

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 1 Overview

This chapter identifies and explains the various types of Child Abuse/Neglect reports and referrals that the Children's Division accepts and responds to. 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 Screening Process, will collect enough information to determine if the allegations will be categorized as the following:

- A report of child abuse or neglect
- A physician/health care provider requests a "Newborn Crisis Assessment"
- A non-caretaker referral
- A possible preventive services referral
- A Non-CA/N child fatality, or
- Other

This chapter will provide a basic overview of Investigations and Family Assessments (related response procedures are provided in Section 2, Chapter 4 for Investigations, and Section 2, Chapter 5 for Family Assessments). Procedures and guidelines for responding to referrals are provided in this chapter.

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Introduction

This chapter identifies and explains the differential response 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 child 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 the child is in need of immediate psychiatric care due to alleged abuse
- If there were severe or inhumane measures used
- If the alleged perpetrator has access to the child 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 child 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 the child appears seriously ill or injured or in need of immediate care
- If the child has a chronic illness or injuries that require attention

When CANHU receives a hotline call or some form of written correspondence with CA/N allegations, a CANHU Children's Service Worker will review the correspondence or interview the reporter, through the use of the SDM screening process, to collect sufficient information in order to determine if the allegations require the investigation or family assessment response, and the timeframe in which the alleged victim children should be seen face to face by CD staff or multidisciplinary team member.

Purpose

The purpose of this policy section is to:

- Provide definitions of both Investigations and Family Assessments
- Provide an illustration of the specified factors prescribed by the Code of State Regulations and of the enumerated felonies pursuant to law which require CD to initially classify and subsequently complete as CA/N Investigations
- Provide a visual application specific to CD's differential response

1.1.1 Investigations

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. The determination to utilize the investigation track to a hotline report is based upon SDM protocols, which include the following:

- 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](#)), 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](#), when 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 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

CD shall immediately communicate all reports that merit investigation to its appropriate local office and any relevant information as may be contained in the information system. If a hotline report is classified as an investigation, it will be assigned to a Children's Service Worker, who will conduct a thorough investigation by collecting physical and verbal evidence to determine if a child has been abused or neglected.

Investigations are initiated through a co-investigative, multidisciplinary approach, by requesting the services of law enforcement, a liaison of the local public school district, medical doctors/practitioners, child advocacy centers, prosecuting attorneys, juvenile officers, the juvenile court, and other agencies, both public and private. The local office staff shall determine, through the use of protocols developed by CD, whether an investigation or the family assessment and services approach should be used to respond to the allegation(s). The protocols developed by CD shall give priority to ensuring the well-being and safety of the child.

Related Subject: [Section 2, Chapter 4, Investigation Response](#)

1.1.1.1 Reports Involving Critical Event

Specific procedures are outlined in Section 2, Chapter 4, for notifying CD Director of reports involving a critical event including death, suicide or serious injury CA/N or Non-CA/N.

Related Subjects: [Section 2, Chapter 4.3.8 Fatality CA/N or Non-CA/N](#), and [Section 2, Chapter 4.3.8.1 Critical Event Reporting and Review Protocol](#); [Section 2, Chapter 4.3.9 Baby Doe Cases](#)

Local office staff should obtain sufficient information to file a report with CANHU for investigation, if a report is warranted.

Pursuant to [§58.452 RSMo.](#), the County Coroner is required to notify CANHU of all fatalities. Any staff aware of a fatal CA/N incident shall assure that a report has been filed with CANHU, and if it has not, staff shall report, *or cause a report to be made*, with CANHU, pursuant to [§210.115 RSMo.](#) Local office personnel are encouraged to collaborate with the County Coroner for local reporting protocols when necessary.

Fatality reports will be accepted by CANHU as either a CA/N report for Investigation, or as a Non-CA/N fatality referral when there is no allegation of CA/N.

A CA/N report will be assigned to the appropriate County (or OHI) for Investigation.

