



Guidelines for Mandated Reporters

Child Abuse and Neglect

July 2025

Empowering Missourians to live safe, healthy, & productive lives.



Missouri Department of Social Services

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To Our Child Welfare Partners:

In 1993, representatives from the Children’s Division met with school system representatives to discuss shared concerns regarding the reporting and investigation of child abuse and neglect. This collaboration led to the development of guidelines specifically for school staff. Over time, we have updated this publication to align with changes in child abuse and neglect laws and Children’s Division policies. Originally created for teachers and school staff, this guide has now evolved into a comprehensive resource for all mandated reporters.

We strongly encourage mandated reporters, school boards, and districts to utilize this material. Furthermore, we suggest that local representatives from community support agencies, school districts, and the Children’s Division work together to establish local protocols, ongoing reciprocal training, and educational programs. These efforts will further strengthen existing relationships. We are confident that these materials and open communication will provide essential protection and support for children and their families, thereby promoting their educational and social development.

For more information about the services and programs offered by the Children’s Division, please visit the Department of Social Services website at DSS.mo.gov/CD/. We appreciate your commitment to enhancing the community's response to the needs of children and families.

If you have any question, please email us at AskCD@dss.mo.gov.

Sincerely,

Sara E. Smith
Children's Division Director

Disclaimer

This publication is provided by the Missouri Department of Social Services Children's Division and is intended for informational purposes and should not be considered a substitute for legal advice. The information contained within this publication is subject to frequent changes due to statute and policy updates. Therefore, this publication may not always be up to date. The Children's Division encourages readers of this publication to consult an attorney or their own agency personnel for any legal advice and for the most recent versions and interpretations of the applicable laws.

Missouri Child Abuse and Neglect Mandated Reporter Training

Free Online Training for Mandated Reporters

The Missouri Task Force on the Prevention of Sexual Abuse of Children has created complimentary online training for mandated reporters. Completion of this training course is highly encouraged for all mandated reporters.

You can access the training at <http://protectmokids.com/>.

The training consists of four lessons that can be completed at the participant's own pace:

- **Lesson 1:** Introduction & Legal Requirements of Mandated Reporters
- **Lesson 2:** Indicators of Child Abuse and Neglect
- **Lesson 3:** Plan for Responding to Suspicion, Discovery or Disclosure of Child Abuse and Neglect
- **Lesson 4:** Effectively Reporting Child Abuse and Neglect

Additionally, the training has pre- and post-tests. While participants must earn a score of 80% or better on the post-test for successful completion, the test can be retaken to achieve this goal. Participants who score 80% or greater on the post-test have successfully completed the training and may earn 0.5 Continuing Education Units (CEUs).

Section 162.069, RSMo., requires that every school district and the governing body of each charter school shall, by July 1, 2014, include in its teacher and employee training a component that provides up-to-date and reliable information on identifying signs of sexual abuse in children and danger signals of potentially abusive relationships between children and adults. The training shall emphasize the importance of mandatory reporting of abuse under section 210.115 including the obligation of mandated reporters to report suspected abuse by other mandated reporters, and how to establish an atmosphere of trust so that students feel their school has concerned adults with whom they feel comfortable discussing matters related to abuse. The training shall also emphasize that:

- All mandatory reporters shall, upon finding reasonable cause, directly and immediately report suspected child abuse or neglect as provided in section 210.115;
- No supervisor or administrator may impede or inhibit any reporting under section 210.115; and
- No person making a report under section 210.115 shall be subject to any sanction, including any adverse employment action, for making such report.

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Mandated Reporter Statute

Section 210.115, RSMo.

Who is mandated to report suspected child abuse/neglect?

The statute identifies the following individuals and professions as mandated reporters:

- Physician
- Medical Examiner
- Coroner
- Dentist
- Chiropractor
- Optometrist
- Podiatrist
- Resident (medical)
- Intern (medical)
- Nurse
- Hospital or Clinic Personnel that are engaged in the examination, care, treatment or research of persons
- Any other health practitioner
- Daycare center or other child-care worker
- Juvenile Officer
- Probation or Parole Officer
- Jail or detention personnel
- Teacher
- Principal or other school official
- Minister (as provided by section 352.400, RSMo.)
- Peace officer or law enforcement official
- Other person with the responsibility for the care of children
- Volunteer or personnel of a community service program that offers support services for families in crisis to assist in the delegation of any powers regarding the care and custody of a child by a properly executed power of attorney pursuant to sections **475.600 to 475.604**.

Reporting Requirements

When any individual identified above has reasonable cause to suspect that a child has been or may be subjected to abuse or neglect or observes a child being subjected to conditions or circumstances which would reasonably result in abuse or neglect, that person shall immediately report.

- Reasonable cause to suspect means a standard of reasonable suspicion, rather than conclusive proof. **The term "abuse" is not limited to abuse inflicted by a person responsible for the child's care, custody and control as specified in section 210.110, but shall also include abuse inflicted by any other person.**

No internal investigation shall be initiated until such a report has been made. The reporting requirements under this section are individual, and no supervisor or administrator may impede or inhibit any reporting under this section. No person making a report shall be subject to any sanction, including any adverse employment action, for making such report. Every employer shall ensure that any employee required to report has immediate and unrestricted access to communications technology necessary to make an immediate report and is temporarily relieved of other work duties for such time as is required to make any report.

The **only** exception to the individual reporting requirement is that when two or more members of a medical institution, who are required to report, jointly have knowledge of a known or suspected instance of child abuse or neglect, a single report may be made by a designated member of that medical team. Any member who has knowledge that the member designated to report has failed to do so shall thereafter immediately make the report. Nothing, however, is meant to preclude any person from reporting abuse or neglect. Multiple mandated reporters with knowledge of abuse and neglect may call together to make a single report.

Any person or individual required to report may also report the suspicion of abuse or neglect to any law enforcement agency or juvenile office. Such report **shall not**, however, take the place of reporting to the Children's Division.

If an individual required to report suspected instances of abuse or neglect pursuant to Section 210.115 has reason to believe the victim of such abuse or neglect is a resident of another state or was injured as a result of an act which occurred in another state, the person required to report such abuse or neglect may, in lieu of reporting to the Missouri Children's Division, make such a report to the child protection agency of the other state with the authority to receive such reports pursuant to the laws of such other state. If such agency accepts the report, no report is required to be made, but may be made, to the Missouri Children's Division.

