

## **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 5 Overview**

This chapter covers information pertaining to Child Abuse/Neglect (CA/N) reports that are screened as a family assessment and the process county staff members should follow in response to the report. In addition, this chapter discusses the on-going assessment process beyond the initial CA/N report that brought the family to the attention of the agency.

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**Memoranda History:**

[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#), CD07-66, CD10-106, CD11-39

## 5.1 Family Assessment Response

If the report is classified as a family assessment, it will be assigned to a Children's Service Worker, who will conduct a thorough family assessment.

The goal of the family assessment response is to:

- Determine and address immediate child safety concerns;
- Identify the family's strengths and available resources;
- Determine the family's need for services;
- Determine the family's level of risk for future occurrences of child maltreatment; and
- Determine if the family needs can be met by linking to community resources or if there is a need short term family-centered services from the Division.

Related Subject: Section 2, Chapter 2.3.2 Parameters of Family Assessment Response
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## 5.2 Family-Centered-Services Approach

The Family Assessment response should embody the “Family-Centered Services” approach which is founded on the principle that the first and greatest investments, time and resources, should be made in the care and treatment of children in their own homes. This means that resources, which have traditionally been expended on one family member, are more wisely invested in treating and strengthening the entire family. The family-centered approach places greater responsibility on, and confidence in, families and local communities. Therefore, our foremost obligation is to provide families with the services and support necessary to preserve and strengthen the family and prevent out-of-home placement.

Throughout the Division’s involvement with a family, whether during the intake process or after a case has been opened for services, staff will be alert to any changes in the family circumstances that would create a concern for the safety of a child in their own home, which would necessitate a safety assessment or safety reassessment.

Related Subject: Section 2, Chapter 9.2 Assessment of Safety
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The Children’s Service Worker initiates the family-centered practice by:

- **Establishing rapport** with the family. Rapport begins with honesty of the worker and respect for the family. In addition to explaining that the worker is there to help the family help itself, the worker will also explain fully and openly, the purpose of the Division for contacting the family.
- **The family assessment process should be fully explained.** The Children’s Service Worker shall clarify his or her role as well as the expectations that exist for the family.
- Recognition is given to the fact that **families are more likely to change when they are invested in a plan for change**, rather than being asked to comply with the mandates of others.
- **This process must focus on the family as a system**, rather than on any individual within the family. Therefore, parents and children will be given the opportunity for full inclusion in all phases of the family assessment process.
- Full inclusion includes giving **parents and children an equal and active voice** in identifying the issues, which will result in safety and permanence.

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## 5.3 Conducting a Family Assessment

### 5.3.1 Preparing for the Family Assessment

Similar to the investigation process, when the Children's Service Worker receives a report screened as a Family Assessment, he/she will develop a plan outlining the initial actions to be taken. The worker will utilize the Investigation/Family Assessment Summary (CPS-1), which includes a Safety Assessment (CD-17). The Safety Information Collection Tool (CD-162) is used as a guide for workers in collecting information for safety assessment and if necessary for safety plan development in the Safety Plan (CD-18). The risk assessment tool found in the CPS-1 measures the family's probability of future child maltreatment occurrences and assists the worker in determining if a case should be opened for Family-Centered Services. During this process the worker will engage and empower the family to the fullest extent possible, to assess the caregiver's capacity to protect the vulnerable children in the household from threats of danger. The Children's Service Worker will consult their supervisor to assure that their action plan protects the family's right to self-determination as much as possible.

The Family Assessment process will not only address the reported concern alleged in the hotline report, but will take into account the family's situation as a whole. The Children's Service Worker will carefully review all information available at the time the report is first received before engaging the family in the family assessment process.

Safety of the child(ren) in the home shall be an ongoing concern during the family assessments as well as investigations. Staff must complete the Safety Assessment (CD-17), and if the safety decision is "unsafe" complete the Safety Plan (CD-18) during or immediately following the initial visit with a family in response to a report of child abuse/neglect. The safety assessment and any subsequent safety plans shall be documented in the case record and by way of the Family and Children's Electronic System (FACES). Signatures and dates provided should be consistent between the physical and electronic records.

Related Subject: Section 2, Chapter 9.2, Safety Assessment; and Section 2 Chapter 9.3 Safety Planning
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In addition to the reported incident, the Children's Service Worker shall assess the existence of other types of abuse/neglect, including physical violence, of any other household or family member. Assess for domestic violence and risk it poses to child and adult victim. Staff should make a careful assessment to determine whether the caregiver has sufficient capacity to protect the child(ren) from the threat of danger due to physical violence in the home. If domestic violence is occurring, provide information regarding available alternatives, i.e., community shelters or other available safe shelter, legal options, etc.

Related Subject: Section 2, Chapter 4, Attachment I, Indicators of Physical Violence in the Home

Identify active threats of danger or family stressors, i.e., interaction, economic, and social that may diminished the caregiver's capacity to protect the child(ren). The worker must determine how the threat of danger operates within the family system and whether the condition is situational or of a longer duration.

The Children's Service Worker should assess safety throughout the investigative/family assessment process. Safety assessment is also necessary whenever new information becomes available or household composition changes that may change the safety conditions in the household. For this purpose, "household" includes any persons who have significant in-home contact with the children, including those who have a familial or intimate relationship with any person in the home.

Related Subject: Section 2, Chapter 9.2, Safety Assessment, Section 2, Chapter 9.3 Safety Assessment and Section 2, Chapter 3 and Section 2, Chapter 9.4 Risk Assessment

The Juvenile Officer should be notified immediately if less intrusive safety interventions cannot be agreed upon or developed to control the threat of danger and protective custody is the recommendation. If the Juvenile Court issues a protective custody order, the child(ren) should be removed from the home and placed in the least restrictive, most family-like placement available.

Related Subject: Section 4, Chapter 4, Attachment B, Guidelines to Placement Options, Criteria and Selection

If, during a family assessment, new information comes to light, which constitutes another allegation of child abuse or neglect, that information may be included in the ongoing family assessment, or it may require supervisory consultation if there is a consideration of changing tracks to investigation. Track changes should not occur without supervisory consultation. A new hotline report does not have to be made.

#### **5.3.1.1 Role of the Chief Investigator in Family Assessments**

Missouri law identifies the role and responsibility of a Chief Investigator in § 210.145 RSMo. Each local office must develop procedures and maintain a log to ensure the tasks listed below are completed by the Chief Investigator, or their substitute, within seventy-two (72) hours of any Child Abuse/Neglect (CA/N) Investigation, Family Assessment or Newborn Crisis Referral. The mandatory review and seventy-two (72) hour time limit is applicable to all reported concerns, regardless to the date and time of their receipt. Substitute personnel might include the circuit manager, social work specialist, or other experienced supervisor. Some portions of the Chief Investigator review may be conducted over the telephone in cases of emergency situations. When these situations

occur, staff should document the date and time of the consultation in the case narrative in FACES. The Chief Investigator's approval of the safety assessment and/or safety plan should also reflect the date on which they provided initial oversight.

The following are steps which must be completed by the Chief Investigator or their substitute within seventy-two (72) hours:

- Verify the report was appropriately screened as an investigation or family assessment;
- Verify the reporter was contacted, or attempts have been made to initiate contact with the reporter, if their identity is known to the Division;
- Verify that all children in the household have been seen within appropriate timeframes, not to exceed seventy-two (72) hours of the report, unless sufficient documentation indicates the reason(s) for a delay in initial contacts;
- Verify that all family history with the Division has been considered as it relates to the hotline report and/or the overall assessment of the family;
- Verify and review the case record documentation of all contacts made to the point in the case at which the Chief Investigative review takes place;
- Verify that all reported concerns have been explored and addressed as needed;
- Verifying that any additional safety concerns presented (in addition to reported allegations) have been explored and addressed as needed;
- Support Children Service Workers as they establish and maintain relations with multidisciplinary team members;
- When the report involves a child enrolled in school, ensure information regarding the status of reports is provided to the **public school district liaison**. Should the subject child attend a non-public school, the principal of that school should be notified of the report; and,
- If in agreement with the safety assessment and the safety plan (if required), the Chief Investigator, or their substitute, should approve and date the physical copy of the CD-17, and any CD-18 safety plan required, and enter approval in FACES.