Related Subject: [Section 2, Chapter 1.2.4 Non-CA/N Related Child Fatality Referrals](#)

1.1.2 Family Assessments

A Family Assessment is a classification of response by CD to provide for a prompt assessment of a child who has been reported to CD 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:

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- Sexual Abuse
- Serious Physical Abuse
- Serious Neglect

- Mild or moderate reports of emotional abuse

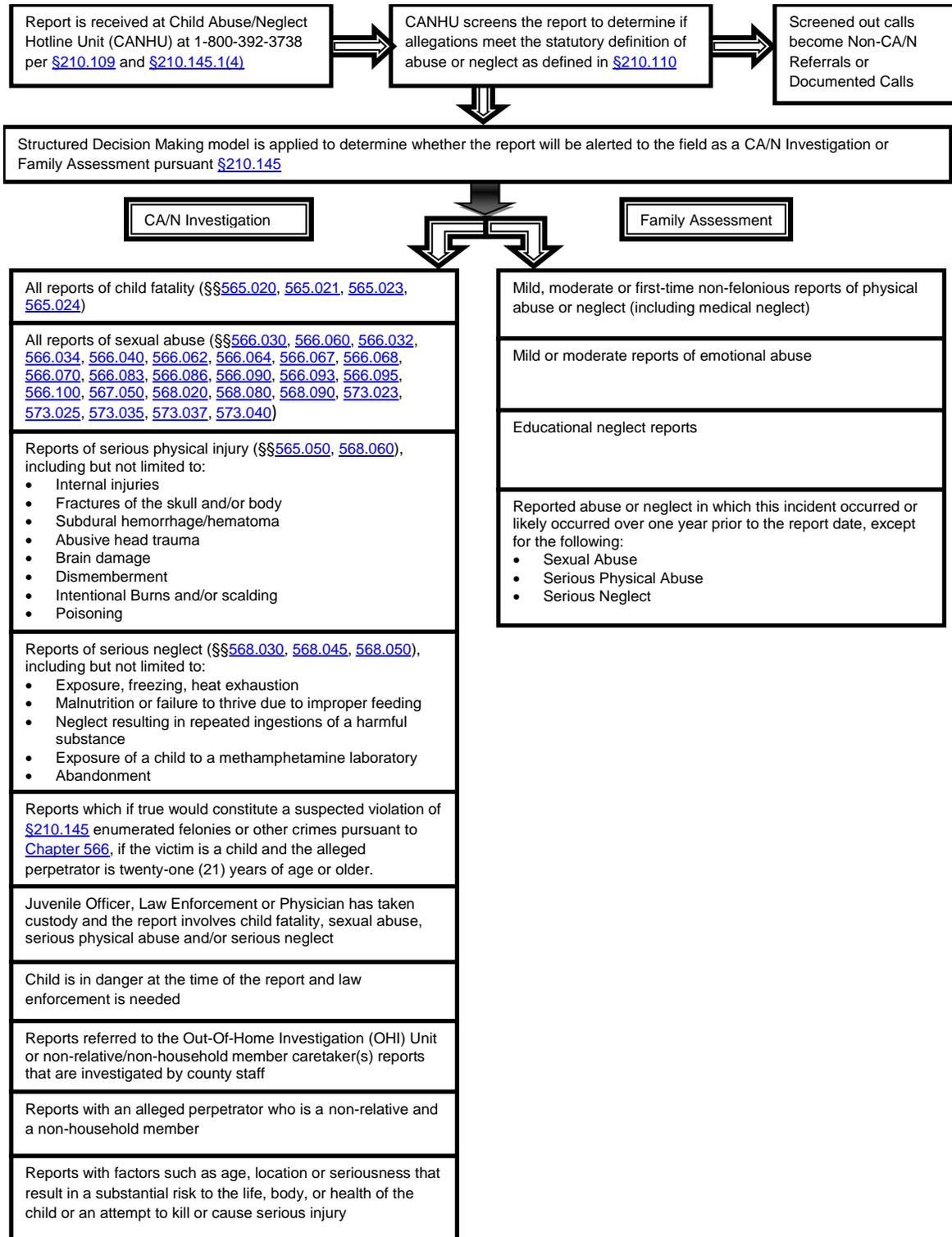
- Educational neglect only reports.

If a Child Abuse/Neglect report is classified as a family assessment, it will be assigned to a Children's Service Worker, who will conduct a thorough family assessment to determine whether or not the family is in need of services.

