

Title: Child Welfare Manual
Section 2: Intake
Chapter 2: CANHU Protocol: Structured Decision Making (SDM) Screening Process, Response Priority and Track Assignment
Effective Date: August 31, 2015
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Section 2 Overview

Section 2 focuses on intake, or the point of entry for a family. The information in this section will assist staff in understanding the procedures throughout the entire intake process, from initial contact with the Child Abuse and Neglect Hotline Unit (CANHU), through the process of an investigation or family assessment. Completing a thorough family assessment or investigation will help staff identify the service needs of the family.

Chapter 2 Overview

This chapter covers information pertaining to the initial contact with CANHU when reporting abuse or neglect.

- 2.1 Reports Received at the Child Abuse/Neglect Hotline Unit (CANHU)
 - 2.1.1 Information Obtained from the Reporter
- 2.2 Response Priority Levels
 - 2.2.1 Upgrading Lower Response Priority to Emergencies
- 2.3 Response Track
 - 2.3.1 Parameters of Investigation Response
 - 2.3.2 Parameters of Family Assessment Response
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2.1 Reports Received at the Child Abuse/Neglect Hotline Unit (CANHU)

When the Child Abuse/Neglect Hotline Unit (CANHU) receives a call or letter with allegations of child abuse/neglect, the CANHU Children's Service Worker will interview the reporter and through a Structured Decision Making (SDM) Screening Process, will collect enough information to determine if the allegations will be categorized as the following:

- A CA/N report
 - Investigation
 - Family Assessment
 - Juvenile Reports
- A Non-CA/N referral
 - "Newborn Crisis Assessment" referral
 - Non-Caretaker referral
 - Preventive Services referral
 - Non-CA/N Child Fatality referral

Related Subject: Section 2, Chapter 10, Children with Problem Sexual Behavior

Related Subject: Section 2, Chapter 6.2, Newborn Crisis Assessment

- Documented Call (not screened in as a CA/N report or Non-CA/N referral).

Related Subject: Section 2, Chapter 1, Child Abuse/Neglect (CA/N) Reports and Referrals

At the time of the report, CANHU will inform mandated reporters whether the information taken will be accepted as a CA/N report or Non-CA/N referral.

2.1.1 Information Obtained From the Reporter

The Child Abuse/Neglect Hotline Unit (CANHU) may accept reports via a direct call or by letter. When CANHU receives a report, the person accepting the call will interview the reporter and collect enough information to determine how the allegations should be categorized based on the following:

- Address, home and work phone numbers of the reporter.

- Identity of child, his/her parents or parent substitutes, and other family members.
- Identity of alleged perpetrator and if he/she is responsible for the child's care, custody, and control. (See discussion of care, custody and control in this attachment.)
- Present location of child, address and directions to the home.
- Other means of locating the family.
- Description of the abuse/neglect incident including time and place of incident or reason for suspecting that the child may be subjected to conditions resulting in abuse or neglect.
- Any event that precipitated the report.
- Determination of immediate danger to the child.
- Status and number of other children living in the home.
- Status and number of other children receiving care in the home.
- If subjects are aware of hotline referral being made.
- If complaint involves a baby-sitter or unlicensed child care provider, the number of full-time, part-time, and drop-in children cared for.
- Any indication of physical violence against any other household or family member.

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2.2 Response Priority Levels

Structured Decision Making (SDM) Response Priority – This tool provides criteria to determine the time frame in which the family should be contacted. There are three response levels, which are applicable for both Investigations, Family Assessments, and Juvenile Reports:

NOTE: For all investigations, Missouri statutes require the child(ren) to be seen immediately in emergency situations and within 24 hours for non-emergency cases, except when the only allegation is educational neglect. Immediately is defined per policy as within three (3) hours. For investigations where the only allegation is educational neglect, the victim must be seen within 72 hours.

Level 1 – This is equivalent to an emergency report. Face-to-face contact with all victim(s) listed on the CA/N-1 must be made within three (3) hours from the receipt of the report. A face-to-face contact by the Children’s Division with **all** children living in the household (victims and non-victims) must be made within 72 hours. Available resources shall be utilized to locate the child(ren), including law enforcement assistance.

Level 2 – Face-to-face contact with all victim(s) listed on the CA/N-1 must be made within 24 hours from receipt of the report. A face-to-face contact by the Children’s Division with **all** children residing in the home (victims and non-victims) must occur within 72 hours.

Level 3 – Face-to-face contact by the Children’s Division with **all** children residing in the household (victims and non-victims) must be made within 72 hours from receipt of the report. Investigations, Family Assessments, and Juvenile Reports must be initiated within 24 hours unless the only basis for the report is educational neglect, which then must be initiated within 72 hours.