Local protocols must be developed to ensure supervisory coverage and accessibility to Children's Service Workers to provide 72 hour Chief Investigator consultations and for any safety concerns which may develop during the completion of a Family Assessment. The Chief Investigator is expected to communicate with the worker to discuss the case whenever possible or necessary, and provide guidance to the Children's Service Worker with regard to the completion of the reported concern.

#### **5.3.1.2 Review the Initial CA/N Report for:**

- Reported allegations or other concerns contained in the report;
- Number of household members, if indicated;
- Age and relationship of household members, if indicated;
- Age and number of children involved in the report of maltreatment;
- Location of household;
- Prior reports/referrals to Children's Division (CD);
- Income resources indicated;
- Indication of community involvement, i.e., reporter is from a school counselor, medical staff, etc.; and
- Indication of history or current conditions that might pose a danger to the worker. (report or history of weapons, dangerous dogs, drugs or meth production at the residence)

In reviewing the above categories, staff are to begin planning their first contact with the child(ren) and family and reviewing what strengths and stresses may be indicated for the family.

#### **5.3.1.3 Reviewing Prior History**

Examining this history provides the worker with a base of information for their contact with the family. Additionally, the history tells the Children's Service Worker what worked for the family if past services were provided, as well as what did not seem to work.

In reviewing prior history the worker should consider the following questions:

- Have there been prior reports or referrals to the agency? (Investigations; family assessments; newborn crisis assessments...etc.)

- What was the nature and context of those reports?
- Is there a reoccurring or chronic pattern of abuse/neglect indicated in the history?
- Who was involved in prior reports?
- What were the outcomes or findings of those reports?
- What was the Division's response? (Children were removed; the report found "probable cause" or "preponderance of evidence"; Family-Centered Services or Intensive In-Home Services were provided...etc.)
- What was the outcome of services provided? (Linked to community resources; family; short term services; rights were terminated...etc.)

If it becomes known during an Investigation/Family Assessment that there is a history or alleged incident of domestic violence, staff should contact Law Enforcement and/or any other professionals known to be familiar with the domestic violence in order to obtain complete information on the family.

The implications of a family's history in CPS practice should be utilized in a manner consistent with the "rolling icebergs" theory by Tony Loman, of the Institute of Applied Research. Incident reports should be seen in the context of other problems that manifest themselves within a family in different ways at different points in time. One specific incident may only be the "tip of the iceberg", while other (sometimes more serious) things might be hidden below the surface. Repeated reports on families, then, may best be understood as rolling icebergs, with different aspects revealing themselves and being observed across time. Understanding how to recognize and utilize prior history in this manner will provide a solid foundation for intervention by the Children's Service Worker.

**Supervisors must assure that staff has made every effort to search for prior CD involvement, and that the information is given appropriate consideration.**

### **Accumulation of Harm**

An accumulation of harm can have a long-term impact on a child's overall physical, mental or emotional development. Research has shown that the quality of nutrition and nurturing during the first five years of a child's life is particularly important for normal growth and development later in the child's life. Needed care and attention that is missed in these early years is difficult to make up for in later years. An example of this is a family with a preschool child who is repeatedly not provided adequate stimulation and nutrition and who becomes developmentally delayed. Because the child is already at a disadvantage developmentally, the ability to do well

in school and reach other developmental milestones becomes further and further out of the child's reach. This kind of pattern of neglect, resulting in accumulated harm, can result in long-term, negative consequences for the child.

The concept of accumulation of harm is important in identifying and developing treatment strategies with families who are experiencing chronic neglect, as well as any other pattern of abuse/neglect. When assessing the immediate safety and future risk of a child's condition, Division staff must be aware of the heightened risk to children when caretakers show a repeated pattern of failing to meet the child's physical, medical, educational and emotional needs.

#### **5.3.1.4 Involving the Non-Custodial Parent**

It is important for Division staff to consider and document the role of all non-resident parents when conducting Child Abuse/Neglect (CA/N) Investigations or Family Assessments. This information may be captured in the CA/N narrative and/or the strengths/needs assessment. Staff are encouraged to inquire about the role of the non-resident parent with more than one family member, and at least one of them should be the non-resident parent's child if deemed age appropriate by staff. Staff should also make good faith efforts to understand and document the involvement of the non-resident parent in the life of his/her child. This information can be obtained from interviews conducted with household members, multidisciplinary team members and collateral contacts. When possible, staff are encouraged to speak with the non-resident parent to discuss their knowledge and involvement with the family.

Division staff can talk to whomever he/she needs to in order to do a thorough assessment of safety, risk, or to evaluate the family's strengths and needs, which may include a non-resident parent. If the non-resident parent is the alleged perpetrator, then in order to have an objective completion of the CA/N Investigation or Family Assessment, attempts must be made to talk to that person. Staff should use administrative data resources in order to locate the non-resident parent if that information is not made available through other sources.

Good faith efforts should be made to provide the non-resident parent with a disposition notice at the conclusion of any Child Abuse/Neglect Investigation or Family Assessment involving his/her child. Should the non-resident parent present a request for additional information, staff should only disclose information which pertains to his/her child. In the event that staff are informed by household members, multidisciplinary team members or collateral contacts that information shared with the non-resident parent may place a child or their family at imminent risk of harm, staff should seek supervisory consultation prior to contacting or corresponding with the non-resident parent.

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### 5.3.2 Initiating the Family Assessment

The Children's Service Worker must begin the Family Assessments process within twenty-four (24) hours of receipt of the report, except for CA/N reports where the sole basis for the report is educational neglect, which requires the Family Assessment to begin within 72 hours.

The family assessment process begins with the first contact with any individual, such as the reporter, law enforcement, or a family member.

The Children's Service Worker must also assure the safety of the victim within 24 hours of receipt of the report, through direct observation by the Children's Service Worker or by an appropriate multi-disciplinary team member. The only exception to this is in cases where the sole basis for the report is educational neglect, which requires the investigation to be initiated and safety be assured within 72 hours.

Related Subject: Section 2, Chapter 5.3.6 <a href="#">Face to Face Safety Assurance of Victim</a>
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CS03-51, CD05-35, CD05-72, CD06-34

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CD07- 41

### 5.3.3 Contacting The Reporter

The Children's Service Worker shall begin the Family Assessment process by contacting the reporter, who can assist in assessing the child(ren)'s safety.

If the reporter's identity is unknown, or if he/she cannot be reached, then the Children's Service Worker may begin the process by:

- Contacting collaterals or other persons who are familiar with the child/family's current situation; or
- By direct observation of the alleged victim(s) by a multi-disciplinary team member or by the Children's Service Worker.

Related Subject: Section 2, Chapter 5.5.3.6 Face to Face Safety Assurance of Victim

Workers will inform the reporter upon contact of their right to obtain information concerning the disposition of the report. Permissive reporters must *request in writing*, findings and information concerning the case. *Release of this information will be at discretion of the Division Director or designee, based on reporter's ability to assist in protecting the child or the potential harm to child or other children in the home.*

Staff will notify the mandated reporter, or permissive reporter if requested, of the disposition using the CS-21B.

The worker will also inform the reporter that if the report is determined to be unsubstantiated, the reporter may request, *in writing*, that the report be referred by the Division to the Office of Child Advocate. If requested, staff shall forward a copy of the CA/N report to Office of Child Advocate Director.