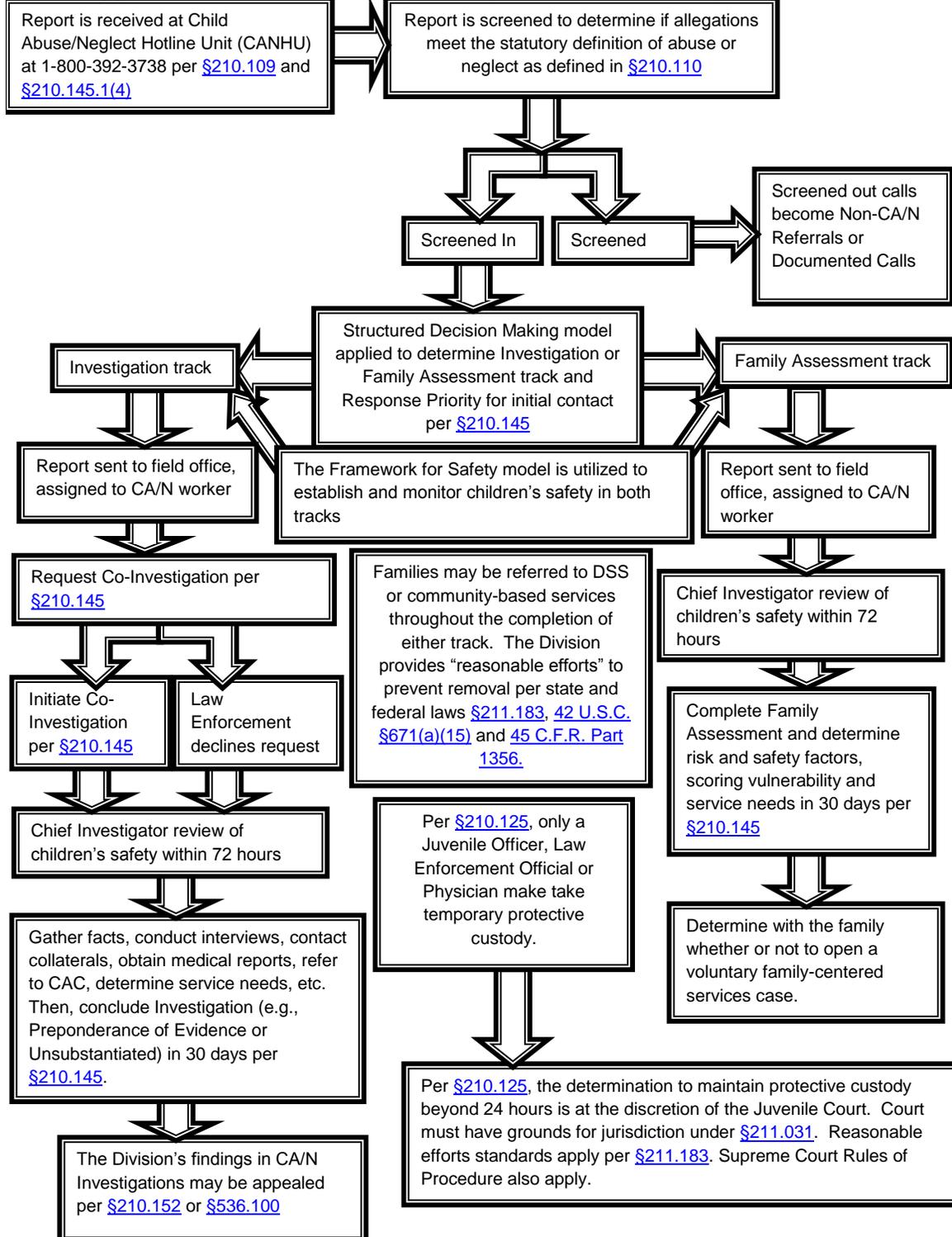
Related Subject: [Section 2, Chapter 5 Family Assessment Response](#)

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**Visual Application of Initial Track
Assignment**



Visual Application of CD's Differential Response/Dual Track System



1.1.3 Children with Problem Sexual Behavior Reports

[RSMo. 210.148](#) defines juvenile with problem sexual behavior as ‘any person, under fourteen years of age, who has allegedly committed sexual abuse against another child’.

Juvenile reports will be screened in by the Child Abuse and Neglect Hotline Unit 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,
 - 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.

Utilizing a family assessment and services approach is intended to identify the child and family’s treatment needs and to assure the safety of victim children impacted by the child’s sexual behavior.