NOTE: For all Response Priority Levels, initial face-to-face contact may be made by members of the multidisciplinary team. Multidisciplinary teams are made up of individuals from other public and private agencies, including but not limited to, local law enforcement, juvenile office, and juvenile court. Section 210.145, RSMo. now specifically includes the school liaison as a member of the multidisciplinary team.

Related Subject: Section 2, Chapter 3.3, Response Priority Level Override

2.2.1 Upgrading Lower Response Priority to Emergencies

In situations where CD field staff has **directly observed a home (or other situation) before calling the hotline**, CANHU staff will defer to the field worker’s professional judgment if the worker has determined that the situation warrants an emergency:

- If the SDM Response Priority decision is not an emergency, CANHU will override to an emergency (within 3-hour) response based on the field staff's direct knowledge of the situation. (Field staff may refer to the below "Related Subject" Emergency Investigation Criteria.)

Related Subject: Section 2, Chapter 2, Attachment B, Emergency Investigation Criteria

- CANHU will document in the narrative that this report was upgraded from a lower SDM priority response to an emergency based on field staff's direct knowledge of the situation.
- CANHU will not downgrade a call that has been screened as an emergency at the time of the call.
- Downgrading priority response levels may occur at the county office level, given additional information according to policy. (See "Related Subject" below.)

Related Subject: Section 2, Chapter 3.3, Response Priority Level Override

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2.3 Response Track

Introduction

This section identifies and explains the parameters of the differential response track assignment used by the Children's Division (CD) to address various types of Child Abuse/Neglect (CA/N) hotline reports. CD's differential response is a dual track system pursuant to Chapter 210 RSMo.

CD utilizes protocols based upon Structured Decision-Making (SDM) principles for classification purposes of all child abuse and neglect reports received by the Child Abuse/Neglect Hotline Unit (CANHU) pursuant to [13 CSR 35-20.010](#). In accordance with the Code, the protocols developed by CD shall:

- Obtain and classify information
- Give priority to ensuring the safety and well-being of children.

Therefore, all child abuse and neglect reports screened in by CANHU shall be initiated within twenty-four (24) hours of receipt and shall be classified based upon the reported safety, risk and injury to the child, including, but not limited to, the following factors:

- If there is serious physical abuse alleged and siblings remain in the home
- If there is a fatality due to alleged abuse or neglect and siblings remain in the home
- If there is alleged physical abuse currently occurring
- If there are injuries or symptoms of injuries evident that require immediate medical care, or if there is in a need for immediate psychiatric care due to alleged abuse
- If there were severe or inhumane measures used
- If the alleged perpetrator has access within the next twenty-four (24) hours, or if the child is afraid to go home
- If the alleged abuse occurred within the last thirty (30) days
- If the child is currently in a protected environment
- If the current situation is immediately dangerous
- If there are prior non-harassment abuse or neglect reports
- If the allegation is one of educational neglect only
- If the child is exhibiting severe emotional trauma or physical injury due to alleged sexual abuse
- If there is serious illness, injury, or need for immediate care
- If there is a chronic illness or injuries that require medical attention

Related Subject: Section 2 Chapter 2 Response Priority Levels , Section 2, Chapter 2, Attachment B Criteria for Response Priority Level One (1)

Purpose

The purpose of this policy is to:

- Provide a reference to the initial classification of hotline reports based upon the reported safety, risk and injury to the child as outlined in [13 CSR 35-20.010](#) and pursuant to [Chapter 210 RSMo](#).
- Provide additional parameters related to the initial classification of both Investigations and Family Assessments

2.3.1 Parameters of Investigation Response

An Investigation is a classification of response by CD to a report of child abuse or neglect when there is an identified need to collect physical and verbal evidence to determine if a child has been abused or neglected

Investigations will include:

- All reports of child fatality (§§[565.020](#), [565.021](#), [565.023](#), [565.024](#))
- All reports of sexual abuse (§§[566.030](#), [566.060](#), [566.032](#), [566.034](#), [566.040](#), [566.062](#), [566.064](#), [566.067](#), [566.068](#), [566.070](#), [566.083](#), [566.086](#), [566.090](#), [566.093](#), [566.095](#), [566.100](#), [567.050](#), [568.020](#), [568.080](#), [568.090](#), [573.023](#), [573.025](#), [573.035](#), [573.037](#), [573.040](#))
- Reports of serious physical injury (§§[565.050](#), [568.060](#)), including but not limited to:
 - Internal injuries
 - Fractures of the skull and/or body
 - Subdural hemorrhage/hematoma
 - Abusive head trauma
 - Brain damage
 - Dismemberment
 - Intentional Burns and/or scalding
 - Poisoning
- Reports of serious neglect (§§[568.030](#), [568.045](#), [568.050](#), [568.060](#)), including but not limited to:
 - Exposure, freezing, heat exhaustion
 - Malnutrition or failure to thrive due to improper feeding
 - Neglect resulting in repeated ingestions of a harmful substance
 - Exposure of a child to a methamphetamine laboratory

