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DEPT. OF HEALTH AND HUMAN SERVICES

Jim Pillen, Governor

September 12th, 2025

Mary Jo Pankoke, Chair
Serious Injury/Near Fatality Citizen Review Panel
Nebraska Children and Families Foundation
215 Centennial Mall South, Suite 200
Lincoln, NE 68508

RE: Annual Report and Recommendations

Dear Serious Injury/Near Fatality Citizen Review Panel Members,

The Division of Children and Family Services (CFS) would like to extend our sincere gratitude to all the members of the Citizen Review Panel (CRP) for Serious Injury and Near Fatality. The committee's dedication to providing thorough case reviews and recommendations is invaluable. CFS has carefully reviewed the 2025 Annual Report recommendations and provided corresponding responses below:

1. **Provide additional training to DHHS case managers and law enforcement on cases of abuse and/or neglect involving medical information to include***:*
    - *Identify cases that have medical issues that are being investigated and may take longer to be diagnosed and require collaboration with outside agencies.*
    - *Clarify when coordination with the local Child Advocacy Centers (CACs) is required during investigations of child abuse and neglect cases.*
    - *Clarify when to coordinate with hospital medical professionals during investigations, what documentation to gather, and when to defer to their medical expertise.*
    - *Include all relevant medical records in initial assessment documentation.*

Under Nebraska State Statute § 28-713, the Department of Health and Human Services (DHHS) and law enforcement are mandated to conduct joint investigations of child abuse or neglect. When a report is assigned for a traditional response, the Department is required to utilize an evidence-informed and validated tool to:

- Assess the child's safety at the time of the assessment,
- Evaluate the risk of future abuse or neglect, and
- Determine the need for services to protect the child and preserve the family.

<u>Consultation with Law Enforcement (LE):</u>
CFS Standard Operating Procedures (SOP) for Initial Assessment requires that CFSS workers must consult with law enforcement prior to making initial contact with a family. This consultation ensures coordination of the joint investigation and must include, at a minimum:

- The nature of the allegations,
- Any prior DHHS history or pending investigations,
- Safety concerns identified by DHHS or LE, including worker safety considerations,
- Identification of the agency taking the lead during the initial investigation, and
- The plan for contacting the family.

Child Advocacy Center (CAC) Notifications:
When receiving a report, CFS Hotline generates an Intake Notification in N-FOCUS to the local Child Advocacy Center (CAC) if the child is alleged to be:

- A victim of sexual abuse, sex trafficking, labor trafficking, or serious physical abuse/neglect,
- A witness to a violent crime,
- Found in a drug-endangered environment,
- Recovered from a kidnapping, and/or
- The subject of an intake involving a child fatality or near fatality.

If the intake is screened as a Priority 1 and requires CAC coordination, the assigned or on-call worker must contact both law enforcement and the CAC to determine whether a forensic interview is necessary.

Collateral Contacts and Documentation:
Child and Family Services Specialist (CFSS) workers are responsible for making collateral contacts and gathering information from sources other than the family. These contacts may be verbal or written, and all written reports must be scanned into N-FOCUS. For assessments involving medical issues, or when the alleged child victim has been examined by a medical provider, written documentation from the provider must be obtained and recorded in N-FOCUS.

2. **Provide additional training to case managers regarding the following information on coordinating with their local CAC:**
    - *Ensure during all child abuse and neglect cases, case managers are coordinating with their local CAC throughout the investigation process.*
    - *Ensure case managers understand the services that are offered at their local CAC to include: medical exams, forensic interviews, multi-disciplinary team meetings, advocacy, and coordination of therapeutic services.*
    - *Ensure coordination with the local CAC is thoroughly documented in assessments.*

Nebraska State Statute and CFS policy currently provide the framework for coordination between case managers, law enforcement, and Child Advocacy Centers (CACs) during investigations. Current practice requires that the CFS Hotline notify the local CAC in certain high-priority situations, including allegations of sexual abuse, trafficking, serious physical abuse or neglect, and other identified circumstances. Additionally, when an intake is screened as a Priority 1 with CAC coordination required, consultation with law enforcement and the CAC is expected to determine the need for a forensic interview. The recommendation to ensure consistent coordination with local CACs throughout all child abuse and neglect investigations highlights the importance of maintaining strong partnerships and consistent communication. While protocols are already in place for specific types of cases, this may present an opportunity to review how coordination is occurring across the full range of cases and whether additional emphasis or clarification would strengthen practice.

Since CFS has brought training in-house with the creation of the Learning and Development (L&D) team, the agency has implemented a structured field training model. As part of this model, the L&D team has developed a field training checklist that all new workers are required to complete before managing their own caseloads. The checklist includes scheduled visits to local CACs so new workers can learn about the full range of services CACs offer and understand how CFS partners with them, particularly regarding forensic interviews and medical examinations. This ensures that staff are familiar with CAC resources and the importance of ongoing collaboration throughout investigations

3. **Work with case managers to identify and document parental protective factors to recognize family strengths and build upon when developing safety and case plans.**

CFS works in partnership with families while also relying on collateral information to identify and document parental protective factors throughout the life of a case. This practice is essential to ensure that family strengths are accurately captured and used as a foundation for developing safety and case plans. Protective factors may include parental resilience, nurturing and attachment, social connections, knowledge of parenting and child development, and access to concrete support in times of need. By identifying and building upon these strengths, CFS can create individualized plans that not only address areas of concern but also empower families to actively engage in the change process. Documenting protective factors helps to ensure that families are seen through a strengths-based

lens, rather than solely from a deficit perspective. This approach supports meaningful engagement, increases family buy-in, and promotes long-term stability for children and families.