1.1.4 Three (3) or More Calls within Seventy-two (72) hours (HB 1323 Reviews)

House Bill 1323, enacted August 28, 2012, requires the Division to review the collective content of repeated calls to the child abuse and neglect hotline if they involve the same child, and are received within a seventy-two (72) hour period. (Section 210.145.4 RSMo)

HB 1323 Criteria - Hotline calls will be flagged at CANHU (Child Abuse and Neglect Hotline Unit) meeting the following criteria:

- Three or more calls have been received in a seventy-two (72) hour period that did not meet the criteria for a CA/N report; and
- All calls have a victim in common or
- At least one call has been "screened in" as an investigation, family assessment or newborn crisis assessment or
- The three calls may have been made for the purpose of harassment

All are Documented Calls only

When HB 1323 criterion is met and all calls are "documented calls"

- CANHU will screen the calls according to standard CANHU protocol.

When the combined calls are screened in as a CA/N hotline report

- CANHU will combine the reports and reported information into one report and send the CA/N report to the appropriate Local Office, Out-of-Home Investigative Unit or Regional Office designee, noting the report is the result of a HB-1323 Review

When the combined calls do not meet the criteria for a CA/N hotline report

- CANHU will screen out the call and document HB 1323 review

When CANHU suspects that calls made were made for the purpose of harassment or retaliation

- CANHU will forward that information via e-mail to the attention of the Circuit Manager, OHI Unit Manager or Regional Director's designee to be addressed.

Related Subject: Section 2, Chapter, 4.3.10 <u>Reports Made Out of Harassment or Retaliation</u>
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At least one call is a Non-CA/N Referral

When HB-1323 criteria are met and at least one call has been classified as a referral and already sent to the County

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- CANHU will notify a supervisor, or higher level administrator, within the appropriate Local or Regional Office a HB-1323 review is required and send all calls to be reviewed to the Local or Regional Office designee
- Field staff will contact all reporters and review the collective information received and determine if the information warrants a "field report".

Related Subject: Section 2, Chapter 3.1.1 Procedure for Field Reports

When field staff determines the information from the combined reports and reporters would meet the criteria for a CA/N report

- Field staff will contact CANHU and make a report
- CANHU will send the report back to the County for investigation/family assessment

At least one call is an Investigation, Family Assessment or Newborn Crisis Assessment Referral

When HB-1323 criteria are met and at least one call has been classified and sent to the county as an investigation, family assessment, or newborn crisis assessment.

- CANHU will forward all calls received during the 72 hour period to the local office as additional information.

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[CD06-34](#)

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1.2 Non-Child Abuse/Neglect Referrals

Calls made to the Child Abuse/Neglect Hotline Unit (CANHU) do not always meet the statutory requirement of a CA/N Report. Some of these calls fall into the Non-CA/N Referral category.

The following Non-CA/N Referrals will be accepted by the CANHU and alerted to the field:

- Any Newborn Crisis Assessment received on a child less than one year old (as defined in [Section 2 Chapter 1 Subsection 3](#));
- Any Non-Caretaker (N) Referral (as defined in [Section 2 Chapter 1 Subsection 2 Sub Subsection 2](#));
- Any Non-CA/N Fatality Referral (as defined in [Section 2 Chapter 1 Subsection 2 Sub Subsection 3](#)); or
- Preventative Services Referral (see [Section 2 Chapter 1 Subsection 2 Sub Subsection 1](#)).

It is understood that a Children's Service Worker's response to a referral may involve varied contacts and responses. These responses range from a single contact with the reporter to the actual removal of a child. County staff will record and enter into the Family and Children's Electronic System (FACES) all actions taken by the Children's Service Worker. Supervisory consultation should be obtained as needed.

Actions taken by the Children's Service Worker may include:

- Contact with the reporter, shared information;
- Call/contact with the family only;
- Home visit with the family;
- Call/contact with law enforcement/juvenile office;
- Contact with Bureau of Special Health Care Needs (BSHCN);
- Children's Division (CD) linkage of family to community resources;
- Result in open FCS case;
- Result in formal CA/N report based on additional information received;

- Result in formal CA/N report due to safety threat to other household children who were not originally listed on referral;
- Collateral contact(s);
- Meeting with parent and child at hospital;
- Child taken into custody - placed in Alternative Care (safety issues);
- Child taken into custody - non-CA/N situation – parent is incapacitated due to illness or mental health concerns;
- Child placed in Alternative Care (beyond parental control); and
- Other (explain in comments).