Related Subject: Section 2, Chapter 4, Attachment D: Reporter Contact and Section 5, Chapter 2, Attachment B: Office of the Child Advocate; and CS-21 B, Reporter Disposition Notification Letter

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### **5.3.4 Contacting The School Liaison**

When the victim(s) is enrolled in school, the school liaison must be contacted. The liaison is a valuable source of information and an active member of the multidisciplinary team. Communication between CD and the liaison should be ongoing, when appropriate, to enhance services to the child and family.

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### 5.3.11 Safety Assessment

The initial *Safety Assessment, CD-17*, is conducted with the family on initial contact. The CD-17 is completed, by the worker and reviewed/signed off by the Chief Investigator within 72 hours of receipt of report. If the safety decision is “unsafe” the worker must also complete a *Safety Plan, CD-18*, which must also be reviewed/signed off by the Chief Investigator within 72 hours of receipt of the report.

The *Safety Information Collection Tool, CD-162*, may be used by workers as a guide to information gathering and documentation for the safety assessment and safety planning process, as well as the basis for the assessment of caregiver capacity for the development of treatment goals. Information used to reach the safety decision may include a review of CA/N records, CA/N history in other states, interviews with caregivers, children and collateral, system checks, reporter contacts, school or child care contacts, or contact with any other person or agency that might have pertinent information about the family. When threats of dangers are identified for a vulnerable child and the caregiver’s protective capacity is insufficient to control the threat the safety decision is “unsafe”.

If the safety decision is *safe* no safety plan is required.

If the safety decision is *unsafe* the worker will work with the family to develop safety interventions that substitute for the insufficient caregiver protective capacity to control the threat of danger and keep the child safe.

Related Subject: Section 2, Chapter 9.2, [Safety Assessment](#); and Section 2, Chapter 9.3 [Safety Planning](#)

The Children’s Service Worker should be continually assessing the safety of the child(ren) throughout the Family Assessment process. Mandatory safety assessments are required on initial contact with the family on investigations/family assessments and at least every 90 days (at the end of a treatment period), but may be conducted anytime new information becomes available that may indicate a threat to the safety of the children. Additionally, any change in household composition may warrant immediate CA/N checks of new persons having access to the child.

Related Forms and Instructions: CPS-1, CD-17 and CD-18

#### 5.3.11.1 Collateral Contacts

Interview collaterals as needed to verify findings or to gain information not accessible from the family. Collateral contacts include face to face contact, phone contact, and e-mail correspondence. When corresponding via e-mail to individuals not employed by the State of Missouri, staff should encrypt all outgoing messages which contain protected health and identifying information.

In addition, staff should communicate with collateral contacts using the initials of the individual being discussed to ensure privacy and ask the collateral contact to do the same.

Staff shall make collateral contact(s), for all investigations/family assessments. This contact shall be with someone other than the reporter and/or other household members. The purpose of this contact is to provide staff with information concerning, but not limited to, the following:

- To locate family if family is not home,
- Child's safety, health and well-being,
- Assessment of child's vulnerability,
- Parenting/disciplining techniques,
- Parent/child interaction,
- Assessment history of the caregiver demonstrating sufficient caregiver protective capacity,
- Household condition,
- Additional household members,
- Changes in child's/parent's behavior,
- Current/potential supports for the family, and
- Validity of allegations

*Possible collateral contacts may include, but not limited to:*

- School professionals/School liaison (teacher, counselor, Principal, school nurse),
- Therapist/Counselor,
- Parent's as Teachers Coordinator,
- Physician or other health care professional,
- Neighbor, or
- Extended family member(s) not in the household

The Children's Service Worker shall exercise professional judgment in the selection of information sources. To protect the family's right to privacy and the confidentiality of the report, the Children's Service Worker should not randomly interview the family's neighbors, friends, or other non-professional, non-related persons. When it is necessary to disclose the nature of the investigation, disclosure should only include information that is absolutely necessary to complete the family assessment.

Collateral contact shall correlate with the area of concern. Staff should thoughtfully choose collateral contacts from among those people who have enough contact with the family and/or child to give pertinent information. This collateral contact should be able to address a particular concern.

For example, if the CA/N report alleges an injury or medical condition, a professional health care provider, close family member or neighbor might be accessed. If there are educational concerns reported, a teacher or school official might be contacted to gather pertinent information regarding the child. If, during the investigation or family assessment, the parent indicates he/she is receiving help from a friend or family member, that person may provide additional information about family's level of functioning and potential for continued support for the family.

Numerous collaterals may be needed depending on the issues identified through the investigation or family assessment. The Genogram or Culturagram, in the NCFAS G+R tools, may reveal appropriate people to use as collateral contacts.

**Supervisors must assure that staff has contacted collaterals as required, and that the information provided by collateral sources has been given appropriate consideration.**

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**Memoranda History:**

CD11-86

**Practice Point, Alert, or Policy Interpretation:**

PIQ-131

### 5.3.6 Face To Face Safety Assurance Of Victim

The Children's Service Worker shall assure the safety of the alleged victim within structured decision making timeframes through direct observation of the child.

Related Subject: Section 2, Chapter 2.2, Response Priority Levels

NOTE: While a multi-disciplinary team member's face to face contact with an alleged victim may be used to assure initial safety in Family Assessments, every effort should be made by the Children's Service Worker to assure for the child's safety through direct observation whenever possible. The Children's Service Worker shall be responsible for ensuring that a multi-disciplinary contact used for the purpose of assuring safety is sufficient for the interim until the worker will see the child directly.

If the family/child is not seen within the first 24 hours, as it has been determined through multi-disciplinary contacts that the child is safe in the interim, documentation of the factors indicating how the child's safety was assured must be recorded in the CPS-1 and CPS-1A. **All household children, including the alleged victim, must be seen by the Children's Division within 72 hours in all cases.**

If the worker is unable to otherwise assure the safety of the alleged victim(s), face to face contact by the Children's Service Worker with all children named as victims on the CA/N-1 must be made within 24 hours (or within 3 hours if Response Priority is 1).

Safety of any child located in another county or State must be assured by direct contact with the child by courtesy request of that county, or State. Additionally, any county assuring safety must complete a safety assessment, and when necessary, a legibly signed safety plan, which must be sent to the requesting county within specified timeframes.

Related Subject: Section 2, Chapter 4, Attachment C, Courtesy Requests

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### 5.3.7 Meeting With The Child(Ren) And Family

Pursuant to [§210.145, RSMo.](#) **if the parents of the child are *not* the alleged perpetrators, a parent of the child *must* be notified *prior* to the child being interviewed by the Children’s Division. If a child is in immediate danger, law enforcement must be immediately contacted.** The duty to notify a parent holds true regardless of whether the report is an investigation or assessment and regardless of whether the allegations are for abuse or neglect. The term "parent" with regard to the statute includes a mother, father, and/or legal guardian. The term "parent" with regard to the statute does not include a step-mother, step-father, paramour, grandparent, or other relative with physical custody, or a person with power of attorney.

Staff should attempt to notify the custodial parent to fulfill these statutory requirements. However, if the custodial parent cannot be notified, it may be necessary to notify the non-custodial parent in order to assure safety within timeframes. Staff must document all attempts to notify a parent, such as telephone calls, mail correspondence, home visits, etc.

Although not mandatory, it is best practice to for staff to notify the custodial parent prior to interviewing the child when the non-custodial parent is the alleged perpetrator.

Notice to a parent or legal guardian should include:

- Providing The Description of the Investigation Process, CS-24, as written notice to the parent or legal guardian; or
- Providing initial notice through oral communication with a parent or legal guardian if it is deemed necessary to ensure children’s safety within required timeframes; and
- Informing the parent or legal guardian that the Division must directly observe and/or interview their child(ren) in conjunction with a reported concern.