Any mandated reporter who has reasonable cause to suspect that a child who is under the age of eighteen, who is eligible to receive a certificate of live birth, has died shall report that fact to the appropriate medical examiner or coroner. If, upon review of the circumstances and medical information, the medical examiner or coroner determines that the child died of natural causes while under medical care for an established natural disease, the coroner, medical examiner or physician shall notify the Children's Division of the child's death and that the child's attending physician shall be signing the death certificate. In all other cases, the medical examiner or coroner shall accept the report for investigation, shall immediately notify the Children's Division of the child's death as required in Section 58.452, RSMo., and shall report the findings to the child fatality review panel established pursuant to Section 210.192, RSMo.

Anonymous Reporters (Sections 210.109, RSMo.)

Mandated reporters **may not** make child abuse/neglect (CA/N) reports anonymously provided the reporter is informed that reporter information will be held as confidential.

Immunity/Penalties (Section 210.135 RSMo.)

The law provides immunity from civil or criminal liability to those who are required to make reports with Children's Division, any law enforcement agency, or the juvenile office in the completion of an investigation/family assessment. Immunity is provided regardless of the outcome of the investigation/family assessment; however, it does not apply if a person intentionally files a false report.

Failure to report is a Class A misdemeanor for a person who is required under the law to report. Filing a false report is also a Class A misdemeanor.

Legal Definitions of Child Abuse and Neglect

Section 210.110, RSMO.; 13 CSR 35-31.010

Child: Any person, regardless of physical or mental condition, under eighteen years of age.

Abuse: Any physical injury, sexual abuse, or emotional abuse inflicted on a child other than by accidental means by those responsible for the child's care, custody, and control, except that discipline including spanking, administered in a reasonable manner, shall not be construed to be abuse. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22 U.S.C. Section 7102.

Neglect: The failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being. Victims of neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22 U.S.C. Section 7102.

Those responsible for the care, custody, and control of the child includes, but is not limited to:

- The parents or legal guardians of a child;
- Other members of the child's household;
- Those exercising supervision over a child for any part of a twenty-four hour day;
- Any adult person who has access to the child based on relationship to the parents of the child or members of the child's household or the family;
- Any person who takes control of the child by deception, force, or coercion; or
- School personnel, contractors, and volunteers, if the relationship with the child was established through the school or through school-related activities, even if the alleged abuse or neglect occurred outside of school or off school grounds.

Emotional abuse: Any injury to a child's psychological capacity or emotional stability demonstrated by an observable or substantial change or impairment in the child's behavior, emotional response, or cognition, which may include, but is not limited to: anxiety, depression, withdrawal, or aggressive behavior; and which may be established by either lay or expert witnesses.

Physical injury: Any bruising, lacerations, hematomas, welts, permanent or temporary disfigurement; loss, or impairment of any bodily function or organ, which may be accompanied by physical pain, illness, or impairment of the child's physical condition.

Proper or necessary support: Adequate food, clothing, shelter, medical care, or other care and control necessary to provide for the child's physical, mental, or emotional health or development.

Sexual abuse: Any sexual or sexualized interaction with a child, except as otherwise provided in paragraph 2 below:

1. Sexual abuse shall include, but is not limited to:
 - a. Any touching of the genitals, anus or buttocks of a child, or the breast of a female child, or any such touching through the clothing; any act involving the genitals of a child and the hand, mouth, tongue, or anus of another person; or any sexual act involving the penetration, however slight, of a child's mouth, penis, female genitalia, or anus by any body part of another person, or by any instrument or object;
 - b. Any conduct that would constitute a violation, regardless of arrest or conviction, of Chapter 566, RSMo. if the victim is less than eighteen (18) years of age, section 567.050, RSMo if the victim is less than eighteen (18) years of age, sections 568.020, 568.060, 568.080, or 568.090, RSMo, sections 573.025, 573.035, 573.037, or 573.040, RSMo, or an attempt to commit any of the preceding crimes;
 - c. Sexual exploitation of the child, which shall include:
 - i. Allowing, permitting, or encouraging a child to engage in prostitution, as defined by state law; or
 - ii. Allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child as those acts are defined by state law. This includes the storage or transmission of any data depicting said obscene or pornographic acts, images, or recordings.
2. Any reasonable interaction with a child, including touching a child's body for the purpose of providing the proper or necessary care or support of the child, shall not be considered sexual abuse. The touching of a child's body, including a child's genitals, buttocks, anus, or breasts for reasonable, medical, child rearing, or child care purposes shall not be considered sexual abuse.
3. The division shall not be required to prove that the alleged perpetrator received sexual gratification or that there was an exchange or promise of anything of value as a result of the act of sexual abuse to establish sexual abuse under Chapter 210 or 211, RSMo.
4. The use of force or coercion is not a necessary element for a finding of sexual abuse.
5. Sexual abuse may occur over or under the child's clothes.
6. The division shall not be required to prove that the child suffered trauma or harm as a result of the act of sexual abuse.
7. A child cannot consent to a sexual or sexualized act or interaction with a person responsible for that child's care, custody, and control.

Sex trafficking: The recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purpose of a commercial sex act.

Severe forms of trafficking in persons:

- Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or
- The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

Commercial sex act: Any sex act on account of which anything of value is given to, promised, or received by any person.

Reporting Procedure

Information for the Child Abuse/Neglect Hotline Unit

Reports are to be made immediately to the 24 hour, 7 day a week Child Abuse/Neglect Hotline telephone number (1-800-392-3738 or 1-844-CAN-TELL) maintained by Children's Division. Mandated reporters may also report online at <http://dss.mo.gov/cd/can.htm>.

When providing contact information, especially in emergency situations or reporting online, it is important to provide information where the Children's Division can reach you over the course of the next several hours to obtain any needed information. It is always important to report suspected abuse or neglect as soon as possible and well before the end of the working day whenever possible. Not only is this required by law, if children are in danger of harm, it is important to begin the investigation or assessment quickly. Seeing children as soon as possible is critical because evidence such as bruises may fade rapidly, the child may become less willing to talk about the incident, or it may become difficult to locate the child.