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Memoranda History:

CD10-77

1.2.1 Preventive Service Referrals

CA/N hotline staff will receive and thoroughly screen reported concerns. The Child Abuse/Neglect Hotline Unit (CANHU) will document the concerns presented by the reporter. Based on the specific nature and extent of the concern presented, CANHU will either provide referral information directly to the reporter, or inform the reporter that a referral will be sent to the local office as a Preventive Service Referral (P-Referral) specific to the concern they have presented. In either situation, CANHU will inform the reporter that their reported concern does not meet the statutory guidelines to constitute a child abuse/neglect report (e.g., CA/N Investigation or Family Assessment).

The remainder of this section will provide staff with a list of possible concerns which would be sent to the local office as P-Referral, and list of the possible steps staff should consider taking in order to connect families with support services in the community.

The following is a list of CA/N referrals that will be alerted to field personnel:

- Child is 18 years and older and is in the custody of the Children's Division;
- Request for replacement of a newborn as outlined in the "Safe Place for Newborns Act";
- Child has no caretaker due to caretaker's incarceration, illness, hospitalization or death, and no other appropriate childcare plan is in place;
- A person other than child's parent has child in his/her care and is requesting immediate removal of child;
- A parent is requesting immediate placement of child solely because child is in need of mental health services the parent can't access or afford, and parent is not threatening to harm or abandon child. (Voluntary Placement Agreement per House Bill 1453);
- There is an open Family-Centered Service (FCS) or Family-Centered-Out-of-Home Care (FCOOHC) case and the Division receives a call of concern involving a child in the case that does not meet the statutory guidelines to constitute a child abuse/neglect report; or
- Any call regarding a child placed in a residential facility licensed by the Children's Division.
- Allegation from a non-medical reporter that a newborn was born within the last thirty (30) days to parents who have significant prior history with child protective services including, but not limited to, removal of other children that resulted in termination of parental rights.

The following is a list of steps that local office staff should consider taking in order to address the reported concern. Regardless of the nature and extent of the reported concern, staff should contact the reporter within three (3) working days, or the next working day on a referral received on the weekend or holiday, unless information indicates an emergency situation such as a child is threatening suicide, in which case the mandated reporter should be contacted as soon as possible. Discuss the situation with the reporter and seek supervisory consultation as needed to determine the most appropriate response, which may include any or all of the following list of possible actions taken. Upon completion, P-Referrals must be updated in the Family and Children's Electronic System (FACES) to document the referral narrative and reflect "actions taken".

Possible P-Referral "actions taken" are as follows:

- A. The reporter is made aware of appropriate community resources and can provide referrals for the family.
- B. The reporter or CD staff may contact the family by telephone to assist the family in making appropriate referrals.
- C. CD staff may contact the family to obtain additional information and assess the needs of the family. If interviews of the children are necessary they should be conducted with the permission of the parent/guardian. However, in some rare situations (e.g. a child is threatening suicide and the reporter believes it is not in the child's best interest to contact the parents), an interview with the child without parental permission may be appropriate. The interview should take place with the reporter and the reasons for not contacting the parents thoroughly documented.
- D. Documentation of actions taken by staff relating to P-Referral should include the results of the contact with the reporter, subsequent actions taken with the family, if any, and summary of the activities. The documentation process will include all of the necessary steps to complete referral in FACES.
- E. CD staff may determine that, based upon additional information, a CA/N report is necessary. If so, staff should make a field report to CANHU.
- F. The family may present a need for services, which may be linked within the community or surrounding area. Staff conducting a P-Referral may assist the family through helping them obtain services in this regard.
- G. The family may present a need or request for Family Centered Services (FCS), which may be provided in resolution of the P-Referral. Supervisory consultation should be obtained prior to referring a family to FCS in response to a P-Referral.

