses for the years ended December 31, 2018 and 2017, respectively.

The Organization also received donated volunteer services during the year to benefit existing programs and activities. These contributions were not recognized as revenue in the consolidated statement of activities since they did not meet the recognition requirements of Financial Accounting Standards Board (FASB) Accounting Standards Codification (ASC) Topic 958 Subtopic 605, *Revenue Recognition*.

#### J. *Functional Allocation of Expenses*

The costs of providing various programs and other activities have been summarized on a functional basis in the consolidated statement of activities and in the consolidated statement of functional expenses. Accordingly, certain costs have been allocated among the programs and supporting services benefited. The Organization allocates salaries and related benefits based on an estimate of employee time spent. The Organization allocates occupancy expenses on a weighted average of employee time spent and square footage, and other expenses are allocated by time and effort or are directly assigned to a functional classification.

#### K. *Advertising*

The Organization expenses advertising costs as they are incurred. Advertising costs totaled \$24,855 and \$19,665 in 2018 and 2017, respectively.

## Child Saving Institute, Inc. and Affiliate

### Notes to Consolidated Financial Statements December 31, 2018, with Comparative Totals for 2017

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#### L. *Group Health Insurance Costs*

The Organization is self-insured under its employee group health program, up to certain limits. Included in the accompanying consolidated statement of activities is a provision for premiums for excess coverage and payments for claims, including estimates of the ultimate costs for both reported claims and claims incurred but not yet reported at year end.

#### M. *Income Taxes*

Child Saving Institute, Inc. and Child Saving Institute Foundation, Inc. are not-for-profit corporations as described in Section 501(c)(3) of the Internal Revenue Code and are exempt from federal income taxes on related income pursuant to Section 501(a) of the Code. The Internal Revenue Service has established standards to be met to maintain the Organization's tax exempt status.

#### N. *Comparative Amounts*

The accompanying consolidated financial statements include certain prior year summarized comparative information in total but not by net asset or functional expense class. Such information does not include sufficient detail to constitute a presentation in conformity with GAAP. Accordingly, such information should be read in conjunction with our audited financial statements for the year ended December 31, 2017, from which the summarized information was derived.

#### O. *Recent Accounting Pronouncements*

On June 21, 2018, the FASB issued Accounting Standards Update (ASU) No. 2018-08, *Not-for-Profit Entities (Topic 958): Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made*. This update serves to clarify the scope and accounting guidance for contributions received in consideration of the implications related to ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*. The amendments in ASU 2018-08 serve to improve guidance on determining whether a transfer of assets is a contribution or an exchange transaction and if a contribution is conditional that would prevent recognition. As a result of this update, it is expected that more grants will be accounted for as either contributions or conditional contributions instead of exchange transactions. For transactions in which the Organization is the recipient, the update will be effective for fiscal years beginning after December 15, 2018. Effectively, this will be applicable for the Organization for fiscal years ending on or after December 31, 2019. The Organization is currently evaluating the impact of the pending adoption of the new standard on the consolidated financial statements.

In November 2016, the FASB issued ASU No. 2016-18, *Statement of Cash Flows (Topic 230)*. The update addresses diversity in practice as to how restricted cash is presented on the statement of cash flows. The update indicates that amounts generally described as restricted cash should be included with cash and cash equivalents when reconciling the beginning-of-period and end-of-period total amounts shown on the statement of cash flows. The update will be effective for the Organization for fiscal years beginning after December 15, 2018, with early application permitted. The Organization is currently evaluating the impact of the pending adoption of the new standard on the consolidated financial statements.

In May 2014, the FASB issued ASU 2014-09, *Revenue from Contracts with Customers (Topic 606)*, requiring an entity to recognize the amount of revenue to which it expects to be entitled for the transfer of promised goods or services to customers. The updated standard will replace most existing revenue recognition guidance in accounting principles generally accepted in the United States of America when it becomes effective and permits the use of either a full retrospective or retrospective with cumulative effect transition method. In August 2015, the FASB issued ASU 2015-14 which defers the effective date of ASU 2014-09 one year making it effective for annual reporting periods beginning after December 15, 2018. The Organization has not yet selected a transition method and is currently evaluating the effect that the standard will have on the consolidated financial statements.

## Child Saving Institute, Inc. and Affiliate

### Notes to Consolidated Financial Statements December 31, 2018, with Comparative Totals for 2017

In February 2016, the FASB issued ASU 2016-02, *Leases (Topic 842)*, requiring an entity to recognize lease assets and lease liabilities on the statement of financial position and disclosing key information about leasing arrangements. The main difference between the updated standard and the existing guidance is the recognition of lease assets and lease liabilities for the lessee for those leases classified as operating leases. ASU 2016-02 is required to be applied retrospectively and is effective for fiscal years beginning after December 15, 2019, with early adoption permitted. The Organization is currently evaluating the effect that the updated standard will have on the consolidated financial statements.

*P. Reclassification*

Certain amounts in the 2017 financial statements have been reclassified to conform to the 2018 reporting format.

*Q. Change in Accounting Principle*

During 2018 the Organization adopted the provisions of FASB ASU 2016-14, *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements for Not-for-Profit Entities*. This ASU made several changes to accounting and financial reporting standards for not-for-profit entities related to net assets, and disclosure requirements.

See Note 14 for additional information regarding the impact of these changes in the Organization's consolidated financial statements.

*R. Subsequent Events*

The Organization considered events occurring through June 3, 2019 for recognition or disclosure in the consolidated financial statements as subsequent events. That date is the date the consolidated financial statements were available to be issued.

### (3) Liquidity and Availability of Resources

Financial assets available for general expenditure, that is, without donor or other restrictions limiting use, within one year of the consolidated statement of financial position date, comprise the following:

	<u>2018</u>	<u>2017</u>
Cash and cash equivalents	\$ 477,648	741,627
Receivables -		
Accounts receivable, net of allowance for doubtful accounts of \$25,000 in 2018 and 2017	431,107	522,782
United Way - designated funds	85,800	105,200
Investments, primarily assets limited as to use	<u>10,363,665</u>	<u>10,890,360</u>
Total financial assets	11,358,220	12,259,989
Less financial assets unavailable for general expenditures within one year:		
Contractual or donor-imposed restrictions:		
Cash restricted for specific purpose	(5,735)	(1,553)
Cash restricted for endowment	(51,830)	(51,830)
Assets limited as to use - endowment	(5,320,153)	(5,603,515)
Assets limited as to use - other	(854,150)	(629,474)
Future general program services - United Way of the Midlands	(85,800)	(105,200)
Board designations:		
Funds functioning as endowment	<u>(3,631,048)</u>	<u>(4,188,463)</u>
Total financial assets available within one year	<u>\$ 1,409,504</u>	<u>1,679,954</u>

## Child Saving Institute, Inc. and Affiliate

### Notes to Consolidated Financial Statements December 31, 2018, with Comparative Totals for 2017

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The Organization's cash flows have seasonal variations during the year attributable to fund-raising activities or year-end giving. To manage liquidity, the Organization receives monthly draws from its endowment fund (in accordance with investment policies approved by the Board of Directors). Additionally, the Organization holds significant funds in board-designated endowments, which have currently been designated for long-term growth of the endowment fund. However, the Board may make the decision to release these funds for operations at any time.

#### (4) Investments, Primarily Assets Limited as to Use

The composition of investments, primarily assets limited as to use at December 31, 2018 and 2017, is set forth in the following table:

	<u>2018</u>	<u>2017</u>
Assets limited as to use -		
By donor	\$ 6,174,303	6,232,989
By board, functioning as endowment	<u>3,631,048</u>	<u>4,188,463</u>
Total assets limited as to use	9,805,351	10,421,452
Investments	<u>558,314</u>	<u>468,928</u>
Total investments, primarily assets limited as to use	<u>\$ 10,363,665</u>	<u>10,890,380</u>

Investment return for the years ended December 31, 2018 and 2017 is summarized as follows:

	<u>2018</u>	<u>2017</u>
Interest and dividends	\$ 229,617	199,640
Investment expenses	(38,134)	(43,360)
Realized gains, net	251,913	164,542
Changes in unrealized gains and losses, net	<u>(900,111)</u>	<u>925,047</u>
Total investment return	<u>\$ (456,715)</u>	<u>1,245,869</u>
Included in investment income, net of investment expense	\$ 443,396	320,822
Changes in unrealized (losses) gains on investments, net	<u>(900,111)</u>	<u>925,047</u>
Total investment return	<u>\$ (456,715)</u>	<u>1,245,869</u>

## Child Saving Institute, Inc. and Affiliate

### Notes to Consolidated Financial Statements December 31, 2018, with Comparative Totals for 2017

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#### (5) Fair Value

##### Fair Value Hierarchy

The Organization applies the provisions of FASB ASC Topic 820 for fair value measurements of financial assets and financial liabilities that are recognized or disclosed at fair value in the financial statements on a recurring basis. FASB ASC Topic 820 establishes a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (Level 1 measurements) and the lowest priority to measurements involving significant unobservable inputs (Level 3 measurements). The three levels of the fair value hierarchy are as follows:

Level 1 inputs are quoted market prices in active markets for identical assets or liabilities that the reporting entity has the ability to access at the measurement date.

Level 2 inputs are inputs other than quoted prices included in Level 1 that are observable for the asset or liability either directly or indirectly through either corroboration or observable market data.

Level 3 inputs are inputs that are unobservable for the asset or liability. Therefore, unobservable inputs shall reflect the entity's own assumptions about the assumptions that market participants would use in pricing the asset or liability (including assumptions about risk) developed based on the best information available in the circumstances.

The level in the fair value hierarchy within which a fair value measurement in its entirety falls is based on the lowest level input that is significant to the fair value measurement in its entirety.

The following methods and assumptions were used to estimate the fair value for each class of financial instrument measured at fair value:

*Cash and cash equivalents* – The fair value of cash and cash equivalents, consisting primarily of money market funds, is classified as Level 1 as these funds are valued using quoted market prices.

*Mutual funds and exchange traded funds (ETF's)* – The fair value of equity and fixed income mutual funds, including ETF's, are classified as Level 1 as the market values are based on quoted market prices, when available, or market prices provided by recognized broker dealers.

For the years ended December 31, 2018 and 2017, the application of valuation techniques applied to similar assets and liabilities has been consistent.

The following tables present the financial instruments that are measured at fair value on a recurring basis at December 31, 2018 and 2017:

## Child Saving Institute, Inc. and Affiliate

### Notes to Consolidated Financial Statements December 31, 2018, with Comparative Totals for 2017

	December 31, 2018			
	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 1,756,870	1,756,870	--	--
Mutual funds and ETF's -				
Equities -				
Growth	763,830	763,830	--	--
Value	769,606	769,606	--	--
Blended	2,585,559	2,585,559	--	--
Emerging market	574,186	574,186	--	--
International	559,099	559,099	--	--
Real estate	623,583	623,583	--	--
Fixed income -				
Corporate bond	544,946	544,946	--	--
Multi-sector bond	725,888	725,888	--	--
Intermediate bond	1,460,298	1,460,298	--	--
	<u>\$ 10,363,665</u>	<u>10,363,665</u>	<u>--</u>	<u>--</u>

	December 31, 2017			
	Total	Level 1	Level 2	Level 3
Cash and cash equivalents	\$ 1,447,891	1,447,891	--	--
Mutual funds and ETF's -				
Equities -				
Growth	878,217	878,217	--	--
Value	876,898	876,898	--	--
Blended	3,000,510	3,000,510	--	--
Emerging market	707,958	707,958	--	--
International	695,144	695,144	--	--
Real estate	640,894	640,894	--	--
Fixed income -				
Corporate bond	522,964	522,964	--	--
World bond	350,988	350,988	--	--
Multi-sector bond	359,864	359,864	--	--
Intermediate bond	1,409,052	1,409,052	--	--
	<u>\$ 10,890,380</u>	<u>10,890,380</u>	<u>--</u>	<u>--</u>

## Child Saving Institute, Inc. and Affiliate

### Notes to Consolidated Financial Statements December 31, 2018, with Comparative Totals for 2017

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#### (6) Property and Equipment, Net

Property and equipment consist of the following at December 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Land	\$ 781,700	781,700
Building, grounds and leasehold improvements	8,322,558	8,304,550
Furniture and equipment	1,639,031	1,427,433
Construction in progress	--	143,588
	<u>10,743,287</u>	<u>10,657,271</u>
Less accumulated depreciation	<u>5,422,900</u>	<u>5,015,452</u>
	<u>\$ 5,320,387</u>	<u>5,641,819</u>

Depreciation expense of \$430,718 and \$427,753 in 2018 and 2017, respectively, is included in the accompanying consolidated statement of activities.

#### (7) Net Assets with Donor Restrictions

Net assets with donor restrictions relate to the following purposes at December 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Subject to expenditure for specified purpose:		
Capital improvements	\$ 36,474	--
Program services	823,411	631,027
Promises to give, the proceeds from which have been restricted by donors for program services	<u>85,800</u>	<u>105,200</u>
Total subject to expenditure for specified purpose	<u>945,685</u>	<u>736,227</u>
Subject to the passage of time:		
Property held subject to life interest, net of use interest	<u>432,888</u>	<u>415,461</u>
Endowment:		
Earnings	2,462,813	2,746,175
Corpus, to be maintained in perpetuity	<u>2,909,170</u>	<u>2,909,170</u>
Total endowment	<u>5,371,983</u>	<u>5,655,345</u>
	<u>\$ 6,750,556</u>	<u>6,807,033</u>

#### (8) Endowment

The Organization applies the provisions of FASB ASC Topic 958, Subtopic 205, Section 05, *Endowments of Not-for-Profit Organizations: Net Asset Classifications of Funds Subject to an Enacted Version of the Uniform Prudent Management of Institutional Funds Act, and Enhanced Disclosures for all Endowment Funds*. The FASB ASC Topic provides guidance on classifying net assets associated with donor restricted endowment funds held by organizations that are subject to an enacted version of Uniform Prudent Management of Institutional Funds Act (UPMIFA). A key component of the FASB ASC Topic is a requirement for expanded disclosures about all endowment funds. The State of Nebraska adopted a version of UPMIFA effective September 1, 2007.

## Child Saving Institute, Inc. and Affiliate

### Notes to Consolidated Financial Statements December 31, 2018, with Comparative Totals for 2017

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The Organization's endowment consists of funds established for a variety of purposes. Its endowment includes donor restricted endowment funds and funds designated by the governing board to function as endowments. As required by GAAP, net assets associated with endowment funds, including funds designated by the governing board to function as endowments, are classified and reported based on the existence or absence of donor imposed restrictions.

**Interpretation of Relevant Law** – The Organization's governing board has interpreted the Nebraska Uniform Prudent Management of Institutional Funds Act (NUPMIFA) enacted in the State of Nebraska as requiring the preservation of the fair value of the original gift as of the gift date of the donor restricted endowment funds absent explicit donor stipulations to the contrary. As a result of this interpretation, the Organization classifies as net assets with donor restrictions (a) the original value of the gifts donated to the endowment, (b) the original value of the subsequent gifts to the endowment, and (c) accumulations to the endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund.

