

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 4 Overview

This chapter contains information pertaining to Child Abuse/Neglect (CA/N) reports that are screened as investigations and the process county staff members should follow in response to the report.

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4.1 Investigation Response

If a CA/N report is classified as an Investigation, it will be assigned to a Children's Service Worker who will conduct a thorough investigation. Investigation response procedures outlined in this chapter pertain to an alleged perpetrator who is an immediate or extended family member, friend, baby sitter not caring for more than four unrelated children, exempt child care center, exempt residential care facility, or any others not listed as a specialized group in Section 2, Chapter 4.3, Special Investigations.

Role and Responsibilities of CD Investigator

The role, responsibility, and authority of the child abuse/neglect investigator continues to include the responsibility to ensure the safety of children and that services are provided to a family when service needs are immediate during the investigation. As part of the investigation process, the investigator will question the child alone initially, then together with the non-perpetrator parent/caretaker.

The CD Investigation and Family Assessment are non-punitive in approach and are directed towards assisting families in providing adequate care and nurturance for their children. The focus of the Division is identification, assessment and service provision in an effort to protect children, preserve families whenever possible, and prevent further maltreatment. Information herein which describes the rationale for co-investigations with law enforcement, and the roles of law enforcement and CD Children's Service Workers is adapted, with permission, from "Joint Investigation, A Multidisciplinary Approach," by Joann Grayson, PH.D., in the Virginia Child Protection Newsletter, Winter, 1994, Volume 44.

CD investigators:

- Are mandated to report all reports alleging criminal activity as defined in Section 210.109.3(4), RSMo to law enforcement;
- Investigate CA/N reports and make determination of "Preponderance of Evidence", Unsubstantiated, and Unsubstantiated-PSI, etc.;
- Assess and assure child safety and, if necessary, develop a safety plan to address safety concerns;
- Offer services to families with identified needs, regardless of finding;
- Make referrals to other community agencies and services, as needed; and
- Obtain assessments and medical evaluations as part of the investigation.

The investigator's role may also include:

- Assisting with prevention and advocacy efforts by community education;
- Development and support of prevention programs; and
- Service on prevention committees.

4.1.1 Preparing for the Investigation

When the Children's Service Worker receives a report, he/she should develop an investigative plan outlining the actions to be taken. This plan will most likely be a formalized thought process rather than a written document. When this has been done, the Children's Service Worker shall conduct a thorough investigation to determine if abuse/neglect is occurring or has occurred.

Determine necessity of immediate investigation based on CANHU emergency determination.

County office can determine a report is an emergency even though not designated as such by CANHU.

County office may also determine that emergency response is *not* necessary in certain circumstances on reports initially screened as an emergency by CANHU. This override of Response Priority Level is only allowed with supervisory approval, and only when safety is assured. Although not a CA/N report, all requests from a physician/health care provider for a "Newborn Crisis Assessment" are treated as priority.

When the only basis for action is an alleged violation of the mandatory school attendance statute involving a child who alleges to be home schooled, the juvenile officer must contact the child's parents to verify that the child is being home schooled. Reported violations of the mandatory school attendance statute involving a child who is home schooled must be made to the prosecuting attorney in the county in which the child resides.

4.1.1.1 Informing Law Enforcement

Staff shall contact the appropriate law enforcement agency immediately in order to begin co-investigation. The Children's Service Worker shall provide such agency with a detailed description of the report received. Notifying law enforcement of all investigations is a statutory requirement.

The investigation shall be completed jointly with all co-investigators to gather/obtain relevant data and evidence, and arrange for post-

investigation conference to review findings. A conference may be conducted via telephone if not all parties can meet in person.

If allegations of domestic violence are present in the CA/N-1 received from CA/NHU, contact local law enforcement to verify if they have responded to reports of domestic violence at the family's home. If law enforcement has responded to calls at the family's residence and feel this could pose danger to staff, request their assistance during the home visit.

4.1.1.2 Reviewing Prior History

Reviewing prior history is an important preliminary step. If there have been prior reports to the agency, staff shall review the context of those reports and the outcome of each. In reviewing prior reports, staff shall examine what events were reported in the past, what response the agency had (Was the report found "Probable Cause" or "Preponderance of Evidence?" Were Family-Centered Services provided? What was the outcome of these services? etc.), as well as who was involved in prior reports.