- H. Referrals received on families with an open FCS or FCOOHC case may be given to the FCS or FCOOHC case manager or service worker. If the referral is assigned to a service worker in the county in which the child is residing for the next 24 hours, the case manager should be informed, and if necessary, involved in the completion of the referral process. However, in this situation, it would be the responsibility of the county which received the referral assignment to complete the referral process (including documentation in FACES) or arrange for it to be transferred to the case manager county at the discretion and agreement of each county. In these specific types of referrals, staff should still contact the reporter within the timeframes outlined above to let him/her know the referral has been received and ascertain any additional information from the reporter. The information received from the reporter should be used in working with the family.
- I. For referrals received on newborns born to parents with significant prior history, staff may consider taking the following steps:
- Contact medical personnel to gather information on:
 - Complications related to the pregnancy and/or birth
 - Parent's self-report of prior parenting experience and/or history with child protective services
 - Concerns for the release of the infant to their parent(s)/caretaker(s)
 - Signs and symptoms of parental drug use or drug exposure at birth
 - Parent/caregiver behavior while hospitalized, or
 - Other concerns noted by the physician or health care provider which include:
 - threats of danger to the infant
 - the child's specific vulnerabilities
 - the parent/caretaker's protective capacities
 - Complete prior history checks in all states in which there is suspicion of prior child protective services involvement. CD staff should request any applicable records from states in which prior involvement is confirmed.
 - Complete face to face visits with the parents and/or other identified caretakers at the hospital, if the child is still hospitalized and in their home(s) if they are no longer hospitalized. Staff should assess the plans and abilities each parent/caretaker has with regard to caring for the infant upon release. Staff should complete home visits in every home the infant is going to reside and/or spend a significant amount of time, including the home of the parents and/or other familial

caretakers. The following should be determined while interviewing the parents and/or other familial caretakers involved with the direct care of the infant:

- Prenatal care
 - Pregnancy complications (i.e., premature labor)
 - Physical, emotional, intellectual functioning
 - Observation of attachment and bonding with the infant
 - Parenting skills (infant and other children)
 - Planning for birth/hospital discharge (i.e., infant's baby supplies, crib, bottles, formula)
 - Behavior associated with alcohol/drug use
 - Self-identifying problems associated with alcohol/drug use
 - Criminal history
- Contact with other agencies involved with the family to determine and coordinate support, if appropriate.
 - If the worker feels an infant should not be released with the parents or other familial caretaker a referral to the juvenile court should be made.
 - As appropriate, utilize the Newborn Crisis Assessment Tool (NCAT), CD-17, and CD-18, to document information gathered.

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[CD06-34](#)

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1.2.2 Non-Caretaker Referrals

All Non-Caretaker Referrals (“N” referrals) involve an alleged perpetrator who did not have care, custody, or control of the alleged victim child or adolescent youth at the time of the alleged incident. “N” Referrals involve allegations that a child has been the victim of a sexual or physical assault, or that someone has made a serious threat to commit sexual or physical harm to a child or adolescent youth. For reports of sexual abuse, “N” referrals only involve alleged perpetrators over the age of fourteen (14).

All “N” Referrals are screened by the Child Abuse/Neglect Hotline Unit (CANHU) and alerted to the county office. “N” Referrals are not a Child Abuse/Neglect (CA/N) report, and do not result in a determination of child abuse or neglect. In order to process the “N” Referral in FACES, CANHU identifies at least one alleged victim child and one alleged perpetrator.

CANHU will advise reporters that their referral of concern will be forwarded to the county office, but that their concern does not constitute a child abuse/neglect report. CANHU will encourage the reporter to call the appropriate agency, such as the juvenile office or law enforcement.

Local offices should develop protocols within their multidisciplinary teams for the dissemination of “N” Referrals to the appropriate agencies. In general, if the identified alleged perpetrator is a child or adolescent youth, the county office should refer the matter to the local juvenile office. If the alleged perpetrator is an adult, the county office should refer the information to local law enforcement.

Children’s Service Workers are Responsible for Completing the Following Steps in Response to N-Referrals:

1. Contact the reporter to obtain any additional information, or to ensure that complete and accurate information is available to forward on to law enforcement; and,
2. Follow locally established protocols for disseminating the referral to the appropriate law enforcement agency.

Additional Actions which may be taken by the County Office for “N” Referrals are as Follows:

- A. The reporter may also be made aware that the referral will be disseminated to the appropriate law enforcement agency, who in turn, may contact them directly.
- B. The reporter, CD staff, or appropriate law enforcement agency may contact the family by telephone to assist the family in making appropriate referrals.

- C. CD staff may contact the family to obtain additional information and assess the needs of the family. If interviews of the children are necessary they should be conducted with the permission of the parent/guardian.
- D. CD staff may determine that, based upon additional information, a CA/N report and investigation is necessary. If so, staff should cause a "Field Report" to be made to CANHU, and document in the "N" Referral summary that a "Field Report" was made.
- E. Referrals to community agencies or the provision of Family-Centered Services (FCS) may be offered.
- F. Referrals received on families with an open FCS case may be given to the FCS Case Manager. Staff should complete the "N" Referral utilizing the same steps outlined in this section, and include the information obtained in working with the family.
- G. Documentation of actions taken by staff relating to an "N" Referral should include the result of the contact with the reporter, contact made to the appropriate law enforcement agency, and subsequent actions taken with the family. A referral summary must be entered into FACES. If a Family-Centered Services (FCS) case is opened as a result of the "N" Referral, the referral should be kept with the FCS case.

