

## **Section 2 Overview**

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

## **Chapter 5 Overview**

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

## **Table of Contents**

- 5.1 Family Assessment Response
- 5.2 Family-Centered Services Approach
- 5.3 Conducting a Family Assessment
  - 5.3.1 Preparing for the Family Assessment
    - 5.3.1.1 Role of the Chief Investigator in Family Assessments
    - 5.3.1.2 Review the Initial CA/N Report
    - 5.3.1.3 Reviewing Prior History
    - 5.3.1.4 Involving the Non-Custodial Parent
  - 5.3.2 Initiating the Family Assessment
  - 5.3.3 Contacting the Reporter
  - 5.3.4 Contacting the School Liaison
  - 5.3.5 Home Visit
  - 5.3.6 Face to Face Safety Assurance of Victim
  - 5.3.7 Meeting with the Child(ren) and Family
    - 5.3.7.1 Positives to Scheduling Initial Contact
    - 5.3.7.2 Negatives to Scheduling Initial Contact
    - 5.3.7.3 Key Questions for Initial Visit
  - 5.3.8 When the Family is Uncooperative
  - 5.3.9 Interviewing the Child Alone
  - 5.3.10 Contact with Household Children
  - 5.3.11 Safety Assessment
    - 5.3.11.1 Collateral Contacts
  - 5.3.12 Chief Investigator 72 Hour Review
  - 5.3.13 Assessing the Need for Services
  - 5.3.14 Determination of Level of Risk
  - 5.3.15 Open/Close Guidelines for Concluding CA/N Reports
  - 5.3.16 Making a Determination
  - 5.3.17 Minimum Contact Standards after a CA/N Report has been Concluded
    - 5.3.17.1 Minimum Contact Standards – Questions to Address
  - 5.3.18 Delayed Conclusion
    - 5.3.18.1 Minimum Contact Standards for Delayed Conclusions

Title: Child Welfare Manual  
Section 2: Intake  
Chapter 5: Family Assessment Response  
Effective Date: April 22, 2011  
Page: 2

---

5.3.18.2 Examples of Delayed Conclusions

- 5.3.19 Interface with Family Centered Services (FCS)
  - 5.3.20 Priority of Initial Client Contact after a Case Opening Based on SDM Risk
  - 5.3.21 Compiling the Family Assessment Record
  - 5.3.22 Notifications for Family Assessment Dispositions
- 5.4 Change to Investigation Response
- 5.5 Involving Law Enforcement in a Family Assessment

**Memoranda History:**

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

## 5.1 Family Assessment Response

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

The goal of the family assessment response is to:

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

Related Subject: Section 2, Chapter 2.3.2 Parameters of Family Assessment Response
--

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

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

**Memoranda History:**

## 5.2 Family-Centered-Services Approach

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

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

Related Subject: Section 2, Chapter 9.2 Assessment of Safety
--

The Children’s Service Worker initiates the family-centered practice by:

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

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

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

**Memoranda History:**

## 5.3 Conducting a Family Assessment

### 5.3.1 Preparing for the Family Assessment

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

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

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

Related Subject: Section 2, Chapter 9.2, Safety Assessment; and Section 2 Chapter 9.3 Safety Planning
---

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### **Accumulation of Harm**

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

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

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

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

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

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

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

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

Title: Child Welfare Manual  
Section 2: Intake  
Chapter 5: Family Assessment Response  
Effective Date: April 13, 2012  
Page: 7

---

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

**Memoranda History:**

CD10-106, CD11-81, CD11-86, CD12-37

### **5.3.2 Initiating The Family Assessment**

The Children's Service Worker must begin the Family Assessments process within 24 hours of receipt of the report, except for CA/N reports where the sole basis for the report is educational neglect, which requires the Family Assessment to begin within 72 hours. The family assessment process begins with the first contact with any individual, such as the reporter, law enforcement or a family member.

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

Related Subject: Section 2, Chapter 5.3.6 Face To Face Safety Assurance Of Victim
---

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

CS03-51, CD05-35, CD05-72, CD06-34

#### **Memoranda History:**

CD07- 41

### 5.3.3 Contacting The Reporter

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

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

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

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

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

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

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

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

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

CS03-51, CD05-35, CD05-72, CD06-34

#### **Memoranda History:**

CD07-41

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

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

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

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

**Memoranda History:**

### **5.3.5 The Home Visit**

Home Visits are required for all Family Assessments.