There may be times when notifying a non-perpetrating parent would jeopardize the child’s safety or significantly hinder the investigation or assessment process. Examples include:

- Alleged abuse occurring **at the time** of the call
- Alleged injuries or symptoms of injuries or illness that require **immediate** medical care

- Allegations of a child in need of **immediate** psychiatric care in conjunction with a child abuse or neglect report and,
- Allegations of child sexual abuse in which the alleged perpetrator has access to the child within the next twenty-four (24) hours

Staff should always seek supervisory approval to interview the child without the permission of a parent when the alleged perpetrator is not a parent. If the decision is made to interview the child without notification due to an existing or imminent serious safety concern, staff must utilize law enforcement to facilitate contact with the child, pursuant to [§210.145.6](#). These are situations in which, if true, emergency protective custody may be necessary to ensure the safety of the child. Staff should clearly document the reason notification did not occur and document the reasons why an interview took place without notice. If the Children's Service Worker has failed to contact a non-perpetrating custodial parent prior to interviewing the child, the worker is expected to do so as soon as possible after the child is interviewed.

Although the statute does not make it mandatory to obtain the consent of the custodial parent prior to interviewing the child, it is best practice for staff to obtain their permission prior to interviewing the child when they are not the alleged perpetrator. Parents have the right to refuse access to their child. Staff must refrain from the use of coercion to gain access. However, notification to the non-offending, non-custodial parent may be useful when the custodial non-offending parent refuses access to the child. If all attempts to engage parents are unsuccessful *and* safety cannot be assured by any other means, it may be necessary to make a referral to the juvenile office.

The alleged perpetrator should not be given notice of the report until safety of the child can be assured. The term 'report' includes investigations and assessments. Pursuant to [§210.145.6, RSMo](#) when conducting an investigation or assessment, staff shall not call prior to a home visit or leave any documentation of any attempted visit, such as business cards, pamphlets, or other similar identifying information if there is reason to believe:

- No person is present in the home at the time of the home visit; *and*
- The alleged perpetrator resides in the home or the physical safety of the child may be compromised if the alleged perpetrator becomes aware of the attempted visit; or
- The alleged perpetrator will be alerted regarding the attempted visit; or
- The family has a history of domestic violence or fleeing the community

Once contact is made with the alleged perpetrator and safety is assured, staff may schedule home visits or leave notice of attempted visits.

#### **5.3.7.1 Making Initial Contact within the Home**

In many instances, and keeping in line with the family-centered approach of assessments, the child may be seen within the context of their family. Therefore, it is usually not necessary to contact the child outside the family, e.g., at school, childcare center, etc.

Making initial contact within the home helps establish transparency and helps the worker build rapport with the family.

Making initial contact with the child and family within the home also helps empower the family by giving them more opportunities to be involved in the decision-making.

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[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#)

#### **Memoranda History:**

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[PP15-IA-03](#)

### **5.3.8 When The Family Is Uncooperative**

If a family chooses not to cooperate with the family assessment approach, it may be necessary to contact law enforcement to gain access to the child to assess the child's safety. Division staff may contact the Juvenile Court (verbally and in writing) if the family is uncooperative and assistance is needed to ensure the child's safety. Division staff may contact law enforcement during the family assessment as in investigations. This information is provided to the family in the Description of the Family Assessment (CS-24a), which is given to the family at the beginning of the family assessment.

If the family chooses not to cooperate with the family assessment and CD determines that there is no, or minimal, risk to the child, the family assessment will be concluded with conclusion L - Family Assessment-Non-cooperation/Child Safe, and no further action will be taken (no FCS case opened).

Related Subject: Section 2, Chapter 9.2, Assessment of Safety; and Section 2, Chapter 9.1 Safety Analysis and Risk Assessments
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#### **Chapter Memoranda History:** (prior to 01-31-07)

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### 5.3.9 Interviewing the Child Alone

Staff shall interview the child separately from his/her family when conducting a family assessment. The worker may explain the agency's responsibility to secure information from named participants in the report, along with other persons/facilities, in order to determine safety and complete a thorough assessment. The specific circumstances of the family assessment will dictate whether the child interview will happen before or after the family interview. The private interview with the child does not preclude him/her from the family interview session. If the family refuses to allow a child to be interviewed separately from the family, the report can change tracks and become an investigation. If this track change occurs, investigation protocols will be followed, such as contacting local law enforcement for an assist.

NOTE: The Children's Services Supervisor shall assure the Children's Service Worker demonstrates competence in interviewing skills, and seek assistance through supervisory channels when there is an identified training need that can't be resolved using local resources. Field Managers should assist the local county in accessing resources that can assist, including Family Centered Services (FCS) consultants as available, Children's Service Specialists, Quality Improvement and Field Support Staff.

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[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#)

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### **5.3.10 Contact With Household Children**

Missouri Law requires that all household children, including the alleged victim(s), are seen by the Children's Division within 72 hours in all cases.

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[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#)

**Memoranda History:**

### 5.3.11 Safety Assessment

The initial *Safety Assessment, CD-17*, is conducted with the family on initial contact. The CD-17 is completed, by the worker and reviewed/signed off by the Chief Investigator within 72 hours of receipt of report. If the safety decision is “unsafe” the worker must also complete a *Safety Plan, CD-18*, which must also be reviewed/signed off by the Chief Investigator within 72 hours of receipt of the report.

The *Safety Information Collection Tool, CD-162*, may be used by workers as a guide to information gathering and documentation for the safety assessment and safety planning process, as well as the basis for the assessment of caregiver capacity for the development of treatment goals. Information used to reach the safety decision may include a review of CA/N records, CA/N history in other states, interviews with caregivers, children and collateral, system checks, reporter contacts, school or child care contacts, or contact with any other person or agency that might have pertinent information about the family. When threats of dangers are identified for a vulnerable child and the caregiver’s protective capacity is insufficient to control the threat the safety decision is “unsafe”.

If the safety decision is *safe* no safety plan is required.

If the safety decision is *unsafe* the worker will work with the family to develop safety interventions that substitute for the insufficient caregiver protective capacity to control the threat of danger and keep the child safe.

Related Subject: Section 2, Chapter 9.2, [Safety Assessment](#); and Section 2, Chapter 9.3 [Safety Planning](#)

The Children’s Service Worker should be continually assessing the safety of the child(ren) throughout the Family Assessment process. Mandatory safety assessments are required on initial contact with the family on investigations/family assessments and at least every 90 days (at the end of a treatment period), but may be conducted anytime new information becomes available that may indicate a threat to the safety of the children. Additionally, any change in household composition may warrant immediate CA/N checks of new persons having access to the child.

Related Forms and Instructions: CPS-1, CD-17 and CD-18

#### 5.3.11.1 Collateral Contacts

Interview collaterals as needed to verify findings or to gain information not accessible from the family. Collateral contacts include face to face contact, phone contact, and e-mail correspondence. When corresponding via e-mail to individuals not employed by the State of Missouri, staff should encrypt all outgoing messages which contain protected health and identifying information.

In addition, staff should communicate with collateral contacts using the initials of the individual being discussed to ensure privacy and ask the collateral contact to do the same.

Staff shall make collateral contact(s), for all investigations/family assessments. This contact shall be with someone other than the reporter and/or other household members. The purpose of this contact is to provide staff with information concerning, but not limited to, the following:

- To locate family if family is not home,
- Child's safety, health and well-being,
- Assessment of child's vulnerability,
- Parenting/disciplining techniques,
- Parent/child interaction,
- Assessment history of the caregiver demonstrating sufficient caregiver protective capacity,
- Household condition,
- Additional household members,
- Changes in child's/parent's behavior,
- Current/potential supports for the family, and
- Validity of allegations

*Possible collateral contacts may include, but not limited to:*

- School professionals/School liaison (teacher, counselor, Principal, school nurse),
- Therapist/Counselor,
- Parent's as Teachers Coordinator,
- Physician or other health care professional,
- Neighbor, or
- Extended family member(s) not in the household

The Children's Service Worker shall exercise professional judgment in the selection of information sources. To protect the family's right to privacy and the confidentiality of the report, the Children's Service Worker should not randomly interview the family's neighbors, friends, or other non-professional, non-related persons. When it is necessary to disclose the nature of the investigation, disclosure should only include information that is absolutely necessary to complete the family assessment.