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1.2.3 Non-CA/N Related Child Fatality Referrals

These are taken as "F" Referrals.

Pursuant to SB 757, all Non-CA/N related child fatalities are to be reported to CANHU by medical examiners or coroners. This information will be forwarded to the State Technical Assistance Team (STAT). The local county in which the fatality occurs will receive a courtesy copy of the "F" Referral. County staff members are not required to update the CA/N Automated System regarding these referrals, and typically will not need to take any action. The exception being that staff are required to notify the Director via CS-23 and summary of all fatalities in which the family has had significant past or present involvement with the Children's Division as outlined in Section 2, Chapter 4.3.8.1, Critical Event Reporting and Review Protocol.

Related Subject: Section 2, Chapter 4.3.8.1 Critical Events Reporting and Review Protocol

Staff may choose to respond to the referral in special circumstances, but only after consultation with the Supervisor.

An example of a reason why staff might contact the family would be to provide a referral for grief counseling following a tragic unexpected death in a community where the family would not have otherwise had contact with a helping professional, such as a hospital social worker, who may have already referred the family to such services.

With the passage of SB 757, Child Fatality Review Panels review **all** deaths of children under the age of eighteen years. "In addition, the panel may review at its own discretion any child death reported to it by the medical examiner or coroner, even if it does not meet the criteria for review as set forth by the Department (210.192.3, RSMo)."

STAT is mandated to gather data from local Child Fatality Review Panels, and then submit an annual report of its findings and recommendations. The "F" Referral was originally developed to assist STAT in the receiving of Non-CA/N related child fatalities in a timely manner.

Additionally, the Children's Division will utilize the F-Referral, and information provided by field staff for identifying trends across the state. A trends analysis will be completed annually in an effort to identify issues of need and to improve our policies, practice efforts, training, and/or internal communications, as well as collaboration with other agencies.

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1.2.4 Miscellaneous Referrals

1.2.4.1 Missing Child

If a child is reported missing, advise caller that no report is being taken and suggest contacting the local law enforcement agency or the Missouri State Highway Patrol.

1.2.4.2 Licensing Violations

Refer complaint to Child Care Licensing Unit, if reporter is reporting a Child Care Licensing rule violation and not child abuse/neglect.

Make a Non-Caretaker or Preventive Service Referral to the Residential Program Unit (RPU) if licensing or criminal violations are reported, but are not child abuse/neglect reports.

1.2.4.3 Referrals from Court Pursuant to EX PARTE Orders of Protection

If the petition for an ex parte order of child protection in a domestic violence situation (granted due to an immediate and present danger of abuse to a child) contains allegations which would enable the juvenile court to take jurisdiction of the child under Section 211.031, RSMo., the court may direct the Division to complete an "investigation" or fact-finding report concerning the allegations in the petition.

The reasons outlined in Section 211.031, RSMo. by which a juvenile court can take jurisdiction include:

- Abuse/Neglect by the parent or guardian;
- The child is without proper care, custody, or support;
- The child is living in a dwelling which was found by a court to be a public nuisance;
- The child is repeatedly, and without justification, absent from school;
- The child is habitually absent from his home without sufficient cause, permission, or justification;
- The behavior or associations of the child are injurious to his welfare or to the welfare of others;

- The child is charged with an offense not classified as criminal or alleged to have violated a state law or municipal ordinance;
- Adoption;
- Commitment of a child to the guardianship of the Department of Social Services as provided by law.

One of the primary reasons for granting a child protection ex parte order is abuse of a child, according to the definition of abuse found in Chapter 455, RSMo. That definition is the same as the definition found in Chapter 210, RSMo, except that stalking of a child is included in Chapter 455, RSMo. Stalking of a child is defined as purposely and repeatedly harassing or following, with the intent of harassing a child.

When the local office receives a directive from the court for an investigation, they should review the information to determine if the allegations constitute a CA/N report. This would normally be the case, but not necessarily all the time.

Referral from court accepted as a CA/N report - If the allegations contained in the petition rise to the level of a CA/N report (the automated system should be checked to determine if there is a pending investigation into the allegations), a CA/N report shall be made and a CA/N investigation completed. The report should also address all allegations in the petition and the items listed below.