The worker should consider the caregiver's history of being protective as well as the caregiver's history of not being protective. Within the context of the framework for safety model, staff should consider the 6 safety questions:

1. What is the nature and extent of the maltreatment? (Threats of danger)
2. What circumstances accompany the maltreatment? (Threats of danger)
3. How does the child function day-to-day? (Child vulnerability/capacity to protect oneself)
4. How does the parent discipline the child? (Caregiver protective capacity or threats of danger)
5. What are overall parenting practices? (Caregiver protective capacity or threats of danger)
6. How does the parent manage his/her own life? (Caregiver protective capacity or threats of danger)

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. 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 are missed in these early years are 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.

4.1.1.3 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 is 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.

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4.1.2 Initiating the Investigation

The Children's Service Worker must begin the investigation process within 24 hours of receipt of the report (unless the report is an emergency, which requires a three (3) hour response). The investigation process begins with the first contact with any individual, such as the reporter, law enforcement, or a family member.

The Children's Service Worker must also assure the safety of the victim within 24 hours of receipt of the report, through direct observation by the Children's Service Worker 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 assured within 72 hours.

Related Subject: Section 2, Chapter 4.1.3, Face to Face Safety Assurance of Victim

4.1.2.1 Contacting the Reporter

The Children's Service Worker shall begin the Investigation/Family Assessment process or the non CA/N referral process by contacting the reporter to verify information received is accurate, complete, and to assist in determining safety of the child(ren).

Related Subject: Section 2, Chapter 4, Attachment D, Reporter Contact

For all reports screened as investigations, staff shall next contact appropriate law enforcement agency to begin co-investigation.

Related Subject: Section 2, Chapter 4.1.1.1, Informing Law Enforcement.

If unable to contact reporter or if the reporter's identity is unknown, the Children's Service Worker may begin the investigation process **by assuring the safety of the victim through face to face contact** within the required Response Priority Level timeframe.

Related Subject: Section 2, Chapter 4.1.3, Face to Face Safety Assurance of Victim

Worker will inform the reporter at the time of 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 the Office of Child Advocate Director.

Related Subject: Section 2, Chapter 4, Attachment D, Reporter Contact; Section 5, Chapter 2, Attachment B, Office of the Child Advocate; and CS-21 B, Reporter Disposition Notification Letter
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4.1.2.2 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.

4.1.2.3 Additional Contacts

Contact eye witness(es) if the reporter did not see the described incident and provide name of eye witness(es).

Contact treatment worker, if possible, prior to contact with family if report involves an active case.

Determine if involvement of interdisciplinary team is appropriate and secure assistance (i.e., law enforcement, juvenile court, city/county health department personnel, etc.).

Inform Regional Child Care Supervisor if report involves persons caring for more than four unrelated children in order to conduct a joint investigation.

If alleged perpetrator is an employee of a child caring/child placing agency, the investigator may contact the child caring agency in which the alleged perpetrator is employed to obtain information about other potential victims, and to notify the facility regarding the allegations. The facility may take appropriate action as deemed necessary to ensure the safety of the children placed or cared for in the facility. This applies to investigations involving the employee's own children. County staff should use judgment to determine when this is necessary, based on the nature of the allegations. Consideration should be given to placing the alleged

perpetrator's employment at risk if the allegations of the report are not serious, there is doubt that the allegations are valid, or there is no concern that the allegations could affect children the employee works with in their official capacity in the facility.

Notify Department of Health and Senior Services/Bureau of Special Health Care Needs (DHSS/BSHCN) Area Office if it is determined they have not been notified that a newborn infant may have been exposed to a controlled substance or alcohol.

Related Subject: Section 2, Chapter 6.3, DHSS/CD Service Coordination

Continue efforts to locate family and document efforts.

Related Subject: Section 3, Chapter 4, Attachment D, Missing Persons Report Procedure

When the Children's Service Worker locates the family, he/she shall advise the parent/child of the report and provide a copy of the CS-24, Description of the Investigation Process, to the parent at first contact.