Collateral contact shall correlate with the area of concern. Staff should thoughtfully choose collateral contacts from among those people who have enough contact with the family and/or child to give pertinent information. This collateral contact should be able to address a particular concern.

For example, if the CA/N report alleges an injury or medical condition, a professional health care provider, close family member or neighbor might be accessed. If there are educational concerns reported, a teacher or school official might be contacted to gather pertinent information regarding the child. If, during the investigation or family assessment, the parent indicates he/she is receiving help from a friend or family member, that person may provide additional information about family's level of functioning and potential for continued support for the family.

Numerous collaterals may be needed depending on the issues identified through the investigation or family assessment. The Genogram or Culturagram, in the NCFAS G+R tools, may reveal appropriate people to use as collateral contacts.

**Supervisors must assure that staff has contacted collaterals as required, and that the information provided by collateral sources has been given appropriate consideration.**

**Chapter Memoranda History:** (prior to 01-31-07)

[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#). CD07-66

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### **5.3.12 Chief Investigator 72 Hour Review**

The Chief Investigator is responsible for assuring that all household children, including the alleged victim(s), have been seen and that safety has been assured within 72 hours of the report.

Related Subject: Section 1, Chapter 1.3.1, Chief Investigator
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The first 2 pages of the CPS-1 and the CD-17 will be reviewed by the Chief Investigator within 72 hours of the report. If the CD-17 indicates a decision of “unsafe”, a CD-18 is required and the Chief Investigator would also be required to review/ evaluate the feasibility of the plan, including the plan for monitoring the safety plan, before approving the plan.

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### **5.3.13 Assessing The Need For Services**

The Strengths/Needs section of the CPS-1 is a useful reference to prompt the worker to address specific factors which may impact the quality of family functioning in a positive or negative way and may put the children at a higher risk of maltreatment. Though it is not as comprehensive as the family functioning assessment in an open case it does address the basic family functioning domains that need to be addressed during the assessment process. They include basic needs, living conditions, the family's support system; health and educational issues and the overall nature and quality of family interaction.

The family assessment should be strength-based and emphasize the family's strengths, competencies and successes the family has experienced.

The worker should then help the family identify areas of need and help address them through the family's resources or supports, resources available in the community and if necessary by opening a Division case for family-centered services.

During the first meeting with the family, the worker should consider the following questions:

- What strengths and resources does the family have to build on?
- What service/support does the family need or request from the community or the Division?
- Do I need to visit again and/or gather more information?
- What is my next step related to this family?

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[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#)

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#### **5.3.14 Determining The Level Of Risk**

Once the worker and the family have collaborated to identify the family's area of strengths and need for services, the worker will conduct a risk assessment to determine the family's Structured Decision Making (SDM) level of risk of future child maltreatment.

The SDM risk assessment identifies the level of risk of future child maltreatment. The worker will utilize the Risk-Based Case Open/Close Guidelines to assist the worker in determining the need to open and FCS case.

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[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#)

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**5.3.15 Open/Close Guidelines For Concluding CA/N Reports**

<b>Risk-Based Case Open/Close Guidelines</b>			
<b>Risk Level</b>	<b>Investigations</b>		<b>Family Assessments</b>
	<b>Preponderance of Evidence</b>	<b>Unsubstantiated</b>	
Low	Close	Close	Close
Moderate	Open/Close	Close	Open/Close
High	Open	Open/Close w/referral	Open/Close w/referral
Very High	Open	Open/Close w/referral	Open/Close w/referral

**Any time a decision is made to close a case, the reason must be documented in the record narrative, and a supervisor must sign the narrative to approve the case closing. The documentation should leave a reader with no doubt as to the thinking that went into the decision.**

Note: There may be unique circumstances in which it is appropriate to open low risk cases (for example, court-ordered services), or close very high risk cases (for example, family moved out of state). Reasons for opening or closing cases outside of the recommended guidelines should be clearly documented in the case record.

Related Subject: Section 2, Chapter 9.4 Assessment of Risk

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[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#), CD07-66

**Memoranda History:**

### 5.3.16 Making a Determination

The family assessment shall be completed within forty-five (45) days. A determination shall be reached during the family assessment as to whether or not the family needs services beyond the forty-five (45) day assessment period. These services may include Family Centered Services, or services linked to the family within the initial forty-five (45) day assessment period.

The following is a list of the possible determinations which may be reached at the end of the family assessment period, which may be entered on the conclusion screen in FACES:

- **Family Assessment-Services Needed (J)** - The family needs Family-Centered Services beyond the 45 day assessment period;
- **Family Assessment-No Services Needed (K)** - The family does not need Family-Centered Services from the Division or the community;
- **Family Assessment-Family Uncooperative- Child Safe (L)** - The family refused to cooperate during the Family Assessment process. The worker has been able to document that the child is safe, therefore a case will not be opened for Family-Centered Services;
- **Family Assessment-Services Needed-Linked to Initial 45 days (M)** - The family received services during the forty-five (45) day assessment period (either by the CD Children's Service Worker or by a community resource/support system). The family no longer needs services provided by the Children's Division;

**Family Assessment-Services Needed-Family Declined (N)** - The Division offered to provide Family-Centered Services, but the family refused services. The worker has been able to document that the child is safe;

- **Unable to Locate (E)** – The “unable to locate” determination may be used only after all three of the following criteria have been met:
  1. Only when not one single child or any parent/caretaker included in the report is located;
  2. Only after the Children's Service Worker has searched all available resources that can help to locate the family and children;
    - § Examine the Division's **internal** sources of information such as:
      - Children's Division family records in all known counties having current or past family involvement via personal contact with workers, review of physical case records, or review of FACES information;
    - § Examine **external** sources of information such as:

- Local, county and state law enforcement agencies
  - Child's school
  - Neighbors
  - Known friends or extended family members of the child/family
  - Postmaster: The local post office will have a form for requesting address information. This may be completed and sent to the postmaster of the post office serving the parent's last known address.
  - Public utilities: If previous address and name on account are known.
  - Directories: Telephone, city, street, trade, labor, and professional, etc.
  - Other public agencies in Missouri
  - Court/county records
  - Societies or lodges
3. Only after the supervisor agrees that sufficient attempts have been made and the Children's Service Worker has exhausted all available resources to locate the family.

**The Children's Service Worker should be careful to not disclose the reason for the inquiry unless absolutely necessary out of consideration for the client's right to confidentiality.**

- **Inappropriate Report (G)** – This determination is applicable when a report received for family assessment that does not contain allegations of abuse or neglect specified in Missouri State Child Abuse and Neglect statute (Section 210 RSMo). If the worker discovers the report does not fall within the state statute during the family assessment process, it must be entered in FACES as an inappropriate report. In most cases, inappropriate reports will be screened out by Child Abuse and Neglect Hotline Unit staff. In those situations where the Children's Service Worker has determined the family assessment does not fall under the Division's jurisdiction and intends to enter the report as an inappropriate report, the report must be referred to the Circuit Manager for review and approval of this finding prior to entry into FACES. Staff should consult with Regional staff if the Circuit Manager has questions regarding the correct use of this conclusion.
- **Located Out-of-State (H)** - The "located out of state" determination may be used only after the Children's Service Worker has verified the location of the alleged victim child(ren) as residing in another state. If a reported concern includes multiple alleged victim children, and any of the alleged victim children are located in Missouri, the "located out of state" conclusion should not be used. However, all steps as outlined below should be taken to locate and assure the safety and well-being of any alleged victim child listed on a CA/N report who is reportedly residing outside of the state of Missouri.