The Hotline is staffed by trained Children's Service Workers whose responsibility is to accept the information and determine whether the information constitutes a child abuse/neglect report.

The screening will determine whether:

- The alleged victim is a child (less than eighteen (18) years-old) at the time of the hotline call;
- Whether or not the person who is alleged to have abused the child was "responsible for the care, custody, and control" of the child at the time of the incident;
- The alleged abuse or neglect is having an adverse effect on the child;
- The incident occurred in Missouri;
- The report meets the definition of abuse or neglect as defined by law; and
- Identifying information is available to locate the child/family.

The following information, if available, should be provided when making a report:

- The name, address, present whereabouts, sex, race, and birth date or estimated age of the reported child or children and of any other children in the household;
- The name(s), address(es), and telephone number(s) of the child's parent(s), or other person(s) responsible for the child's care;
- The name(s), address(es), and telephone number(s) of the person(s) alleged to be responsible for the abuse or neglect, if different from the parent(s);
- Directions to the home, if available, when the child's address is general delivery, rural route, or only a town;
- Other means of locating the family;
- Parents'/alleged perpetrators' place of employment and work hours, if known;

- The full nature and extent of the child’s injuries, abuse, or neglect, and any indication of prior injuries, including the reason for suspecting the child may be subjected to conditions resulting in abuse or neglect;
- An assessment of the risk of further harm to the child and, if a risk exists, whether it is imminent;
- Any event that precipitated the report;
- If the information was provided by a third party, or if there were witnesses, the identity of those person(s);
- The circumstances under which the reporter first became aware of the child’s alleged injuries, abuse or neglect;
- The action taken, if any, to treat, shelter, or assist the child;
- Present location of the child;
- Whether the subjects of the report are aware a report is being made;
- The name, address, work, and home telephone numbers, profession, and relationship to the child of the reporter;
- When was the child last seen by the reporter;
- Whether other children are in the home.

Posting Requirements in Schools

Each public and charter school must post in a clearly visible location in a public area of the school that is readily accessible to students a sign in English and Spanish that contains the toll-free child abuse and neglect hotline number, 1-844-CAN-TELL. Additionally, each school shall post signs containing the same information in all student restrooms in the school, to allow for private access to the information by students of either gender. Schools can download posters at <http://dss.mo.gov/cd/can.htm>.

Child Abuse/Neglect Hotline Unit (CANHU) Response

When a report is received, the Child Abuse/Neglect Hotline Unit completes the following primary tasks:

- Call Classification
- Response Priority Assignment

Call Classification

If the concerns being reported meet criteria for a child abuse/neglect report, the Child Abuse/Neglect Hotline Unit will determine if the report will be classified as an investigation, family assessment, or juvenile assessment.

Investigation: When there is an identified need to collect physical and verbal evidence to determine if a child has been abused or neglected.

- Requires Children's Division to notify law enforcement for potential co-investigation.
- Generally, there is a criminal component.
- Requires Children's Division to determine whether the alleged abuse/neglect occurred.
- Burden of proof is preponderance of the evidence.
- The alleged perpetrator has the ability to appeal the determination if the report is substantiated.
- If the report is substantiated, once the appeal process is complete, the alleged perpetrator is placed on the Central Registry.

Family Assessment: Designed to help the family identify areas where they need assistance safeguarding their children. The Assessment response determines the family's need for services and refers the family to needed resources.

- Intended to provide a global assessment of the child and family.
- Determines if the family needs can be met by linking to community resources or if there is a need for short term family-centered services from Children's Division.
- Does not typically involve law enforcement.
- Results in a determination of whether the family is in need of services.

Juvenile Assessment: Intended to support families in obtaining treatment for children with sexual behavior problems.

- Section 210.148, RSMo., defines a child with problem sexual behavior as ‘any person, under fourteen years of age, who has allegedly committed sexual abuse against another child’.
- Sexual abuse for juvenile assessments: Any sexual or sexualized interaction with a child including, but not limited to, acts that are age or developmentally inappropriate and—(1.) Involve force or threats of the use of force; (2.) Are intrusive; (3.) Are unwelcome; (4.) Result in physical injury or cause emotional trauma to the victim child; or (5.) Are coercive or manipulative.
- Children’s Division is required to use a family assessment and services approach.
- Children are not automatically referred to the juvenile office, law enforcement, or for a Child Advocacy interview unless they committed a sexual abuse act that caused a serious physical injury or used a weapon.

If the reporter’s concerns do not meet criteria for an investigation, family assessment, or juvenile assessment, the Child Abuse/Neglect Hotline Unit then screens the call to determine whether the concerns meet criteria for a non-child abuse/neglect referral. Referrals do not meet the statutory definitions of abuse or neglect, but are of such a nature that the Division should take some kind of action, depending on the nature of the referral.

Non-Caretaker Referral: Involve allegations that a child has been the victim of a sexual or physical assault, or that someone has made a serious threat to commit sexual or physical harm to a child or adolescent youth. “N” Referrals involving sexual abuse allegations only involve perpetrators 14 or older.

- The perpetrator is not responsible for the care, custody, and control of the victim.
- Often involve juvenile-on-juvenile offenses.
- Children’s Division refers these to law enforcement/juvenile office for investigation.

Newborn Crisis Assessments (NCAT): Calls from medical personnel in which they have serious reservations about releasing an infant from the hospital who may be sent home to a potentially dangerous situation.

- Most often due to drug exposed infants.
- Can also be due to concerns regarding a family’s lack of resources, prior history, significant mental health concerns/bizarre behaviors in the hospital.
- Non-drug involved concerns will be taken as NCATs until a child is one years old.

Preventive Service Referrals: When the concern does not meet the statutory definition of abuse/neglect, but Children's Division needs to respond to a situation.

- When the child is in Children's Division's custody.
- When information is reported on a family with an open case.
- Request for placement of a newborn pursuant to the Safe Place for Newborns Act.
- Child is exhibiting maladaptive, self-harming, or suicidal behavior.
- Child is requesting services that the Children's Division provides.
- Child has no caretaker due to caretaker's incarceration, illness, hospitalization or death, and no other appropriate childcare plan is in place.
- When the custodian/guardian is requesting immediate placement of their child.
- A registered sex offender or an individual with other significant criminal history of child abuse/neglect has access to the child.
- Allegation from a non-medical reporter that a newborn was born within the last thirty (30) days to parents who have significant prior history with child protective services including, but not limited to, removal of other children that resulted in termination of parental rights.

