

Title: Child Welfare Manual
Section 2: Intake
Chapter 2: CANHU Protocol: Structured Decision Making (SDM) Screening Process, Response Priority And Track Assignment
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Section 2 Overview

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

Chapter 2 Overview

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

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

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2.1 Reports Received At The Child Abuse/Neglect Hotline Unit (CANHU)

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

- A report of child abuse or neglect;
- Mandated reporter referral;
- A physician/health care provider requests a "Newborn Crisis Assessment".

Related Subject: Section 2, Chapter 6.2 Newborn Crisis Assessment

- A non-caretaker referral;
- A possible preventive services referral;
- A Non-CA/N child fatality; or
- Other.

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

NOTE: At the time of the report, CANHU will inform the Mandated Reporter whether the information taken will be accepted as a hotline report or will be sent to the county office as a referral.

2.1.1 Information Obtained From The Reporter

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

- Address, home and work phone numbers of the reporter.
- Identity of child, his/her parents or parent substitutes, and other family members.

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

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2.2 Response Priority Levels

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

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

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

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

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

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

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

2.2.1 Upgrading Lower Response Priority To Emergencies

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

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

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

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

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

NOTE: If this override decision is challenged by the county of assignment, please respond that this policy was brought forward and approved through the CQI process.

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2.3 Response Track

2.3.1 Parameters Of Investigation Response

Investigations are those reports 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.

NOTE: In deciding whether to screen a report for investigation, staff shall consider what will be in the best interest of the child. All reports where the child may need to be removed are not investigations.

Investigations will include:

- All reports of child fatality;
- Reports of serious physical, medical or emotional abuse and serious neglect where criminal investigations are warranted;
- All reports of sexual abuse;
- Reports in which the alleged perpetrator is not a member of the family/household;
- All other reports that do not fall into the above categories but which, if confirmed, would be a violation of the criminal code statutes listed;
- All reports referred to the Out-Of-Home Investigation (OHI) Unit or non-relative/non-household member caretaker(s) reports that are investigated by county staff.

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

2.3.2 Parameters Of Family Assessment Response

Family Assessment responses are carefully screened reports of suspected maltreatment. They are reports 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.

Family Assessment reports will include:

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- Mild, moderate or first-time non-criminal reports of physical abuse or neglect (including medical neglect);
- Mild or moderate reports of emotional maltreatment; and
- Educational neglect reports.

NOTE: While most educational neglect reports will be handled most appropriately through a Family Assessment, this does not preclude staff from referring the information obtained to the school or prosecutor for possible action.

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Attachment A: Care, Custody, And Control

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

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

Access through relationship shall exclude the following:

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

Examples of situations that do not meet the criteria for Care, Custody, and Control:

- A school-aged child is abducted and sexually molested by a man who lives in the child's neighborhood. The man gained access to the child because of the proximity of their residences and was able to plan the abduction based on his knowledge of the child's walk to and from school each day. The identity of the man was known only to the child and the child's family because he lived in the same neighborhood. They had not had any personal contact with him besides passing on the street.
- A five year old child is photographed in the nude by an adult male while visiting the children who live across the street. The alleged perpetrator is a relative of

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the neighbors that the child was visiting. The five year old child had never met or seen the male relative or her neighbors although he visited periodically in the household and those children had a relationship with the five year old neighbor, he is not considered to have gained access to this child based on his personal relationship to her.

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

Examples of situations that do meet the criteria for Care, Custody, and Control:

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

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

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

Related Subject: Section 2, Chapter 2 [Response Priority Levels](#); and Section 2, Chapter 3.3 [Response Priority Level Override](#).

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

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

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

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Attachment C: Duplicate Reports

A Duplicate Report is a CA/N report containing allegations involving a specific incident on a specific date involving the same participants that has been previously reported in a CA/N report made by a different reporter.

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

Each County shall designate no less than one staff person who shall be granted the level of security clearance required to delete duplicate reports. This designated staff person shall delete duplicate reports as directed.

CA/N reports that meet all of the following criteria will be considered duplicate reports:

- Involves a specific incident;
- Incidents occurred on the same date;
- Contains the same basic allegations;
- Includes the same participants – victim(s), parent(s), and alleged perpetrator(s);

For calls determined to meet all of the criteria listed above, county staff will take the following action:

- Document the decision on the duplicate report CA/N-1, including the initial report incident number. The incident number to be retained is that which represents the earliest report. This will usually be the lowest number.
- Transfer any new information from the duplicate report to the initial report, including reporter's name, if known.
- Submit to the Children's Service Supervisor for review.
- Following review of the documentation and decision, the supervisor will sign both the initial CA/N-1 and the duplicate report CA/N-1, indicating approval.
- Authorized county staff shall then delete the duplicate CA/N report using the ADEL screen from the CA/N database system.
- Place the duplicate report CA/N-1 in the initial incident file following completion of the above steps.