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4.1.3 Face to Face Safety Assurance of Victim

The Children's Service Worker shall contact family and subject child personally, according to Response Priority Level required timeframes. The Children's Service Worker must show a photo ID card when interviewing clients he/she has never met. When a worker is responding to or investigating a child abuse or neglect (CA/N) report, staff is prohibited from calling prior to a home visit or leaving a business card or other documentation when an attempt to make contact is unsuccessful, under the following circumstances:

- The alleged perpetrator resides in the home or the child's safety may be compromised if the alleged perpetrator becomes aware of the attempted visit
- The alleged perpetrator will be alerted regarding the attempted visit
- The family has a history of domestic violence or fleeing the community

Workers are to use the above criteria for consideration when determining if alerting the alleged perpetrator would compromise the safety of the child, as well as considering their own safety in planning for home visits.

Related Subject: [§210.145.6 RSMo.](#), Child Protection and Reformation

Related Subject: [Section 2, Chapter 2.2, Response Priority Levels](#)

Alleged Victim Children

For Investigations as well as Family Assessments, every child identified as an alleged victim on the CA/N-1 must be seen face to face within the following Response Priority Level timeframes:

- Priority Level 1 = three (3) hours
- Priority Level 2 = twenty-four (24) hours
- Priority Level 3 = seventy-two (72) hours

Direct face to face contact should be made by the Children's Service Worker whenever possible. However, twenty-four (24) hour face to face contact may be made by a multidisciplinary team member, granted the child's safety can be assured with such contact.

When an alleged victim child's initial safety is assured by a multidisciplinary team member, staff must complete direct face to face contact with the child within seventy-two (72) hours from the date and time of the reported concern in order to

obtain information for use in the analysis of caretaker protective capacities, child-specific vulnerabilities, present or impending danger and the application of safety threshold criteria in order to determine if the child is safe or unsafe in addition to completing a cursory investigative interview.

Related Subject: [Section 2, Chapter 9.2, Assessment of Safety](#)

When children's safety is initially assured for every child involved in the CA/N Investigation or Family Assessment, staff must clearly document:

- The actions taken to assure child(ren)'s safety
- The knowledge or information obtained to assure child(ren)'s safety (whether by direct face to face contact or through the assistance of a multidisciplinary team member and specify how children's safety was assured)
- The initial contact which reflects whether initial safety was assured by a Children's Service Worker or a multidisciplinary team member

In investigation reports, it is critical to document physical evidence. In cases of alleged physical or sexual abuse, it is often difficult to determine severity until the child is actually seen by a professional. Analysis of the child(ren)'s safety must be documented in FACES, including the Safety Assessment (CD-17) and if required the Safety Plan (CD-18).

If initial children's safety cannot be assured by a multidisciplinary team member, direct face to face contact with all alleged victim and other household children must be made by the Children's Service Worker.

Other Household Children

Every child residing in the household must be seen face to face by the Children's Service Worker within seventy-two (72) hours of the CA/N report. When other household children's initial safety is assured by a multidisciplinary team member, staff must complete direct face to face contact with the child within seventy-two (72) hours from the date and time of the reported concern, and document their assurance of initial safety as outlined above.

Children Residing Outside of the Home

Staff shall assure the safety of any child located out of county or state, including face to face contact, by contacting the appropriate county's or state's Children's Division (or Child Protective Service agency) staff and requesting a courtesy interview (or transfer to other Missouri county as appropriate) within required timeframes. Additionally, any county assuring safety must complete a Safety

Assessment (CD-17) and, when necessary, a legible, signed Safety Plan (CD-18), which must be sent to the requesting county within specified timeframes.

Related Subject: [Section 2, Chapter 4, Attachment C, Courtesy Requests](#)

Response Priority Level 1: Three (3) Hour (Emergency) Face to Face Contact

CA/N Investigations determined to require an emergency response (Response Priority Level 1) require an immediate response (within three (3) hours). Safety may be assured through observation of the alleged victim(s) by a multidisciplinary team member, just as it would for twenty-four (24)-hour safety assurance, however, the Children's Service Worker should make every effort to have direct observation whenever possible. If immediate safety cannot be determined by a multidisciplinary team member, then direct observation by the Children's Service Worker with the alleged victim(s) must occur within Response Priority Level timeframes. All household children must be seen by the Children's Division within seventy-two (72) hours on all reports.