The verification of locating a child outside of Missouri should include the following steps, at a minimum:

1. Children's Service Workers should complete and send a Courtesy Request (CPS-2) form to the Child Protective Service agency in the state that any alleged victim child is reportedly residing to request that a representative from their agency complete face to face contact with the alleged victim child, assure their safety and well-being, and provide written correspondence back to the Division regarding their observations;
2. If the requested CPS agency has declined the request to see the alleged victim children, Children's Service Workers should use the CPS-2 to request face to face contact with the alleged victim child by a comparable professional who would be considered as a multidisciplinary team member in Missouri (e.g., law enforcement officer, medical doctor, etc.), and ask that they provide written correspondence back to the Division regarding their observations; and,
3. Children's Service Workers should document all steps taken and correspondence received to verify the safety and well-being of children located out of state.

If necessary, and as a last resort, staff may use a documented telephone call from a representative of a comparable Child Protective Service agency or multidisciplinary team member in another state to document steps that were taken to assure children's safety and well-being in response to the courtesy request. Staff may not use a telephone call from the reported caregiver of the child residing in another state or non-professional collateral contact as a means of verifying the alleged victim child's location in another state or to establish their safety and well-being.

- **Home Schooling (I)** - This determination is appropriate when the parent has stated to the investigator that he/she is providing for his/her child's education, and the Division has sent the report to the Superintendent of Schools of the appropriate school district.

The following is a list of the possible family assessment status outcomes, which may be entered on the conclusion screen in FACES in conjunction with the above listed family assessment determinations:

- **FCS not Opened for this Incident (A);**
- **FCS Case Already Open (B);**
- **FCS Opened, Refer to FCS (E);** and
- **Closed FCS, Reopen and Refer for FCS (F)**

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Related Subject: Section 3 Delivery of Services

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**Memoranda History:**

CD11-39

### **5.3.17 Minimum Contact Standards after a CA/N Report has been Concluded**

The SDM risk level is assessed initially during the investigation/family assessment process on the CPS-1 and then re-assessed every 90 days on the CS-16E. The risk level will determine the over all minimum standards for contact with the family.

**The minimum contact standards go into effect at the time the investigation/family assessment is concluded on the CPS-1 or the date the delayed conclusion is entered into the system.** This standard should begin within the mandated 30 day timeframe given to conclude CA/N Reports.

The “Children’s Division Minimum Contact Standards” represent how many of the overall contact standards must be met by the CD worker. The remaining contacts may be met by a contracted **in-home** service provider who is working with the family as part of the family’s case plan. However, if the contracted service provider was unable to complete monthly contacts, the CD worker is responsible for meeting the overall contact standards.

**It is the responsibility of the Circuit Manager to formulate local protocol to assure that CD staff is meeting minimum contact standards.** Minimal contact may be met in accordance with the particular circuit’s personnel and resources, but the protocol should determine the member of staff ultimately responsible for contacts with the family. In some circuits contact standards may be met by a FCS worker, prior the opening of the case and in some circuits the CA/N worker may continue to make the required contacts until the case is assigned.

#### **5.3.17.1 Minimum Contact Standards – Questions to Address:**

1. Is there an active Safety Plan? Is it still appropriate or in need of revision?
2. Have circumstances changed in the family composition that would warrant a safety assessment? (Example: new members of household, such as a new adult, new baby or additional children or relatives)
3. Have circumstances changed in regard to the family physical location/environment that would warrant a safety assessment or re-assessment? (Example: eviction, new housing, utilities shut off, household composition changes causing crowding)
4. Have circumstances changed in regard to family physical health? (Example: caretaker or a child has become ill, new medical expenses or not following through with medical services)
5. Have circumstances changed in regard to family mental health or substance abuse issues? (Example: Not complying with prescription medication, psychotic break or suicide attempt, escalated symptoms)

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6. Has there been incidents or reported concerns regarding child abuse/neglect, domestic violence or criminal activity?

Related Subject: Section 2, Chapter 9.5.2 Minimum Contact Standards for In-home Cases
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[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#)

**Memoranda History:**

CD11-86

### 5.3.18 Delayed Conclusion

Pursuant to §[210.145.15](#) RSMo., the Division shall make every reasonable attempt to complete CA/N Investigations or Family Assessments within forty-five (45) days, unless:

- A **good cause** for the failure to complete the investigation exists and is regularly documented in FACES, or
- A child fatality or near-fatality is involved in a report of abuse or neglect , in which case, the CA/N Investigation shall remain open until the Division's investigation surrounding the child's death or near-fatality has been completed

Related Subject: [Section 7 Glossary/Reference: Near-Fatality](#)

Related Subject: [Section 2 Chapter 4.3.8.2 Child Fatalities during a Pending Investigation](#); and [210.145.15](#) RSMo.

Division staff may place a case in delayed conclusion specific to the circumstances of the CA/N Investigation or Family Assessment, when a good cause, child fatality or near-fatality exists in conjunction with an open CA/N Investigation or Family Assessment. Staff should review the possible need for delay concluding a report on or before day thirty (30). All delayed conclusions must be reviewed and approved by a Children's Service Supervisor, and documented as necessary in FACES on or before day forty-five (45).

**After the initial forty-five (45) days, staff must take whatever steps necessary to reach a conclusion on a case specific basis, which include:**

- **making follow-up contacts**
- **continuing efforts to obtain the essential information**

Follow-up contacts and/or efforts to obtain essential information must be documented in FACES at regular intervals beyond the initial forty-five (45) days.

Regular intervals may vary from case to case depending on the needs of the particular CA/N Investigation or Family Assessment. However, staff should review the case with supervisors and update a justification in FACES which conveys a continuing need for the CA/N Investigation or Family Assessment to remain open.

#### **Good Cause Analysis**

**Workers and Supervisors must complete, and document in the case file/FACES, a good cause analysis for any CA/N Investigation or Family Assessment for which there is a delayed conclusion by applying the following considerations:**

- What is the critical information the Division is waiting to receive?

- How is the missing information critical to the Division's conclusion?
  - To place a case in delayed conclusion, staff and supervisors must deem the missing information so critical to the investigation the Division cannot make a determination without it (e.g., critical medical report of injuries to a victim child, laboratory results, etc.)
  
- Can the Division make a determination of CA/N or service need without the information?
  - Division Staff should conclude the CA/N Investigation or Family Assessment if any of the following apply:
    - Division staff have acquired sufficient information to make a determination of CA/N without the missing information
  
    - Division staff are waiting on information to **corroborate** or **support** the information already gathered or received in another form
  
    - Division staff have received critical information through oral communication from a professional but are waiting on the physical/paper report
      - Staff should make the professional aware in such matters, their oral communication will be documented in the Division's written record as corroborating evidence to support the Division's conclusion/determination in conjunction with the CA/N Investigation/Family Assessment
  
    - The alleged perpetrator and/or their attorney decline to cooperate with the investigation or provide information to the contrary
      - Staff should move forward with weighing all of the available evidence to reach a preliminary finding
  
    - Division staff have made good faith efforts to locate the alleged perpetrator, consistent with the steps outlined in policy, but have been unable to do so
      - Staff should move forward with weighing all of the available evidence to reach a preliminary finding, once a determination has been reached that staff were unable to locate the alleged perpetrator
  
    - Division staff have sufficient information to conclude the hotline as unsubstantiated, even with the addition of missing information,

such as when division staff are waiting for information which is not related to the elements of abuse or neglect.

- Division staff are waiting for information which is not related to the elements of abuse or neglect

Related Subject: [Section 2.4.1.8.5 Unable to Locate](#)

Only after applying the good cause analysis above, may staff consider the following as categories of situations in which a delayed conclusion may be appropriate as designated by the timeframes below:

- **Conclusions delayed between forty-five to ninety days (45-90) days may include, but not be limited to:**
  - The necessity to obtain relevant reports from:
    - medical providers
    - medical examiners
    - psychological testing
    - law enforcement agencies
    - forensic testing, and
    - analysis of relevant evidence by third parties which has not been completed and provided to the Division
  - The attorney general or the prosecuting or circuit attorney of the city or county in which a criminal investigation is pending certifies in writing to the Division that there is a pending criminal investigation of the incident under investigation by the Division, and the issuing of a decision by the Division will adversely impact the progress of the investigation; or
  - The child victim, the subject of the investigation or another witness with information relevant to the investigation is unable or temporarily unwilling to provide complete information within the specified time frames due to:
    - illness
    - injury
    - unavailability
    - mental capacity
    - age
    - developmental disability, or
    - other cause.
- **Conclusions delayed between ninety to one hundred twenty (90-120) days:**
  - CA/N Investigations may only remain open beyond ninety (90) days if it involves an allegation of sexual abuse, child fatality or near-fatality.

