

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 10 Overview

This chapter contains information pertaining to reports of children with problem behaviors (Juvenile Reports). RSMo. 210.148, which went into effect August 28, 2015, authorized the Children's Division to conduct a family assessment and services approach when a report is received concerning a child with problem sexual behavior.

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10.1 Definition of Child with Problem Sexual Behavior

RSMo. 210.148 defines child with problem sexual behavior as 'any person, under fourteen years of age, who has allegedly committed sexual abuse against another child'.

Child problem sexual behavior 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.

10.1.1 Children with Problem Sexual Behavior

It is common for children to engage in some form of sexual behavior. Some of these behaviors can usually be considered normal. However, children can exhibit a variety of problem sexual behaviors that can be addressed with appropriate intervention. The key for assessing whether Children's Division intervention is appropriate is whether the sexual behavior becomes abusive. 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. Child sexual behaviors can be a difficult topic of conversation for many families. Families may be naturally defensive and protective of children who have exhibited problem sexual behavior. It is important staff be sensitive to terminology when engaging and working with families in which a child has been identified as having committed an act of sexual abuse against another child. Staff should refrain from using language such as perpetrator and sexual offender, especially when working with the family.

Normal versus Problem Sexual Behavior

In order to identify the appropriate level of intervention, it is important to be able to differentiate between normal or typical sexual exploration and development versus problem sexual behavior. It is common for young children to exhibit curiosity about their own and others' bodies.

Normal sexual exploration will generally include some or all of the following characteristics:

- Occurs between playmates
- Occurs between children of the same general age, physical size, social and emotional development
- Is age and/or developmentally appropriate for the children involved
- Is unplanned, not forced, and does not occur with frequency
- No physical or emotional trauma are suffered
- Is redirected with adult intervention.

Problem sexual behaviors may include some or all of the following characteristics:

- Repeated behaviors
- Extreme or inappropriate masturbation
- Use of aggression, force, weapons, threats or coercion
- Use of alcohol or drugs to induce cooperation or incapacitate the child
- Exposing the victim child to pornography
- Taking photos or video recordings of sexual conduct
- Distribution of photos or recordings of sexual conduct to others, especially without the knowledge or consent of the participants
- Causes physical and/or emotional harm
- Incidents involving children of different age or developmental levels
- Does not stop after adult intervention, and/or
- Accompanied with strong, upset feelings such as anger or anxiety

10.2 Juvenile Office Referrals

Serious physical injury is defined as 'physical injury that creates a substantial risk of death or that causes serious disfigurement or protracted loss or impairment of the function of any part of the body'.

Reports in which the child has committed an act of sexual abuse and caused serious physical injury and/or used a weapon must be referred to the juvenile office prior to initiating the family assessment. These are reports in which there is a greater likelihood of juvenile court intervention due to the nature of the delinquent act. Therefore, it is imperative that the Children's Service Worker coordinate with the juvenile office and law enforcement prior to conducting any interviews.

Child problem sexual behavior reports should be referred to the juvenile office under the following circumstances:

- When the parent/caregiver of the child with problem sexual behaviors does not engage in the assessment process
- When there is no evidence that the parent/caregiver is taking steps to prevent future problem sexual behavior
- When there is a repeated incident of problem sexual behavior by the child, or
- The assessment reveals that the child's behaviors are of such severity that the child cannot be safely maintained in the home and/or community.

10.3 Family Assessment and Services Approach

Reports of problem sexual behavior will involve a wide array of behaviors, locations, and family compositions. Thus, it will be important for the Children's Service Worker to carefully consider each report on a case-by-case basis and be mindful of the following:

- Establishing rapport with the family. Rapport begins with honesty of the worker and respect for the family. The worker should fully and openly explain the purpose of the Division's contact with the family.
- The family assessment process should be fully explained. The Children's Service Worker should clarify his or her role as well as the expectations that exist for the family. Emphasis should be placed on the Division's desire to help the family, as opposed to finding fault.
- Recognition should be 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, safety planning and further treatment needs.

10.3.1 Conducting the Family Assessment

For all Child with Problem Sexual Behaviors Reports, the Children's Service Worker will utilize the Children with Problem Sexual Behaviors assessment tool (CD-214) and the Children with Problem Sexual Behaviors Safety Plan(s) (CD-215) with the family of the child who has been alleged to have committed an act of sexual abuse.