- Abandonment
- Reports in which a Juvenile Officer, Law Enforcement or Physician has taken custody and the report also involves child fatality, sexual abuse, serious physical abuse and/or serious neglect
- Reports which if true would constitute a suspected violation of [§210.145](#) enumerated felonies or other crimes pursuant to [Chapter 566](#), if the victim is a child and the alleged perpetrator is twenty-one (21) years of age or older.
- Reports alleging a child is in danger at the time of the report and law enforcement is needed
- Reports in which the alleged perpetrator is not a member of the family/household
- Reports which if true would constitute a suspected violation of [§210.145](#) enumerated felonies
- Reports which may not fall into any of the above categories, but include factors such as age, location or seriousness of allegation(s) which result in a substantial risk to the life, body, or health of the child or an alleged attempt to kill or cause serious injury to a child
- All reports referred to the Out-Of-Home Investigation (OHI) Unit or non-relative/non-household member caretaker(s) reports which are investigated by local office personnel
- Where the acts of the alleged perpetrator, which if true would constitute a suspected violation of any of the following criminal violations:

Statute Number	Description
565.020	1 st degree murder
565.021	2 nd degree murder
565.023	Voluntary manslaughter
565.024	Involuntary manslaughter
565.050	Assault 1 st
566.030	Forcible rape (attempted forcible rape)
566.060	Forcible sodomy (attempted forcible sodomy)
566.032	Statutory rape 1 st
566.034	Statutory rape 2 nd
566.040	Sexual assault
566.062	Statutory sodomy 1 st
566.064	Statutory sodomy 2 nd

566.067	Child molestation 1 st
566.068	Child molestation 2 nd
566.070	Deviate sexual assault
566.083	Sexual misconduct involving a child
566.086	Sexual contact with a student
566.090	Sexual misconduct 1 st
566.093	Sexual misconduct 2 nd
566.095	Sexual misconduct 3 rd
566.100	Sexual abuse
566.103	Crime of promoting online sexual solicitation
566.145	Sexual contact with prisoner or offender
566.151	Enticement of a child
566.153	Age misrepresentation
566.203	Abusing an individual through forced labor
566.206	Trafficking for the purpose of slavery, involuntary servitude,
566.209	Trafficking for the purpose of sexual exploitation
566.212	Sexual trafficking of a child
566.213	Sexual trafficking of a child under age twelve
566.215	Contributing to human trafficking
567.050	Promoting prostitution 1 st degree
568.020	Incest
568.030	Abandonment of a child 1 st
568.045	Child endangerment 1 st
568.050	Child endangerment 2 nd
568.060	Abuse and neglect of a child
568.080	Child used in sexual performance
568.090	Promoting sexual performance by a child
573.023	Sexual exploitation of a minor
573.025	Promoting child pornography 1 st
573.035	Promoting child pornography 2 nd
573.037	Possession of child pornography
573.040	Furnishing pornographic materials to minors

2.3.2 Parameters of Family Assessment Response

A Family Assessment is a classification of response by the Division to provide for a prompt assessment of a child who has been reported to the Division as a victim of abuse or neglect by a person responsible for that child's care, custody or control and of that child's family, including risk of abuse and neglect and, if necessary, the provision of community-based services to reduce the risk and support the family.

Family Assessment reports will include:

- Mild, moderate or first-time non-felonious reports of physical abuse or neglect (including medical neglect)
- Reported abuse or neglect in which this incident occurred or likely occurred over one year prior to the report date, except for the following:
 - Sexual Abuse
 - Serious Physical Abuse
 - Serious Neglect
- Mild or moderate reports of emotional abuse
- Educational neglect reports.

2.3.3 Parameters of a Child with Problem Sexual Behavior Report

Juvenile reports will be screened in by the Child Abuse/Neglect Hotline Unit (CANHU) when any child under the age of fourteen (14) is alleged to have committed an act of sexual abuse against any person under the age of eighteen (18).

Sexual abuse is defined as any sexual or sexualized interaction with a child, including but not limited to:

- Any touching of the genitals, anus or buttocks of a child, or the breast of a female child, or any such touching through the clothing; any act involving the genitals of a child and the hand, mouth, tongue, or anus of another person; or any sexual act involving the penetration, however slight, of a child's mouth, penis, female genitalia, or anus by any body part of another person, or by any instrument or object;
- Any conduct that would constitute a violation, regardless of arrest or conviction, of chapter 566 RSMo if the victim is less than eighteen years of age, section 567.050, RSMo if the victim is less than eighteen years of age, sections 568.020, 568.060, 568.080, or 568.090, RSMo, sections 573.025, 573.035, 573.037, or 573.040, RSMo or an attempt to commit any of the preceding crimes;
- Sexual exploitation of the child, which shall include:
 - Allowing, permitting or encouraging a child to engage in prostitution, as defined by state law; or,

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- Allowing, permitting, encouraging or engaging in the obscene or pornographic photographing, filming or depicting of a child as those acts are defined by state law. This includes the storage or transmission of any data depicting said obscene or pornographic acts, images, or recordings.

