



September 16th, 2026

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 2026 Annual Report recommendations and provided corresponding responses below:

1. Per Nebraska Revised Statute 28-728, children who are alleged to be victims of serious physical abuse or neglect should be brought to a Child Advocacy Center for a forensic interview and assessed for medical evaluations. DHHS should coordinate with the Nebraska Alliance to develop a plan to ensure training is provided to all case managers regarding when children should be brought to Child Advocacy Centers.

The Nebraska Department of Health and Human Services/Children and Family Services (DHHS/CFS) maintains an established and standardized process for referrals to Child Advocacy Centers (CACs). This process is outlined in the Standard Work Instruction (SWI) titled *"Collaborating with the Child Advocacy Centers for Forensic Interviews,"* which provides clear guidance to case managers and staff regarding circumstances that require coordination with a CAC. Under this SWI, certain intakes received through the hotline are automatically identified for CAC coordination. These intakes include reports involving:

- Allegations of sexual abuse
- Sex trafficking
- Labor trafficking
- Serious physical abuse or neglect
- Children identified as being in a drug-endangered environment
- Children recovered from kidnapping situations
- Child fatalities or near-fatality cases

When any of the above intake criteria are met, the assigned Children and Family Services Specialist (CFSS) is responsible for coordinating with the appropriate local Child Advocacy Center and Law Enforcement. This coordination is intended to determine the necessity of a forensic interview and to assess whether a medical evaluation is warranted based on the circumstances of the case. In addition, CFS Learning and Development (L&D) collaborates with local Child Advocacy Centers, when available, to provide onboarding opportunities for new CFSS staff. Through site visits that allow new workers to tour CAC facilities and receive instruction on the role and function of CACs, multidisciplinary team coordination practices, and the range of services available to support

children and families involved in investigations. CFS welcomes the opportunity for our Learning and Development (L&D) team to collaborate with the Alliance in developing additional resources and training opportunities that provide more informative and meaningful guidance to CFS staff.

2. Identify DHHS case managers who should have specialized training and experience in handling investigations involving children with medical concerns. DHHS should ensure this training includes:
 - Clarify who the experts on child abuse and neglect medical issues are in their local area to include CAC medical professionals and hospital personnel.
 - Ensure during all child abuse and neglect investigations; case managers coordinate with their local CAC throughout the investigation process.
 - Clarify when to coordinate with hospital medical professionals during investigations, what documentation to gather, and when to defer to their medical expertise.
 - Identify resources and contact information in the region that assist children and families with medical issues.

CFS does not currently have a process in place that designates or assigns CFSS to exclusively handle investigations involving complex medical concerns. All child abuse and neglect investigations are conducted by trained Children and Family Services Specialists, all of whom receive foundational training on recognizing and responding to general medical concerns through the agency's new worker training curriculum. When investigations involve complex or specialized medical issues, CFSS are expected to consult with and rely on the expertise of qualified medical professionals, including Child Advocacy Center (CAC) medical providers, hospital personnel, and other subject matter experts, as appropriate. Rather than establishing a specialized CFSS, CFS will continue to support staff through standardized training, established multidisciplinary partnerships, and consultation with medical experts to ensure informed decision-making during investigations.

3. Ensure case managers review all historical information for every child abuse and neglect intake, even if prior reports were deemed unfounded.

CFS has current Standard Operating Procedures (SOPs) in place that address the review of prior case history and information when conducting initial assessments and ongoing case management. The DHHS CFS Protection & Safety SOP for Initial Assessments #895 outlines that the CFSS must thoroughly review and take into consideration information gathered at intake, as well as existing case records, family history, and previous assessments. This review includes consideration of prior domestic violence involving a non-custodial parent, when applicable. The SOP also requires the CFSS to review the family's history with DHHS and law enforcement to assist in determining whether coordination with law enforcement is necessary.

These expectations are further reinforced in the DHHS CFS Protection & Safety SOP for Ongoing Case Management #978. When a CFSS is assigned a new case or a case is transferred to a different worker, the CFSS is required to thoroughly review information gathered during the initial assessment and previous ongoing case management. This includes, but is not limited to:

- Harm and Danger Statements
- Previous intakes
- Family relationships
- Assessments
- Court reports

Reviewing previously documented information is an important component of active investigations and ongoing case management. The SOPs establish an expectation that CFS will take the time to review relevant historical information, as prior documentation may contain information that is critical to understanding the current circumstances, assessing safety, and informing an ongoing investigation. Additionally, reviewing prior intakes, assessments, and case documentation can help workers identify patterns of behavior, recurring concerns, and historical factors that may be relevant to the current assessment or investigation. This existing framework provides

CFS with guidance to consider the broader history of a family rather than evaluating the current circumstances in isolation.