Safety of all the child(ren) in the home shall be an ongoing priority during the assessment process. The Children's Service Worker shall also assess whether the child will have access to any other children outside of the home.

10.3.1.1 Reviewing Prior History

Reviewing prior history is an important preliminary step. If there have been prior reports to the agency, the Children's Service Worker shall review the context of those reports and the outcome of each. In reviewing prior reports, the Children's Service Worker shall examine what events were reported in the past, what response the agency had, as well as who was involved in prior reports. The Children's Service Worker should pay particular attention to the history of the child who is allegedly exhibiting problem sexual behaviors. Risk factors for problem sexual behavior include exposure to violence, experiencing trauma, witnessing sexual acts, and inadequate supervision due to parental mental health, substance abuse, and domestic violence concerns.

Related Subject: [Section 2, Chapter 5.3.1.3, Reviewing Prior History](#)

10.3.1.2 Reporter Contact

Pursuant to §210.145.9, RSMo, the Children's Service Worker shall contact the reporter no later than forty-eight (48) hours after receiving the report. Reporters will often call the hotline in response to disclosure of sexual abuse by the victim child. The reporter may have limited information regarding the child with alleged problem sexual behaviors and his/her household composition. Contact with the reporter is essential to helping the Children's Service Worker determine what initial steps to take in order to assure safety of all children in the report.

Related Subject: [Section 2, Chapter 5.3.3, Contacting the Reporter](#)

10.3.1.3 Parental Notification

Pursuant to §210.145.6, RSMo, a parent must be notified prior to interviewing **any** child involved in a Child Problem Sexual Behavior Report. This includes the child victim(s), the child with alleged problem sexual behaviors and any non-victim children. **Consent** should be obtained from a parent prior to interviewing the child with alleged problem sexual behaviors. If consent cannot be obtained, a referral to the juvenile office may be necessary in order to assure safety of all children involved and to ensure the problem sexual behavior is addressed.

10.3.1.4 Face to Face Safety Assurance

Every child identified as an alleged victim on the CA/N-1 must be seen face to face within the following Response Priority Level timeframes:

- Priority Level 1 = three (3) hours
- Priority Level 2 = twenty-four (24) hours

Direct face to face contact should be made by the Children's Service Worker whenever possible. However, twenty-four (24) hour face to face contact may be made by a multidisciplinary team member, granted the child's safety can be assured with such contact. When an alleged victim child's initial safety is assured by a multidisciplinary team member, the Children's Service Worker must complete direct face to face contact with the child within seventy-two (72) hours from the date and time of the reported concern.

When the child with alleged problem sexual behaviors does not reside in the same household as the victim child(ren), the Children's Service Worker should utilize all resources available to assess the living arrangements of that child. If the child with alleged problem sexual behaviors resides with other children, every effort should be made to see those children in the timeframes outlined above. Assuring the safety of all children is essential to prevent further victimization by the child with alleged problem sexual behaviors. The Chief Investigator, or their designee, will be responsible for verifying the safety of all children involved is assured within the above response timeframes. At times, this may require the utilization of staff other than the assigned Children's Service Worker depending on the complexities of the report.

All other household children not identified as needing to be seen within the above response timeframes, must be seen and their safety assured within seventy-two (72) hours from the date of the reported concern.

Related Subject: [Section 2, Chapter 5.3.6, Face to Face Safety Assurance of Victim](#)

10.3.1.5 Child Interviews

Victim Children

When possible, the Children's Service Worker should begin by interviewing the victim child(ren). The Children's Service Worker will need to assess

whether an in-depth interview is appropriate at the point of initial contact with an alleged victim child, or if it would be more appropriate to make arrangements for a forensic interview through a Child Advocacy Center (CAC). The needs of the child victim(s) should not be overlooked. However, this may require a delicate balance with the needs of the child with problem sexual behaviors. The Children's Service Worker should utilize supervisor consultation to determine the appropriateness of a CAC referral.

Each county office is strongly encouraged to work with their local CAC to develop protocols to assist with the completion of child problem sexual behavior reports.

The Children's Service Worker should assist the victim's family in obtaining any necessary medical examinations for the victim child, which may include a Sexual Assault Forensic Examination (SAFE).