Non-CA/N Fatalities: Pursuant to Section 210.115, RSMo., all Non-CA/N related child fatalities are to be reported to the hotline by medical examiners or coroners. Information is utilized for statistical information.

If the reporter's concerns do not meet criteria for a Child Abuse/Neglect report or a Non-CA/N referral, the Child Abuse/Neglect Hotline Unit will document the report. The information provided by the reporter will be input into Children's Division's computer system and is available for one year as background information. County field staff does not generally take any action on documented calls. However, if three (3) or more documented calls are received within seventy-two (72) hours, all the information on the family is reviewed by a Child Abuse/Neglect Hotline Unit supervisor to determine if collectively, the documented calls rise to the level of a Child Abuse Neglect report or a Non-CA/N referral. If the reporter disagrees with the hotline staff's decision to not accept a report, they may ask to speak with a supervisor.

Response Priority

The Child Abuse/Neglect Hotline Unit also determines how quickly county staff need to respond to the allegations (Response Priority).

There are three response levels:

- **3 Hour** – This is equivalent to an emergency report. Face-to-face contact with all alleged victim(s) must be made within three hours from the county office's receipt of the report. A face-to-face contact with all other children living in the household must be made within 72 hours. Available resources shall be utilized to locate the children, including law enforcement assistance.
- **24 Hour** – Face-to-face contact with all alleged victim(s) must be made within 24 hours from the county office's receipt of the report. A face-to-face contact with all other children residing in the home must occur within 72 hours.
- **72 Hour** – County staff must initiate contact with the family/child(ren) within 24 hours. Face-to-face contact with all children (alleged victims and home residents) must be made within 72 hours from the county office's receipt of the report.

Use of Multi-Disciplinary Team (MDT) Member: Children's Division may use an MDT member (law enforcement, juvenile officers, school officials, etc.) to ensure safety. Children's Division must then see all children within 72 hours.

Children's Division Response to Child Abuse/Neglect Reports

Steps Taken

If the report is classified as a child abuse or neglect case, the Child Abuse/Neglect Hotline Unit will electronically send the information to the county Children's Division office within the appropriate circuit. An investigation or family assessment will begin promptly or within 24 hours, depending on the severity of the allegations. In cases where educational neglect is the sole concern, the investigation will be initiated within 72 hours.

The worker completing the investigation, family assessment, or juvenile assessment will contact the reporter in order to ensure that full information has been received, to obtain any additional information, and to determine the safety of the child. The mandated reporter shall be contacted when the report is sent to the county office or within 48 hours of receipt of the report. If the worker is unable to contact the reporter, the investigation or family assessment will be initiated by seeing the child.

Other responsibilities the worker must complete include, but are not limited to:

- Reviewing prior history of the family;
- Contact law enforcement (if report is an investigation);
- Interview victim child(ren) and verify safety;
- Interview non-victim child(ren) and verify safety;
- Notify the school liaison (if the report is an investigation);
- Interview non-offending parent;
- Complete home visit;
- Interview anyone living in the household;
- Interview the alleged perpetrator;
- Consult with the designated chief investigator (supervisor);
- Contact any and all collaterals who may have knowledge of the incident or the family;
- Address any safety concerns;
- Assess the family's need for services or on-going Children's Division involvement.

In most circumstances, the worker must complete the report within forty-five (45 days).

Safety Planning and Removal of Children

Federal law requires children be placed in the least restrictive environment possible. This starts with working to maintain them in their home. Section 211.183, RSMo., requires Children's Division to make reasonable efforts to prevent or eliminate the need for removal, unless the first contact with the family occurred during an emergency in which the child could not safely remain in the home even with services.

When the child(ren) cannot safely remain in their home due to the current circumstances, the Children's Division works with the family's safety network to utilize others to help keep the child safe. Immediate Safety Intervention Plans and Temporary Alternative Placement Agreements (TAPA) are individually tailored to address the threat of danger to the child. If it is not possible to implement a safety plan, the Children's Division generally will make a recommendation to the court that the child be removed from their home.

The Children's Division does not have the legal authority to remove children. Only juvenile officers, law enforcement, or physicians can take emergency protective custody of a child when they have reasonable cause to believe that the child is in imminent danger. If the child is not in imminent danger, the juvenile office may file a petition with the court requesting a judge take protective custody of the child.

Conclusion/Determination of Findings

The Children's Division may make the following determinations upon completion of the investigation/family assessment/juvenile assessment:

Investigation:

- Preponderance of evidence
- Child Abuse/Neglect Present, Perpetrator Unidentified
- Unsubstantiated
- Unsubstantiated – preventive services indicated
- Child Abuse/Neglect Present, Perpetrator Deceased

Family Assessment and Juvenile Assessment:

- Agency Responded, No Concerns Found
- Agency Responded, Concerns Addressed
- Agency Responded, Services Provided
- Agency Responded, Refer to FCS or AC Case Opened
- Family Declined Services, Child Safe

Other Conclusions for either Assessment or Investigation:

- Inappropriate report
- Located out-of-state
- Home schooling
- Unable to locate

Children's Division only makes determinations that a child was abused or neglected in investigations. With a family assessment or a juvenile assessment, the focus is on whether the family is in need of services to reduce the risk for further harm to the child.

Investigations

At the conclusion of an investigation, the worker must make a determination of whether there was sufficient evidence, by a preponderance of the evidence, for each element of the legal definitions of abuse or neglect.

Abuse:

1. The child was under 18;
2. The alleged perpetrator had responsibility for care, custody, and control of the child;
3. There was physical injury, sexual or emotional abuse;
4. That was not an accident; AND
5. That was not a form of reasonable discipline.

Neglect:

1. The child was under 18;
2. The alleged perpetrator had responsibility for care, custody, and control of the child; AND
3. The alleged perpetrator failed to provide the proper or necessary support, education as required by law, nutrition, or medical, surgical, or any other care necessary for the alleged victim child's well-being.