For Response Priority Level three (3) reports, see the subject child, and all other household children, within seventy-two (72) hours.

Related Forms and Instructions: [CPS-1, CD-17, and CD-18](#).

4.1.3.1 Investigations Involving Reported Physical Injuries and/or Sexual Abuse

All reports indicating physical injuries due to CA/N require an examination of the reported child. Other children should be examined when there are visible signs of abuse or additional information indicates that abuse has occurred. If severe allegations are indicated, the Children's Division (CD) should encourage and support further medical testing and examinations, if necessary.

Refusal on the part of a parent/caretaker to allow an examination, depending upon the seriousness of the situation, should be referred to the juvenile court or law enforcement personnel.

Physical Abuse Examinations

In determining how to conduct an examination, the worker should inform the parent/caretaker of the following options available for obtaining the needed examination for the child:

- The parent/caretaker can take the child to a physician or hospital emergency room for a physical examination;

- If the child is Medicaid eligible the worker may:
 - Request the parent take the child to a Medicaid physician, preferably a SAFE/CARE provider (Refer to listing at the end of Section 2, Chapter 4, Attachment A). This examination should be a comprehensive medical examination.
 - Request a physician's statement as to whether or not the injuries were due to CA/N.
 - If the provider is in the SAFE-CARE Network, obtain a copy of the SAFE-CARE medical form.
- The worker may work with the family to access other options available to assure a child receives an adequate physical examination of reported CA/N injuries by qualified medical personnel;
- If the child is at school, and the parent/caretaker cannot be reached and local procedures have been developed with individual school districts to allow examination by the school nurse, the worker should request that the school nurse examine the child.

Cursory Physical Examinations

A cursory physical examination is the observation of a child's external, physical condition which may require that the child's clothing be removed or rearranged.

- The worker and parent/caretaker may conduct a cursory physical examination of a child under five (5) years-old.
- A worker of the opposite gender to a child, five (5) years-old or older **shall not** observe or otherwise examine the child's genitalia.
- A worker of the same gender **may** observe the child's genitalia, if the child and parent/caretaker request the exam and another adult is present during the examination.

Genitalia includes: female breasts, vulva, penis, and testes

Sexual Abuse Examinations

- Physical examinations of children alleged to be sexually abused must be conducted by a physician or other personnel, not the worker;
- Staff are encouraged to utilize SAFE-CARE (Sexual Assault Forensic Examination - Child Abuse Resource and Education) network providers for these examinations. Each county office should maintain a list of current providers;

Related Subject: [Section 2, Chapter 4, Attachment A, SAFE-CARE \(Sexual Assault Forensic Examination\) Network](#)

- HIV screening (ELISA Test) should be included as a part of the medical exam, if the worker has reason to believe that the child, parent(s), or perpetrator is HIV positive or at risk for AIDS; or
- The parent/caretaker can take the child to a physician or hospital emergency room for sexual abuse examination.

4.1.3.2 Investigations Involving Child Fatality or Serious Physical Injury

CAN Investigations which involve a child fatality or serious physical injury to a child constitute the potential for serious concerns related to parent/caretaker protective capacities, child specific vulnerabilities, present or impending danger and safety threshold criteria for all household children. Therefore, all household children involved in such cases must be seen face to face by the Children's Service Worker or multidisciplinary team member within three (3) hours from the date and time of the report. When other household children's initial safety is assured by a multidisciplinary team member, staff must complete direct face to face contact with the child within seventy-two (72) hours from the date and time of the report. Staff should clearly document the assurance of initial safety and any ongoing safety assurances as outlined above.

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

[CS03-46](#) , [CS03-51](#) , [CD04-69](#) , [CD04-79](#) , [CD04-89](#) , [CD05-35](#) , [CD05-40](#) , [CD05-50](#) ,
[CD05-51](#) , [CD05-68](#) , [CD05-72](#) , [CD06-09](#) , [CD06-15](#) , [CD06-34](#) , [CD06-67](#) , [CD06-78](#)

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Title: Child Welfare Manual
Section 2: Intake
Chapter 4: Investigation Response
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CD11-86, CD12-97, CD12-102; CD13-38

4.1.4 Interviewing

Purpose:

The primary purpose of the Division's response to any CA/N Investigation is to establish children's safety and well-being. Once established, the focus of the interviewing process in a CA/N Investigation should be:

- To objectively and fairly ascertain the truth; in other words, to collect enough information about the allegations to conclude by a preponderance of evidence whether or not a child was the victim of child abuse or neglect,
- To gather sufficient information to complete a thorough family-centered assessment of the family's strengths, needs and presenting elements of risk, and
- To take appropriate action based upon the information gathered.