Things to Consider Prior to Making a CAC Referral:

- The intent of Child Problem Sexual Behavior reports is to focus on assessment and treatment of children with problem sexual behaviors as opposed to making a determination of whether sexual abuse occurred.
- Whether law enforcement or the juvenile office are already involved.
- The severity of the sexual abuse act and potential for the need of juvenile court intervention.
- Is a CAC needed to help develop the safety plan?
- Is a referral necessary to obtain a SAFE exam or other CAC services?
- What impact, either positively or negatively, would a forensic interview have on engaging the family of the child with problem sexual behaviors in the treatment process?

Child with Problem Sexual Behavior

In addition to interviewing the child who has been alleged to have problem sexual behaviors about the allegations in the Child Problem Sexual Behavior Report, the Children's Service Worker should also assess for potential abuse and neglect of that child. If the child discloses that they have been a victim of abuse or neglect, the Children's Service Worker must report this to the Child Abuse and Neglect Hotline Unit (CANHU) to set up a separate CA/N-1. It may be appropriate to refer the child with problem sexual behaviors for a forensic interview if they disclose they are victims of abuse or neglect.

If the Children's Service Worker determines that the child with problem sexual behaviors had care, custody, and control of the victim child, the response track should be changed to an investigation by contacting CANHU to set up a new CA/N-1. In the event the track is changed to an investigation, the Children's Service Worker shall notify the alleged perpetrator's parents of this decision. The Children's Service Worker shall also provide the alleged perpetrator and his/her parents the Description of the Investigation Process (CS-24) within twenty-four (24) hours.

Non-Victim Children

Non-victim children should be interviewed regarding their knowledge of the allegations in the report. The Children's Service Worker should assess whether these children are also victims of abuse, especially in cases alleging sibling sexual abuse.

Interviewing Children Alone

Children should be interviewed alone whenever possible. It is important to remember that child problem sexual behavior reports do not involve allegations of parental abuse or neglect, but do involve allegations of juvenile delinquency. Therefore, the Children's Service Worker should grant a parents' request to be present during interviews of their children.

10.3.1.6 Home Visit

The Children's Service Worker shall complete a minimum of one visit to the home of the child with problem sexual behaviors. If the child resides in more than one household, it may be necessary to visit each home to assess environmental factors that may affect child safety. Multiple home visits may be required in order for the Children's Service Worker to thoroughly complete the Children with Problem Sexual Behaviors Assessment Tool (CD-214) and

to monitor the implementation of the Children with Problem Sexual Behaviors Safety Plan(s) (CD-215).

When the victim child and the child with problem sexual behaviors do not reside in the same household, it may be necessary for the Children's Service Worker to complete a home visit with the victim child and his/her family, depending on their individual needs.

The Children's Service Worker should offer Family Centered Services as appropriate to the victim's family, along with any referrals to community services, such as counseling. Sensitivity should be given to the victim's family during the assessment process and open communication is strongly encouraged.

10.3.1.7 Parent/Caregiver Interviews

All parents and/or caregivers of the child with problem sexual behavior should be interviewed and included in the assessment process when possible. Each parent/caregiver may have unique insight into the causes for their child's behavior. Assessing each parent/caregiver's protective capacities will also help guide intervention decisions. It may be necessary to include each parent/caregiver in the safety plan for their child. Parents/caregivers also play a vital role in their child's treatment. The Children's Service Worker should be prepared for a wide range of parental reactions to their child being named in a Child Problem Sexual Behavior Report. It is imperative to family engagement that the child's parents be assured that the Children's Division is responding with the goal of providing services, not to be punitive. The Children's Service Worker should acknowledge that this is a difficult topic for any parent to discuss and education should be provided to the child's parent/caregiver(s) regarding child sexual behaviors. The child's parent/caregiver(s) should also be reassured that treatment services are often successful in preventing future incidents.

When the victim and the child with problem sexual behaviors are not siblings, the Children's Service Worker should interview at least one of the victim child's parents/caregivers. This will assist in providing information regarding the incident(s) as well as information regarding the victim child's well-being. The victim's parent/caregiver(s) may also be helpful in providing information regarding compliance of safety plan(s). At times, it may be necessary to include the victim's parent/caregiver(s) in the development of a safety plan for the victim, depending on the family's individual circumstances. The Children's Service Worker should be prepared for the victim's parent/caregiver(s) to have a wide range of emotions in reaction to their child being a victim of sexual abuse. Nothing in RSMo. 210.148 precludes the victim's parent/caregiver from contacting law enforcement or the juvenile office to report the abuse.