Child Sex Trafficking:

1. The child was under 18;
2. The alleged perpetrator had responsibility for care, custody, and control of the child; AND
3. The child was sex trafficked.

Child Labor Trafficking:

1. The child was under 18;
2. The alleged perpetrator had responsibility for care, custody, and control of the child;
3. The child was labor trafficked; AND
4. The alleged perpetrator used force, fraud, or coercion.

If there is insufficient evidence to prove each element above, the worker must unsubstantiate the report. This does not necessarily mean that the abuse did not occur; simply that there was not enough evidence to legally prove each element of abuse or neglect.

For substantiated investigations, when the worker makes a preponderance of evidence finding the alleged perpetrator may appeal the decision. Failure to make a timely request for an appeal, or if upon appeal the Children's Division's determination is upheld, will result in the conclusion becoming a final determination. If a substantiated conclusion becomes a final determination, the alleged perpetrator will be placed on the Central Registry.

The Central Registry is a list of persons whom the Children's Division or a court has determined abused or neglected a child. In addition to Children's Division findings, an individual can be placed on the Central Registry when a court substantiates through adjudication that an individual abused or neglected a child. An individual can also be placed on the Central Registry for pleading guilty or being found guilty of certain crimes against children. The courts have the ability to order individuals to be placed on the Central Registry (Section 210.118, RSMo.). The Central Registry is used primarily for employment screenings. Investigations resulting in an individual being placed on the Central Registry are retained forever. Children's Division staff can use registry information in future child safety and welfare decisions.

Sharing Information and Confidentiality

Sharing Information with Reporters

A mandated reporters will be informed by the Children's Division of his or her right to obtain information concerning the disposition of his or her report. Such person shall receive, from the local office, if requested, information on the general disposition of his or her report, including findings and information concerning the case. Such release of information shall be at the discretion of the Children's Division Director based upon a review of the reporter's ability to assist in protecting the child or the potential harm to the child or other children within the family. The local office shall respond to the request within forty-five days. The findings shall be made available to the reporter within five days of the outcome of the investigation. If the report is determined to be unsubstantiated, the reporter may request that the report be referred by the Children's Division to the Office of Child Advocate for children's protection and services established in Sections 37.700 to 37.730, RSMo.

Information will be provided verbally, or in writing, and may include:

- The date the investigation/family assessment was completed;
- The conclusion reached;
- Whether referral for Family Centered Services (FCS) or to other community services was made. FCS are the services provided and arranged by Children's Division staff.

When the mandated reporter will continue to have on-going, professional contact with the family, he/she should be considered as a multidisciplinary team member. The Division should share information that would be helpful for the reporter's efforts to offer support to the family which may also include the treatment plan and progress of the child/family.

Information shared with mandated reporters, as allowable under the law, is confidential according to the provisions of Section 210.150, RSMo., and should be handled in a confidential manner. It must be used only for the purpose for which it was released. Confidential information is only released per statute, policy, and in compliance with HIPAA regulations. Any person who knowingly violates the confidentiality provisions or who permits or encourages the unauthorized dissemination of information contained in the information system or the Central Registry and in reports and records made pursuant to sections 210.109 to 210.183, shall be guilty of a Class A misdemeanor.

Sharing Information with Children’s Division during Investigation/ Family Assessment

Section 210.140 RSMo states, “Any legally recognized privileged communication, except that between attorney and client or involving communications made to a minister or clergyperson, shall not apply to situations involving known or suspected child abuse or neglect and shall not constitute grounds for failure to report as required or permitted by Sections 210.110 to 210.165, to cooperate with the division in any of its activities pursuant to Sections 210.110 to 210.165 or, to give or accept evidence in any judicial proceeding relating to child abuse or neglect.”

Schools/agency staff may share all appropriate information with Children’s Division during a Child Abuse/Neglect investigation/family assessment regarding the child that would assist Children’s Division in making a determination of whether abuse occurred.

Public School District Liaison

The superintendent of each school district shall designate a specific person or persons to act as the public school district liaison. The Children’s Division shall ensure information regarding the status of an investigation is provided to the public school district liaison. The public school district liaison shall develop protocol in conjunction with the Children’s Division.

Indicators of Abuse and Neglect

The indicators of child abuse and neglect vary. No child or caretaker will exhibit all of the physical or behavioral indicators listed, and some of the indicators may be contradictory. The behavior of an abused or neglected child and other family members may be sporadic and unpredictable. The presence of these indicators does not necessarily mean that a child is being abused or neglected.

Indicators should be used only as a general guide.

Physical Abuse

Location: The location of the injury is a significant criterion which can aid identification of its origin. Injuries to the thighs, calves, genitals, buttocks, cheeks, earlobes, lips, neck and back are more likely a result of abuse than injuries to the elbows, knees, shins and hands, which are frequently incurred accidentally. In the younger child, bruises over the bony parts of the child's body (i.e., chin and forehead) are common sites for falling injuries. However, bruises to any infant should be particularly suspect given his or her limited mobility and opportunity to harm him or herself.

Behavioral Indicators of Child: Behavioral indicators of physical abuse may exist independently or in conjunction with physical indicators. Behavioral indicators of physical abuse in the child include:

- Reacts with fear or aggressiveness to being touched, whether the touch is playful, supportive or restraining;
- Appears wary of adult contact;
- Appears to be or states that (s)he is frightened of the parents or other persons;
- Appears to be afraid to go home or to another familiar location;
- Seems to feel deserving of punishment;
- Demonstrates apprehension when other children cry;
- Behaves provocatively and appears to push encounters to the point where others physically maltreat him or her;
- Behaves manipulatively to get attention;
- Indiscriminately seeks affection;
- Appears to have a poor self-concept;
- Appears to have a vacant or frozen stare;
- Remains very still while visually surveying the surroundings;
- Responds to questions in monosyllables;
- Seems capable of only superficial relationships;
- Exhibits behavioral extremes, including extreme aggressiveness or extreme withdrawal;

- Is physically aggressive with no provocation;
- Exhibits assaultive behaviors (physical assaults or homicide attempts);
- Is involved in fire setting, compulsive lying, compulsive stealing, compulsive destruction of property or vandalism, or other delinquent acts;
- Runs away and appears reluctant to return home when found;
- Exhibits precocious maturity;
- Wears long sleeves or other cover-up clothing to hide injuries; and/or,
- States that he or she has been physically abused.