When making the home visit to complete a family assessment, the first phase begins with a review of the exterior of the home. The worker should document in the CPS-1 all concerns in clear and observable terminology. The exterior of the home often provides staff with preliminary information about the family. It may allow the staff person to address:

- Child's Safety
- Family household safety;
- Worker safety; and
- Dangerous environmental concerns.

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

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

**Memoranda History:**

### 5.3.6 Face To Face Safety Assurance Of Victim

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

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

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

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

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

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

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

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

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

**Memoranda History:**

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

The Children's Service Worker will meet with the family to discuss the reported concern, and to continue with the Family Assessment process. The worker should give the family a Description of the Family Assessment Process (CS-24a) at first contact with the family.

The initial contact with the family in a family assessment may be via phone. Based on the CA/N allegations, the family's prior CA/N history, and preliminary contacts, the Children's Service Worker may make a professional decision whether to contact the family to schedule the first home visit to begin the family assessment process.

There are several reasons a worker may want to initiate contact via phone with the family. In making the decision to contact the family before making a home visit, a worker must weigh the pros and cons of this contact. Supervisory consultation may be necessary in making this decision.

#### 5.3.7.1 Positives To Scheduling Initial Contact

- Scheduling the first face-to-face contact with the child and family provides the family with some initial decision-making, empowering them, prior to that first face-to-face contact;
- Scheduling allows a family to have all family members at home who are needed to begin the family assessment; and
- Setting a time for the first face-to-face contact allows a worker to schedule the time needed to begin the family assessment.

#### 5.3.7.2 Negatives to Scheduling Initial Contact

- Family may flee;
- Children may be "coached";

**NOTE: If the family knows about the report prior to the face-to-face contact, the worker must be particularly observant of signs that the child(ren) have been coached. Examples of signs may include, but are not limited to the following: the parent speaks for the child; the child looks to parent to respond to question; the child does not respond to detailed question in which they would have information readily available. Any signs of coaching should be documented on the CPS-1.**

- The home environment may be altered prior to the initial visit; and
- Family members' response is less spontaneous.

Title: Child Welfare Manual  
Section 2: Intake  
Chapter 5: Family Assessment Response  
Effective Date: March 27, 2006  
Page: 2

---

**5.3.7.3 Key questions that need to be answered during the initial visit are:**

- What strengths exist within the family that ensure the child is safe and will be safe from CA/N when I leave?
- What concerns, if any, exist for the safety of the children due to the family situation?

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

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

**Memoranda History:**

### 5.3.8 When The Family Is Uncooperative

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

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

Related Subject: Section 2, Chapter 9.2, Assessment of Safety; and Section 2, Chapter 9.1 Safety Analysis and Risk Assessments
---

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

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

**Memoranda History:**

### 5.3.9 Interviewing The Child Alone

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

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

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

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

**Memoranda History:**

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

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

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

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

**Memoranda History:**

### 5.3.11 Safety Assessment

The initial *Safety Assessment (CD-17)* is conducted with the family on initial contact. The CD-17 included in the CPS-1 is completed, by the worker and reviewed/signed off by the Chief Investigator within 72 hours of receipt of report. If the safety decision is “unsafe” the worker must also complete a *Safety Plan (CD-18)* which must also be reviewed/signed off by the Chief Investigator within 72 hours of receipt of the report.

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

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

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

Related Subject: Section 2, Chapter 9.2, Safety Assessment; and Section 2, Chapter 9.3 Safety Planning
--

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

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

#### 5.3.11.1 Collateral Contacts

Interview collaterals as needed to verify findings or to gain information not accessible from the family.

Staff shall make collateral contact(s), for all investigations/family assessments. This contact shall be with someone other than the reporter and/or other

household members. The purpose of this contact is to provide staff with information concerning, but not limited to, the following:

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

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

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

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

disclosure should only include information that is absolutely necessary to complete the investigation.

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

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

Numerous collaterals may be needed depending on the issues identified through the investigation or family assessment. The Genogram or Ecomap, in the CD-14, may reveal appropriate people to use as collateral contacts.

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

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

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

**Memoranda History:**

CD11-86

### 5.3.12 Chief Investigator 72 Hour Review

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

Related Subject: Section 1, Chapter 1.3.1, Chief Investigator
---

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

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

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

#### **Memoranda History:**

CD11-86

### 5.3.13 Assessing The Need For Services

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

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

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

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

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

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

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

**Memoranda History:**

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

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

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

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

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

**Memoranda History:**

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

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

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

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

Related Subject: Section 2, Chapter 9.4 Assessment of Risk

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

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

**Memoranda History:**

### 5.3.16 Making a Determination

The family assessment shall be completed within thirty (30) days. A determination shall be reached during the family assessment as to whether or not the family needs services beyond the thirty (30) day assessment period. These services may include Family Centered Services, or services linked to the family within the initial thirty (30) day assessment period.