- **Conclusions delayed beyond one hundred twenty (120) days:**
  - CA/N Investigations may only remain open beyond one hundred twenty (120) days if it involves an alleged child fatality or near-fatality.

Related Subject: [Section 2 Chapter 4.3.8.3 Child Fatalities during a Pending Investigation;](#) and [210.145.15](#) RSMo.

### **Steps to Ensure Timely Conclusion**

Division staff must act to ensure timely completion of all CA/N Investigations and Family Assessments within the timeframes set out above. If there is a delay in receiving information from law enforcement, the juvenile office, or other professionals, staff must attempt to obtain the information, documenting all attempts in the case record. In situations where the information will not be received within forty-five (45) days of the report, the supervisor and worker are to take appropriate steps to secure information necessary to complete the CD process and make a determination.

If delays are detected on an ongoing basis due to involvement with law enforcement, the juvenile office or other professionals, local CD staff must meet with their multidisciplinary investigation team members within their communities, to develop protocol to meet conclusion timeframes.

Supervisors and Circuit Managers should utilize electronically accessible administrative reports (e.g., Monthly Perform Reports) and/or FACES (e.g., Online Reports) to identify and address the timely completion of all CA/Ns assigned to staff under their supervision.

### **Timely Conclusion Letters**

Division staff should fill in case specific information and send the following form letters, within the timeframes outlined below, to law enforcement, prosecuting attorneys and/or other multi-disciplinary team members as needed and deemed appropriate by the Local Office when the Division encounters a barrier to completing the CA/N Investigation or Family Assessment within forty-five (45) days pursuant to [§210.145.15](#) RSMo., or when a conclusion cannot be reached without the essential or critical information:

- Timely Conclusion Letter to Law Enforcement, CD-198
  - Staff should send this form within the first five (5) days from the date of the CA/N report
- Timely Conclusion Follow-up Letter to Law Enforcement, CD-198A
  - Staff should send this form on an as needed basis within the first fifteen (15) days from the date of the CA/N report
- Timely Conclusion Letter to Prosecuting Attorneys, CD-198B

- Staff should send this form on an as needed basis within the first fifteen (15) days from the date of the CA/N report
- Timely Conclusion Letter to Multidisciplinary Team Member, CD-198C
  - Staff should send this form on an as needed basis within the first fifteen (15) days from the date of the CA/N report

#### **5.3.18.1 Minimum Contact Standards For Delayed Conclusions**

Safety and Risk Assessments must be completed within the initial forty-five (45) days as the information collected within each evidence-based assessment provides both valid and reliable means to ensure the ongoing safety and well-being of children. Staff need to provide ongoing assurance of children's safety and well-being, while collecting essential evidence to make a preliminary finding or to reach a determination of service need, when, CA/N Investigations/Family Assessments remain open beyond the initial forty-five (45) days.

Case-specific safety assurance and intervention should be considered, including but not limited to:

- direct face to face safety assessment and planning
- provision of Family-Centered Services
- involving the juvenile court as needed

At a minimum, staff should complete face to face assurance of children's safety every thirty (30) days following the initial forty-five (45) days. **Staff may make more face to face, multidisciplinary team and collateral contacts if it is determined that a higher number of contacts is necessary based upon the unique circumstances of the case.**

Related Subject: [Section 2 Chapter 9.2 Safety Assessment](#), [Section 2 Chapter 9.3 Safety Planning](#), and [Section 2 Chapter 9.4 Assessment of Risk and Section 2 Chapter 9.5.2 Minimum Contact Guidelines for In-home Cases](#)

#### **5.3.18.2 Examples of Delayed Conclusions**

Only after applying the good cause analysis above, may staff consider the following as categories of situations in which a delayed conclusion may be appropriate as designated by the timeframes below:

- **Conclusions delayed between forty-five to ninety days (45-90) days may include, but not be limited to:**

- The necessity to obtain relevant reports from:
  - medical providers
  - medical examiners
  - psychological testing
  - law enforcement agencies
  - forensic testing, and
  - analysis of relevant evidence by third parties which has not been completed and provided to the Division
- The attorney general or the prosecuting or circuit attorney of the city or county in which a criminal investigation is pending certifies in writing to the Division that there is a pending criminal investigation of the incident under investigation by the Division, and the issuing of a decision by the Division will adversely impact the progress of the investigation; or
- The child victim, the subject of the investigation or another witness with information relevant to the investigation is unable or temporarily unwilling to provide complete information within the specified time frames due to:
  - illness
  - injury
  - unavailability
  - mental capacity
  - age
  - developmental disability, or
  - other cause.
- **Conclusions delayed between ninety to one hundred twenty (90-120) days:**
  - CA/N Investigations may only remain open beyond ninety (90) days if it involves an allegation of sexual abuse, child fatality or near-fatality.
- **Conclusions delayed beyond one hundred twenty (120) days:**
  - CA/N Investigations may only remain open beyond one hundred twenty (120) days if it involves an alleged child fatality or near-fatality.

Related Subject: [Section 2 Chapter 4.3.8.3 Child Fatalities during a Pending Investigation](#); and [210.145.15 RSMo](#).

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**Memoranda History:** CD14-54

### **5.3.19 Interface With Family-Centered Services (FCS)**

Staff should ensure a continuum of services to a family from the beginning of the family assessment process and through the provision of ongoing Family-Centered Services (FCS). The family assessment is just one segment of the Division's process to assess and engage the family. Staff should make the process as fluid as possible. If during the intake process it is determined a family needs and wants services, staff should then assess:

- If the service needs are immediate and warrants the development of a safety plan;
- If there is need for a family support team meeting for intact families; or
- If the need is a function of risk and should be addressed in the (CD-14B) Written Service Agreement by the assigned FCS worker as part of the FCS family assessment process.

**Chapter Memoranda History:** (prior to 01-31-07)

[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#)

**Memoranda History:**

### **5.3.20 Priority Of Initial Client Contact After A Case Opening Based On SDM Risk**

Prior to signing off on a CA/N investigation/family assessment, the Supervisor will review the CPS-1 and will determine the priority of the initial face to face interview with the family by the assigned Family Centered Services (FCS) worker based on the following SDM risk levels:

- High or Very High Risk - within one (1) working day;
- Moderate Risk - within five (5) working days; and
- Low Risk - within ten (10) working days.

If the FCS case referral was not due to a CA/N investigation/family assessment, the supervisor's appraisal of the potential risk to the children and overall family situation will determine when treatment follow-up contact by the FCS worker is needed. **This Should Not Exceed Ten (10) Working Days From Case Assignment.**

**Chapter Memoranda History:** (prior to 01-31-07)

[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#)

**Memoranda History:**

### 5.3.21 Compiling the Family Assessment Record

When the Children's Service Worker determines the conclusion of the Family Assessment they shall: Complete CPS-1, CD-17, CD-18 (if required) and CA/N-1.

**NOTE:** The conclusion date of a CA/N report is defined as the date the worker completes the evaluation of evidence gathered and completes the CPS-1 form and narrative. If the supervisor agrees with the conclusion decision, the date the worker signed their finding is the date entered into the CA/N database system. If the supervisor does NOT agree with the worker's finding, the supervisor and worker shall conference, gather additional information, if necessary, and document all additional steps. The conclusion date entered then becomes the date the worker and supervisor agree on the conclusion.