Parental/Familial Characteristics:

- Seems unconcerned about the child;
- Perceives the child as "bad," "evil," a "monster," a "witch," or "different";
- Offers an inadequate or illogical explanation or has no explanation for the child's injury;
- Gives different or contradictory explanations for the same injury;
- Attempts to conceal the child's injury or to protect the identity of a person the caretaker says is responsible;
- Takes an unusually long time to obtain medical care for the child;
- Takes the child to a different doctor or hospital for each injury;
- Does not visit the child in the hospital;
- Does not ask about follow-up care;
- Disciplines the child too harshly considering the child's age, condition, or what the child did;
- Abuses alcohol or other drugs; and/or,
- Has a history of physical abuse as a child.

Sexual Abuse

The presence of indicators alone does not establish that sexual abuse or exploitation has occurred. It should be noted that physical indicators are present in only a very small percentage of sexual abuse cases.

Behavioral Indicators of Child:

- Displays bizarre, sophisticated or unusual knowledge of sex;
- Acts out sexually;
- Displays confusions over sexual identity;
- Victim has fear of men or women;
- Extreme curiosity about sexual parts of body;
- Excessive masturbation;
- Excessive sexual activity with other children;
- Affectionless or extremely affectionate;
- Role reversal with same sex parent;
- Refuses to participate in physical education activities;
- Difficulty in sitting or walking;

- Attempts to destroy parents' marriage;
- Night terrors;
- Deviant sexual activity;
- Runs away;
- Withdrawn;
- Aggressive;
- Depressed;
- Enuresis;
- Regressed;
- Retreated into fantasy world;
- Poor peer relationships;
- Sudden school problems;
- Fire setting;
- Emotional instability;
- Delinquency;
- Loss of appetite;
- Episodes of self-mutilation;
- Cruelty to animals;
- Low self-esteem;
- Defiance;
- Lying;
- Sleep/speech disorders; and/or,
- Self-destruction (i.e., head banging, drug abuse, obesity, or anorexia)

Parental/Familial Characteristics:

- Authoritarian father, ineffectual mother;
- Sexual problems in marriage;
- Role reversal between mother and daughter;
- Overprotection of the daughter;
- Isolation, geographic isolation, lack of social or emotional contacts with people outside the family;
- Poor self-esteem in family members;
- Repression and denial as coping mechanisms;
- Alcohol/drug problems, other addictions;
- High stress due to unemployment, physical disability, etc.;
- Past sexual abuse in the family;
- Poor sexual boundaries;
- Extreme passivity of the father;
- Power struggles, attempts to control wife or child, lack of impulse control;
- Prolonged emotional and/or physical absence of one parent from the home;
- Loss of one parent through death or divorce;

- Severe overcrowding in the home, especially in sleeping arrangements;
- Marital problems causing one spouse to seek physical affection from a child rather than the other spouse;
- Cultural standards in the family determining acceptable bodily contact;
- Rigid family roles;
- Family members are socially fearful, placating, or blaming;
- Difficulty expressing feelings among family members;
- Repressed or confused attitudes regarding sexuality;
- Mother is passive and has a poor self-image;
- Parents claim the victim is "seductive";
- Child may mention subtle or veiled threats;
- Evidence of a "conditioning" process, including favoritism;
- Denial by the non-abusive parent;
- Perpetrator abuses victims serially and one at a time.

Neglect

Physical Indicators in Child:

- Consistent hunger, poor hygiene, inappropriate dress;
- Consistent lack of supervision (e.g., child participates in dangerous activities or is unsupervised for long periods);
- Abandonment;
- Often tired or listless;
- Lack of adequate clothing;
- Illnesses associated with excessive exposure and poor hygiene (e.g., persistent scabies, bacterial infections, persistent head lice);
- Persistent diaper rash or other skin disorders;
- Chronically dirty or unbathed;
- Developmental delays (e.g., a three-year-old that doesn't verbalize);
- Consistently low blood count;
- Improper growth patterns, low weight, or weight loss.

Behavioral Indicators in Child:

- Begs or steals food;
- Assumes an excessive amount of responsibility or relies heavily on another child;
- Attends school irregularly, including excessive tardiness;
- Remains at home for extended hours;
- Falls asleep, is fatigued, or listless in school;
- Abuses drugs or alcohol;
- Engages in delinquent or status offender behavior, or has other contact with Juvenile or other Law Enforcement authorities;

- Extended stays in school (early arrival or late departure) or other places where care is provided;
- States there is no caretaker;
- Unable to form appropriate relationships with peers and adults; and/or,
- Eating disorders (i.e., over-eating/hoarding food).

Parental/Familial Characteristics:

- Highly stressful family situations;
- Single parent family;
- Several children;
- Recent marital problems;
- Insufficient financial and other resources for child care;
- Isolated within the neighborhood;
- Developmental delays, character disorders, emotional illness of parent(s)
- Coldness, inability to empathize with child's needs;
- Alcoholism, drug abuse;
- Loneliness;
- Poor self-esteem, immaturity, dependent, unable to carry continuing responsibility, poor, or distorted judgment;
- Parental history also reflects neglect;
- Parents are indifferent, emotionally detached from each other and/or the child(ren); Disorganized, inconsistent family life;
- Parent(s) is unable to make decisions, passively accepts events, waits for others to solve problems/provided needs;
- Parent(s) is unwilling to accept referrals for tangible services;
- Parent(s) is unable to give information on child(ren)'s immunizations, illnesses, childhood milestones;
- Parent(s) has long-term chronic illness;
- Parent(s) cannot be found;
- Parent(s) provides for self before providing for needs of child; and/or,
- Parent(s) is apathetic, feels nothing will change.

Medical Neglect:

- Untreated serious physical or psychological illness or injury;
- Developmental delays; and/or,
- Failure to thrive,

Exception By Reason Of Religious Belief:

Failure to obtain specified medical treatment because of the legitimate practice of religious beliefs on the part of the child's parents, guardian, or others legally responsible for the child, will not be considered to be abuse or neglect. However, the juvenile court may order that medical services be provided to the child in such a situation if such services are necessary for the health of the child.