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Attachment A: Care, Custody, and Control

Care, custody, and control are defined as the exercise of supervision over a child under age eighteen through the ability to control, dictate, coerce, persuade, or require a child to act or perform in some desired manner. Persons considered to have care, custody, and control are those who have parental authority or those to whom parental authority has been granted by the child's legal custodian or guardian in an agreed upon arrangement. Parental authority is considered to be the responsibility of the individual for the child's emotional and physical care, safety, and nurturing.

Those responsible for the care, custody, and control of children under the age of eighteen will also include any adult (individual aged 18 or older) who has access to a child as a result of the individual's relationship to the child or members of the child's household or family. Relationship is defined as the interconnection between the individual in question and the child or the child's family through friendship, or mutual personal association. Those individuals who have a relationship through mutual personal association are thought of as having contact that plays a role in the lives of the individuals in question and contain some aspect of attachment or emotional involvement.

Access through relationship shall exclude the following:

- Those interactions, such as that with neighbors and other acquaintances which are based solely on proximity of households or other circumstances which result in incidental contact between individuals.
- Interactions that are based solely on professional relationships, such as that with physicians, therapists, dentists, merchants, employers, and clergy, do not meet the definition, unless it can be shown that a personal relationship exists in which the alleged perpetrator and the child or child's family interacts outside the professional/client relationship or the alleged perpetrator has responsibility in an agreed upon arrangement for the child's supervision. Based on the absence of a personal relationship, it is more appropriate for a law enforcement investigation to occur.

Examples of situations that do not meet the criteria for care, custody, and control:

- A school-aged child is abducted and sexually molested by a man who lives in the child's neighborhood. The man gained access to the child because of the proximity of their residences and was able to plan the abduction based on his knowledge of the child's walk to and from school each day. The identity of the man was known only to the child and the child's family because he lived in the same neighborhood. They had not had any personal contact with him besides passing on the street.
- A five year old child is photographed in the nude by an adult male while visiting the children who live across the street. The alleged perpetrator is a relative of the neighbors that the child was visiting. The five year old child had never met or

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seen the male relative or her neighbors although he visited periodically in the household and those children had a relationship with the five year old neighbor, he is not considered to have gained access to this child based on his personal relationship to her.

- A man owns and operates a neighborhood grocery store that is frequented by children. He knows many of the children by name, but has no relationship with the children other than that of storeowner and customer. Over time the storeowner establishes a rapport with a six-year-old female child. He eventually coaxes the child into the back of his store where he shows her pornographic films. Over the next few weeks a routine emerges in which the child comes into the store and the man sexually abuses the child. Although the storeowner has a relationship with this child, established through his profession as the storeowner, he is not considered to have care, custody, and control of her. He gained access as a result of the child coming into his store. The relationship that was established is considered to be part of the sexual molestation.

Examples of situations that do meet the criteria for care, custody, and control:

- A child has an adult sibling living in his household. The adult sibling has an adult friend who is frequently present in the home and often spends the night. The friend is reported to have molested the child. He had access to the child based on his personal relationship with the child's sibling.
- A man reportedly exposes his genitals to a child in his home. The adult was, at one time, the child's biology teacher, but was not at the time of the incident. The teacher raises fish in aquariums at school and the child developed a relationship with the teacher due to his own interest in aquarium fish. The child would sometimes stay after school and help the teacher with the fish. One day the teacher invited the child to his home to see the aquarium there. The teacher is thought of as having care, custody, and control of the child based on their personal relationship as well as the individual being a teacher at the school where the child attends.
- A party is held at a residence in which several children live. An adult guest at the party, a friend of the host, is intoxicated and becomes belligerent toward a teenage child who refused to get a beer for the guest. The adult strikes the child in the face, leaving an injury on the child's face. The adult is considered to have care, custody, and control, based on his personal relationship to the child's parents.

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Attachment B: Criteria for Priority Response Level (1) One

The following list includes examples of information received by the Child Abuse/Neglect Hotline Unit (CANHU) which would result in a CA/N investigation/family assessment response priority level one (1):

Related Subject: Section 2, Chapter 2, Response Priority Levels ; and Section 2, Chapter 3.3, Response Priority Level Override.