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

- **Family Assessment-Services Needed (J)** - The family needs Family-Centered Services beyond the 30 day assessment period;
- **Family Assessment-No Services Needed (K)** - The family does not need Family-Centered Services from the Division or the community;
- **Family Assessment-Family Uncooperative- Child Safe (L)** - The family refused to cooperate during the Family Assessment process. The worker has been able to document that the child is safe, therefore a case will not be opened for Family-Centered Services;
- **Family Assessment-Services Needed-Linked to Initial 30 days (M)** - The family received services during the thirty (30) day assessment period (either by the CD Children's Service Worker or by a community resource/support system). The family no longer needs services provided by the Children's Division;

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

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

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

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

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

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

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

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

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

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

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

Title: Child Welfare Manual  
Section 2: Intake  
Chapter 5: Family Assessment Response  
Effective Date: April 22, 2011  
Page: 4

---

Related Subject: Section 3 Delivery of Services

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

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

**Memoranda History:**

CD11-39

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

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

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

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

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

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

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

Title: Child Welfare Manual  
Section 2: Intake  
Chapter 5: Family Assessment Response  
Effective Date: October 12, 2011  
Page: 2

---

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

Related Subject: Section 2, Chapter 9.5.2 Minimum Contact Standards for In-home Cases
---

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

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

**Memoranda History:**

CD11-86

### **5.3.18 Delayed Conclusion**

Workers shall complete all investigations and family assessments within 30 days, unless good cause for the failure to complete the investigation or assessment is documented in the information system. Delayed conclusion shall only be used for 15 days past the 30-day conclusion deadline. Therefore, all investigations/family assessments shall be complete within 45 days.

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

Minimum contact standards must be met after a delayed conclusion date has been entered as described above.

Related Subject: Section 2, Chapter 9.4 Assessment of Risk and Section 2, Chapter 9.5.2 Minimum Contact Standards for In-home Cases
---

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

- Due to change in response track, from family assessment to investigation and law enforcement is assisting in co-investigation. In this situation, there may be a few days lost in coordinating schedules with law enforcement to interview all subjects named in the report (i.e., the alleged perpetrator) along with collateral contacts.
- Delay in receiving critical medical, psychological, or educational report (verbal report from the Doctor may be documented in the report and concluded prior to receipt of written report).
- Co-investigation with law enforcement in which alleged perpetrator has not been interviewed.
- Family refused to cooperate, law enforcement contacted and awaiting outcome of referral to juvenile court.
- Courtesy request to another county or state, subject of CA/N report not interviewed.

If there is a delay in receiving information from law enforcement, the juvenile office, or other professionals, staff must attempt to obtain the information, documenting all attempts in the case record. In situations where the information will not be received within 30 days of the report, the supervisor and worker are to take appropriate steps to secure information necessary to complete the CD process and make a determination.

If delays are detected on an on-going basis due to involvement with law enforcement, the juvenile office or other professionals, local CD staff must meet

Title: Child Welfare Manual  
Section 2: Intake  
Chapter 5: Family Assessment Response  
Effective Date: March 27, 2006  
Page: 2

---

with interdisciplinary investigation team members within their communities, to develop protocol to meet conclusion timeframes.

**Additionally, CD must maintain weekly follow-up contacts with law enforcement, juvenile office, other professionals, and/or courtesy county/state agencies to obtain respective written reports.**

Related Subject: Section 2, Chapter 4, Attachment H: Guidelines for Letter to Suspected Perpetrator Regarding Delayed Notification of CA/N Status Determination
---

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

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

**Memoranda History:**

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

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

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

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

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

**Memoranda History:**

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

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

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

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

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

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

**Memoranda History:**

### 5.3.21 Compiling the Family Assessment Record

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

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

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

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

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

Submit to immediate supervisor for review and signature.

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

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

The family should be offered preventive services through CD or community resources if the family assessment conclusion is Family Assessment- Services Needed; or Family Assessment – Services Needed – Linked in 30 days; or provided Family-Centered Services to prevent out-of-home placement and document reasonable efforts on the CPS-1.