The remaining portion of the endowment fund is classified as net assets with donor restrictions or net assets without donor restrictions until those amounts are appropriated for expenditure by the Organization in a manner consistent with the standard of prudence prescribed by NUPMIFA. In accordance with NUPMIFA, the Organization considers the following factors in making a determination to appropriate or accumulate donor restricted endowment funds:

1. The duration and preservation of the fund.
2. The purpose of the Organization and the donor restricted endowment fund.
3. General economic conditions.
4. The possible effect of inflation and deflation.
5. The expected total return from income and the appreciation of investments.
6. Other resources of the Organization.
7. The investment policies of the Organization.

Endowment net asset composition by type of fund consists of the following as of December 31, 2018 and 2017:

	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Donor-restricted endowment funds	\$ –	5,371,983	5,371,983
Board-designated endowment funds	<u>3,631,048</u>	<u>–</u>	<u>3,631,048</u>
Total endowment net assets	<u>\$ 3,631,048</u>	<u>5,371,983</u>	<u>9,003,031</u>

	<u>December 31, 2017</u>		
	<u>Without Donor Restrictions</u>	<u>With Donor Restrictions</u>	<u>Total</u>
Donor-restricted endowment funds	\$ –	5,655,345	5,655,345
Board-designated endowment funds	<u>4,188,463</u>	<u>–</u>	<u>4,188,463</u>
Total endowment net assets	<u>\$ 4,188,463</u>	<u>5,655,345</u>	<u>9,843,808</u>



## Child Saving Institute, Inc. and Affiliate

### Notes to Consolidated Financial Statements December 31, 2018, with Comparative Totals for 2017

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**Appropriation Policy and How the Investment Objectives Relate to Appropriation Policy** – The Organization preserves the whole dollar value of the original gift as of the gift date of donor-restricted endowments, absent explicit donor stipulations to the contrary. Absent any donor imposed restrictions, interest, dividend and net appreciation of the donor-restricted endowment funds are classified as net assets with donor restrictions until these amounts are appropriated for expenditure by the Board of Directors in a manner consistent with the standard of prudence prescribed by NUPMIFA.

For board-designated endowment funds, the Organization appropriates distributions in its annual budget while considering the operations of the Organization as well as expected investment returns and new endowment contributions.

The Organization has a spending policy on income earned on the endowment assets. The distribution rate under the spending policy is the lesser of 5% or the three-year average return of the endowment assets, based upon a three-year average value.

#### (9) Program Service Fees

The following is a detail of program service fees included in the accompanying consolidated statement of activities for the year ended December 31, 2018 and 2017:

	<u>2018</u>	<u>2017</u>
Government grants and service contracts	\$ 2,715,638	2,788,620
Medicaid	469,139	434,759
Private and other, net	<u>1,776,182</u>	<u>1,730,208</u>
	<u>\$ 4,960,959</u>	<u>4,953,587</u>

#### (10) Retirement Plan

Child Saving Institute, Inc. maintains a 401(k) defined contribution plan that covers all eligible employees. To be eligible for the plan, the employee must have attained 19 years of age and completed 1 month of service.

To be eligible for the employer matching contribution, the employee must have completed 6 months and 500 hours of service. The Organization makes a matching contribution each pay period of 1% more than the employee deferral percentage up to a maximum of 5%. The Organization may also choose to make non-elective or discretionary contributions. The amount of any discretionary contribution is set by the Board of Directors each year. Contributions paid by the employer vest with the employee after three years of employment. Total contributions to the plan for the years ended December 31, 2018 and 2017 were \$117,321 and \$101,476, respectively.

#### (11) Commitments and Contingencies

The Organization is involved in litigation arising in the normal course of business. After consultation with legal counsel, management estimates these matters will be resolved without material adverse effect on the Organization's future financial position or changes in net assets.

## Child Saving Institute, Inc. and Affiliate

### Notes to Consolidated Financial Statements December 31, 2018, with Comparative Totals for 2017

#### (12) Risks and Uncertainties

The Organization maintains their cash in bank deposit accounts which at times, may exceed federally insured limits. The Organization has not experienced any losses in such accounts. Management believes the Organization is not exposed to any significant credit risk related to cash.

Investment securities, in general, are exposed to various risks, such as interest rate risk, credit risk, and overall market volatility. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect the amounts reported in the consolidated financial statements.

#### (13) Concentrations of Risk

The Organization receives support from several sources that constitutes a major portion of its overall revenue, gains and other support. Approximately 33% and 28% of the Organization's overall revenue, gains and other support for 2018 and 2017, respectively, come from various government grants and service contracts with governmental and other agencies whose contracts are renewed annually. The Organization's ability to provide the services to children and families is dependent on the annual renewal of these contracts. Based on historical measures, management has no concerns about the continuation of these contracts.

#### (14) Change in Accounting Principle

Effective January 1, 2018, the Organization adopted the provisions of FASB ASU 2016-14 *Not-for-Profit Entities (Topic 958): Presentation of Financial Statements of Not-For-Profit Entities*. ASU 2016-14 made several changes to accounting and financial reporting for not-for-profit entities, including changes to the presentation of net assets, qualitative and quantitative information of how an entity manages liquidity and availability of financial assets to meet needs for expenditures, reporting of expenses by natural classification and functional classification, as well as expanded footnote disclosures.

The following schedule summarizes the impact these changes have on the beginning of the year net assets balances:

	Unrestricted	Temporarily Restricted	Permanently Restricted	Without Donor Restrictions	With Donor Restrictions	Total Net Assets
Net assets, as previously reported, December 31, 2017	\$ 11,061,153	3,897,863	2,909,170	—	—	17,868,186
Reclassifications due to adoption of ASU 2016-14 -						
Change in net asset terminology:						
Unrestricted	(11,061,153)	—	—	11,061,153	—	—
Temporarily restricted	—	(3,897,863)	—	—	3,897,863	—
Permanently restricted	—	—	(2,909,170)	—	2,909,170	—
Net assets, as reclassified December 31, 2017	\$ —	—	—	11,061,153	6,807,033	17,868,186

Child Saving Institute, Inc. and Affiliate

Exhibit 1

Consolidating Statement of Financial Position  
December 31, 2018

	Child Saving Institute, Inc.	Child Saving Institute Foundation, Inc.	Eliminations	Consolidated
<b>ASSETS</b>				
Current assets:				
Cash and cash equivalents	\$ 444,564	33,094	-	477,648
Receivables -				
Accounts receivable, net of allowance for doubtful accounts of \$25,000	431,107	-	-	431,107
United Way - designated funds	85,800	-	-	85,800
Due from Child Saving Institute Foundation, Inc.	8,358	-	(8,358)	-
Prepaid expenses and other	112,922	-	-	112,922
	<u>1,082,741</u>	<u>33,094</u>	<u>(8,358)</u>	<u>1,107,477</u>
Total current assets				
Investments, primarily assets limited as to use	1,551,491	8,812,174	-	10,363,665
Property held subject to life interest	909,000	-	-	909,000
Property and equipment, net	348,034	4,972,353	-	5,320,387
	<u>3,891,266</u>	<u>13,817,621</u>	<u>(8,358)</u>	<u>17,700,529</u>
Total assets				
<b>LIABILITIES AND NET ASSETS</b>				
Current liabilities:				
Accounts payable and accrued expenses	\$ 657,183	-	-	657,183
Due to Child Saving Institute, Inc.	-	8,358	(8,358)	-
	<u>657,183</u>	<u>8,358</u>	<u>(8,358)</u>	<u>657,183</u>
Total current liabilities				
Use interest of beneficiary (deferred revenue)	476,112	-	-	476,112
	<u>1,133,295</u>	<u>8,358</u>	<u>(8,358)</u>	<u>1,133,295</u>
Total liabilities				
Net assets:				
Without donor restrictions -				
Designated by board for endowment	139,028	3,492,020	-	3,631,048
Undesignated	1,241,821	4,944,009	-	6,185,630
	<u>1,380,649</u>	<u>8,436,029</u>	<u>-</u>	<u>9,816,678</u>
Total net assets without donor restrictions				
With donor restrictions	1,377,322	5,373,234	-	6,750,556
	<u>2,757,971</u>	<u>13,809,263</u>	<u>-</u>	<u>16,567,234</u>
Total net assets				
Total liabilities and net assets	<u>\$ 3,891,266</u>	<u>13,817,621</u>	<u>(8,358)</u>	<u>17,700,529</u>

**Child Saving Institute, Inc. and Affiliate**

**Exhibit 2**

**Consolidating Statement of Activities  
For the Year Ended December 31, 2018**

	<u>Child Saving Institute, Inc.</u>	<u>Child Saving Institute Foundation, Inc.</u>	<u>Eliminations</u>	<u>Consolidated</u>
<b>CHANGES IN NET ASSETS WITHOUT DONOR RESTRICTIONS:</b>				
<b>REVENUE, GAINS AND OTHER SUPPORT:</b>				
Public support received directly -				
General contributions	\$ 1,228,667	6,075	--	1,234,742
Bequests and trust income	1,149,682	103,047	(738,471)	514,258
Public support received indirectly -				
Allocated by United Way of the Midlands	45,206	--	--	45,206
Other revenue and gains -				
Program service fees	4,960,959	--	--	4,960,959
Rental income	--	274,441	(274,441)	--
Investment income, net of investment expense	15,262	226,033	--	241,295
Changes in unrealized gains and losses on investments, net	--	(414,648)	--	(414,848)
Other revenue	615,368	--	(79,339)	536,029
Total revenue, gains, and other support	<u>8,015,144</u>	<u>194,948</u>	<u>(1,092,251)</u>	<u>7,117,841</u>
Net assets released from restrictions -				
United Way	191,000	--	--	191,000
Program services and other	923,500	--	--	923,500
Total net assets released from restrictions	<u>1,114,500</u>	<u>--</u>	<u>--</u>	<u>1,114,500</u>
Total revenue, gains and other support, net	<u>9,129,644</u>	<u>194,948</u>	<u>(1,092,251)</u>	<u>8,232,341</u>
<b>EXPENSES:</b>				
Program services	7,374,975	288,164	(264,358)	7,398,781
Fundraising and development	863,157	175,811	(194,118)	844,850
Management and general	1,159,961	706,999	(633,775)	1,233,185
Total expenses	<u>9,398,093</u>	<u>1,170,974</u>	<u>(1,092,251)</u>	<u>9,476,816</u>
Changes in net assets without donor restrictions	<u>\$ (268,449)</u>	<u>(976,026)</u>	<u>--</u>	<u>(1,244,475)</u>

**Child Saving Institute, Inc. and Affiliate**

**Exhibit 2**

**Consolidating Statement of Activities (Continued)  
For the Year Ended December 31, 2018**

	<u>Child Saving Institute, Inc.</u>	<u>Child Saving Institute Foundation, Inc.</u>	<u>Eliminations</u>	<u>Consolidated</u>
<b>CHANGES IN NET ASSETS WITH DONOR RESTRICTIONS:</b>				
<b>REVENUE, GAINS AND OTHER SUPPORT:</b>				
Public support received directly -				
General contributions	\$ 155,975	-	--	155,975
Bequests and trust income	982,959	-	-	982,959
Change in value of life interest	17,427	-	-	17,427
Public support received indirectly -				
United Way designated donations	171,600	-	--	171,600
Other revenue and gains -				
Investment income, net of investment expense	-	202,101	-	202,101
Changes in unrealized gains and losses on investments, net	-	(485,463)	-	(485,463)
Other revenue	13,424	-	--	13,424
	<u>1,341,385</u>	<u>(283,362)</u>	<u>-</u>	<u>1,058,023</u>
Net assets released from restrictions -				
United Way	(191,000)	-	-	(191,000)
Program services and other	(923,500)	-	-	(923,500)
	<u>(1,114,500)</u>	<u>-</u>	<u>-</u>	<u>(1,114,500)</u>
Changes in net assets with donor restrictions	<u>226,885</u>	<u>(283,362)</u>	<u>--</u>	<u>(56,477)</u>
<b>CHANGE IN NET ASSETS</b>	<b>(41,564)</b>	<b>(1,259,388)</b>	<b>-</b>	<b>(1,300,952)</b>
<b>NET ASSETS, beginning of year</b>	<b>2,799,535</b>	<b>15,068,651</b>	<b>-</b>	<b>17,868,186</b>
<b>NET ASSETS, end of year</b>	<b>\$ 2,757,971</b>	<b>13,809,263</b>	<b>-</b>	<b>16,567,234</b>

Child Saving Institute, Inc. and Affiliate

Exhibit 3

Consolidating Statement of Cash Flows  
For the Year Ended December 31, 2018

	Child Saving Institute, Inc.	Child Saving Institute Foundation, Inc.	Eliminations	Consolidated
<b>CASH FLOWS FROM OPERATING ACTIVITIES:</b>				
Change in net assets	\$ (41,564)	(1,259,388)	--	(1,300,952)
Adjustments to reconcile the change in net assets to net cash provided by (used in) operating activities:				
Depreciation	83,534	347,184	--	430,718
Use interest of beneficiary (deferred revenue)	(17,427)	--	--	(17,427)
Change in unrealized gains and losses on investments, net	--	900,111	--	900,111
Donated securities	(259,093)	--	--	(259,093)
Proceeds from sale of donated securities	259,093	--	--	259,093
(Increase) decrease in current assets -				
Accounts receivable	91,675	--	--	91,675
United Way receivable	19,400	--	--	19,400
Due from Child Saving Institute Foundation, Inc.	77,818	--	(77,818)	--
Prepaid expenses and other	14,016	--	--	14,016
Increase (decrease) in current liabilities -				
Accounts payable and accrued expenses	81,162	--	--	81,162
Due to Child Saving Institute, Inc.	--	(77,818)	77,818	--
Net cash provided by (used in) operating activities	<u>308,614</u>	<u>(89,911)</u>	<u>--</u>	<u>218,703</u>
<b>CASH FLOWS FROM INVESTING ACTIVITIES:</b>				
Purchases of property and equipment	(109,286)	--	--	(109,286)
Deposits to investments, net	(315,282)	(58,134)	--	(373,396)
Net cash used in investing activities	<u>(424,548)</u>	<u>(58,134)</u>	<u>--</u>	<u>(482,882)</u>
NET DECREASE IN CASH AND CASH EQUIVALENTS	(115,934)	(148,045)	--	(263,979)
CASH AND CASH EQUIVALENTS, beginning of year	<u>560,488</u>	<u>181,139</u>	<u>--</u>	<u>741,627</u>
CASH AND CASH EQUIVALENTS, end of year	<u>\$ 444,554</u>	<u>33,094</u>	<u>--</u>	<u>477,648</u>
<b>SUPPLEMENTAL DISCLOSURE OF NON-CASH TRANSACTIONS:</b>				
Donated securities	<u>\$ 259,093</u>	<u>--</u>	<u>--</u>	<u>259,093</u>

2018

# ANNUAL REPORT

An Insta-Glance at  
Child Saving Institute



Thank you ❤️

# OUR MISSION

Responding to the cry of a child

# OUR VISION

That ALL children have homes where  
hope is kindled and dreams can be achieved.  
This is our work, and they are ALL our children

# OUR VALUES

Do what's best for kids  
Never give up on a kid  
We can always do more for kids  
Kids deserve strong healthy families

**Editor's Note:** Show your love for CSI's kids with a selfie on Instagram, @ChildSavingInstitute using #CSIforKids, and on our other social media channels as well, including Facebook, @CSIOmaha, and Twitter, @ChildSaving. Instagram provided the inspiration for this year's Annual Report — "An Insta-Glance at CSI" Images in this report are representative only and are not the actual youth whose stories are shared.