- A. All reports of physical abuse occurring at the time of the report.
- B. All reports of serious physical abuse with household children remaining in the home and in danger of immediate harm.
- C. Reports alleging sexual abuse in a licensed foster home with any child remaining in the household, including children not in Division custody.
- D. All reports of severe physical injury where maltreatment is suspected to have occurred; immediate medical and/or social service attention is indicated, and where the child is unprotected.
- E. All reports of sexual abuse where the alleged perpetrator continues to have unsupervised access to the child, there is a reported physical injury as a result of sexual abuse, the child is, at the time of the report, experiencing severe emotional trauma.
- F. Reports alleging that, at the time of the report, children under the age of eight (8) are known to be left alone. In some instances when one child is over the age of eight, the report may be an emergency. Each situation must be evaluated carefully.
- G. Reports involving children who are, at the time of the report suffering from serious, untreated medical conditions which require immediate attention. This shall include all situations involving suspected or known instances of medical neglect of handicapped infants in hospitals and health care facilities. (These situations are referred to as "Baby Doe" cases).
- H. Reports alleging that parents/caretakers of children are, at the time of the report, or within the preceding 24 hours, behaving in a bizarre manner or acting under the influence of drugs or alcohol and that they could pose an immediate danger to the children.
- I. Reports that children have ingested or been given drugs or alcohol, at the time of the report or within the preceding 24 hours, and because of their age and other concerns may be at immediate risk.

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- J. Reports alleging children are presently being threatened with a dangerous weapon by a parent/caretaker.
- K. Reports alleging bizarre punishment are, at the time of the report, being administered to a child (i.e., locking a child in closet, tying child to a bed).
- L. Reports alleging that children are suicidal and appear to be, at the time of the report, contemplating suicide **because of abuse or neglect**.
- M. Reports alleging children have, at the time of the report, been left unsupervised, their parents whereabouts are unknown and because of their age or other concerns may be in physical danger.
- N. Reports from hospitals stating that a child, who is presently in their facility, is being released, may be in physical danger, and the hospital is unwilling to take protective custody.
- O. All reports involving exposure where, at the time of the report, a child is experiencing exposure to extreme weather conditions (i.e., heat, cold).
- P. Report of death of a child where maltreatment is suspected and siblings remain in the home.
- Q. Reports alleging that there is an active methamphetamine laboratory in a home that includes a child.
- R. Self-Referrals from parents who state they feel they will hurt or kill their child; request immediate removal of the child; or state they will immediately abandon their child. (If a parent is requesting immediate placement of child solely because the child is in need of mental health services that the parent cannot access or afford, a Preventive Service Referral is to be taken according to Voluntary Placement Agreement policy (VPA))

Related Subject: Section 4, Chapter 24 Subsection 6 [Voluntary Placement Agreement](#)

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Attachment C: Duplicate Reports

Duplicate CA/N reports and referrals contain allegations involving a specific incident on a specific date involving the same participants that have been previously reported in a CA/N report or referral made by a different reporter. These types of calls most commonly arise when a specific incident or concern is observed or made known to multiple mandated or permissive reporters. Duplicate calls may be reported within close proximity to a previously reported concern, or there may be months or years between the receipt of duplicate reports, as disclosures are made to multiple people at different times and in various settings.

All calls that come into the CA/N hotline will receive a call number and will not be screened out as duplicate reports by CANHU. Determining whether reports are duplicates will be the responsibility of county staff.

Each county shall designate at least one Children's Service Supervisor to duplicate reports/referrals. Only supervisors, or above level administrators, may duplicate reports/referrals in FACES. Supervisors should ensure that reporters of duplicated reports/referrals are contacted and made aware their concern has been received by the Local Office.

CA/N reports or referrals should be duplicated when they meet all of the following criteria:

- The allegations involve the same specific incident or event
- The alleged incident(s) occurred on the same date
- The CA/N report or referral contains the same allegations, and
- The CA/N report or referral includes the same participants (e.g., victims, parents, and alleged perpetrators).

Children's Service Supervisors should give consideration to the classification and track assignment of each report and referral, and may duplicate the following combination of reports by track assignment:

- Reports with the same track assignment (e.g., Investigation to Investigation or Family Assessment to Family Assessment)
- Family Assessments may be duplicated to pre-existing Investigations
- Referrals may be duplicated to pre-existing referrals. However, discretion should be given to the specific nature in each referral to ensure that all concerns presented in each referral has been addressed in the pre-existing referral(s)

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Attachment D: Investigations Involving a Conflict of Interest

The following categories of persons, when reported as either the alleged perpetrator or victim of child abuse and neglect, may present conflict of interest. CANHU will refer the report to the juvenile court or Area Office for investigation.

- A. An employee of the Children's Division, or of the Department of Social Services Central Office, or other Department of Social Services employees located and employed in a Children's Division Office; or
- B. The immediate family or household member of such an employee.