Factors to Consider:

- Failure of parent to follow through on a medical professional's advice/instructions;
- Failure to seek treatment impairs the child physically or emotionally;
- Parent is aware of the child's condition and risk of further harm to the child; and/or,
- Parent fails to seek adequate treatment despite financial or other reasonable means to do so.

Educational Neglect

Educational neglect must be differentiated from truancy (a status offense). When a child is continuously absent from school through intent or neglect of the parent or caretaker, there is educational neglect. When a child is chronically absent solely because of his or her actions, this is not reportable as child abuse/neglect.

Home schooling does not constitute educational neglect.

Indicators / Characteristics of Educational Neglect:

- A child being held responsible for the care of other children during the school day while the parent works;
- A parent who is unable to get the child fed and dressed in time to attend school; and/or,
- Failure of parent to obtain and /or cooperate with special or remedial instruction for the child when recommended and provided by the school and the child is not succeeding in current class placement.

Failure to Consider:

- Parent has been advised by school personnel of child's excessive absenteeism/special educational needs;
- Parent is providing home schooling; and/or,
- Parent's religious practices prevent child's attendance in a public school setting.

Emotional Abuse

Child Behavioral Indicators:

- Habit disorders such as sucking, biting, rocking, enuresis, soiling, or feeding disorders;
- Conduct disorders including self-destructive and antisocial behavior, such as oblivious to hazards and risks, destructiveness, cruelty to self and others, stealing, hyperactivity, and disruptiveness;
- Neurotic disorders such as sleep problems, uninhibited play, depression, anxiety, and fearfulness;
- Behavior extremes such as extremely passive or aggressive, impulsive, overly compliant, very demanding, or withdrawn; and/or,
- Overly adaptive behaviors which are either inappropriately adult (parenting other children for example) or inappropriately infantile (rocking, head-banging, or thumb-sucking).

Child Physical Indicators:

- Lags in physical development;
- Failure to thrive;
- Lags in emotional development;
- Empty or blank expression;
- Speech disorders;
- Lags in intellectual development;
- Attempted suicide;
- Avoidance of eye contact; and/or,
- Stress related physical symptoms, i.e. enuresis, hair pulling, ulcers, headaches, hives.

Family/Parental Characteristics and Behavioral Indicators:

- Verbal scapegoating and ridicule;
- Extremely inappropriate expectations in performance and behavior, etc.;
- Substance abuse;
- Psychosis – may view child as monster; Withholds love, sees child as bad or evil;
- Ignoring, blaming, or rejecting, unconcerned about child, unwilling to accept help;
- Threats to health or safety, uses excessive physical punishment;
- Bizarre behavior by parent;
- Deprived of emotional support as children, lack of self-esteem;
- Family may be socially isolated with few support systems;
- Frequent marital problems and life crises, such as spouse abuse, non-communicative marriage, loss of employment, high level of indebtedness, lack of housing, and conflicts between divorced or separated parents; and/or,
- Lack of nurturing child-rearing practices.

Emotional abuse means an injury to the intellectual or psychological capacity of a child as evidenced by an observable and substantial impairment in his/her ability to function within a normal range of performance and behavior, with due regard to his/her culture.

The results of emotional abuse cover the entire spectrum of psychological and mental dysfunction. In order for intervention to be indicated, the child's maladaptive behaviors must be clearly observable, unalterable through normal channels (such as school), circumstantially caused.

Child Trafficking

Child Behavioral and Physical Indicators:

- Frequent runaway episodes;
- A heightened sense of fear or distrust of authority;
- Unable to identify where they were while they were gone;
- Has money or material goods without a clear explanation of how they were obtained;
- Physical injuries with no explanation of how they were received;
- Has a sexually transmitted infection (STI) or a history of STIs;
- Uses drugs and/or alcohol;
- Reports sexual assaults by strangers;
- Talks about a paramour, but does not provide their identity;
- Frequent unexplained absences from school;
- Involved in gang activity;
- Appears fearful, anxious, depressed, tense, nervous, paranoid, or hypervigilant; • Has multiple cell phones;
- Has hotel keys or talks about staying in hotels;
- Has suspicious tattoos or other signs of branding;
- Child has inappropriate, sexually suggestive activity on social media, the internet, or cell phone apps;
- Refuses to talk about their experiences while on runaway status; and/or,
- Child associates and/or has relationships with age-inappropriate friends and/or paramours.

Identification of Child Trafficking

Identifying victims of trafficking can be challenging due to the following:

- They may not view themselves as victims;
- They may not trust adults due to trauma they have experienced;
- They may be concerned they will face legal consequences for their role in sex trafficking; and/or,
- Their trafficker may have made threats to harm the child, their family, and/or friends.

Trauma Bonding

Often referred to as Stockholm syndrome, traumatic bonding of the child to their trafficker is often an influential factor that interferes with self-identification as a victim and in severing the child's relationship to their trafficker. Traffickers use power and control tactics to make their victims increasingly reliant on them for emotional and psychological needs. Children who are emotionally vulnerable due to a history of abuse/neglect are especially vulnerable to the tactics of traffickers.

Special Investigations

Child Abuse/Neglect Reports - School Personnel (Student Victim)

Reports to the Child Abuse/Neglect Hotline

Children's Division occasionally receives child abuse and neglect reports alleging that an employee of a school district has abused or neglected a student. Section 160.261 RSMo., delineates the responsibilities of the school, the division, law enforcement, and the county prosecutor in the investigation of these reports. The following steps would be taken in order to assure that the appropriate school personnel receive the report:

- The superintendent or his designee will be contacted by the Children's Division's Out-of-Home Investigation (OHI) Unit on all reports involving school personnel. If the allegation is against the superintendent, the president of the school board will be notified instead.

Spanking, when administered by certificated school personnel and in the presence of a witness who is an employee of the school district, or the use of reasonable force to protect persons or property, when administered by personnel of a school district in a reasonable manner in accordance with the local board of education's written policy of discipline, is not child abuse within the meaning of chapter 210.

Reports Made Solely For The Purpose Of Harassing A Public School Employee

Section 160.261 RSMo., also allows the superintendent or board president to assess if the report has no merit and was made for the sole purpose of harassing a school employee. The superintendent or board president should make this decision in consultation with the OHI investigator. If there is any doubt that the allegation(s) is completely false, it is important that those individuals trained to investigate such reports (Children's Division and law enforcement) be involved prior to the interview of the child or alleged perpetrator.