DEAR FRIENDS OF CHILD SAVING INSTITUTE,

In our fast-paced world where things change quickly, there are constants, which ground us in our community:

- Healthy children are the foundation of a thriving community;
- Robust partnerships make it possible to create programs that help our community's children;
- We are all fortunate to live in a compassionate community that cares about children!

In 2018, Child Saving Institute (CSI) remained grounded in our mission, Responding to the cry of a child, through:

- Preventing, intervening, and healing children hurt by abuse, neglect, and trauma;
- Widening the path to educational advancement and self-sufficiency;
- Ensuring that children meet developmental milestones in early childhood;
- Finding and supporting safe and loving foster homes where parents understand how to meet the needs of children at different developmental stages; and,
- Creating safe, stable homes and classrooms.

Join us on the following pages as we look at 2018 and make plans to join us as we carry forth CSI's 127-year-old mission in 2019 and beyond. I envision a world where all children have their emotional and physical needs met; where all parents have the resources they need to raise their children in healthy and happy homes; and where all children can follow the dreams that blossom from their hearts.

I thank you, our supporters and our volunteers, who make our work possible; I thank those who respond to the cry of a child 24 hours a day, seven days a week; and I thank all of the children who make up the vibrant fabric of our wonderful community.

A handwritten signature in black ink that reads "Peg Harriott".

Peg Harriott  
President and Chief Executive Officer



DEAR FRIENDS OF CHILD SAVING INSTITUTE,

What Child Saving Institute (CSI) President and CEO Peg Harriott highlighted in her letter is a tall order and CSI would not be able to carry forth its mission without the support and confidence of its many community partners.

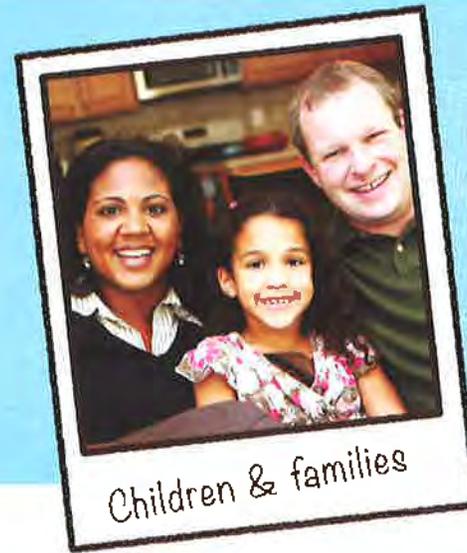
I say thank you to our partners one last time as 2018 was the final year of my board tenure. I also thank the dedicated and passionate staff who bring their many talents to help and heal children. Mostly, though, I want to thank Omaha's children, because they are truly the foundation of our great community.

For six years, I have worked side-by-side with some of Omaha's brightest and most passionate minds as together, on the board of directors, we have lent guidance, wisdom and encouragement to this storied agency. Each year in my tenure, we faced new obstacles and new causes for celebration. And, each year of my board service, I was reminded of how imperative healthy, stable families are to a thriving community.

For Omaha to remain one of the best places to raise a family in our nation, we must continue to invest resources in children. They are our future mayors, our future police officers, our future teachers, and our future parents.

Thank you for allowing me to serve on the board of directors for the past six years. I can think of no more important work than to work on behalf of children.

Paul Olson  
President, CSI Board of Directors 2017-2018



2,675

the number of **children and families directly served** by Child Saving Institute **In 2018**

**Each year, Child Saving Institute (CSI) serves thousands of children and families in the Omaha metropolitan area, both directly and indirectly. Through this "Instant Glance," or "Insta-Glance," CSI will show how the agency meets the needs of children in the community.**

**Editor's Note:** Information on the following pages breaks down the 2,675 served by each CSI program area.

## CSI Finds Permanency for Four Siblings

**Scarlett, Sebastian, Leah, and Carter entered foster care when their birth mother reported that she could no longer care for them. The siblings were ages 6 and younger. Scarlett had special medical needs that required frequent visits to Shriners' Hospital in Minnesota and Sebastian had difficult-to-manage behavioral needs.**

The children were placed with the Thompson family and were fortunate to remain with them throughout their three years in foster care. Because their mother relinquished her parental rights, the children became available for adoption. The state assigned Child Saving Institute's (CSI) Permanency Services to the case.

The Thompsons told CSI's Permanency Specialist (PS) that they would adopt Scarlett, Leah, and Carter, but expressed apprehension about adopting Sebastian because of his behavioral needs. They said they felt lost trying to find resources available to continue helping them address Sebastian's behavioral challenges after adoption.

The PS assessed the children and the Thompsons, witnessing the attachment and love they shared. The PS also provided additional education and training to the family.

The Permanency Services team began researching resources that the Thompsons could use post-adoption and preparing them to become a Forever Family. At the same time, the team began searching for other prospective Forever Families who would adopt all four children, focused on achieving permanency for the children as soon as possible — whether it was the Thompsons or another family.

Within a short time, the PS identified numerous community resources available to help the Thompsons after adoption. From this information, the PS created a resource directory for the family. The family expressed gratitude for the resource and relief knowing they would not be alone after the adoption was finalized.

To ensure the Thompsons would receive a subsidy to help meet Scarlett and Sebastian's needs, the PS worked with doctors, specialists, psychologists, psychiatrists, occupational therapists, and many other professionals in both Nebraska and Minnesota to gather necessary documentation. The PS also advocated to the State of Nebraska on behalf of the family for continued services and scheduled multiple meetings so that the Thompsons understood how the subsidy would work for them — even helping to complete budgets using the post adoption subsidy.

Approximately a year after CSI began working for the children, the Thompsons declared they felt prepared and ready to adopt all four siblings. On National Adoption Day 2018, in a courtroom full of extended family and friends who pledged to support this Forever Family, the Thompsons officially became the children's parents. Because of the advocacy and education the PS provided the Thompsons, the children remained together and achieved permanency with their loving family. ♥



### Child Welfare Services Served 1,393 Children & Families

- Foster Care served 141 children in 85 foster and 16 kinship homes
- Adoption facilitated two infant adoptions and served 11 adoptive homes
- Foster Care Specialists and Adoption Specialists completed 12 foster child adoptive home studies
- Post-Adoption assisted 54 individuals seeking information or connection about their families of origin or family member who was placed with the agency
- Independent Living Skills served 67 youth who have transitioned to adulthood or are in danger of transitioning to adulthood without the support of a family
- The Triage Center at Project Harmony served 909 children in crisis
- Permanency Services sought permanency for 108 children (including children on the Nebraska Heart Gallery)

# Zeke Thrives with Support of Team

Zeke arrived at Child Saving Institute's (CSI) Emergency Shelter in fall 2018 after violating his probation. It was his second time at the Emergency Shelter, which agitated him, and he told staff he did not want to be there.

He told them he would not be at CSI long because he would rather be at the juvenile detention center. Staff could sense Zeke's embarrassment and knew he worried that he had disappointed them.



Finding a passion



Despite his protestations, Zeke worked quickly to improve his behavior and spoke openly with staff. He looked forward to his weekly one-on-one therapy session and told staff when he needed to see the therapist between appointments. He asked for what he needed to be successful.

Between his Emergency Shelter stays, Zeke had developed a passion for parkour—the sport of traversing environmental obstacles by running, climbing, and leaping rapidly and efficiently. Self-taught, he had become quite skilled.

Emergency Shelter staff coordinated with development staff and CSI's Guild Board to fund a scholarship for Zeke to attend weekly parkour training. Zeke understood that this opportunity was a privilege and worked hard to improve his behavior so he could participate regularly.



Parkour

Zeke started attending school daily and proudly shared that he earned straight A's at the end of the semester. He was equally proud that he had no negative reports from school since arriving at CSI.

... Continued on page 10

CSI'S EMERGENCY SHELTER  
SERVED 69 YOUTH IN 2018.



During this stay, Zeke enjoyed baking treats in CSI's kitchen and delivering them to staff. Staff saw this as a chance for Zeke to practice his communication skills. He built relationships with staff across the agency by sharing the goodies he baked. Emergency Shelter staff heard him say that, one day, he would be the chief executive officer, like Ms. Peg.

Emergency Shelter staff had known Zeke's family for a few years. Just before the 2018 holiday season, Zeke's single mother Tabia and his three special needs siblings experienced disruption in their living accommodations. They stayed where they could, moving between friends and relatives, often with little money for food. Zeke chose to take on extra chores at CSI to earn money to help his family. Zeke told staff that his motto is "family first." Once Zeke went for a visit and forgot his allowance at CSI. He walked several miles back to the agency to pick it up so he could provide his family with food for the weekend.

CSI also assisted the family through the Substitute Santa program to ensure each child received holiday gifts. The staff invited the family to the Emergency Shelter holiday meal, which Tabia indicated was their only holiday celebration.

Both Zeke's probation officer and the judge assigned to his case noted the remarkable improvements in Zeke's behavior since his return to CSI. As with every youth that comes through the Emergency Shelter, however, the stay must end and a permanency plan created and achieved.

The judge sent Zeke to a foster home to continue working on stabilization. Zeke was disappointed and staff saw a rush of emotions as he took in the news.

When the foster family arrived to pick Zeke up, staff saw a worried look on his face. They reassured him that going to a foster home provided a positive opportunity and that the family had the same goals for success as the Emergency Shelter. Zeke had grown attached to staff and promised that, though he would never return for a stay in the Emergency Shelter, he would come back for visits.

Two months after his discharge, he made good on his promise, reaching out to staff and participating in CSI's Independent Living Skills program. He told staff that he likes his foster family and that they live near his parkour training gym. Zeke has continued to earn excellent grades, has applied for jobs, and has continued taking food home to his family on the weekends.

Zeke is thriving with the support of an amazing team, including a wonderful foster family that offered just what he needed—stability, responsibility, expectations, and love. ❤️



# Child Saving Institute's Early Childhood Education Center and Spellman Child Development Center educated 292 children ages 6-weeks- to 6-years-old



# 882 YOUNG STUDENTS



Child Saving Institute's CSI KidSquad team directly served **39 children** and their families and a total of **42 preschool and childcare classrooms**, touching the lives of **882 young students** across Douglas and Sarpy counties.\*

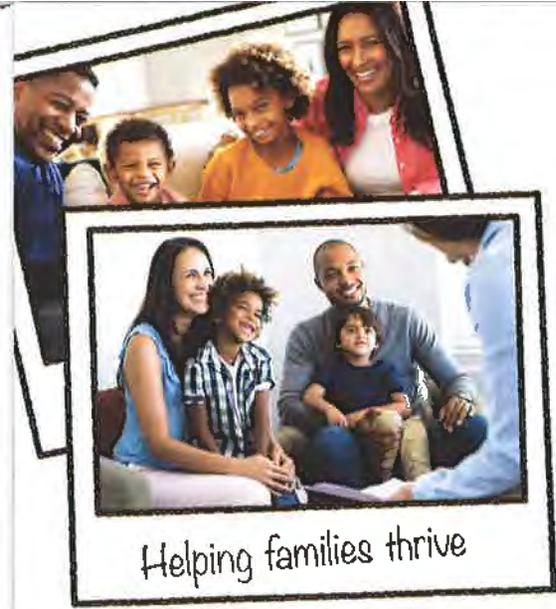
\* KidSquad services are provided by a collaborative group of agencies that highly value children, families, and early childhood educators in the Omaha community. CSI is the lead and fiscal agency in this collaborative effort that believes strongly in the impact the first five years of life has on children. All are dedicated to supporting early childhood caregivers to provide the best start possible for our community's children.

- Child Saving Institute
- Center for Holistic Development
- Early Childhood Training Center
- Heartland Family Service
- Lutheran Family Services
- The Munroe-Meyer Institute
- Region 8 Behavioral Healthcare

Collaboratively in 2018, the KidSquad teams across all agencies provided consultation to a total of 120 classrooms in 69 centers across Douglas and Sarpy Counties. More than 1,625 children were enrolled in these classrooms. KidSquad staff also provided individualized support to 95 children.

## Additional Prevention Services Programs Served 262 Individuals Directly, Screened 1,863 and Provided Consultation to 1,607

- Parenting Programs served 104 individuals.
- School & Family Enrichment (SAFE) served 124 children in elementary schools in Omaha and Millard school districts.
- Pediatric Social Work served 34 individuals, screened 1,863 new moms for post-natal depression and their children ages birth to 5 for appropriate attachment, social and emotional development, and provided 1,607 educational consultations.



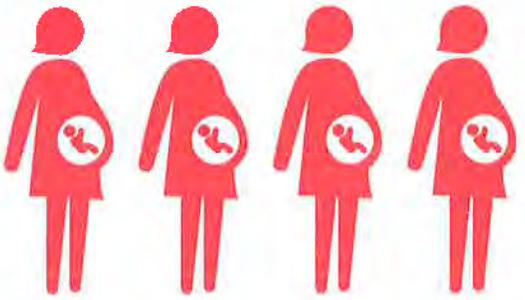
434

Therapy served  
434 children and  
families



THE AVERAGE AGE  
OF CSI'S THERAPY CLIENTS

PREGNANCY  
COUNSELING  
SERVED 4  
INDIVIDUALS



## Guild Undergoes Change

Child Saving Institute's (CSI) Guild Board underwent changes in programming in 2018 under the leadership of Julie Shaner, Guild Board President.

The Guild Board members pared their focus to two significant fundraising events: PurseOnalities and, in a major change, co-present Cabaret.

The Guild exceed its Cabaret and PurseOnalities fundraising goals during the first year.



\$105,000\*

Child Saving Institute's Guild Board hosted two events and **donated \$105,000** to CSI.

\*Guild efforts resulted in an additional \$31,500 revenue to Cabaret not included in this \$105,000.

Photo from left: PurseOnalities Co-Chairs Micayla Lee and Emily Dugger, 2018 Guild Board President Julie Shaner, PurseOnalities guest speaker Laura Schroff, and PurseOnalities Co-Chairs Carissa Schragger and Stacey Patterson.