10.3.1.8 Safety Planning

The Children with Problem Sexual Behaviors Safety Plan(s) (CD-215) should be completed on every Child Problem Sexual Behavior Report when the following has occurred:

- An act of sexual abuse has been witnessed by an adult
- There has been a disclosure from the child victim
- When the child has admitted to problem sexual behavior
- When a parent/caregiver is concerned that their child is exhibiting problem sexual behavior.

Factors that may contribute to increased risk for future incidents of problem sexual behavior include:

- Younger children reside in the same home
- The child resides with children and/or adults who are vulnerable due to limited physical, developmental, and/or intellectual capacity, with other children known to be sexual abuse victims or with other children known to have sexual behavior problems, or
- The parent/caregiver is unable or unwilling to provide adequate supervision.

The safety plan should be behaviorally specific and should take the following into account:

- Each living arrangement of the child, and
- All situations in which the child may have access to other children.

The safety plan should be mutually agreed upon between the worker and the family. All individuals involved in implementing the safety plan must be contacted by the Children's Service Worker to ensure they are in agreement to the plan.

The Children with Problem Sexual Behaviors Safety Plan(s) (CD-215) is composed of the following sections:

- *Individuals involved*

Who are the core adults and children involved in the assessment?
- *What is needed to keep all the children in the home safe?*
 - Close supervision?
 - Re-arrangement of bedrooms?
 - Separation of children?
 - Or some other tangible intervention?
- *Who will be responsible for supervising the children?*
 - List *all* individuals who will help supervise the children and their relationship to the child. It is best to avoid utilizing other children or siblings in the supervision plan.
- *Describe the specific steps that will be taken to supervise the children*

The Children's Service Worker should be cognizant that constant supervision of a child is a very difficult task to achieve. There are many things that can interfere with an adult's ability to keep children in line of sight at all times.

The Children's Service Worker should consider the following:

- How will the children be supervised at night?
- How will the children be supervised when the caregiver has to use the bathroom or take a shower?
- How will the children be supervised when the caregiver has to prepare meals?
- How will the children be supervised when they play outside?
- How will the children be supervised at the bus stop?
- How will the children be supervised when the caregiver needs to leave the home?
- How will the parent/caregiver get a break from the stress of providing a high level of supervision?
- How will the child be supervised at school and/or daycare?
- Does the school and/or daycare need to be notified of the concerns?

- *If bedrooms need to be re-arranged, describe the specific steps that need to be taken*

The Children's Service Worker should be aware of the current sleeping arrangements of all family members and consider the following:

- Does anyone need their own room?
 - Who should not share a room?
 - Do the adults need to move to help with supervision needs?
- *If the children need to be separated, describe the specific steps that need to be taken*

When the child with problem sexual behaviors and the child victim(s) reside in the same household, it may be appropriate for the children to be separated into different households, especially if the victim child(ren) are expressing fear or exhibiting signs of trauma. Consideration should be given to the least restrictive plan possible while balancing the needs of all children involved. Other factors that may make separation an appropriate plan include:

- Other safety interventions have been attempted and have not been successful in curtailing the behavior
- The parent(s)/caregiver(s) are unable or unwilling to provide the necessary level of supervision required to safely maintain all of the children in the home
- The child's behavior poses a serious risk to others and the child cannot be safely maintained until further assessment and intervention planning is complete.

If separation must occur, it is preferable for the child with problem sexual behaviors to leave the home. If the children are going to be separated, the Children's Service Worker must assess whether the child with problem sexual behavior will have access to other children as a result of the new living arrangement. When at all possible, reunification of the children should not occur until recommended by the treatment provider of the child victim(s) and the child with problem sexual behavior.

The Children's Service Worker should consider the following:

- Which child(ren) will go stay somewhere else?

- Where will they stay?
- Are there children in the other home?
- What will visits look like?
- What needs to occur before the child(ren) can return home?

If children are going to be separated as a result of the safety plan, the Children's Service Worker must complete a walk-through and background checks for the alternate living arrangement.

- *Describe the specific steps that will be taken to monitor access to media*

Access to media that is violent or sexual in nature should be closely monitored anytime there is a concern for sexual boundaries or sexual harming behavior.