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Attachment D: Investigations Involving A Conflict Of Interest

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

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

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

Related Subject: Section 7, Glossary

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Attachment E: Determining Most Appropriate County For Investigation

Determining Most Appropriate County For Investigation

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

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

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

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

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

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

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

- Determine appropriate juvenile office using the above steps.

Notify Area Director if Juvenile Office does not accept a report concerning an agency employee:
 - Arrange for investigation to be conducted by CSW from county other than that of employee.
 - Advise the CA/N Hotline Unit which county or CSW will conduct the investigation.
 - Reassign report and transmit to county or CSW designated.
- I. Enter information into automated system.
- J. Advise the CA/N Hotline Unit immediately if county of assignment is incorrect, or a conflict of interest exists.

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

- Determine appropriate county office using steps 1.8 above;
- Update automated system in accordance with reassignment; and
- Transmit report to current county designee.

NOTE: The CA/N Hotline Unit will have final authority to determine the most appropriate county to be assigned report. The CANHU Protocol SDM screening process determines whether an investigation/family assessment is an emergency, unless CD staff has directly observed a family or situation prior to making a call and has determined the situation

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warrants an emergency. The county office can determine that a report is an emergency even though not designated by the CA/N Hotline Unit.

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

K. Notify the appropriate licensing or administrative authority, or county director, if abuse or neglect involves the following:

- A licensed child care facility or a person caring for more than four (4) unrelated children;
- Report is received on a child care provider's own child(ren);
- Residential treatment facility;
- Department of Mental Health facility;
- Division of Youth Services facility;
- Juvenile court approved home or facility; or
- A Division licensed foster home and foster child.

NOTE: Generally contacts relating to the above (with the exception of reports received on a child care provider's own child(ren), will be handled by the out-of-home investigation unit.

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Attachment F: Determining Appropriate CA/N Reports

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

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

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

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- Medical neglect of a handicapped infant (Baby Doe) in a hospital or health care facility is an appropriate report. The CSW should immediately bring a Baby Doe report to his/her supervisor's attention.

Related Subject: Section 2, Chapter 4.3.9 Baby Doe Cases

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

Related Subject: Section 2, Chapter 6.2 Newborn Crisis Assessments

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

"B" - bruises or the appropriate code for the injury, rather than "T" - Other Physical Abuse or Injury.

- Reports alleging educational neglect are accepted in instances where it is unclear whether the child is actually being home schooled. Upon discovery that the parent is home schooling, the report (if there are other allegations, these must be fully investigated) must be referred to the school district to review the home school situation.
- Reports alleging children are suicidal or have committed suicide because of child abuse/neglect are acceptable reports. Specific behaviors describing the parent's action/inaction, which cause the child to be suicidal or to have committed suicide should be described by the reporter.
- Reports of head lice are accepted only if the reporter identifies that the parent/caretaker refuses to take appropriate steps to deal with the lice and/or this is a recurring problem within the family and within the same school year. The reporter must describe attempts made by the family and/or a refusal on the part of the parent/caretaker to adequately remedy the problem.
- In cases of sibling/adolescent sex abuse, where there is a clear caretaker role, i.e., baby-sitter, or there is a sufficient age difference between the alleged perpetrator and the victim, so as to imply that the alleged perpetrator is a caretaker or could easily coerce/intimidate the victim to participate in sexual activity, a report is taken which lists the caretaker as the alleged perpetrator of sexual abuse.
- In cases where the report alleges there is an active operational methamphetamine ("meth") lab in a home, children are exposed to "unsafe living conditions" due to the unusual threat of the extreme explosiveness of meth labs. The Missouri State Highway Patrol indicates these labs pose a two-fold serious threat: they are extremely dangerous due to the likely threat of near-spontaneous explosion and fire of an extremely violent nature; and chemicals used in the production of this drug are extremely toxic, both in their short and long term effect on a family. Under these circumstances, a report for "unsafe living conditions" will be taken.

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

Related Subject: Section 2, Chapter 2.1.1 Information Obtained From the Reporter
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Every effort should be made by the CSW to refer inappropriate reports such as assault, rape, non-parental/caretaker sexual exploitation, etc., to appropriate law enforcement

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personnel. This helps to ensure the protection of children who do not fall within CA/N report guidelines.

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

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

Memoranda History:

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Section 2: Intake
Chapter 2: CANHU Protocol: Structured Decision Making (SDM) Screening Process, Response Priority And Track Assignment
Attachment G: CA/N Report / Referral Call-Out Procedure For After-Hours And Holidays
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Attachment G: CA/N Call-Out Procedure For After-Hours And Holidays

1. Emergency Reports / Referrals (Covers Any Time During After-Hours And Holiday)

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

2. Non-Emergency Reports/Referrals For Holiday And Weekend Hours, Between 8 A.M. To 5 P.M.

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

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

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

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

4. Use Of Personal Computers

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

5. Instructions Posted On The Intranet

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

6. Problems With The Laptop, Dial-Up Connection Or Access To Dial-Up:

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

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