NOTE: Immediate family member is considered to be a parent, stepparent, child, stepchild, spouse or sibling. (Also, see Definitions)

Related Subject: Section 7, Glossary

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[CD05-35](#)

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Attachment E: Determining Most Appropriate County for Investigation

Before a report is sent to a county the following criteria should be considered:

- A. Assign to county where child is located and incident has occurred if both factors are known and the child is not likely to leave present location.
- B. Assign to county of child's location if location and incident are in different counties and child is not likely to leave present location.
- C. Assign to county of child's present location if child's residence is unknown or location will not change within the next 24 hours.
- D. Assign to county of child's residence when he/she is hospitalized at the time of the CA/N report.
- E. Assign to Out-of-Home Investigation (OHI) worker when the institution/staff person is named as alleged perpetrator for reports involving schools, residential facilities, foster parents, or child care centers, which are licensed, exempt, or registered. The OHI worker may request the local worker see the child in emergency situations or when the child must be seen before an OHI worker can reasonably be expected to see the child.

NOTE: All children under Jackson County jurisdiction are subject to the requirements of the Jackson County Consent Decree. Because of the Consent Decree, the Division will accept and investigate allegations of inappropriate discipline by foster parents. These are allegations, which do not meet the criteria for CA/N reports, but indicate inappropriate discipline by the foster parent on the foster child.

- F. Assign to OHI if foster parent/member of family is named as alleged perpetrator and victim is LS1 child.
- G. Use the following guidelines where one or more of the factors of location, incident, or residence is out of the State of Missouri:
 - Accept report where child's residence and either incident or location is in Missouri. Assign report to county of child's location - or child's residence if location is out of state.
 - Refer reporter to other state if child's location and incident are in another state, even when residence is in Missouri.

NOTE: Accept all out of state reports from Missouri mandated reporters for tracking and referral to the appropriate state. These will not be investigated by CD staff.

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- Accept report where residence is in another state as long as child's location or incident or both are within Missouri. Assign report in accordance with the above steps.
- H. Assign report to juvenile officer if the relationship of the subject of a report to the Children's Division is such that a conflict of interest may occur.

Related Subject: Section 2, Chapter 2, Attachment D: Investigations Involving a Conflict of Interest

- Determine appropriate juvenile office using the above steps.
 - Notify Area Director if juvenile office does not accept a report concerning an agency employee.
 - Arrange for investigation to be conducted by Children's Service Worker from county other than that of employee.
 - Advise the CA/N Hotline Unit which county or Children's Service Worker will conduct the investigation.
 - Reassign report and transmit to county or Children's Service Worker designated.
- I. Enter information into automated system.
- J. Advise the CA/N Hotline Unit immediately if county of assignment is incorrect, or a conflict of interest exists.

Related Subject: Section 2, Chapter 3.5.2, Transfer of Reports between Counties

- Determine appropriate county office using steps A-H above.
- Update automated system in accordance with reassignment.
- Transmit report to current county designee.

NOTE: The CA/N Hotline Unit will have final authority to determine the most appropriate county to be assigned report. The CANHU Protocol SDM screening process determines whether an Investigation/Family Assessment is an emergency, unless CD staff has directly observed a family or situation prior to making a call and has determined the situation warrants an emergency. The county office can determine that a report is an emergency even though not designated by the CA/N Hotline Unit.

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Related Subject: Section 2, Chapter 2, CANHU Protocol: Structured Decision Making (SDM) Screening Process, Response Priority, and Track Assignment; and Section 2, Chapter 3.3, Response Priority Level Override

- K. Notify the appropriate licensing or administrative authority, or county director, if abuse or neglect involves the following:
- A licensed child care facility or a person caring for more than four (4) unrelated children;
 - Report is received on a child care provider's own child(ren);
 - Residential treatment facility;
 - Department of Mental Health facility;
 - Division of Youth Services facility;
 - Juvenile court approved home or facility; or
 - A Division licensed foster home and foster child.

NOTE: Generally contacts relating to the above (with the exception of reports received on a child care provider's own child(ren)), will be handled by the Out-of-Home Investigation Unit.

Chapter Memoranda History: (Prior to 1-31-07)

[CD05-35](#)

Memoranda History:

[CD07-05](#)

Attachment F: Determining Appropriate CA/N Reports

Criteria for determining appropriate CA/N reports should be consistent for both CANHU and the county office. The following are guidelines to assist in determining CA/N reports for the county office which are based on guidelines found in the Child Abuse/Neglect Hotline Unit (CANHU) Operational Policy and Procedures Manual:

- All sexual or serious physical assault reports received by CANHU where the alleged perpetrator does not have care, custody and control, will be referred to the county Children's Division (CD) office for possible referral to the appropriate law enforcement agency if the alleged perpetrator is fourteen or older. Mandated reporters are required by law to report all abuse or neglect to CANHU regardless of care, custody, or control.
- A friend or paramour of the parent or caretaker, who lives in the victim's home or spends a significant amount of time in the home, will be named as the alleged perpetrator.
- Alcohol/drug abuse and prostitution by the parent/caretaker does not constitute an appropriate report unless specifics can be related to how the child is negatively affected.
- A call involving an unborn fetus is not an appropriate report.
- A child without legal guardianship is considered in need of services due to questionable care, custody or control of the child.
- An incident of rape is an inappropriate report of sexual abuse unless the alleged perpetrator is a family member and/or someone with care, custody, or control of the child, or a child under the age of fourteen (14).
- Reports relating to "child custody" are not appropriate unless the reporter can relate specifics in regard to CA/N. An attorney's request to call CANHU is not, by itself, valid criteria. Explore report thoroughly for information, which indicates CA/N, including prior and/or open Family Centered Services (FCS) case, etc.
- Interstate and/or intrastate requests for follow-up services for a family are not appropriate reports unless dealing with a non-investigated CA/N incident.
- Second and third party reports are acceptable, if the reporter has knowledge of, or is aware of specific information that relates to CA/N. If not, the reporter is encouraged to have the person who is aware of the situation contact CANHU. The Children's Services Worker should indicate the reporter's source of information in the case record.

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- When a reporter does not have an address for a family, the Children's Service Worker explores areas such as the following:
 - Secure the name of the family. In rural areas, the family can sometimes be found without an address.
 - Request directions to the family's residence, school attended by the children and parent(s)' work location(s).
 - Request the name and home and work phone numbers of the reporter for further information.
 - Request that the reporter try to obtain the address and contact CANHU or re-contact county office.
 - Request the family's home and work phone numbers and attempt to secure the family's home and work addresses.
 - Search CD records to see if family is known to the agency.
 - Review phone book to see if family is listed.
 - Use any other acceptable method to locate the family.
- Mandatory school attendance applies to children, ages seven to sixteen, and children, ages five and six, when they have been enrolled in a public school. Truancy should be reported to the juvenile office. Truancy involves situations where the parent/caretaker has made an effort to control the problem. Truancy alone is not an appropriate report.
- Preventive Services reports to CANHU include, but are not limited to those in which the parent/caretaker is unable to assume his/her responsibilities due to illness, incarceration, or death. Reports where parent/caretakers want the children immediately picked up will be an appropriate CA/N report.
- Child care licensing or residential licensing violations are to be referred to the Child Care Licensing Unit or Residential Program Unit. If the reporter alleges CA/N by a child care provider or a Residential Treatment Facility provider, a CA/N report is taken.
- Medical neglect of a handicapped infant (Baby Doe) in a hospital or health care facility is an appropriate report. The Children's Service Worker should immediately bring a Baby Doe report to his/her supervisor's attention.

Related Subject: Section 2, Chapter 4.3.9, Baby Doe Cases

- Report which indicate the parent or guardian is not obtaining medical treatment due to religious beliefs is an appropriate report.
- Any complaints received regarding the Child Passenger Restraint Law should be referred to the Department of Public Safety and/or local law enforcement personnel.
- Requests by physician/health care providers for "Newborn Crisis Assessment" for a drug involved infant or other non-drug related situations are not appropriate CA/N reports. Although not CA/N reports, these are to be responded to as an emergency, i.e., an immediate response to the request and provision of information to the referring party in a timely manner.

Related Subject: Section 2, Chapter 6.2, Newborn Crisis Assessments

- Requests by physician/health care providers regarding drug involved infants that are not CA/N may be referred to the Department of Health and Senior Services/Bureau of Special Health Care Needs (DHSS/BSHCN) toll-free number (1-800-877-6246) for follow-up by a Department of Health and Senior Services (DHSS) Service Coordinator. The BSHCN's staff will respond to referrals within 72 hours.
- An educational neglect report may be accepted when a student cannot attend school due to having received none of the required immunizations, and the school has made efforts to assist and encourage the family in obtaining the immunizations. Exceptions for a child not receiving immunizations are if one parent or guardian objects, in writing to the school administrator because of religious beliefs or medical contraindications. In the latter instance, a statement from a licensed physician must be provided to the school administrator.
- Except in cases of incest, reports of consensual sex are not accepted for children age 14 and older. A CA/N or non-caretaker report is accepted for children under age 14 (regardless of consent). Examples: a 13 year old and 30 year old is taken as a CA/N report while a 13 year old and 16 year old is taken as a non-caretaker referral.
- Reports alleging bruises or other physical injuries which have occurred in the past, but are no longer present, are acceptable. These reports should be coded "B" - bruises or the appropriate code for the injury, rather than "T" - Other Physical Abuse or Injury.
- Reports alleging educational neglect are accepted in instances where it is unclear whether the child is actually being home schooled. Upon discovery that the parent is home schooling, the report (if there are other allegations, these

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must be fully investigated) must be referred to the school district to review the home school situation.