The Children's Service Worker should consider the following:

- What devices in the home have internet access?
 - Who is allowed on each device?
 - Where can devices be used?
 - Do the devices have parental control settings?
 - How will exposure to adult content on television, movies, or music be handled?
- *Describe the household rules*

Household rules should be created, or modified, anytime there is a concern for sexual boundaries or sexual harming behavior. Clear and consistent rules regarding privacy and personal boundaries will help decrease the potential for future incidents and will help adults model appropriate behavior.

Examples of household rules include:

- Older children will not be responsible for baby-sitting or supervising younger children
- Alarms will be installed on bedroom doors
- Children will not share beds
- Rules regarding who may be allowed in whose bedroom and under what circumstances
- Only one person will be allowed in the bathroom at a time

- All household members will close the door when using the bathroom
 - Children will knock before opening a closed door
 - Children will have no access to adult sexual materials
 - All household members will respect each other's boundaries, including touch, physical affection, personal space, etc.
 - Clothing must be worn in all public spaces in the home
 - Clothing must be worn at bedtime
 - No tickling or wrestling
 - No computers, phones, tablets, gaming, or other devices with internet access will be allowed in bedrooms
 - Parents/caregivers will model open communication among family members. No secrets will be allowed.
- *What additional steps are necessary to ensure the safety of everyone in the home?*

It is important to remember each Child Problem Sexual Behavior Report will involve unique circumstances. There may be additional steps the family feels would be helpful in assuring the safety of all the children.

Who should notify the Children's Service Worker in the event the safety plan fails and another sexual abuse act occurs?

There may be times when it is not appropriate for the child with problem sexual behaviors to remain in the community. In these situations, this space can be utilized to outline the steps needed to seek the appropriate placement for the child.

- *What additional services or supports does the family need?*

The Children's Service Worker should consider:

- What services were identified through the assessment process?
- Has the family identified any natural supports that can be developed?
- Utilization of the genogram or eco-map may be useful in identifying resources for the family

- *Who will be helping to implement the safety plan?*

Outside of the individuals involved in the assessment, who else was identified as a helper in the safety plan? Have they been contacted and agree to helping the family keep the children safe?

- *How will the parents/caregivers communicate the safety plan to the children?*

All the children in the home need to know the safety plan. This will provide an opportunity for the parents/caregivers to demonstrate open communication as well as boundary expectations. The Children's Service Worker should assist the parent/caregiver in talking to the children if necessary.

At a minimum, the safety plan should be re-evaluated at each home visit. If the child is involved in any treatment, the safety plan should be shared with the service provider. The Children's Service Worker should update the safety plan as needed. Multiple safety plans may be necessary if there are multiple living arrangements involved. When the child victim(s) do not reside in the same household as the child with problem sexual behaviors, the Children's Service Worker should consider if a safety plan specific to the victim(s) is necessary to help protect them from future harm.

10.3.1.9 Collateral Contacts

The Children's Service Worker must make a minimum of one collateral contact. However, the Children's Service Worker should contact and interview as many collaterals as is reasonably necessary to conduct a thorough assessment.

Collateral contacts may include, but are not limited to:

- Individuals with first-hand information regarding the reported concerns
- Individuals with prior knowledge of the family who have directly observed family functioning
- School professionals/School liaison (teacher, counselor, principal, school nurse)
- Therapist/Counselor
- Parents as Teachers coordinator
- Physician or other health care professional
- Neighbor, and/or

- Extended family member(s) not in the household.

Collateral contacts may be able to provide the Children's Service Worker with information pertaining to, but not limited to, the following:

- A witness to the alleged child abuse/neglect or other material evidence
- A historical understanding of the family
- The location or contact information for the family if the family is not home
- Children's safety, health and well-being
- Parenting/discipline techniques
- Parent/child interaction
- Household conditions
- Additional household members
- Changes in child's/parent's behavior
- Current/potential supports for the family, and/or
- Validity of the reported concerns.

Due to the sensitive nature of Child Problem Sexual Behavior Reports, the Children's Service Worker should exercise discretion in the information provided to collateral contacts regarding the involvement of the Children's Division. It is best practice to notify the parents of the child with problem sexual behaviors regarding what collateral contacts will be made and to be transparent about the reason(s) for contacting specific collaterals.