Related Subject: CA/N-1 Code Sheet and Instructions

Compile the family assessment record, to include: CA/N-I, CPS-1, CD-17, CD-18 (if required), CS-21a, documentation that CS-24a's, etc. were provided to appropriate persons, and attach evidence gathered during the Investigation.

Related Subject: Section 5, Chapter 1.1.2, Family Assessments Completed in Response to CA/N Reports

Submit to immediate supervisor for review and signature.

The CA/N-1 is to be entered into the data system immediately after final status determination.

File the compiled record, including the CPS-1, CD-17, CD-18 (if required), in the CA/N section of the case record along with the Final CA/N-1 after reviewing for accuracy.

The family should be offered preventive services through CD or community resources if the family assessment conclusion is Family Assessment- Services Needed; or Family Assessment – Services Needed – Linked in 45 days; or provided Family-Centered Services to prevent out-of-home placement and document reasonable efforts on the CPS-1.

Refer to appropriate supervisor for FCS assignment if family assessment conclusion is Family Assessment – Services Needed.

**Chapter Memoranda History:** (prior to 01-31-07)

[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#)

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### **5.3.22 Notifications for Family Assessment Dispositions**

#### **Family Assessment Disposition Form Letter (CS-21A)**

There may be situations in which the alleged perpetrator on an assessment is not a parent and not a member of the household. FACES will generate the CS-21a for that perpetrator, but staff is only required to provide the CS-21a to a parent and/or a household member or to anyone staff provided the Description of the Family Assessment (CS-24a).

Related Subject: CS-21A Form and Instructions

#### **Reporter Disposition Notification Letter (CS-21B)**

This form letter is completed by the Children's Service Worker and sent to:

- All mandated reporters, whose call to the Child Abuse/Neglect Hotline Unit, resulted in a Child Abuse/Neglect (CA/N) report.
- All other reporters, who were not anonymous, whose call resulted in a CA/N report, and who has requested in writing to the local office disposition information.

Related Subject: CS-21B and Form Instructions

#### **Chapter Memoranda History:** (prior to 01-31-07)

[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#)

#### **Memoranda History:**

CD16-05

## 5.4 Change To Investigation Response

In a small percentage of reports it will be determined more appropriate for a report initially assigned as a family assessment to be completed as an investigation. Some reports will result in a track change due to information obtained during the family assessment. Staff should ensure track changes are completed in the least disruptive way possible for the family and should minimize service delivery interruption.

While any report may be investigated, some must be pursuant to [§210.145 RSMo.](#) Other reports may require discretionary decisions to be made by the Local Office in order to determine the most appropriate response track when a report does not clearly meet the requirements for a CA/N Investigation. Staff should seek supervisory guidance in order to determine whether or not hotline reports of this nature should be completed as CA/N Investigations or Family Assessments.

The following must be completed as CA/N Investigations:

- All reports which involve child fatality resulting from initially alleged or subsequently suspected child abuse/neglect
- All reports which involve any allegations of child sexual abuse, regardless to alleged or subsequently suspected severity or type
- All reports which involve allegations of serious physical injury resulting from alleged abuse, including but not limited to:
  - Intentional burns and scalding
  - Skull fractures
  - Internal Injuries caused by a blow
  - Broken skin caused by an instrument
  - Likelihood of permanent scarring
  - A child with an injury which requires stitches
  - Broken bones
  - Temporary or permanent damage to hearing or sight
  - Abusive Head Trauma
  - Physical confinement which impairs circulation or breathing
  - Cigarette burns
  - Intentional submersion in water
  - Defensive injuries
  - Spiral fractures, dislocations
  - Subdural hemorrhages/hematomas
- All reports which involve allegations of serious neglect resulting from parental/caretaker omission including but not limited to:
  - A child left without appropriate supervision and in a dangerous environment
  - Lack of food/nurturance resulting a failure to thrive

- Abandonment of a child under the age of eight years-old
  - Lack of medical care which results in a life threatening condition
  - Lack of care which results in hospitalization
  - Serious injury due to the inactions of the parent/caretaker
- Reports which if true would constitute a suspected violation of [§210.145](#) enumerated felonies or other crimes pursuant to [Chapter 566](#), when the alleged perpetrator is twenty-one (21) years of age or older.
  - All reports in which a Law Enforcement Officer, Physician or Juvenile Officer has taken custody of a child in conjunction with a report which also alleges child fatality, sexual abuse, serious physical injury or serious neglect
  - All reports which allege a child in danger at the time of the report and Law Enforcement is needed
  - All reports which involve a non-familial, non-relative or non-household member as an alleged perpetrator
  - All reports where the family refuses to allow the Division to interview the child or otherwise refuses to cooperate, and collateral contacts and other information obtained convinces the Children's Service Worker that risk of abuse or neglect exists for the child

Reports which may result in a response track change on the basis of discretionary decisions should be guided by additional information either obtained by or known to the Local Office. This may include, but not be limited to:

- Reporter contact which provides more detail regarding the alleged severity or type of perpetrated child abuse/neglect
- Law enforcement contact which provides additional information or prior concerns specific to the family
- A review of the family's prior history with the Division
- Contacts with multidisciplinary team members or other collaborative partners within the community who may have additional information specific to the severity of alleged child abuse/neglect or prior family history
- At least one of the following indicating a clear and present concern:
  - Violent activities on the part of household members
  - Two or more prior reports received for similar CA/N behavior
  - Substance abuse and/or mental illness resulting in bizarre behavior
  - Children under the age of five and/or unable to protect themselves
  - The report indicates an intent of harm by the parent/caretaker
  - High likelihood of child(ren) needing placement

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If a family assessment is changed to an investigation, law enforcement must be contacted **immediately**. If law enforcement does not assist, pursuant to §210.145 RSMo., the worker shall document their effort to involve law enforcement. However, staff should complete the CA/N report without delay regardless to whether or not correspondence is received from law enforcement.

If the family initially refuses to allow the Division to interview the child, but following law enforcement/juvenile court intervention assistance the child is assessed to be safe by Division staff, the family assessment can be concluded (Conclusion L - "Family Assessment- Family Uncooperative/Child Safe") without changing tracks.

If a change is made from a family assessment to an investigation, a Description of the Investigation Process (CS-24) must be provided to the parties to the investigation at the first contact after the decision is made. The outcome of the investigation will be provided by the Investigation Disposition Form Letter (CS-21).

Good faith efforts should be made to provide the non-resident parent with a disposition notice at the conclusion of any Child Abuse/Neglect Investigation or Family Assessment involving his/her child. Should the non-resident parent present a request for additional information, staff should only disclose information which pertains to his/her child. In the event that staff are informed by household members, multidisciplinary team members, or collateral contacts that information shared with the non-resident parent may place a child or their family at imminent risk of harm, staff should seek supervisory consultation prior to contacting or corresponding with the non-resident parent.

The decision to change tracks must be documented in FACES.

Related Subject: Section 2, Chapter 3.4, Track Change
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**Chapter Memoranda History:** (prior to 01-31-07)

[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#)

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## 5.5 Involving Law Enforcement In A Family Assessment

Workers may request law enforcement to accompany them when making an initial visit for a family assessment, without switching the report to the investigation track. The reasons for making such a request might include:

- Worker safety
- Family does not allow access to the child
- Family member safety
- Criminal violation not related to CA/N
- Status offense by juvenile (involve juvenile officer);
- Potential for law enforcement to take custody of child;
- Past history of domestic violence and/or drug involvement in the home; or
- History or suspicion of active meth lab at residence.

There should be a discussion with the law enforcement officer prior to the visit regarding the role each will play. The worker should immediately advise the family of the reason law enforcement is involved.

**Chapter Memoranda History:** (prior to 01-31-07)

[CS03-51](#), [CD05-35](#), [CD05-72](#), [CD06-34](#)

**Memoranda History:**