Other Child Abuse/Neglect Reports

If the report does not allege spanking by certificated school personnel pursuant to a written policy of discipline, or is not harassment, the report is to be investigated by Children's Division staff. The superintendent or board president will be considered a member of the multidisciplinary investigation team and, as such, may be involved in the investigation. This will allow him/her to have access to appropriate information and to be notified as to the outcome of the investigation.

Appeal Rights Available to School Personnel

When there is a "preponderance of evidence" finding and the alleged perpetrator disagrees with the Children's Division's determination, the following review process is available upon request. If a school employee is found to have abused or neglected a student, (s)he can request an administrative review through the Out-of-Home Investigative (OHI) Unit located in Children's Division Central Office (P.O. Box 88, Jefferson City, Missouri 65103).

The administrative review process allows an alleged perpetrator to request a review within 60 days of notification regarding a preliminary determination. A decision becomes final if:

1. No appeal is requested within 60 days.
2. The evidence finding is upheld during the review.
3. The finding is substantiated by court adjudication.

If a review is requested, an administrator will assess the report. If upheld, the case goes to the Child Abuse and Neglect Review Board (CANRB) for a hearing. If CANRB confirms the determination, the perpetrator is placed on the Central Registry. Disagreement with CANRB decisions can lead to judicial review in Circuit Court.

Additionally, the alleged perpetrator can bypass the administrative review and file for direct judicial review in Circuit Court within 30 days of receiving the Division's preliminary decision.

School/Childcare Facility Setting Interviews

Interviews of Students/Children in Childcare Facility by Children's Division

Children's Division staff frequently find it necessary to speak to students during the school day. Children's Division staff should contact the school principal or designee prior to going to the school, when possible, to arrange to speak to children. Disruptions to a student's schedule should be kept to a minimum. Children's Division staff may be accompanied by a law enforcement officer in some circumstances. Children's Division staff will properly identify themselves to the school administrator or designee. If in doubt, the school administrator should request to see the investigator's identification card.

The following points should be resolved with the principal/designee prior to the interview:

- Who will lead the contact with the student? This should either be will be the Children's Division or the law enforcement officer (when involved), although the special needs of the child and his/her relationship with the school personnel may be taken into consideration.
- Who may be present? The number should be kept to an absolute minimum. A teacher, counselor, principal, nurse, etc. who has a relationship with the child may be present, if deemed necessary by the investigator and school administrator. School personnel participants should be limited to one person, and preferably someone with whom the child feels comfortable. If the child expresses a preference for the presence for a particular school personnel to be present, that preference should be considered. Anyone present should be aware they could be served with a subpoena to testify in court. If there are concerns voiced by the school administrator about the process and format, the school administrator has the ability to ask that the Children's Division's contact with the student not take place on school grounds.
- Confidentiality mandates should be discussed. The confidentiality statutes concerning child abuse investigations are contained in Section 210.150 RSMo. The statute states that disclosure of information concerning the abuse and neglect is made only to persons or agencies that have a right to such information.

- Where and when the interview will be conducted? The interview must be in a private setting and, cause minimal disruption to the child's schedule. The child's right to privacy must be respected.
- Should parents initially be notified by school personnel or Children's Division that an interview occurred at the school, and when should that contact occur? Missouri State law requires that if the parents of the child are not the alleged perpetrators, a parent of the child must be notified prior to the child being interviewed by the Children's Division. When law enforcement is involved, the investigating officer may take the lead in deciding when and how to make contact with the family, especially if family members are the alleged perpetrators. If it has been decided, due to certain safety factors, that the child will be interviewed without parental notification, the worker is expected to notify the parents as soon as possible that the child was interviewed.
- Is there a need to have a certified interpreter involved during the interview with the child? If an interpreter is needed, Children's Division staff will secure the services of an interpreter prior to meeting with the child at the school.

Interviews by Guardians Ad Litem and Court Appointed Special Advocates

After the initial child abuse/neglect investigation or family assessment, the juvenile court may take jurisdiction for further consideration. In those situations, a Guardian Ad Litem (GAL) and/or Court Appointed Special Advocate (CASA) is appointed by court order to represent the child's best interests. GALs are attorneys appointed by the court to represent a child. CASAs are trained volunteers, also appointed by the court, to gather information regarding a child for the court. The GAL and/or CASA must provide reports to the court while the child is under the court's jurisdiction.

When the GAL or CASA finds it necessary to interview the child during the school day or during periods of extracurricular activities, the school principal or his/her designee must be notified. The principal will verify and record the identity of the GAL or CASA through the court order which appoints them. The interview must be conducted in a private setting and with the least disruption to the child's schedule as possible.

Schools may release information to the GAL or CASA if they produce an appropriate court order allowing access to school records. Under such circumstances, the school will not be in violation of the Family Education Rights and Privacy Act (FERPA). A court order which appoints a GAL or CASA volunteer may reference Sections 210.160.2 and 210.160.5 RSMo, which describe the GAL and CASA volunteer's access to information.

Screening Child-Care, Elder Care, and Personal Caregiver Workers for a History of Child Abuse/Neglect

Missouri's Family Care Safety Registry, maintained by the Department of Health and Senior Services, was established by law to protect children, elderly, and the physically or mentally disabled in this state and to promote family and community safety by providing background information on potential caregivers. Families and employers can call the registry's toll-free telephone line to request background information on registered child-care, elder care, and personal caregiver workers or to request licensure status information on licensed child-care and elder care providers. This service is intended to provide information to help families and employers make informed decisions when hiring employees to work with children, elderly, and the physically or mentally disabled. Additional information about the Family Care Safety Registry, including how to request a background check on a potential caregiver, can be found at <http://www.dhss.mo.gov/FCSR> or by calling 1-866-422-6872

Child Abuse and Neglect Hotline

1-800-392-3738 or 1-844-CAN-Tell

Mandated reporters can report online at <https://dss.mo.gov/cd/can.htm>

For hearing and speech impaired, please contact Relay Missouri
1-800-735-2466/voice or 1-800-735- 2966/text phone