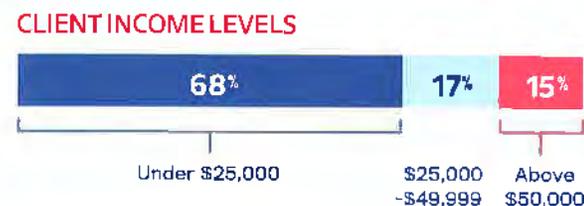
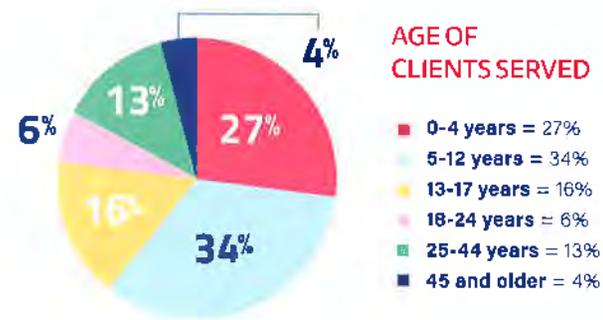
CHILD SAVING INSTITUTE VOLUNTEERS  
PROVIDED 3,200 HOURS OF WORK

# Child Saving Institute 2018 Financial Report

	2018		2017	
<b>OPERATING REVENUE</b>				
Gifts	\$ 2,633,261	28%	\$ 2,668,028	28.6%
Grants from CSI Foundation	640,990	7%	858,856	9.2%
Government Contracts and Grants	3,297,434	35%	3,328,755	35.7%
Program Service Fees	1,981,977	21%	1,936,543	20.8%
United Way Support	236,205	3%	241,674	2.6%
Inkind Donations	338,249	4%	182,983	1.7%
Other Income	206,119	2%	124,600	1.3%
<b>Total Revenue</b>	<b>9,334,235</b>	<b>100%</b>	<b>9,321,439</b>	<b>100.0%</b>
<b>OPERATING EXPENSES</b>				
Program Services	\$ 8,544,742	89%	\$ 7,869,957	88.7%
Management & Fund Raising	1,058,987	11%	1,007,385	11.3%
<b>Total Expenses</b>	<b>\$9,603,729</b>	<b>100%</b>	<b>\$8,877,342</b>	<b>100.0%</b>
<b>Excess of Revenue over Expenses</b>	<b>(\$269,494)</b>		<b>\$444,098</b>	

Notes: 1. The above figures do not include any restricted funds, activity.

## CSI by the Numbers



Foster Care



SAFE



Independent Living Services

*“There can be  
no keener  
revelation of a  
society’s soul  
than the way in  
which it treats  
its children.”*

— Nelson Mandela,

Former President of South Africa



## **Lana Verbrigghe**

2723 N 47<sup>th</sup> Ave. Omaha, NE. 68104 402.680.2855

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### **Experience**

#### **Director Of Child Welfare Services** (Full-Time, 40+ hrs. per week)

Child Saving Institute, Omaha, NE.

*December 2011 – Current*

- Provide administrative oversight to all Child Welfare and Adoption Services by ensuring compliance with contractual, grant, licensing, and Council on Accreditation requirements, and establishing and meeting program goals.
- Provide first and second level supervision to staff assigned to the Child Welfare Services department, including: drafting job descriptions, assisting with assignment of caseloads, hiring, orientation, and performance management in accordance with CSI policies and procedures.
- Maintain fiscal accountability for Child Welfare Services programs by assisting in the development of annual budgets and monitoring adherence to these budgets. Provide administrative oversight of billing activities.
- Provide on-call support to agency clients and referral sources in collaboration with Child Welfare Services Coordinators and Supervisors.
- In collaboration with the Chief Operating Officer, develop new services and evaluate and recommend changes to existing services to respond to community needs.
- Develop and maintain Child Welfare referral sources.
- Collect statistics and implement all CQI procedures.
- Participate in the Leadership, Operations, and CQI teams.

#### **Children and Family Services Specialist Supervisor** (Full-Time, 40+ hrs. per week)

Department of Health and Human Services, Omaha, NE.

*February 2009 – December 2011*

- Provide supervisory oversight to a team of Child and Family Services Specialists.
- Assign caseloads; review assessments, court reports, case plans, finalization packets, home studies, relinquishment packets.
- Ensure team compliance with all policy and procedures.
- Track and review team data; implement and provide corrective action as necessary.

#### **Children and Family Services Specialist** (Full-Time, 40+ hrs. per week)

Department of Health and Human Services, Omaha, NE.

*July 2003 – February 2009*

- Provide case management for families adjudicated in Douglas County Separate Juvenile Court system.
- Arrange services for families, prepare assessments, court reports, case plans, relinquishment paperwork, home studies as necessary.

**Education****Master of Social Work**

University of Nebraska at Omaha, Omaha, NE.

May 2009

**Bachelor of Science Children and Family Studies**

Iowa State University, Ames IA.

May 2001

**Licensure**

State of Nebraska LMHP and PCMSW

**References**

Ashley Brown, Vice President, KVC Nebraska 402.498.4714

Tammy Scott, Director of Child Welfare Services, Nova 402.991.8564

Amy Rudolph, Data and CQI Coordinator, CSI 402.553.6000

**Professional  
Committees and  
Associations**

Families First Prevention Services Act Implementation Committee

Bridge to Independence Advisory Committee

Young Adult and Voluntary Services Advisory Committee

Strengthening Families Act Taskforce

MACCH Youth Taskforce

Nebraska Association for Homes and Services for Children – Board President Jan. 2019

Foster Family Treatment Association – Board Secretary 2017-current

Youth Summit

Opportunity Youth Initiative – United Way

Opportunity Youth Alliance Member

Opportunity Youth Hub Implementation Committee

**REBECCA BOUNDS, MS**  
14809 Mary St., Omaha, NE 68116  
bbounds84@gmail.com

**Master of Science in Clinical Counseling** (March 2012)

Bellevue University, Bellevue NE

**Bachelor of Education and Human Sciences** (December 2006)

University of Nebraska-Lincoln-(Omaha Campus), Omaha, NE

- Major: Family Science Concentration: Family and Children's Services

**CERTIFICATIONS:**

- Certified as an In-Home Family Services Supervisor 2014; 2015; 2016
- Certified as an In-Home Family Consultant; Boys Town 2010
- Qualified Family Risk Screener; Boys Town 2010
- CPR and First Aid Certified

**PROFESSIONAL EXPERIENCE:**

**Foster Care Licensing and Adoption Supervisor** (February 2019-Present)

Child Saving Institute, Omaha Nebraska

- Supervise a team of 5 staff
- Ensure Licensing guidelines are adhered to for all foster families being served.
- Conduct quarterly file reviews of all active and closed files within each quarter.
- Train new staff at hire and on an ongoing basis to ensure the team has the tools to be successful in their roles.
- Conduct monthly team meetings with all staff.
- Provide ongoing 1 on 1 supervision for each member of the team.
- Provide on call crisis support to families in our foster care program on a rotational basis.
- Ensure staff are utilizing effective models to provide quality services to children and families.

**Site Director** (April 2018-February 2019)

CRCC (Children's Respite Care Center), Omaha, Nebraska

- Supervise staff of thirty or more paraprofessionals.
- Supervisor staff of 6 teachers.
- Ensure licensing rules and regulations are adhered to at all times.
- Monitor and ensure safety of all program participants.
- Conduct family meetings as needed to address concerns or progress towards client's goals.
- Lead monthly all staff meetings to discuss program updates
- Train new staff at hire and on an ongoing basis to ensure quality services are being rendered at all times.

**Early Childhood Education Director** (March 2017-April 2018)

YMCA of Greater Omaha, Omaha, Nebraska

- Supervise staff of thirteen teachers and assistant teachers.
- Ensure licensing rules and regulations are adhered to at all times.
- Monitor the safety of all children in care on a daily basis by remaining actively involved in the classroom setting and keeping an open line of communication with parents and teachers.
- Train new staff at the start of their employment and continue to ensure training needs are met throughout each year of their employment in their position.
- Lead quarterly staff meetings to review changes to the program, provide training opportunities as needed and to plan activities for the upcoming year.
- Lead a Parent Advisory Committee by actively engaging parents of children in our care in the outcomes of our program in addition to including them on planning activities for events.
- Provide in person trainings to new staff upon their hire as well as throughout their employment. Some

trainings include Child Abuse and Neglect, CACFP Training, managing difficult behaviors etc.

- Collaborate with community agencies to actively engage our community in our early learning program.

**Certified In Home Family Services Supervisor** (July 2013-November 2016)

Boys Town South Florida, Fort Myers, Florida

- Supervisor for a staff of five Consultants to ensure quality program components in providing evidenced based skill building to children and families.
- Ensure all program guidelines and safety guidelines are met and the families receive quality services to ensure a successful completion of the program.
- Monitor, assess and provide feedback to each Consultant when reviewing completed family service plans.
- Provides assessment of staff problems and offers effective and constructive feedback to enhance the staff's ability to problem solve independently.
- Monitors and ensures that all documentation and client records are completed appropriately and on time, including family service plans, monthly reports, case notes and opening/closing paperwork.
- Assess and screen referrals for program appropriateness.
- Provides crisis counseling to children and families served within the program as needed. Also provides additional support to Consultants when they are working with a family in crisis on a 24/7 basis.
- Supervises and participates in weekly staff meetings, family staffings as needed and case reviews.
- Provides weekly supervision as an additional support and to identify any treatment recommendations to ensure quality services are being administered during service provision for all clients.
- Complete in depth and extensive safety management assessments either directly or by monitoring staff completing the assessment with families.
- Ensures program productivity by monitoring appropriate consultant data weekly, as well as monitoring staff development of each consultant.
- Reviews the PIT/PAT data to assist program director with identifying trends to better develop the program as a whole.
- Provides information relating to data trends directly relating to service provision or front end referral trends to contract provider on a monthly basis or as requested.

**Master Level Therapist** (October 2012-June 2013)

Canopy Cove, Health Management Institute

Residential Eating Disorder Clinic, Tallahassee, Florida

- Acting Supervisor for a staff of five Therapeutic Assistants. Ensure all the safety guidelines are met and the clients are being treated in a therapeutic manner in order to help them succeed.
- Conduct therapeutic group sessions with adult and adolescent clients that have severe and persistent diagnosis of an eating disorder and other co-occurring medical or mental health disorders.
- Utilize individualized treatment plans related to client's specific mental health and health related needs to provide therapeutic intervention in a group setting as well as individual basis.
- Adhere to residential program guidelines at all times in compliance with Commission on Accreditation of Rehabilitation Facilities (CARF). This includes monitoring clients for safety, acting in a professional manner towards clients, and problem solving client concerns to promote self-advocacy and an understanding of the agency guidelines related to client safety and wellness.
- Utilize crisis intervention skills including confrontation with clients in an appropriate, empathetic manner.
- Provides clinical reports and feedback daily to the next shift as well as the Agency Director to ensure continuation of care and any clinical concerns.
- Complete therapeutic documentation of client's participation in group therapy as well as clinical observations throughout the day, as it relates to their therapeutic interventions.

**Care Coordination Consultant** (July 2012-July 2013)

Boys Town North Florida, Tallahassee, Florida

- Provides targeted case management to at risk youth and families with a co-occurring mental health and medical diagnosis.

- Complete a service plan with the family to outline needs for community referrals as well as individualized treatment based on client's diagnosis.
- Conduct weekly face-to-face visits with the child and family. Provide consultation and observation to ensure the child's needs are being met in the home, school, and with other treatment providers.
- Complete all necessary assessments to obtain family history to best meet the needs of the child.
- Facilitate multi-disciplinary team meetings with all parties involved in the child's treatment.
- Continued assessment of Medicaid eligibility and completion of Medicaid authorizations for continued care.
- Provide Consultation and teach families new skills utilizing the Boys Town Model of Care, Teaching Social Skills, and Common Sense Parenting in accordance with service plan.
- Coordinates services with various agencies including: Agency with Persons of Disabilities, Department of Juvenile Justice, Children's Medical Services, Early Steps, Apalachee Center for Mental Health, , ECHO, Center for Autism and Related Diseases, Florida Therapy, Progressive Pediatrics, Family Learning Center, Department of Children and Families, and various schools and counselors.
- Participates in community meetings such as Whole Child Leon; the local Bullying Taskforce; Trauma, Grief, and Loss Coalition for Youth, and the local Trauma Informed Care Workgroup.

**Home Based Mental Health Therapist** (March 2012-July 2012)

OMNI Behavioral Health, Omaha, Ne

- Provided in-home, individual and/or family therapy using cognitive behavioral strategies to a caseload of twenty clients with severe and persistent mental health diagnoses.
- Completed individualized treatment plans on a quarterly basis.
- Complete a Biopsychosocial Assessment for all clients on assigned case load.
- Completed all documentation in accordance with Medicaid standards, Joint Commission, and the Child Welfare League of America.

**Family Permanency Specialist** (April 2011-February 2012)

Nebraska Families Collaborative, Omaha NE

- Case managed families within the child welfare system to ensure their mental health, medical, and school needs are being met consistently.
- Provide strength based services which include in home behavior services, consultation, and family visitation.
- Completed referrals for community services to include therapy, in home family service programs, and visitation, to meet the needs of families.
- Attended court hearings and advocate for the families on caseload.
- Wrote reports indicating progress of families, and presented the reports in a professional manner to all parties involved in the case.
- Lead family team meetings to address the family's progress and needs, as well as areas of strengths.
- Provide wrap around services to maintain permanency within the home when possible.
- Address safety concerns in a quick and efficient manner, and developing safety plans when new concerns arise.
- Maintaining monthly face to face contact with all families on caseload to ensure the safety of the children and families.
- Assist families in identifying areas of strengths and empowering the families to build on their strengths.

**Certified In Home Family Services Consultant** (May 2009 – April 2011)

Boys Town, Omaha, NE

**References:**

1. Stacy Hawn, Personal, 402-990-2613
2. Morgan Grot, Professional-Previous Supervisor, 402-321-6595
3. Claudine Bolivar, Professional-Previous Supervisor, 561-723-0847

**Samantha JoElynn Oyler**  
3319 Hocter Blvd.  
Omaha, NE 68108  
(308) 233-7795  
soyler@childsaving.org

### **Professional Experience**

***Child Saving Institute***

(402) 553-6000

4545 Dodge Street

Omaha, Nebraska 68132

July 19, 2019-Present

Job Title: Foster Care Supervisor

*Service Expectations:* Ensure that services are performed consistent with licensing standards, policies and procedures of Child Saving Institute, requirements of the Department of Health and Human Services, lead child welfare agencies, the Council on Accreditation and/or funding sources. Supervise program staff and student interns as assigned, including assisting with assignment of caseloads, hiring, orientation, performance management, and initial and ongoing training in accordance with the organization's policies and procedures. Provide regular supervision to all staff, which includes completing case reviews, performance evaluations, and service plan reviews as required by continual Quality Improvement plan. Provide program management services that include quality management, generating growth, and meeting established program goals for the program. Collect statistics and implement all CQI procedures. Assist with staffing an on-call referral and after-hours line to provide immediate support and intervention to clients. Collaborate with other agencies and services including school personnel, and other health care providers to ensure appropriate support for clients. Develop and maintain respectful partnerships with persons served and their families in which they are helped to gain the skills and confidence to address any issues and problems they face. Demonstrate in daily activities the belief that people have the ability to grow and change. Establish and maintain limits and helping role of practitioner and intervene appropriately to address the needs of the persons served or other family members.

***Child Saving Institute***

(402) 553-6000

4545 Dodge Street

Omaha, Nebraska 68132

January 1, 2011-July 18, 2019

Job Title: Foster Care Specialist

*Service Expectations:* provide one on one case management to foster parents and the foster children that reside in their home that are between the ages of 0-18 years of age. Work with kinship families as a kinship support. Help to manage and support foster parents that care for children with mental health, behavioral, and substance abuse issues. Complete service plans, general assessments, SDM assessments, monthly reports, support plans, ASQ assessments, and discharge assessments. Train new and current employees on documentation practices and COA regulations. Case Management responsibilities include but are not limited to maintaining caseloads at capacity from 18-26 families. Attend all family team meetings, court hearings, IEP meetings, bi-monthly home visits, and availability by phone at all times. Work hand in hand with Attorneys, Family Permanency Specialists, Probation Officers, Family Support workers, and

Visitation specialists. Provide support for licensed foster homes as well as kinship homes and the children placed in their homes. Maintain compliance with the compliance checklist in licensed foster homes.