It is not necessary to notify the school liaison of the receipt of a Child Problem Sexual Behavior Report or the disposition when completing the report through the assessment tract. However, the Children's Service Worker is strongly encouraged to contact school or daycare personnel that have day-to-day interaction to obtain information about the child's functioning and/or behavior. There may be times when the Children's Service Worker will need to assist the child's parent/caregiver(s) in working with the school or daycare to address any safety or supervision concerns that result from the child's problem sexual behavior.

10.3.1.10 Chief Investigator 72 Hour Review/Supervisory Consultation

The Chief Investigator is responsible for assuring that all children involved in the Child Problem Sexual Behavior Report have been seen and that safety has been assured within 72 hours of the report. The Chief Investigator should

review the Children with Problem Sexual Behaviors Safety Plan(s) (CD-215) within the first 72 hours.

Due to the complexities of Child Problem Sexual Behavior Reports, the Children's Service Supervisor plays a vital role. The Children's Service Supervisor should regularly consult with the Children's Service Worker to assist in determining the level of contact and ensuring the Children with Problem Sexual Behaviors Safety Plan(s) (CD-215) is being appropriately monitored.

10.4 Children in Out-of-Home Care

There may be times when a Child Problem Sexual Behavior Report is received on a child who is in the custody of the Children's Division. The Children's Service Worker assigned the Child Problem Sexual Behavior Report should work closely with the child's case manager and the Family Support Team (FST) in completing the assessment. The Guardian ad Litem (GAL) should be notified prior to interviewing the child with problem sexual behaviors.

10.5 Out of Home Investigations (OHI)

There may be times when a Child Problem Sexual Behavior Report is received on a child who is the victim on an open OHI report. It will be the responsibility of the Children's Service Worker assigned the Child Problem Sexual Behavior Report to complete the Children with Problem Sexual Behaviors Assessment Tool (CD-214) and the Children with Problem Sexual Behaviors Safety Plan (CD-215). However, the Children's Service Worker and OHI staff shall work together to coordinate the best approach to assuring child safety and completing the investigative process of the OHI report.

10.6 Non-Caretaker Referrals

For referrals that do not meet the criteria for a Child Problem Sexual Behavior Report the Children's Service Worker should follow policy and procedure for non-caretaker referrals. If during the course of the assessment, the Children's Service Worker determines the child does not meet the criteria for a Child Problem Sexual Behavior Report due to age, the Children's Service Worker should cease the assessment process and follow policy and procedure for a non-caretaker referral.

10.7 Documentation and FACES Entry

Child Problem Sexual Behavior Reports will be entered in FACES the same as a non-caretaker referral. When a caller reports concerns of child problem sexual behavior, CANHU will flag the non-caretaker referral as a Juvenile Report. When the Child Problem Sexual Behavior Report is the only concern, the Children's Service Worker shall document their contacts in FACES, complete the Children with Problem Sexual Behaviors Assessment Tool (CD-214) and the Children with Problem Sexual Behaviors Safety Plan (CD-215).

When there are concerns of child problem sexual behavior contained within a report of child abuse and neglect, the Children's Service Worker shall complete the CPS-1, the Children with Problem Sexual Behaviors Assessment Tool (CD-214) and the Children with Problem Sexual Behaviors Safety Plan (CD-215).

Staff will be able to delete the Juvenile Report flag on the conclusion screen if they identify that the child is 14 or above. Staff also have the ability to add the Juvenile Report flag on the conclusion screen if, upon receiving a non-caretaker referral, staff identify the child is below the age of fourteen (14).

If the family is referred for Family-Centered Services, the Children's Service Worker who completed the Child Problem Sexual Behavior Report should set the risk level based on how often the safety plan should be re-assessed and on the needs of the family at the time of the referral. The Children's Service Worker should document in the conclusion screen the reason(s) for the risk determination.

10.8 Timeframes for Completion

Child problem sexual behavior reports should be completed within forty-five (45) days. However, the Children's Service Worker, in conjunction with supervisory consultation, may determine that the family would benefit from services and further monitoring of the safety plan beyond the forty-five (45) day timeframe. In those situations, the Children's Service Worker may continue to work with the family through the Child Problem Sexual Behavior Report function. Through supervisory consultation, the Children's Service Supervisor shall determine the frequency of home visits and contact based on the family's needs. If it appears that the family will require services from the Children's Division beyond ninety (90) days, the Children's Service Worker should refer the family to Family-Centered Services.

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