- Reports alleging children are suicidal or have committed suicide because of child abuse/neglect are acceptable reports. Specific behaviors describing the parent's action/inaction, which cause the child to be suicidal or to have committed suicide should be described by the reporter.
- Reports of head lice are accepted only if the reporter identifies that the parent/caretaker refuses to take appropriate steps to deal with the lice and/or this is a recurring problem within the family and within the same school year. The reporter must describe attempts made by the family and/or a refusal on the part of the parent/caretaker to adequately remedy the problem.
- In cases where the report alleges there is an active operational methamphetamine ("meth") lab in a home, children are exposed to "unsafe living conditions" due to the unusual threat of the extreme explosiveness of meth labs. The Missouri State Highway Patrol indicates these labs pose a two-fold serious threat: they are extremely dangerous due to the likely threat of near-spontaneous explosion and fire of an extremely violent nature; and chemicals used in the production of this drug are extremely toxic, both in their short and long term effect on a family. Under these circumstances, a report for "unsafe living conditions" will be taken.

If, for some reason, the Children's Service Worker determines that a report is inappropriate, he/she should explain to the reporter why a report is inappropriate. The Children's Service Worker should also tell the reporter what kind of information is needed to take a report and encourage the reporter to call back if he/she observes and/or learns of CA/N in the future.

Related Subject: Section 2, Chapter 2.1.1, Information Obtained From the Reporter

Every effort should be made by the Children's Service Worker to refer inappropriate reports such as assault, rape, non-parental/caretaker sexual exploitation, etc., to appropriate law enforcement personnel. This helps to ensure the protection of children who do not fall within CA/N report guidelines.

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[CD05-35](#); [CD06-34](#)

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Attachment G: CA/N Call-Out Procedure for After-Hours and Holidays

1. Emergency Reports/Referrals (Covers any Time During After-Hours and Holidays)

- A. CANHU pages on-call worker and provides call back number at 1-877-642-6320.
- B. On-call worker calls CANHU to confirm acceptance of all emergency reports/referrals.
- C. CANHU gives on-call worker incident number over the phone or gives the full report verbally (*only if necessary due to 3 hour time frame*).
- D. On-call worker pulls report up by laptop or by going into the office.
- E. On-call worker enters worker ID and supervisor ID in ATRU to indicate assignment of report.
- F. Reports will need to be printed using APRT to indicate acceptance of the report by the assigned county.

2. Non-Emergency Reports/Referrals for Holiday and Weekend Hours, Between 8 A.M. and 5 P.M.

- A. CANHU pages on-call worker with incident number.
- B. On-call worker accepts and pulls report by laptop or in office.
- C. On-call worker enters worker ID and supervisor ID in ATRU to indicate assignment of report.
- D. *CANHU will not verify the on-call worker's acceptance of non-emergency report/referrals.*

3. On-Call Worker Will Check ALOG (CANHU Will not Page).

- A. Saturdays, Sundays, and Holidays - On-call worker completes 8 a.m. ALOG check for non-emergency reports alerted since 5 p.m. the previous evening.
- B. On-call worker accepts reports/referrals by laptop or in the office by entering worker ID and supervisor ID in ATRU to indicate assignment of report.

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- C. *CANHU will not verify the 8 a.m. acceptance of non-emergency reports/referrals alerted since 5 p.m. the previous evening.*
- D. Saturdays, Sundays, and Holidays - On-call worker completes at least three (3) ALOG checks between 8 a.m. and 5 p.m. to assure all reports have been accepted.

4. Use of Personal Computers

- A. Workers working out of their home should use laptops issued for after hours/holiday schedules rather than using their own home or personal computers.
- B. If it becomes necessary to use a home computer for work purposes the worker should save documents only until they can E-mail the documents to their office computer. Once that submission is confirmed, confidential documents and information should then be deleted from their own home/personal computers.

5. Instructions Posted on the Intranet

- A. "On-Call Laptop Help Files" are posted on the Children's Division Intranet web site to assist staff in basic operation and dial-up procedures. For additional questions, staff may contact their local ATC or SDSU. If one-on-one instruction is necessary, the local ATC will be available to train users on how to dial up.

6. Problems With the Laptop, Dial-Up Connection, or Access to Dial-Up:

- A. **Technical assistance during business hours:** Contact your Area Technical Coordinator (ATC) or Systems Development and Support Unit (SDSU), (previously known as FACES) at 573-522-9651.
- B. **For password resets and other system connectivity issues** (after-hours, weekends, and holidays): Contact DSS Centralized Help Desk at 1-800-392-8725. The *State Data Center* answers the phone after-hours and will page the appropriate contact.
- C. **For hardware issues** (after-hours, weekends, and holidays): Contact the CANHU to inform them of the failure and make other arrangements to gather report information. On the next business day report the laptop failure to your Area Technical Coordinator (ATC) or SDSU Unit (573-522-9651) so arrangements can be made for getting a replacement laptop delivered to your site and/or getting the laptop repaired.

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