***Child Saving Institute***

(402) 553-6000

4545 Dodge Street

Omaha, Nebraska 68132

August 24, 2009- December 31, 2010

Job Title: Children's Crisis Center Supervisor

*Service expectations:* provide one on one case management for male and female youth ages 0-18 years of age. The youth are placed in short term emergency protective custody in the shelter. The youth range from being diagnosed with mental illness, suspected abuse, criminal offenders, neglected youth, homeless youth, youth on run, and many other reasons.

Case management responsibilities include but are not limited to administering assessments to the youth, creating Service Plans for the youth, and writing monthly reports to show progress of the youth. I work closely with case managers, case workers, service coordinators, probation officers, and trackers to determine appropriate placement. I implement incentives with youth for working on and completing their goals. I have recently implemented a new point system to help to hold the youth accountable for their behaviors. The point system is based on behavioral modification. Ensuring a safe, structured environment is my daily priority.

Supervisor responsibilities include but are not limited to making the schedule for the staff, staff supervisions, training schedule for staff, hire and termination responsibilities, and On Call responsibilities. As we get new intakes and youth discharge I am responsible for the CQI data entry for quality control. I am also in charge of training and supervising all volunteers that help out at the Crisis Center. I am a member of the Cultural Diversity Committee held agency wide.

***I Believe in Me Ranch***

(308) 236-7145

2041 East 56<sup>th</sup> Street

Kearney, Nebraska 68847

February 2007- August 2009

Job Title: Youth Educator III Supervisor

*Service Expectations:* provide one on one case management for boys age 7-14 who have been diagnosed with a mental illness or who are prone to have antisocial behavior. I manage caseloads at capacity levels. The high risk males are in home setting form, of long term protective custody.

Case Management Responsibilities Include: following treatment plans and tracking progress, implementing alternative behavior therapies such as building anger management skills, mentoring residents through the process of learning to care for their personal hygiene and social grooming process, and/or teaching youth interpersonal skills. Ensuring a safe, structured environment is my priority daily.

Supervisor responsibilities include training of new staff on program protocols, maintaining an environment where policies, rules, and regulations can be met by all staff. Tracking performance of staff and reporting to the Program Manager regularly. Dispensing of medications is also a requirement of the supervisor position.

**Boys and Girls Home**

(308) 234-6977

1404 East 39<sup>th</sup> Street  
Kearney, Nebraska 68847  
October 2005- August 2007

Job Title: Residential Counselor

*Service Expectations:* provide one on one guidance and specific interventions for youth offenders ages 12-18. Focusing on habilitation for success in education, social environments, and individual family dynamics. Facilitated therapeutic group sessions that targeted substance abuse prevention, social skills, and accountability. I am a medication aide and parts of my daily duties are to pass antipsychotic medications, narcotics, and supplements to residents ensuring that the dose was taken properly. After training in de-escalation techniques, it proved to be a tool I used alone and with other staff member's daily basis to maintain a safe environment for the youth in the facility.

**Education**

Bachelors of Arts, Ashford University Online, Clinton, IA, January 2008-May 2009.

**Major:** Psychology. GPA: 3.64

**Related courses:** Health Psychology, Adult Development and Lifespan, Social Psychology, Survey of Mental Health, Abnormal Psychology, and Industrial/Organizational Psychology.

Bachelors of Science, University of Nebraska at Kearney, Kearney, NE, August 2001-March 2004.

**Major:** Psychology. GPA 2.7 transferred in 2008

**Related Courses:** Psychology and Law, Human Development, Physiological Psychology, Statistical Reasoning, Adolescent Psychology, and General Psychology.

**References**

Leticia Montoya-Bonifas, Founder/ President at Central Nebraska Human Trafficking and Immigration Outreach, 513 Grant Street #3, Lexington, Nebraska 68850  
(308) 325-2295 Leticia.bonifas45@gmail.com

Kimberly Burlingame, Family Permanency Specialist at Promiseship, 2100 Papillion Parkway, Omaha, Nebraska 68164  
(402)378-4872 kimberly.burlingame@promiseship.org

Angela Olson, Therapeutic Mentor at St. Monica's, 120 Wedgewood Drive, Lincoln, Nebraska 68510  
(402)601-5640 Angie.Olson@stmonicas.com

# State of Nebraska

Department of Health and Human Services  
Division of Public Health

## Child Saving Institute, Inc.

Is hereby authorized in compliance with laws of the State of Nebraska to establish and conduct a  
**Child Placing Agency** with the approved services of **Adoption & Foster Care**  
located at: **4545 Dodge St Omaha NE 68132**

**Child Saving Institute, Inc.** is hereby issued License No. **CPA022** which is effective from  
**12/19/2018** and will expire on **11/02/2019**

Given under the name and Seal of the Department  
of Health and Human Services Division of Public  
Health of the State of Nebraska at Lincoln on  
**December 19, 2018.**



  
Bo Botelho, Interim CEO  
Interim Director of Public Health  
Department of Health and Human Services



# **COUNCIL ON ACCREDITATION**

*Attests That*

**Child Saving Institute, Inc.  
Omaha, NE**

*Is*

**ACCREDITED**

**Achieving the Highest Standards of Professional Practice for the Services It Provides**

**Accredited Through**

**12/31/2020**

# Home Study Guidebook



This guide has been developed to provide guidance including the general types of questions and information that needs to be gathered in the development of a home study.

Department of Health & Human Services

**DHHS**

N E B R A S K A

## I. PERTINENT INFORMATION

Ensure every part in this section has been completed.

## II. HOME STUDY OUTLINE / GUIDE

Many of the sections present information that should be included in the form of a question that the author of the home study would ask.

### 1. Family Background

In this section please include the following information regarding the applicant:

Where is your birthplace (city and state), who is your family of origin (names, ages and current location) to include parents, siblings.

Describe the quality of relationships between family members (past and present).

Include description of relationship between parents/primary caregivers.

How would you describe your childhood? Describe all tribal heritages, affiliations, memberships, enrollments or registrations. What is your religion and willingness to accept foster children of other religions, including how they will ensure foster children of a different religion get to religious services?

How would you describe your parents' parenting style? Would you describe your parent(s)/caregivers as nurturing?

What type of discipline did your parent(s)/caregivers use? What were the family rules?  
Who enforced the family rules?

Were consequences used? Please explain what types of consequences were used during childhood and how you feel about the consequences used. Were there any childhood/adolescent experiences that you would describe as traumatic?

Explain any history of mental health disorders or substance abuse with any family member of origin and impact on you as child/adult. How were these dynamics managed and addressed by the family? Was professional help sought?

### 2. Current Family Composition

In this section please include the following information regarding the applicant:

Who are your current family members and/or significant others (name, ages and relationship to the applicant).

Describe the quality of relationships between family members and significant others in your life.

Describe the applicant's significant relationships/marital history. Give dates of marriage(s) and divorce(s). If divorced, describe circumstances of the divorce(s). (For adoptive home study, copies of current marriage certificate and all divorce decrees need to be in the file.)

If not currently in a marriage, is the applicant involved in any relationship that might affect a child?

Describe how applicant makes decisions and resolves differences.



If applicable, describe the applicant's present relationship with ex-partners.

How would the applicant feel, and what would s/he do, if the child becomes a disruptive influence on his/her marriage/relationship?

Has the applicant ever been separated from his/her present partner? What were the reasons and how were they resolved?

#### CHILDREN:

Describe all the children in the home including name, ages, grade level, academic performance, special needs, personality, likes/dislikes, health, responsibilities in the home and school adjustment. Children's Tribal Affiliations: If any biological or adopted child has tribal affiliation(s), describe the relationships with the child's tribe(s), including participation in cultural activities. Describe any adult child/ren in or out of the home including where they reside and their current relationship with the applicant. Describe any behaviors of the child/ren in the home that may affect a child placed in that home. If the applicant/s has/have minor children who are not living with them, please explain why. What is the applicant/s on-going contact with these children? Have any of the applicant/s children been involved with the juvenile court system? How do the applicant/s children (including adult children) feel about having additional children brought into the home? Has the applicant ever experienced the death of a child? If so, what were the circumstances?

#### OTHER ADULTS LIVING IN THE HOME:

Identify any other persons living in the home or on the property. Will they be involved in the parenting, care taking and/or supervision of the child? Will they have any responsibility for transporting children? (If so, verify that they have a valid driver's license and insurance). All background checks need to be completed on any other adult living in the home and the results need to be documented in this section.

Consultation Point needs to occur with Supervisor to determine what other questions need to be addressed in this section.

### 3. Self-Awareness

In this section please include the following information regarding the applicant: How would you describe yourself? Who did you consider your family when you were growing up? How did you feel about your parents and how did that change as you grew into adult hood? How did you feel about your siblings and how did that change as you grew into adult hood? Which parent did you feel closest to and why? Why do you think there isn't this same feeling with the other parent? Did you have any significant relationships with adults outside of your parents? Why were they important to you? How does your childhood impact your adult life and choices? How will your culture impact your ability provide foster care? How will the child's culture impact your ability to provide foster care? What coping strategies do you use when experiencing stress? How would a child/adolescent know you are stressed? What would that look like? What coping strategies do you use when experiencing frustration? How do you express anger? How would a child know you are angry? What would that look like? How do you manage conflict? How do you manage/express grief? What fears or worries do you have with providing foster care? What fears or worries do you have with the child's behavior? Who would you talk to about your fears and worries regarding foster care /adoption? Do you feel you are prepared for the responsibility of caring for children? What concerns do you have about caring for children? What are your family's interests, hobbies?

#### 4. Physical and Behavioral Health

In this section please include the following information regarding the applicant: Describe the overall physical health of you and your family members. Describe any conditions any family member is receiving for on-going medical care from a physician. Describe any substance use (alcohol and non-prescribed drug use) by each family member to include substance of choice, frequency of consumption. Has anyone told you or a family member that drinking is a problem or that you drink too much? Does anyone in the family have history of substance abuse? Are you or is anyone in the family currently receiving treatment for substance abuse? Include whether treatment was residential or outpatient, length of treatment, outcome of treatment, involvement with a sponsor, and use of support groups i.e. Alcoholics Anonymous or Narcotics Anonymous and/or current place with recovery. Describe the current use of tobacco products by all family members. Do you have any concerns about your physical ability to provide care for a child? Is anyone in the family currently receiving treatment for a major mental health disorder? Is the individual compliant with their recovery plan? Describe any history of domestic violence. Has anyone in the applicant's immediate family had a restraining, anti-harassment or protective order filed against him or her, or on his/her behalf? If not, how has the applicant resolved the situation? Is there any domestic violence issues within the extended family that could pose a threat to a child placed in the home? Describe any criminal history. What was the outcome?

#### 5. Parenting

In this section please include the following information regarding the applicant: Share your beliefs about how children should be disciplined? Describe how you parent and discipline style? Do you think the age of the child influences the type of discipline a parent should use? How much of your current parenting style did you learn from your parents? What or whom has influenced your current parenting style the most? If you have adult children, how would they describe your parenting style? Have you ever been criticized for your style of parenting (explain)? Have you ever been complimented on your parenting style (explain)? What are the major similarities between your parenting style and the other adult(s) parenting style (who live in the home)? What are the major differences? How would you describe someone who is an effective/successful parent? Does the discipline you use when you are angry look different from the discipline you use when you are not angry, describe? Do you believe physical discipline is an effective way to change/manage behaviors? Under what circumstances? How has your childhood impacted your parenting as an adult? How does any previous trauma you have experienced influence your parenting? What fears/worries do you have about parenting? How much parenting experience do you have? Describe any CPS history your family has experienced.

Questions for Home Study Renewals *(only)*: How would you describe the foster care experience, how has providing foster care been so far? Was it what you expected? Describe any challenges and joys you have experienced in providing foster care? Have you had and placement holds or had any allegations? Describe any continued contact you have with former foster children? Do you think you have been successful?

PLEASE REVIEW THE DHHS DISCIPLINE POLICY with ALL ADULTS LIVING IN THE HOME. THE DISCIPLINE POLICY IS SIGNED and DATED BY ALL ADULTS LIVING IN THE HOME. THE PRIMARY CARETAKING ADULTS HAVE A COPY OF THE DISCIPLINE POLICY. ENSURE THE SIGNED POLICY IS ATTACHED TO THE HOME STUDY.

## 6. Motivation to Foster/Adopt Child(ren)

In this section please include the following information regarding the applicant: What is your motivation for exploring foster care /adoption? Are there any infertility issues? How are you coping? How will you work to maintain the child's relationships with other significant people in their life, i.e. birth parents, siblings, teachers, friends, tribal representatives, other foster parents? Describe the applicant's skills and ability to parent a special needs child? Do you know about the Federal guidelines for parenting time and how will you support those guidelines? Describe your understanding of the Agency and service providers involved and assesses your willingness to cooperate with Agency representatives and service providers. Have there been any past issues? How would you support a child's need to remain connected to their birth family and extended family? Will your family support an open adoption? Describe your interest in caring for American Indian or Alaska Native children, keeping children connected to safe and appropriate extended family and their tribes.

## 7. Ability to Meet the Child's Social, Emotional, Educational and Physical Healthcare Needs:

### A. Child's Social Development:

In this section please include the following information regarding the applicant: Social development refers to the process by which a child learns to interact with others around them. As they develop and perceive their own individuality within their community, they also gain skills to communicate with other people and process their actions. Social development most often refers to how a child develops friendships and other relationships, as well how a child handles conflict with peers. Explain your role with supporting a child's social development? How would you go about supporting a child's social development? How would you learn about the social needs of a child? Describe your interest in caring for American Indian or Alaska Native children, keeping children connected to safe and appropriate extended family and their tribes. Describe your willingness to teach American Indian or Alaska Native children about their culture and participation in cultural activities. How will American Indian or Alaska Native children's cultures be incorporated into the family if an American Indian or Alaska Native child is in the home?

### B. Child's Emotional Development:

In this section please include the following information regarding the applicant: Emotional development refers to the child's ability to identify and understand their own feelings, accurately read and understand the feelings of others, manage the way they feel, shape the way they behave, develop empathy for others, and build and keep good relationships with friends, family and others. Explain your role with supporting a child's emotional development? How would you support a child's emotional development? How would you learn about the emotional needs of a child?

### C. Educational Needs:

In this section please include the following information regarding the applicant: Positive, stable school experiences enhance a child's well-being, help them make more successful transitions to adulthood, and increase their chances for personal fulfillment, economic self-sufficiency and their ability to contribute to society. For American Indian or Alaska Native children, how will they be educated about their tribes, cultures and rights? What role can you



play with helping a child experience academic success? How might you become informed about a child's educational needs? How can you partner with the child's school? School(s) that the child(ren) in the home attend and the school that the foster/adopted child will attend. If applicable, special education services available to students in the identified school(s).