Furthermore, incorporating protective factors into safety and case planning helps reduce risk of future maltreatment by reinforcing positive behaviors and supports that are already in place. CFS recognizes that empowering families through their existing strengths is critical to enhancing child safety, improving family functioning, and supporting sustainable outcomes.

4. **Clarify how to coordinate with law enforcement and what information law enforcement needs to provide during investigations. Obtain all law enforcement reports and include them in initial assessment documentation.**

During the initial consultation with law enforcement, the CFSS will review the nature of the allegations, any prior DHHS history or pending investigations, and safety concerns identified by either DHHS or law enforcement, including worker safety considerations. The consultation will also determine which agency will take the lead in the initial investigation and establish a coordinated plan for contacting the family. In addition, the CFSS will make collateral contacts to gather and analyze information from sources outside the family, such as law enforcement, therapists, schools, juvenile probation/diversion, medical professionals, and other relevant individuals. If law enforcement reports are associated with the specific intake, the CFSS will obtain copies of those reports from law enforcement when they are not already included in the intake.

5. **In addition to the current interview protocols, emphasize the importance of interviewing all siblings and adults that may have information about the family during the initial assessment.**

CFS is required to make face-to-face contact with all children and adults in the household to ensure a comprehensive and balanced assessment of safety and risk. While it may not always be possible to interview every individual during the initial contact, the CFSS must make a good-faith effort to complete all interviews on the same day whenever feasible. The interview process will generally begin with the alleged child victim or identified child. Siblings, other children in the household, or children who regularly visit the household will also be interviewed, and the CFSS will apply critical thinking to determine whether additional children should be added as victims or identified children. When allegations arise during the safety assessment, all children must be interviewed within the required priority timeframes. Interviews will then proceed with the non-maltreating or non-custodial parent.

Parents are to be notified as soon as possible of CFS's involvement to reduce unnecessary stress on the child. This may occur naturally during the interview process if all contacts take place on the same day, but notification must not be unnecessarily delayed. Other adults in the home will then be interviewed, followed by the alleged perpetrator. In situations where the allegation involves a non-custodial parent, the CFSS will also gather collateral information from the custodial parent. If interviews cannot be conducted in the prescribed order, the CFSS will clearly document the reason for the variance in N-FOCUS. During the assessment, if additional victims, additional perpetrators, or new allegation types are identified, the CFSS will notify the Hotline to update the Intake.

In circumstances where all interviews cannot be conducted immediately, CFS must determine child safety based on the information available at the time and decide whether it is safe for the child to remain in the home or if further action is needed to ensure safety. Information will be gathered during these contacts using solution-focused questions, and tools such as the Three Houses and Safety House may be utilized. In addition to interviews, the CFSS will observe the home environment, the interactions among family members, and conduct a walkthrough of the home whenever possible. Harm statements and danger statements will also be created, when applicable, to clarify the reason for involvement and the specific worries for the family. The harm statement should outline what was reported, the caregiver's actions or inactions, and the impact on the child. The danger statement should identify who is worried, the potential caregiver actions or inactions, and the potential future impact on the child.

Following CFS's initial determination of child safety, subsequent interviews with other members of the household may be necessary. These interviews will be carefully analyzed to determine if the initial safety decision should be revised. If changes are required, the CFSS will complete and document a new safety assessment based on the additional information gathered.

6. **Include detailed documentation in records when completing an assessment to include who was interviewed and what medical, law enforcement, DHHS or other records were reviewed.**

CFS supports the emphasis on detailed documentation along with thorough and timely recordkeeping. CFS is required to document all information supporting safety decisions, while any additional information not directly related to the assessment is to be documented under family functioning. Safety assessments are to be completed in N-FOCUS within 24 hours of contact with the first victim or identified child, regardless of whether a safety plan is required. The documentation should clearly explain the rationale for child vulnerability, identify any safety threats, details interventions and protective factors, and include CFS's conclusions. Furthermore, safety decisions are based on a comprehensive, independent assessment of all known safety threats, interventions, and other relevant case information. Where a safety threat is identified and a safety plan is necessary, the documentation reflects how interventions leverage family strengths and informal support, including family, friends, community, and agency resources. These practices ensure consistency, accountability, and alignment with best practice standards.

Additionally, the CFSS completes the risk assessment or prevention assessment using information gathered from multiple sources and behavioral observations. These assessments are completed even if parents do not share information or decline services. Risk and prevention assessments are to be documented and finalized in N-FOCUS within 30 days of the Intake being accepted for assessment. Documentation must include the rationale supporting the responses, regardless of the determined risk level, and reflect information for both the primary and secondary caregiver (if a secondary caregiver is applicable). Information provided by collateral contacts specific to the risk assessment is recorded within the risk assessment. Any additional information not captured within the risk or prevention assessment but pertinent to family dynamics and caregiving is documented in family functioning, ensuring a holistic understanding of the family's situation.

7. **Ensure supervisors thoroughly review all assessments conducted by their workers and identify any additional training or instruction needed.**

CFS does not have a policy that specifically requires supervisors to review all assessments and identify training needs. However, this practice is consistently carried out as part of supervisory oversight and case consultation. Supervisors regularly review assessments completed by their workers to ensure accuracy, compliance with statutory requirements, and adherence to best practice standards. Through this process, supervisors also provide coaching, identify areas where additional guidance may be needed, and recommend training to strengthen the worker's skills. While not outlined in policy, these supervisory reviews are embedded in the day-to-day operations of CFS and are a critical component of maintaining safety of our children, provision of quality services and supporting CFS staff development.

Sincerely,

Kathleen M. Stolz

Kathleen Stolz
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Nebraska Department of Health and Human Services