Referral from court does not constitute CA/N report - If it is determined that the allegations in the petition do not constitute CA/N, the process followed would be similar to that completed for a Newborn Crisis Assessment, in which a home assessment is completed and a report made to the referring agency. This should involve visits with the child and adult who filed the request for an ex parte order on behalf of the child. At a minimum, the following should be done:

- Address allegations in the petition with all parties;
- See children and complete a systems review of the entire household to assess risk to the child and to others in the family;
- Evaluate support system which is in place, including family members, friends, etc. (staff are encouraged to use the genogram and ecomap);
- Determine other agencies involved with family and extent of their involvement; and

- Contact other agencies involved with the family to determine support, if appropriate.

Staff should include in the report any available information regarding existing or pending divorce/custody decrees that stipulate that a parent cannot have custody or visitation when that parent has been found guilty of, or pled guilty to, a felony violation of Chapter 566 RSMo. (Sexual Offenses) or Chapter 568 RSMo. (Offenses Against the Family), when that child was the victim.

A copy of the completed CA/N investigation (without the reporter's name) should be provided to the court and juvenile officer within thirty (30) days of receiving the court order. The parties to the petition and the Guardian ad Litem (GAL) or Court Appointed Special Advocate (CASA) shall be notified in writing that the Division has filed the report.

Family-Centered Services (FCS) will be provided to the family, as appropriate.

1.2.4.4 Safe Place for Newborns (*Section 210.950, RSMo.*)

The Safe Place for Newborns law allows a parent to permanently give up a newborn up to 45 days old without prosecution, as long as it is done safely and according to law with a firefighter, an EMT (emergency medical technician), law enforcement officer maternity home, pregnancy resource center, or hospital staff. Parents who want to permanently give up a baby between 46 days and one year old can use this law to defend against possible prosecution if the parent proves in court they followed the procedures of the law.

Firefighters, EMTs, law enforcement officers, maternity home personnel, pregnancy resource center personnel, and hospital staff can take physical custody of the child and if not already at a hospital, must immediately take the child to the nearest hospital. The hospital can treat the child, if necessary. Such authorized personnel are immune from civil, criminal, and administrative liability for accepting physical custody of the child pursuant to this act as long as the person acts in good faith.

The hospital must call the Children's Division toll-free Child Abuse and Neglect Hotline number and contact the local juvenile office. Those calls are then given to the nearest Children's Division office as a referral.

When a parent gives up custody of a child to one of the professionals mentioned above, the juvenile officer may petition the court to terminate the parental rights of the child to free the child for adoption. When the

juvenile officer files the petition, the juvenile officer must publish a public notice that a child has been given up. The other parent who is not giving up custody must identify himself/herself to the Court within 30 days and state what his/her intentions are toward the child. The other parent must also start the legal process to prove they are the mother or the father within 30 days of the public notice. If he or she fails to start the process within 30 days, that parent may lose all parental rights to the child. While the child is in the hospital, the juvenile court and the Children's Division have authority over the child.

The decision to give up a baby is a very important decision for the baby and for the parents of the child. The Department of Social Services cannot give legal advice and encourages anyone who may have questions about whether or not giving up his or her baby under this law is the right thing to do for them to talk to a lawyer. If the person does not have a lawyer, or cannot afford a lawyer, she/he can contact his/her local legal aid office to see if he/she qualifies for free legal advice. The person can also seek the help of a lawyer through the Missouri Bar Lawyer's Referral Service. The person can get information about this service through the Missouri Bar's website at www.mobar.org/forthepublic/findalawyer or call the Referral Service at 573-636-3635.

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1.3 Newborn Crisis Assessments

These are transmitted as "A" Referrals. Receive request from a physician/health care provider to conduct a "Newborn Crisis Assessment". Although this is not a child abuse/neglect report, county staff will handle the referral as an emergency.

Related Subject: Section 2, Section 6 Newborn Crisis Assessment

If a physician/health care provider makes a referral which contains information regarding signs of drug involvement of an infant, but does not allege child abuse/neglect, CA/N Hotline Unit will not accept a CA/N report, but will make the caller aware of DHSS as a resource and offer to transfer the call to the DHSS toll-free number (800-877-6246). CANHU will make the caller aware that DHSS "Service Coordinators" will involve CD in the planning and provision of services.

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