### 8. Support Systems

In this section please include the following information regarding the applicant: Who do you consider to be your primary source of support? Please identify your family's formal and informal supports. Are you comfortable reaching out to those who can provide support? How often are those who provide support to you available? On average, how often do you reach out to those who provide you support? How do you generally go about solving problems?

### 9. Employment, Education and Military

In this section please include the following information regarding each applicant: What is the highest level of education/grade level you completed, include: High School attended? College attended? Was a Degree Obtained? Who is your employer; length of time with employer, nature of work, # of hours worked each week and work schedule. Describe your previous work history if with current employer < 3 years; do you have vacation and sick time available? Who will provide child care while you are at work? Are you currently or formerly with the military? Include: how many years, rank, discharge status, deployment eligible?

## Household Information

### 1. Current Living Arrangements/Description of Home

In this section please include the following information regarding the applicants' current living arrangements: Describe the home environment. (For example, is it chaotic, peaceful, busy, organized, warm and welcoming, etc.?) Include a description of the home, including the number of rooms, the sleeping arrangements, is the home handicapped accessible and the housekeeping standards. Describe the neighborhood. Is the home in a rural, urban or other setting? Describe the community resources available, including medical, counseling, educational services. Describe the cultural diversity of the community. How does the applicant think a child of a different race would be treated within the community? Are there appropriate areas for children to play, and toys that encourage growth and development? Describe indoor and outdoor play areas. Describe the property including any out buildings, and tell how they are used (check the inside of outbuildings. Are there safety issues in the home, or surrounding neighborhood, that would affect children? Are there any hazards? For example a wood stove, electric fences, pools, water?) What is the safety plan? Are there weapons in the home? If so, how and where are they stored? Are there medications in the home? Where are they stored? Describe all pets. How do they interact with children? Does the applicant/s have any dietary preferences? (i.e. Vegetarian, Kosher, etc.)

### 2. Transportation

In this section please include the following information: List each vehicle used by the family including the make/model/year and number of working seatbelts. Who is your insurance carrier(s)? Do you have car seats? Have the car seats been installed properly? How do you know the car seats are installed properly? Were the car seats installed by a trained installer? Include: who/when/where? Does your family need information on community resources to assist with proper car seat installation? Will others be assisting you with transporting children? Explain responsibility of primary caretakers to ensure car seats are used and properly installed.

### 3. Finances

In this section please include the following information regarding the applicant: Gather the following financial information to assess and understand that the applicant has the ability to financially support a foster child/adoptive child.

#### A. Income:

	Applicant/Caregiver Name	Applicant/Caregiver Name
<b>Current Gross Income</b>		
Current Net Income		
<b>Social Security</b>		
Child Support		
<del>Alimony</del>		
Disability		
<del>Unemployment</del>		
Veteran's Benefits		
<b>Workman's Comp</b>		
Pension		
<b>Assets</b>		
Additional Income		

#### B. Forms of Assistance: NA

<del>SNAP-food stamps</del>	
WIC	
<b>General Assistance</b>	
Other	

#### C. Household Expenses/Monthly:

<b>Housing (Rent / Mortgage)</b>	
Utilities (electric, water, gas, etc.)	
<b>Medical Insurance</b>	
Cable/Phone/Internet	
<b>Vehicle (payment and insurance)</b>	
Loan and or credit card(s)	
<b>Medical/insurance not-covered</b>	
Living expenses (groceries, gasoline, and entertainment)	
<b>Child Care</b>	
Other	

### III. REFERENCES

References must be obtained for each applicant according to policy and/or regulation. This section of the home study must include the identified strengths and areas of concerns as reported by the references.

The information reported in the references must be taken into consideration when conducting your evaluation and making your recommendation. If three positive references are unable to be obtained, a supervisor staffing is required and the outcome documented with the recommendation.

#### **IV. MEDICAL REPORT OF APPLICANTS**

Each applicant must submit a signed Health Information Report (HIR), *unless* the applicants are kin or relative and not licensable.

Part "A" of the Health Information Report must be completed by all adult applicants and adults in the household who are/will be caretakers for children in placement.

Part "B" of the Health Information Report must be completed when the applicant is taking most any prescription medication. The *only* exceptions would include: Birth Control, allergies, time-limited antibiotics, cold, or other temporary conditions.

Part "B" must be completed by a Health Practitioner, Medical Doctor, RN, or Physician's Assistant

#### **V. EVALUATION**

The evaluation section is a critical component of the home study. In this section the home study evaluator must provide his/her analysis of all the information gathered to draw conclusions that identify the family's strengths, needs and recommendations.

#### **VI. RECOMMENDATION**

Ensure a recommendation of approval or disapproval has been provided, along with a supporting summative statement for the recommendation.

Indicate the types of children the applicant(s) are willing to foster or adopt. This section is not applicable if the kin is not licensable.

#### **VII. SIGNATURES**

Ensure all signatures have been obtained on the home study.

#### **VIII. HOME STUDY ADDENDUM**

Applicants must have all the background checks and clearances completed. (National criminal history, Nebraska state patrol, Adult/Child Abuse/Neglect central register/y, State Patrol Sex

Offender, Google and social media, Department for Motor Vehicle (DMV), and Law Enforcement)

Adult/Child Abuse/Neglect Register checks must be completed on each applicant in any other states they have lived within the past 5 years.

If there are any other adults age 18 or over living in this home, complete the background checks and clearances for them as well. If there are any children residing in this home age 13 and over, complete a Nebraska Child Abuse/Neglect Central Register check and a Nebraska Adult Abuse/Neglect Check, and State Patrol Sex Offender Check for each child.

Document the results of those additional checks and clearances in the same format as the applicant information.

If the background checks indicate a central register/y finding, felony conviction, sex offender registry finding, or any other criminal history record per policy an approval status form is required before the home study can be approved.

# Child Saving Institute Adoptive Home Study Guidebook

**\*\*This is an all-encompassing Guidebook based on DHHS and Child Saving Institute expectations in relation to Adoptive Home Studies \*\***

Department of Health & Human Services

DHHS

N E B R A S K A



## **PERTINENT INFORMATION**

Every part of this section needs to be completed.

### **I. ADOPTIVE HOME STUDY OUTLINE / GUIDE**

Additions to these sections include Adoption Specific questions that each applicant will need to answer.

#### 1. Family Background (Information Copied and Pasted from Most Recent Home Study)

In this section please include the following information regarding the applicant:

Where is your birthplace (city and state), who is your family of origin (names, ages and current location) to include parents, siblings.

Explain any significant changes since the most recent home study (i.e. Health-Physical/Emotional/Behavioral/Social; Losses; Employment; Family Structure/Composition; Law Enforcement Contact or Financial).

Describe the quality of relationships between family members (past and present).

Include description of relationship between parents/primary caregivers.

How would you describe your childhood? Describe all tribal heritages, affiliations, memberships, enrollments or registrations. What is your religion and willingness to accept foster children of other religions, including how they will ensure foster children of a different religion get to religious services?

How would you describe your parents' parenting style? Would you describe your parent(s)/caregivers as nurturing?

What type of discipline did your parent(s)/caregivers use? What were the family rules?  
Who enforced the family rules?

Were consequences used? Please explain what types of consequences were used during childhood and how you feel about the consequences used. Were there any childhood/adolescent experiences that you would describe as traumatic?

Explain any history of mental health disorders or substance abuse with any family member of origin and impact on you as child/adult. How were these dynamics managed and addressed by the family? Was professional help sought?

#### 2. Current Family Composition

In this section please include the following information regarding the applicant:

Who are your current family members and/or significant others (name, ages and relationship to the applicant).

Describe the quality of relationships between family members and significant others in your life.

Describe the applicant's significant relationships/marital history. Give dates of marriage(s) and divorce(s). If divorced, describe circumstances of the divorce(s). (For adoptive home study, copies of current marriage certificate and all divorce decrees need to be in the file.)

If not currently in a marriage, is the applicant involved in any relationship that might affect a child?

Describe how applicant makes decisions and resolves differences.

If applicable, describe the applicant's present relationship with ex-partners.

How would the applicant feel, and what would s/he do, if the child becomes a disruptive influence on his/her marriage/relationship?

Has the applicant ever been separated from his/her present partner? What were the reasons and how were they resolved?

#### CHILDREN:

Describe all the children in the home including name, ages, grade level, academic performance, special needs, personality, likes/dislikes, health, responsibilities in the home and school adjustment. Children's Tribal Affiliations: If any biological or adopted child has tribal affiliation(s), describe the relationships with the child's tribe(s), including participation in cultural activities. Describe any adult child/ren in or out of the home including where they reside and their current relationship with the applicant. Describe any behaviors of the child/ren in the home that may affect a child placed in that home. If the applicant/s has/have minor children who are not living with them, please explain why. What is the applicant/s on-going contact with these children? Have any of the applicant/s children been involved with the juvenile court system? How do the applicant/s children (including adult children) feel about having additional children brought into the home? Has the applicant ever experienced the death of a child? If so, what were the circumstances?

#### A. Family Relationships and Structure:

How do the other children and other household members get along with the child? Are there strong relationships between some and not the others? Are there struggles with any relationships between siblings in the home? For adoptive home studies, please conduct a brief interview (as age appropriate) with other children in the home. Ask the following questions. Describe your relationship with this child. How do you feel about this child being a forever member of your family?

How do you or will you ensure the child has a sense of belonging in the family? How is love expressed in your home? How do you make others feel loved and wanted? How has/or will the dynamics (relationships/structure) between household members change with the adoption? (i.e. kinship: ex-biological grandmother is now in the mother role).

#### B. Maintaining Child Connections:

What is your family's definition of openness? What is your desired relationship with this child's birth family? What are your feelings and willingness to have a relationship with this child's birth family? What relationships does the child currently have with birth family members and others the child has a relationship with? How are those relationships maintained currently? How will the relationships look after adoption? What is your plan to problem solve challenges that could arise with the relationships? Do you have a relationship with any of the child's connections? Does the child have siblings? What do those relationships look like now? How will you prioritize this child's connections to siblings? Who will you reach out to when the child

has questions about his/her life story? How will adoption change your relationship with your extended family (kinship)?

#### OTHER ADULTS LIVING IN THE HOME:

Identify any other persons living in the home or on the property. Will they be involved in the parenting, care taking and/or supervision of the child? Will they have any responsibility for transporting children? (If so, verify that they have a valid driver's license and insurance). All background checks need to be completed on any other adult living in the home and the results need to be documented in this section.

Consultation Point needs to occur with Supervisor to determine what other questions need to be addressed in this section.

### 3. Self-Awareness

In this section please include the following information regarding the applicant: How would you describe yourself? Who did you consider your family when you were growing up? How did you feel about your parents and how did that change as you grew into adult hood? How did you feel about your siblings and how did that change as you grew into adult hood? Which parent did you feel closest to and why? Why do you think there isn't this same feeling with the other parent? Did you have any significant relationships with adults outside of your parents? Why were they important to you? How does your childhood impact your adult life and choices? How will your culture impact your ability provide foster care? How will the child's culture impact your ability to provide foster care? What coping strategies do you use when experiencing stress? How would a child/adolescent know you are stressed? What would that look like? What coping strategies do you use when experiencing frustration? How do you express anger? How would a child know you are angry? What would that look like? How do you manage conflict? How do you manage/express grief? What fears or worries do you have with providing foster care? What fears or worries do you have with the child's behavior? Who would you talk to about your fears and worries regarding foster care /adoption? Do you feel you are prepared for the responsibility of caring for children? What concerns do you have about caring for children? What are your family's interests, hobbies?

### 4. Physical and Behavioral Health

In this section please include the following information regarding the applicant: Describe the overall physical health of you and your family members. Describe any conditions any family member is receiving for an-going medical care from a physician. Describe any substance use (alcohol and non-prescribed drug use) by each family member to include substance of choice, frequency of consumption. Has anyone told you or a family member that drinking is a problem or that you drink too much? Does anyone in the family have history of substance abuse? Are you or is anyone in the family currently receiving treatment for substance abuse? Include whether treatment was residential or outpatient, length of treatment, outcome of treatment, involvement with a sponsor, and use of support groups i.e. Alcoholics Anonymous or Narcotics Anonymous and/or current place with recovery. Describe the current use of tobacco products by all family members. Do you have any concerns about your physical ability to provide care for a child? Is anyone in the family currently receiving treatment for a major mental health disorder? Is the individual compliant with their recovery plan? Describe any history of domestic violence. Has anyone in the applicant's immediate family had a restraining, anti-horassment or protective order filed against him or her, or on his/her behalf? If not, how has the applicant resolved the situation? Is there any domestic violence issues within the extended family that could pose a threat to a child placed in the home? Describe any criminal history. What was the outcome?

## 5. Parenting Philosophy

In this section please include the following information regarding the applicant: Share your beliefs about how children should be disciplined? Describe how you parent and discipline style? Do you think the age of the child influences the type of discipline a parent should use? How much of your current parenting style did you learn from your parents? What or whom has influenced your current parenting style the most? If you have adult children, how would they describe your parenting style? Have you ever been criticized for your style of parenting (explain)? Have you ever been complimented on your parenting style (explain)? What are the major similarities between your parenting style and the other adult(s) parenting style (who live in the home)? What are the major differences? How would you describe someone who is an effective/successful parent? Does the discipline you use when you are angry look different from the discipline you use when you are not angry, describe? Do you believe physical discipline is an effective way to change/manage behaviors? Under what circumstances? How has your childhood impacted your parenting as an adult? How does any previous trauma you have experienced influence your parenting? What fears/worries do you have about parenting? How much parenting experience do you have? Describe any CPS history your family has experienced.

For an Adoptive Home Study, please include the following information in addition to information reported in previous home studies. What are the rules for the children in your home? Are these rules the same or different for each child? Are they all the same rules? Do you consider the child's trauma background when setting rules? What are the expectations of the children in your home? Do all children have the same expectations or are there different expectations for the children in the home? Please describe the expectations for this child in regard to: Education; Career; Attitude; Behaviors; Gratitude (will it be expected for the child to be grateful they were adopted)?

Additionally, in an Adoptive Home Study, information will need to be gathered regarding Behavioral Management. Are there different interventions/techniques for different children in the home? Will this change upon adoption? How will this/has this changed over the years? Are you open to trying new interventions/approaches/techniques? Do you consider the child's trauma background when trying new interventions? What current resources are being used/accessed to meet each child's needs? (Therapy, respite, etc). Will these resources continue upon adoption? Do you know how to access these resources in the future? Will you have the financial ability to access these services ongoing once the adoption is finalized?

### 5A. Multiracial/Multicultural Parenting and Becoming a Multiracial/Multicultural Family

For an Adoption Home Study, please include the following information in addition to information reported in previous home studies. How do you define a multiracial/ethnic/cultural family? What training have you had regarding being a multiracial/ethnic/cultural family? What are you currently doing to ensure your child is connected to their race/ethnicity/culture? Do you believe there is a difference in parenting children of other races/cultures/ethnicities? Do you believe that to be important to acknowledge? Do you understand that being a multiracial/ethnic/cultural family impacts the entire family, not just the child? What is your current involvement with people of other race/culture/ethnicities than your own? Are there any people of other races/cultures currently in your life? Does your lifestyle provide opportunities for the child to interact with people of a similar race/culture as their own? How do you or would you support/encourage the child learning about and embracing their race/culture/ethnicity? What do you do to incorporate race/culture/ethnicity into your family/household? Please



provide specific examples. What does your extended family's support and feelings towards other cultures/races look like? If not accepting of it, how do you handle this? How do you or would you handle situations where you are challenged for being a transracial/ethnic/cultural family? How do you or would you support the child if they practice a different religion? Does the child belong to any communities/groups? (I.E. LGBTQ, deaf/hard of hearing, neurodivergent? If so, how do you support his/her involvement in these groups?

