

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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1.1 Child Abuse/Neglect Reports

1.1.1 Investigations

An Investigation is a classification of response by the Children's Division to a report of abuse or neglect, based upon structured decision making protocols, and based upon the reported risk and injury to the child, where the acts of the alleged perpetrator, if confirmed, are criminal violations and/or where the action/inaction of the alleged perpetrator may not be criminal, but which if continued, would lead to the removal of the child or the alleged perpetrator from the home.

If a Child Abuse/Neglect report is classified as an investigation, it will be assigned to a Children's Service Worker, who will conduct a thorough investigation.

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 the Division 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
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Obtain sufficient information to file a report with CANHU for investigation, if a report is warranted.

Missouri Revised Statutes, Chapter 58-452, requires the County Coroner 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 RSMo 210.115. Staff is 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 referral when there is no allegation of CA/N.

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

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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 the Children's Division to a child abuse or neglect report, based upon structured decision making protocols, and based upon the reported risk and injury to the child, for allegations of mild, moderate, or first-time non-criminal allegations of abuse or neglect. These will include reports where a law enforcement co-investigation does not appear necessary to ensure the safety of the child.

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.

Related Subject: Section 2, Chapter 5 Family Assessment Response

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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 4);
- Any Non-CA/N Fatality Referral (as defined in Section 2 Chapter 1 Subsection 2 Sub Subsection 3);
- Preventative Services Referral (see Section 2 Chapter 1 Subsection 2 Sub Subsection 2).

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;
- 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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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 report 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;
- Any call regarding a child placed in a residential facility licensed by the Children's Division;

The following is a list of steps that local office staff should consider taking in order to address the reported concern. Regardless to 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 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

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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.

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1.2.2 Non-Caretaker Referrals

Non-Caretaker Referrals (“N” referrals) involve allegations that a child or adolescent youth 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. “N” referrals may also include allegations of inappropriate sexual behavior between younger children who have not yet reached an age of criminal intent.

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. All “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.

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. 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 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 in 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 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 criteria for review as set forth by The Department (RSMo 210.192.3)."

STAT is mandated to gather data from local Child Fatality Review Panels, 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 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; or for the 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 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*)

This law allows a parent, who expresses intent to not return, to voluntarily relinquish an infant to the physical custody of certain persons, listed below. A parent safely relinquishing a child no more than one year, who has not been abused or neglected, will not be prosecuted for child abandonment or endangering the welfare of a child. A parent is provided an affirmative defense to child abandonment and endangering the welfare of a child no more than one year old, if the parent voluntarily delivered the child safely to the physical custody of an authorized person.

Authorized Personnel (who may receive the child):

- An employee, agent, or member of the staff of any hospital who is in a health care provider position or such person in a non-medical paid or volunteer position only when on duty;
- A firefighter or emergency medical technician on duty in a paid position or on duty in a volunteer position; or
- A law enforcement officer.

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. These individuals are authorized to take physical custody of the child, and if not already at a hospital, must transport the child immediately to the nearest hospital. The hospital will treat the child if necessary.

The hospital must also notify the Children's Division (CD) at the toll-free Child Abuse and Neglect number and contact the local juvenile office. Calls to the Child Abuse and Neglect Hotline shall be referred to the local county CD office as a Preventive Service referral.

When a parent relinquishes custody of a child to one of the identified professionals listed above, the following applies to the nonrelinquishing parent:

- They must take the steps necessary to establish parentage within thirty (30) days after the public notice or specific notice.
- If he or she fails to establish paternity within the thirty-day (30) period, the nonrelinquishing parent may have all of his or her parental rights terminated with respect to the child.
- When a nonrelinquishing parent inquires at a hospital regarding the child whose custody was relinquished pursuant to this law, the facility shall refer him or her to the CD and juvenile court exercising jurisdiction over the child.

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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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