4. Include detailed documentation and justification in safety assessments on how children are determined to be safe.

Safety assessments are typically conducted during the initial assessment portion of an active investigation; however, a safety assessment may also be needed or required during the ongoing case management phase of a case. When a safety assessment is necessary during the ongoing phase, the case manager is still expected to follow the requirements outlined in the DHHS CFS Protection & Safety SOP for Initial Assessments #895, as safety assessments fall within the scope of this SOP. The SOP outlines the full scope and expectations for conducting an initial assessment. As part of this SOP, there is an accompanying Safety Assessment Guide that CFSS are expected to review and utilize when completing a safety assessment. The guide provides detailed information regarding the purpose of a safety assessment, definitions of safety threats, potential safety interventions, and the requirements for making a safety decision.

The Safety Assessment Guide establishes that the safety decision is based on careful consideration of the safety threats present and any available safety interventions that have been taken or are immediately planned by the family, community partners, or the agency to protect the child. The CFS Specialist is responsible for making an independent assessment of the known safety threats, available safety interventions, and all other relevant information known at that point in the case.

Based on that assessment, the CFS Specialist will determine whether the child is:

- **Safe:** No safety threats were identified at the time of the assessment. Based on the information currently available, there are no children likely to be in imminent danger of serious harm.
- **Conditionally Safe:** One or more safety threats are present, but protective safety interventions have been identified and agreed to by the caregiver(s). A Safety Plan is required.
- **Unsafe:** One or more safety threats are present, and out-of-home placement is the only protective intervention possible for one or more children. Without out-of-home placement, one or more children are likely to be in imminent danger of serious harm. A Safety Plan is not required for children who are removed from the home and placed in out-of-home care.

The Safety Assessment Guide also recognizes that safety decisions are based on the information known to the CFSS at a specific point in time. The CFS Specialist is expected to make the best-informed safety decision possible based on the information available at that time. As additional information becomes available throughout the life of a case, the safety decision may change and should be reassessed as appropriate. This framework reinforces that safety assessment is not limited solely to the beginning of an investigation. When circumstances change or new information is identified during ongoing case management, the CFSS is expected to reassess safety using the established safety assessment requirements. This allows the agency to consider newly identified safety threats, changes in caregiver protective capacities, and newly available safety interventions when determining whether a child remains safe.

5. Provide clear guidance for case managers on documenting protective factors for each family and ensure these documented strengths are used to inform and guide case plan creation.

CFSS are expected to document relevant protective factors and family strengths as part of their ongoing case documentation and court reports. This information is considered when assessing the family's progress and determining whether the parents are addressing and making progress toward correcting the issues that resulted in adjudication. Documentation provided to the court should also contain valuable information regarding the family's existing strengths, resources, support, and areas of progress. This information can assist the CFSS in developing and reviewing the case plan by identifying strengths that can be built upon and incorporated into case plan goals,

services, and interventions. CFS will consider whether additional guidance or clarification is needed to ensure that protective factors are consistently identified, documented, and appropriately incorporated into case planning practices across CFS.

6. Develop a process for using strong collaborative cases as training examples for case managers and create a method to recognize the workers who demonstrated exemplary performance.

CFS currently has a process in place that addresses this recommendation. CFS Lead Workers who are on the Learning and Development (L&D) team identify and pull examples from past cases that demonstrate strong casework and effective practice. These cases are utilized as training examples for new CFS staff to help illustrate how policies, procedures, and case management practices are applied in actual situations. This existing practice provides new workers with practical, real-world examples of effective casework and allows them to learn from cases that demonstrate strong assessment, documentation, collaboration, decision-making, and case planning. CFS will continue to explore opportunities to expand the use of exemplary case examples within ongoing training and professional development. Additionally, CFS can explore ways to formally recognize staff whose casework demonstrates exemplary practice and can serve as a model for others.

7. Include detailed documentation in DHHS records regarding referrals and resources offered to families, the family's response to the resources, and if any actions were taken on the resources or referrals, particularly at case closure.

CFS recognizes the importance of thorough documentation of referrals and resources offered to families throughout the life of a case. CFSS are expected to document services, referrals, resources, and other support offered to families, as well as the family's participation, response to services, and progress toward addressing the concerns that resulted in CFS involvement. This documentation is important to demonstrate the department's efforts to engage and support families and for informing ongoing case management and case planning. CFS also recognizes the value of reviewing prior intakes and case history when assessing a family's current circumstances. Information regarding previous CFS involvement, including services and resources previously offered, may provide the CFSS with important historical context and assist in identifying services that may be appropriate or inappropriate to address the family's current needs. CFSS should consider relevant historical information when developing and updating case plans and determining appropriate referrals and supports.

CFS will review current documentation practices and determine whether additional guidance or clarification is needed regarding the documentation of referrals and resources, including the family's response and actions taken following a referral. DHHS will also evaluate whether additional direction or a more clearly identified location within CFS records would improve consistency in documenting resources and services offered at case closure. CFS appreciates the CRP's recommendation and its focus on ensuring that information regarding services and resources offered to families is clearly documented and available to inform future case management.

Sincerely,



Kathleen Stolz
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Nebraska Department of Health and Human Services