Questions for Home Study Renewals *(only)*: How would you describe the foster care experience, how has providing foster care been so far? Was it what you expected? Describe any challenges and joys you have experienced in providing foster care? Have you had and placement holds or had any allegations? Describe any continued contact you have with former foster children? Do you think you have been successful?

PLEASE REVIEW THE DHHS DISCIPLINE POLICY with ALL ADULTS LIVING IN THE HOME. THE DISCIPLINE POLICY IS SIGNED and DATED BY ALL ADULTS LIVING IN THE HOME. THE PRIMARY CARETAKING ADULTS HAVE A COPY OF THE DISCIPLINE POLICY. ENSURE THE SIGNED POLICY IS ATTACHED TO THE HOME STUDY.

#### 6. Parents Motivation to Adopt Child(ren)

In this section please include the following information regarding the applicant: Why did you first become interested in adoption? What is your definition of adoption? How will you work to maintain the child's relationships with other significant people in their life, i.e. birth parents, siblings, teachers, friends, tribal representatives, other foster parents? Describe the applicant's skills and ability to parent a special needs child? How would you support a child's need to remain connected to their birth family and extended family? If applicable, describe your interest in caring for American Indian or Alaska Native children, keeping children connected to safe and appropriate extended family and their tribes.

Why do you want to adopt? (for couples, both should provide their own answer). What is the difference between foster care and adoption? What is your history with adoption? Have you ever adopted/became a legal guardian? If yes, please explain. Have you ever dissolved an adoption/guardianship? If yes, please explain. Have you struggled with infertility challenges? If so, what have you done to cope with this? How will adoption change your life? Will your support change once the adoption is finalized? Will your feelings for this child change once the adoption is finalized? Why do you want to adopt this child? What do you like about this child? What do you find challenging about this child? Do you feel guilty or pressured to adopt? If so, how? Do you plan to continue to foster/adopt. If so, what is your plan for adding additional children to your home?

#### A. Adoption Preparation:

For an Adoption Home Study, please include the following information in addition to information reported in previous home studies. What specifically have you done to educate yourself about adoption? What trainings/education/therapy have you completed? What did you find helpful in the training/education/therapy? What did you disagree with in the training/education/therapy? What do you understand about the 7 Core Issues of adoption and to incorporate them into your parenting? How will you continue to learn about adoption challenges? What are the differences in needs between an adopted child and biological child? Has anyone talked to/prepared the child for adoption? If so, what was discussed and how did the child respond? Do you feel fully prepared to parent this child Forever? If not, what

do you still need? How does adoption change your legal responsibility to this child? What are your fears regarding adopting this child? Are you financially able to care for the child if subsidy is not available or decreases?

**B. Parent's Understanding of Child's functioning and Needs:**

For an Adoptive Home Study, please include the Parent's description of the child. This includes describing the child's personality, the child's strengths, the child's challenges, any unique needs the child has (emotional, behavioral, social, educational). Ask the adoptive family if they understand the child's life story/history from birth until now. Are you missing any information that you believe would be helpful and how will you go about obtaining that information? How have conversations gone when discussing with the child about his/her adoption finalization? Is he/she excited to be adopted? Does he/she have fears that may need to be addressed? Please describe your relationship with the child (ren). What are the joys in parenting this child? What does a typical day look like when caring for children in your home? How will that change when your child's adoption is finalized? Are you planning on changing the child's name once the adoption is complete? If so, have you had that discussion with the child? What was his/her response? What needs do you anticipate the child will have in the future (educational, behavioral, emotional social)?

**7. Ability to Meet the Child's Social, Emotional, Educational and Physical Healthcare Needs:**

**A. Child's Social Development:**

In this section please include the following information regarding the applicant: Social development refers to the process by which a child learns to interact with others around them. As they develop and perceive their own individuality within their community, they also gain skills to communicate with other people and process their actions. Social development most often refers to how a child develops friendships and other relationships, as well how a child handles conflict with peers. Explain your role with supporting a child's social development? How would you go about supporting a child's social development? How would you learn about the social needs of a child? Describe your interest in caring for American Indian or Alaska Native children, keeping children connected to safe and appropriate extended family and their tribes. Describe your willingness to teach American Indian or Alaska Native children about their culture and participation in cultural activities. How will American Indian or Alaska Native children's cultures be incorporated into the family if an American Indian or Alaska Native child is in the home?

**B. Child's Emotional Development:**

In this section please include the following information regarding the applicant: Emotional development refers to the child's ability to identify and understand their own feelings, accurately read and understand the feelings of others, manage the way they feel, shape the way they behave, develop empathy for others, and build and keep good relationships with friends, family and others. Explain your role with supporting a child's emotional development? How would you support a child's emotional development? How would you learn about the emotional needs of a child?

### C. Educational Needs:

In this section please include the following information regarding the applicant: Positive, stable school experiences enhance a child's well-being, help them make more successful transitions to adulthood, and increase their chances for personal fulfillment, economic self-sufficiency and their ability to contribute to society. For American Indian or Alaska Native children, how will they be educated about their tribes, cultures and rights? What role can you play with helping a child experience academic success? How might you become informed about a child's educational needs? How can you partner with the child's school? School(s) that the child(ren) in the home attend and the school that the foster/adopted child will attend. If applicable, special education services available to students in the identified school(s).

### D. Child's Understanding and Readiness for Adoption:

This might not be appropriate when child has not yet joined the home and is based on the developmental level of the child. For an adoption home study, you would conduct a brief child interview to include the following questions. Tell me about yourself? What things do you like to do (activities, school classes, food etc)? What rules do you have in your home? What happens if you get disciplined? What school do you attend, what grade are you in and how is your experience at school? Describe your relationship with your immediate and extended family members? Who do you feel closest to, who do you spend the most time with etc. Describe your relationship with your birth mother, father, extended family members etc. How do your adoptive parents support these relationships (if applicable)? What does adoption mean to you? How do you feel about being adopted by this family or the transition of extended family member to parent (kinship)?

### 8. Family Support Network

In this section please include the following information regarding the applicant: Who do you consider to be your primary source of support? Please identify your family's formal and informal supports. Are you comfortable reaching out to those who can provide support? How often are those who provide support to you available? On average, how often do you reach out to those who provide you support? How do you generally go about solving problems?

Include the following information in the Adoptive Home Study. Describe your family and friends' knowledge and support of your plan to adopt this child. How does each identified support person help you and the child? Do you belong to any community groups? Do those you identify as your support network support your plan to adopt? Who do you turn to when you are having difficulties with the child? What is your support network's support and understanding of openness? Are your adult children supportive (if applicable)? Describe the child's relationships with your extended family/support network. Who will be there to give you a break when needed? Who will become the child's legal guardian/parent in case of death or inability to parent?

### 9. Employment, Education and Military

In this section please include the following information regarding each applicant: What is the highest level of education/grade level you completed, include: High School attended? College attended? Was a Degree Obtained? Who is your employer; length of time with employer, nature of work, # of hours worked each week and work schedule. Describe your previous work history if with current employer < 3 years; do you have vacation and sick time available? Who will provide child care while you are at work? Are you currently or formerly with the military? Include: how many years, rank, discharge status, deployment eligible?

## Household Information

### 1. Current Living Arrangements/Description of Home

In this section please include the following information regarding the applicants' current living arrangements: Describe the home environment. (For example, is it chaotic, peaceful, busy, organized, warm and welcoming, etc.?) Include a description of the home, including the number of rooms, the sleeping arrangements, is the home handicapped accessible and the housekeeping standards. Describe the neighborhood. Is the home in a rural, urban or other setting? Describe the community resources available, including medical, counseling, educational services. Describe the cultural diversity of the community. How does the applicant think a child of a different race would be treated within the community? Are there appropriate areas for children to play, and toys that encourage growth and development? Describe indoor and outdoor play areas. Describe the property including any out buildings, and tell how they are used (check the inside of outbuildings. Are there safety issues in the home, or surrounding neighborhood, that would affect children? Are there any hazards? For example a wood stove, electric fences, pools, water?) What is the safety plan? Are there weapons in the home? If so, how and where are they stored? Are there medications in the home? Where are they stored? Describe all pets. How do they interact with children? Does the applicant/s have any dietary preferences? (i.e. Vegetarian, Kosher, etc.)

### 2. Transportation

In this section please include the following information: List each vehicle used by the family including the make/model/year and number of working seatbelts. Who is your insurance carrier(s)? Do you have car seats? Have the car seats been installed properly? How do you know the car seats are installed properly? Were the car seats installed by a trained installer? Include: who/when/where? Does your family need information on community resources to assist with proper car seat installation? Will others be assisting you with transporting children? Explain responsibility of primary caretakers to ensure car seats are used and properly installed.

### 3. Finances

In this section please include the following information regarding the applicant: Gather the following financial information to assess and understand that the applicant has the ability to financially support a foster child/adoptive child.

A. Income:

	Applicant/Coregiver Name	Applicant/Caregiver Name
Current Gross Income		
Current Net Income		
Social Security		
Child Support		
Alimony		
Disability		
Unemployment		
Veteran's Benefits		
Workman's Comp		
Pension		
Assets		
Additional Income		

B. Forms of Assistance:  NA

SNAP-food stamps	
WIC	
General Assistance	
Other	

C. Household Expenses/Monthly:

Housing (Rent / Mortgage)	
Utilities (electric, water, gas, etc.)	
Medical Insurance	
Cable/Phone/Internet	
Vehicle (payment and insurance)	
Loan and or credit card(s)	
Medical/insurance not-covered	
Living expenses (groceries, gasoline, and entertainment)	
Child Care	
Other	

**II. REFERENCES**

3 new References must be obtained (only 1 family member) and must be able to provide references in direct relation to adoption.

### III. MEDICAL REPORT OF APPLICANTS

Each applicant must submit a signed Health Information Report (HIR), *unless* the applicants are kin or relative and not licensable.

Part "A" of the Health Information Report must be completed by all adult applicants and adults in the household who are/will be caretakers for children in placement.

Part "B" of the Health Information Report must be completed when the applicant is taking most any prescription medication. The *only* exceptions would include: Birth Control, allergies, time-limited antibiotics, cold, or other temporary conditions.

Part "B" must be completed by a Health Practitioner, Medical Doctor, RN, or Physician's Assistant

### IV. EVALUATION

In this section the home study evaluator must provide his/her analysis of all the information gathered to draw conclusions that identify the family's **strengths and needs**.

### V. RECOMMENDATION

Ensure a recommendation of approval or disapproval has been provided, along with a supporting summative statement for the recommendation.

### VI. SIGNATURES

Ensure all signatures have been obtained on the home study.

### VII. BACKGROUND CHECKS

<b>REGISTER, LAW ENFORCEMENT CHECKS AND CLEARANCE</b>	
<b>Applicant/Caregiver Name:</b>	
National Criminal History Check (Finger Prints) Results:	Date Completed:
Nebraska State Patrol Check Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:

Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Google and Social Media Checks Results:	Date Completed:
Department of Motor Vehicle (DMV) Check Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED:  Yes  No  
 If Yes, DATE signed by Child and Family Services Administrator   
 If Yes, DATE signed by Service Area Administrator

**Applicant/Caregiver Name:**

National Criminal History Check (Finger Prints) Results:	Date Completed:
Nebraska State Patrol Check Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Google and Social Media Checks Results:	Date Completed:
Department of Motor Vehicle (DMV) Check Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED:  Yes  No  
 If Yes, DATE signed by Child and Family Services Administrator   
 If Yes, DATE signed by Service Area Administrator



Division of Children and Family Services  
Home Study

**I. PERTINENT INFORMATION:**

**APPLICANT/CAREGIVER NAME:**

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Tribal Affiliations: \_\_\_\_\_

Address (Street or Mailing): \_\_\_\_\_

City: Omaha State: NE Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number – Home: \_\_\_\_\_ Telephone Number – Work: \_\_\_\_\_ Telephone Number – Cellular: \_\_\_\_\_

Email Address: \_\_\_\_\_

**APPLICANT/CAREGIVER NAME:**

Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Tribal Affiliations: \_\_\_\_\_

Address (Street or Mailing): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone Number – Home: \_\_\_\_\_ Telephone Number – Work: \_\_\_\_\_ Telephone Number – Cellular: \_\_\_\_\_

Email Address: \_\_\_\_\_

Type of Home Study:  Initial  Renewal  Addendum  Adoptive Home Study Update

Purpose of Home Study: (Check all that apply):  
 Parent  Relative  ICPC  Non-Custodial Parent  Foster Care  
 Kinship  Adoptive

Date Home Study Completed: \_\_\_\_\_

Home Study Completed by – Name: \_\_\_\_\_

Credentials:  
 Bachelor of Arts  Master of Arts  Doctorate Degree  Bachelor of Science  
 Master of Science  Licensed Mental Health Practitioner  Bachelor of Social Work  
 Master of Social Work  High School/GED + Required Experience  Associates

Agency Name: Child Saving Institute

Address: 4545 Dodge Street

City: Omaha State: NE Zip: 68132

Email Address: mwisnieski@childsaving.org

Date of Referral: \_\_\_\_\_ Referral Source: \_\_\_\_\_

**CHILD INFORMATION** Not Applicable

Child's Name:

Date of Birth:

Child's Current Placement:

Child's Relationship to Foster Parent: (If placement is completed prior to home study completion, provide circumstances. If caregivers are American Indian or Alaska Native, identify who is a member or eligible for membership in a federally recognized tribe, identify which tribe and attach copies of tribal documents.)

Anticipated Placement Date:

**CONTACTS**

Prior Contacts of Studies Completed:

Self-Studies Completed:

 Yes  No

Personal Interviews (for each interview include names, dates, who attended and location of interview):

Foster Parent Training Completed:

 Yes  No Date:

If Applicable, Foster Parent Training Waived:

 Yes  No

Other Training:

---

**II. HOME STUDY (See instructions in Home Study Guidebook)**

---

**APPLICANT/CAREGIVER NAME:**

---

1. Family Background:

---

2. Current Family Composition:

---

3. Self-Awareness:

---

4. Physical and Behavioral Health:

---

5. Parenting:

---

Please review the DHHS discipline policy with all adults living in the home. The discipline policy is signed and dated by all adults living in the home. The primary caretaking adults have a copy of the discipline policy. The signed policy is attached.

Yes    No

---

6. Motivation to Foster/Adopt (Child(ren):

---

7. Ability to Meet the Child's Social, Emotional, Educational and Physical Health Care Needs:

---

A. Child's Social Development:

---

B. Child's Emotional Development:

---

C. Educational Needs:

---

8. Support Systems:

---

9. Employment, Education and Military:

---

**APPLICANT/CAREGIVER NAME:**

---

1. Family Background:

---

2. Current Family Composition:

---

3. Self-Awareness:

---

4. Physical and Behavioral Health:

---

5. Parenting:

---

Please review the DHHS discipline policy with all adults living in the home. The discipline policy is signed and dated by all adults living in the home. The primary caretaking adults have a copy of the discipline policy. The signed policy is attached.