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

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

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

**Memoranda History:**

Title: Child Welfare Manual  
Section 2: Intake  
Chapter 5: Family Assessment Response  
Effective Date: October 12, 2011  
Page: 2

---

CD11-86

### 5.3.22 Notifications For Family Assessment Dispositions

#### CS-21A Family Assessment Disposition Form Letter

This form letter is completed by the CSW and sent to:

- The same individuals who were provided a CS-24a at the beginning of the family assessment process are to be notified of the outcome of the family assessment by way of the Family Assessment Disposition Form Letter (CS-21a).

**NOTE: Notifying the Non-Custodial Parent** is not required for family assessments.

Related Subject: CS-21a Form and Instructions

#### CS-21B Reporter Disposition Notification Letter

This form letter is completed by the CSW and sent to:

- All mandated reporters, whose call to CANHU, resulted in a CA/N report.
- All other reporters, who were not anonymous, whose call resulted in a CA/N report, and who has requested in writing to the local office disposition information.

Related Subject: CS-21B and Form Instructions

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

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

**Memoranda History:**

## 5.4 Change To Investigation Response

In a small percentage of reports it will be determined that it is more appropriate for a family assessment report to be handled through the investigation approach and vice versa. The statute requires reports to be transferred, as appropriate.

Careful initial screening will help keep transfers to an acceptable minimum. Some reports, however, will transfer due to information obtained during the family assessment or investigation.

When such transfers are made, they are to be done in the least disruptive way possible for the family and should minimize service delivery interruption.

If, during the family assessment, it is determined that the report meets the investigation parameters and would more appropriately be handled as an investigation, the report shall be switched. Depending on local protocol, the Children's Service Worker conducting the investigation or family assessment may, with the approval of their supervisor, and dependent on local protocol, make the decision to change without going back through the initial screener(s).

If the worker believes a report should be switched to an investigation from a family assessment because of new information received, and if true, would constitute a suspected law violation, law enforcement must be contacted **immediately**. If law enforcement does not assist, pursuant to (210.109.3(4), RSMo), they are required to provide a written explanation within 24 hours, detailing the reasons they were unable to assist. The worker shall document on the CPS-1, their effort to involve law enforcement, but will not delay the conclusion of a CA/N report in the event that the explanation has not been received from law enforcement.

In determining if a report should be switched from a family assessment to investigation, staff must determine if there is an indication of a criminal violation or risk related to abuse or neglect (and the parents/caretaker refuses to cooperate) that warrants law enforcement involvement. Also, staff should consider if they believe the alleged perpetrator may be a threat to other children, especially outside the home.

In reports where the family refuses to allow the Division to interview the child or otherwise refuses to cooperate, and collateral contacts and other information obtained convinces the Children's Service Worker that risk of abuse or neglect exists for the child, the report must be switched to the investigation track. This information is provided in the Description of the Family Assessment (CS-24a), which is given to the family at the beginning of the family assessment. If the family initially refuses to allow the Division to interview the child, but following law enforcement/juvenile court intervention assistance the child is assessed to be safe by Division staff, the family assessment can be concluded (Conclusion L - "Family Assessment- Not Cooperative/Child Safe").

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

Title: Child Welfare Manual  
Section 2: Intake  
Chapter 5: Family Assessment Response  
Effective Date: March 27, 2006  
Page: 2

---

the pending investigation, and shall also receive a CS-21 concerning the disposition of an Investigation.

The decision to change investigative tracks is documented on the CPS Screening Classification Form (CS-27) and the CPS-1. The ATRU Screen must be updated to reflect the change, the date the change was made, and the reason for the change (on the Comment Screen). If it is decided to change tracks before the initial screening code is entered in the system, both the initial screening code and subsequent ones shall be entered in the system for evaluation purposes.

Related Subject: Section 2, Chapter 3.4, Track Change
---

If, during a family assessment, information results in a new serious allegation, the report shall be switched to an investigation and staff shall decide if a new report should be made for documentation purposes. The investigator will update the CA/N-1 to reflect the correct information, i.e., allegation, alleged perpetrator, victim(s), etc.

The following questions may be helpful in determining if a track change should be made:

- Would allegations, if true, constitute a criminal act?
- How long would the family need our involvement?
- Would it better serve the family to switch to an investigation?

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

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

**Memoranda History:**

## 5.5 Involving Law Enforcement In A Family Assessment

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

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

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

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

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

**Memoranda History:**