Yes    No

---

6. Motivation to Foster/Adopt (Child(ren):

---

7. Ability to Meet the Child's Social, Emotional, Educational and Physical Health Care Needs:

---

A. Child's Social Development:

B. Child's Emotional Development:

C. Educational Needs:

8. Support Systems:

9. Employment, Education and Military:

**III. HOUSEHOLD INFORMATION**

1. Current Living Arrangement/Description of Home:

2. Transportation:

3. Finances: (In this section please include the following information regarding the applicant: Gather the following financial information to assess and understand that the applicant has the ability to financially support a foster child/adoptive child.)

A. Income:

Income	Applicant/Caregiver Name:	Applicant/Caregiver Name:
Gross Income	\$	\$
Current Net Income	\$	\$
Social Security	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Disability	\$	\$
Unemployment	\$	\$
Veteran's Benefits	\$	\$
Workman's Compensation	\$	\$
Pension	\$	\$
Additional Income	\$	\$
Assets (Property, stocks, bonds, etc.)	\$	\$
TOTAL	\$	\$

B. Forms of Assistance:  NA

SNAP	\$
WIC	\$
General Assistance	\$

Other	\$
<b>TOTAL</b>	\$

**C. Household Expenses Monthly:**

Housing (Rent/Mortgage)	\$
Utilities (Electric, Water, Gas, etc.)	\$
Medical Insurance	\$
Cable/Phone/Internet	\$
Vehicle (Payment and Insurance)	\$
Loan and or Credit Card(s)	\$
Medical/insurance not-covered	\$
Living expenses (Groceries, Gasoline, Entertainment, etc.)	\$
Child Care	\$
Other	\$
<b>TOTAL</b>	\$

**IV. REFERENCES CONTACTED**

Applicant/Caregiver Name:

Number of References Received:

Summary of Strengths/Concerns Identified:

Applicant/Caregiver Name:

Number of References Received:

Summary of Strengths/Concerns Identified:

**V. MEDICAL REPORT OF APPLICANTS**

Applicant/Caregiver Name:

1. Signed Health Information Report is Present in the Permanent File:

Yes  No  Not Applicable (if relative or kinship is not licensable)

a. If yes, the date it was signed by the applicant:

b. General statement of health: (overall health, activity level, list of medications [purpose of the medication]):

c. Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis):

Applicant/Caregiver Name:

1. Signed Health Information Report is Present in the Permanent File:

Yes  No  Not applicable (if relative or kinship is not licensable)

- a. If yes, the date it was signed by the applicant:
- b. General statement of health: (overall health, activity level, list of medications [purpose of the medication]):
- c. Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis):

**VI. EVALUATION**

- A. Strengths of Foster Family:
- B. Needs of Foster Family (training, services, or supports needed):
- C. Recommendations for Foster Family:

**VII. RECOMMENDATIONS**

- A. Statement of approval or disapproval for the placement of children in this home:
- B. Type of child to be considered for placement: Not applicable (if relative or kinship is not licensable)
  - 1. Age Range:
  - 2. Gender:
  - 3. Physical Handicap:
  - 4. Emotional Handicap:
  - 5. Learning Disability:
  - 6. Intellectual Disability:
  - 7. Child in Need of Placement with Siblings:
  - 8. Medical Risk:
  - 9. Child in Need of Openness in Adoption:
  - 10. Legal Risk:

**VIII. APPROVAL SIGNATURES**

Complete by (Printed Name):	Date:
Signature:	Date:
Supervisor (Printed Name):	Date:
Signature:	Date:
Printed Name:	Date:
Signature:	Date:

**HOME STUDY ADDENDUM**

**REGISTER, LAW ENFORCEMENT CHECKS AND CLEARANCE**

**Applicant/Caregiver Name:**

National Criminal History Check (Finger Prints) Results:	Date Completed:
Nebraska State Patrol Check Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Google and Social Media Checks Results:	Date Completed:
Department of Motor Vehicle (DMV) Check Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED:  Yes  No  
If Yes, DATE signed by Child and Family Services Administrator   
If Yes, DATE signed by Service Area Administrator

**Applicant/Caregiver Name:**

National Criminal History Check (Finger Prints) Results:	Date Completed:
Nebraska State Patrol Check Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Google and Social Media Checks Results:	Date Completed:
Department of Motor Vehicle (DMV) Check Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED:  Yes  No  
If Yes, DATE signed by Child and Family Services Administrator   
If Yes, DATE signed by Service Area Administrator

**HOME STUDY ADDENDUM**

**REGISTER/Y CHECKS**

**Other States Applicant lived in within the Past 5 Years**

<b>Applicant Name/Caregiver:</b>	<b>State:</b>
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
<b>Applicant Name/Caregiver:</b>	<b>State:</b>
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
<b>Applicant Name/Caregiver:</b>	<b>State:</b>
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
<b>Applicant Name/Caregiver:</b>	<b>State:</b>
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
<b>Applicant Name/Caregiver:</b>	<b>State:</b>
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
<b>Applicant Name/Caregiver:</b>	<b>State:</b>
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:
<b>Applicant Name/Caregiver:</b>	<b>State:</b>
Child Abuse/Neglect Central Register Results:	Date Completed:
Adult Abuse/Neglect Central Registry Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED:  Yes  No  
 If Yes, DATE signed by Child and Family Services Administrator   
 If Yes, DATE signed by Service Area Administrator

**HOME STUDY ADDENDUM**

**REGISTRY, LAW ENFORCEMENT CHECKS AND CLEARANCE for Other Household Members Age 18 and Over**

**Household Member Name:**

National Criminal History Check (Finger Prints) Results:	Date Completed:
Nebraska State Patrol Check Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Google and Social Media Checks Results:	Date Completed:
Department of Motor Vehicle (DMV) Check Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED:  Yes  No  
If Yes, DATE signed by Child and Family Services Administrator   
If Yes, DATE signed by Service Area Administrator

**Household Member Name:**

National Criminal History Check (Finger Prints) Results:	Date Completed:
Nebraska State Patrol Check Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Google and Social Media Checks Results:	Date Completed:
Department of Motor Vehicle (DMV) Check Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED:  Yes  No  
If Yes, DATE signed by Child and Family Services Administrator   
If Yes, DATE signed by Service Area Administrator

**HOME STUDY ADDENDUM**

**REGISTER/Y CHECKS for  
Other Household Members age 13-18**

**Household Member Name:**

Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:

**Household Member Name:**

Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:

**Household Member Name:**

Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:

**Household Member Name:**

Nebraska Child Abuse/Neglect Central Register Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED:  Yes  No  
If Yes, DATE signed by Child and Family Services Administrator   
If Yes, DATE signed by Service Area Administrator



Child Saving Institute  
Adoptive Home Study

**I. PERTINENT INFORMATION:**

**APPLICANT/CAREGIVER NAME:**

Date of Birth:		Social Security Number:	
Tribal Affiliations:			
Address (Street or Mailing):			
City: Omaha	State: NE	Zip:	County:
Telephone Number – Home:	Telephone Number – Work:	Telephone Number – Cellular:	
Email Address:			

**APPLICANT/CAREGIVER NAME:**

Date of Birth:		Social Security Number:	
Tribal Affiliations:			
Address (Street or Mailing):			
City:	State:	Zip:	County:
Telephone Number – Home:	Telephone Number – Work:	Telephone Number – Cellular:	
Email Address:			

Type of Home Study:  Child has not yet joined the family  Child has been with the family for foster care  
 Child has been with the family for kinship care

Date Adoptive Home Study Completed:

Adoptive Home Study Completed by – Name:

Credentials:  
 Bachelor of Arts  Master of Arts  Doctorate Degree  Bachelor of Science  
 Master of Science  Licensed Mental Health Practitioner  Bachelor of Social Work  
 Master of Social Work  High School/GED + Required Experience  Associates

Agency Name: Child Saving Institute

Address: 4545 Dodge Street

City: Omaha State: NE Zip: 68132

Email Address:

Date of Referral: Referral Source:

---

**CHILD INFORMATION**

---

Child's Name:

Date of Birth:

Child's Current Placement:

Child's Relationship to Foster Parent: (If placement is completed prior to home study completion, provide circumstances. If caregivers are American Indian or Alaska Native, identify who is a member or eligible for membership in a federally recognized tribe, identify which tribe and attach copies of tribal documents.)

Anticipated/Current Placement Date:

**CONTACTS**

Prior Contacts of Studies Completed:

Personal Interviews (for each interview include names, dates, time spent, who attended and location of interview):

Foster Parent Training Completed:

 Yes  No

Date:

If Applicable, Foster Parent Training Waived:

 Yes  No

Other Training:

**II. HOME STUDY** (See instructions in Adoptive Home Study Guidebook)**APPLICANT/CAREGIVER NAME:**

1. Family Background/Significant Changes since most recent Home Study:

2. Current Family Composition:

A. Family Relationships and Structure:

B. Maintaining Child's Connections:

3. Self-Awareness:

4. Physical and Behavioral Health:

5. Parenting Philosophy:

A. Multiracial/Multicultural Parenting and Becoming a Multiracial/Multicultural Family:

Please review the DHHS discipline policy with all adults living in the home. The discipline policy is signed and dated by all adults living in the home. The primary caretaking adults have a copy of the discipline policy. The signed policy is attached.

 Yes  No

6. Parents Motivation to Adopt (Child(ren):

A. Adoption Preparation:

B. Parent's Understanding of Child's Functioning and Needs:

---

7. Ability to Meet the Child's Social, Emotional, Educational and Physical Health Care Needs:

---

A. Child's Social Development:

---

B. Child's Emotional Development:

---

C. Educational Needs:

---

D. Child's Understanding and Readiness for Adoption:

---

8. Family Support Systems:

---

9. Employment, Education and Military:

---

**APPLICANT/CAREGIVER NAME:**

---

1. Family Background/ Significant Changes since most recent Home Study:

---

2. Current Family Composition:

---

A. Family Relationships and Structure:

---

B. Maintaining Child's Connections:

---

3. Self-Awareness:

---

4. Physical and Behavioral Health:

---

5. Parenting Philosophy:

---

A. Multiracial/Multicultural Parenting and Becoming a Multiracial/Multicultural Family:

---

Please review the DHHS discipline policy with all adults living in the home. The discipline policy is signed and dated by all adults living in the home. The primary caretaking adults have a copy of the discipline policy. The signed policy is attached.

---

Yes     No

---

6. Parent's Motivation to Adopt (Child(ren)):

---

A. Adoption Preparation:

---

B. Parent's Understanding of Child's Functioning and Needs:

---

7. Ability to Meet the Child's Social, Emotional, Educational and Physical Health Care Needs:

---

A. Child's Social Development:

---

B. Child's Emotional Development:

---

C. Educational Needs:

---

D. Child's Understanding and Readiness for Adoption:

---

8. Family's Support Network:

---

---

9. Employment, Education and Military:

---

1. Current Living Arrangement/Description of Home:

---

2. Transportation:

---

3. Finances: (In this section please include the following information regarding the applicant: Gather the following financial information to assess and understand that the applicant has the ability to financially support a foster child/adoptive child.)

---

A. Income:

Income	Applicant/Caregiver Name:	Applicant/Caregiver Name:
Gross Income	\$	\$
Current Net Income	\$	\$
Social Security	\$	\$
Child Support	\$	\$
Alimony	\$	\$
Disability	\$	\$
Unemployment	\$	\$
Veteran's Benefits	\$	\$
Workman's Compensation	\$	\$
Pension	\$	\$
Additional Income	\$	\$
Assets (Property, stocks, bonds, etc.)	\$	\$
TOTAL	\$	\$

B. Forms of Assistance:  NA

SNAP	\$
WIC	\$
General Assistance	\$
Other	\$
TOTAL	\$

C. Household Expenses Monthly:

Housing (Rent/Mortgage)	\$
----------------------------	----

Utilities (Electric, Water, Gas, etc.)	\$
Medical Insurance	\$
Cable/Phone/Internet	\$
Vehicle (Payment and Insurance)	\$
Loan and or Credit Card(s)	\$
Medical/insurance not-covered	\$
Living expenses (Groceries, Gasoline, Entertainment, etc.)	\$
Child Care	\$
Other	\$
TOTAL	\$

**IV. REFERENCES CONTACTED**

Applicant/Caregiver Name:

Number of References Received:

Summary of Strengths/Concerns Identified:

Applicant/Caregiver Name:

Number of References Received:

Summary of Strengths/Concerns Identified:

**V. MEDICAL REPORT OF APPLICANTS**

Applicant/Caregiver Name:

1. Signed Health Information Report is Present in the Permanent File:

Yes  No  Not Applicable (if relative or kinship is not licensable)

a. If yes, the date it was signed by the applicant:

b. General statement of health: (overall health, activity level, list of medications [purpose of the medication]):

c. Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis):

Applicant/Caregiver Name:

1. Signed Health Information Report is Present in the Permanent File:

Yes  No  Not applicable (if relative or kinship is not licensable)

a. If yes, the date it was signed by the applicant:

b. General statement of health: (overall health, activity level, list of medications [purpose of the medication]):

c. Identification of any condition which may be expected to affect parenting ability (mental health, substance abuse, diagnosis):

**VI. EVALUATION**

A. Strengths and Needs of Adoptive Family:

---

**VII. RECOMMENDATIONS**

---

A. Statement of approval or disapproval for the finalization of adoption for the child (ren) in this home:

---

---

**VIII. APPROVAL SIGNATURES**

---

Complete by (Printed Name):	Date:
Signature:	Date:
Supervisor (Printed Name):	Date:
Signature:	Date:
Printed Name:	Date:
Signature:	Date:

**\*\*Child Saving Institute will complete all required background checks as identified in the 395 NAC Chapter 3 required by DHHS\*\***

Background Checks

**REGISTER, LAW ENFORCEMENT CHECKS AND CLEARANCE**

**Applicant/Caregiver Name:**

National Criminal History Check (Finger Prints) Results:	Date Completed:
Nebraska State Patrol Check Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Google and Social Media Checks Results:	Date Completed:
Department of Motor Vehicle (DMV) Check Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED:  Yes  No  
 If Yes, DATE signed by Child and Family Services Administrator   
 If Yes, DATE signed by Service Area Administrator

**Applicant/Caregiver Name:**

National Criminal History Check (Finger Prints) Results:	Date Completed:
Nebraska State Patrol Check Results:	Date Completed:
Nebraska Sex Offender Registry Results:	Date Completed:
Law Enforcement Check Results:	Date Completed:
Nebraska Child Abuse/Neglect Central Registry Results:	Date Completed:
Nebraska Adult Abuse/Neglect Central Registry Results:	Date Completed:
Google and Social Media Checks Results:	Date Completed:
Department of Motor Vehicle (DMV) Check Results:	Date Completed:

APPROVAL STATUS FORM REQUIRED:  Yes  No  
 If Yes, DATE signed by Child and Family Services Administrator   
 If Yes, DATE signed by Service Area Administrator