Interviewing is an essential component of the investigative process utilized by the Children's Service Worker to establish children's safety, collect evidence, and complete a thorough assessment of the family system.

Although children's safety and well-being is paramount, staff should respect the rights and roles of parents, whether custodial or non-custodial, and ensure they are provided notice at the earliest possible opportunity.

Procedural Considerations:

Staff should consider the following points as they would relate to the interviewing process during the CA/N Investigation:

1. Best practice for CA/N investigations involves:
 - Minimizing the number of interviews a child has to undergo,
 - Making certain investigative interviews are conducted by competent or forensically trained interviewers who create a clear record, and
 - Assessing whether an in-depth interview is appropriate at the point of initial contact with an alleged victim child, or if it would be more appropriate to make arrangements for a forensic interview through a Child Advocacy Center (CAC),
2. As required by [§210.145 RSMo](#), staff should immediately notify law enforcement and request their co-investigation.

3. Staff should work with law enforcement and other members of the multidisciplinary team to develop a plan whereby all of the following should be interviewed with regard to the CA/N Investigation:

- All children
- All household parents/caretakers
- Non-resident parents, when possible
- Essential collateral contacts
- All witnesses
- Experts/Professionals or others with information pertinent to the case and,
- All alleged perpetrators, unless they specifically decline to be interviewed.

It is essential that Children's Service Workers offer the opportunity to all alleged perpetrators to be interviewed and to submit any information they wish to provide so they have a full and fair opportunity for their side of the story to be considered.

Staff should seek out and attempt to speak with whomever they need to in order to obtain pertinent information. However, staff should use professional judgment in the selection of information sources as it would pertain to such things as children's safety and witness credibility. While doing so, staff should disclose the minimum necessary information in order to complete these interviews, subject to protected health information.

Related Subject: [Section 5 Chapter 2.7. Health Insurance Portability and Accountability Act \(HIPAA\)](#)

4. During the interviewing process, staff should ascertain all facts relating to each element of the definitions of "abuse" and/or "neglect" and assess the safety of the child and whether the child is at risk for abuse or neglect. Children's Service Workers should ascertain:

- Who was involved?
- Who may have witnessed the alleged abuse/neglect?
- What actually happened?
- How did it happen?

- Has it happened before, or is it chronic in nature?
- When did it happen? What is the timeline of events?
- Where did it take place?
- What reasons were given by those involved for the alleged abuse or neglect?
- Could the abuse or neglect have happened some other way or by accident?
- Can anyone corroborate statements given by those primarily involved in the case?
- What are the child-specific vulnerabilities?
- What are the parent/caretaker's protective capacities?
- Is there impending danger to any child in the home?

Related Subject: [Section 2, Chapter 9.2, Assessment of Safety](#)

5. There are laws regarding notification to parents and/or legal guardians that apply to Division personnel when interviewing any children, whether they are an alleged victim, household member, or a witness.

Pursuant to [§210.145, RSMo](#) ., **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. If a child is in immediate danger, law enforcement must be immediately contacted.** The duty to notify a parent holds true regardless of whether the report is an investigation or assessment and regardless of whether the allegations are for abuse or neglect. The term "parent" with regard to the statute includes a mother, father, and/or legal guardian. The term "parent" with regard to the statute does not include a step-mother, step-father, paramour, grandparent, or other relative with physical custody, or a person with power of attorney.

Staff should attempt to notify the custodial parent to fulfill these statutory requirements. However, if the custodial parent cannot be notified, it may be necessary to notify the non-custodial parent in order to assure safety within timeframes. Staff must document all attempts to notify a parent, such as telephone calls, mail correspondence, home visits, etc.

Although not mandatory, it is best practice to for staff to notify the custodial parent prior to interviewing the child when the non-custodial parent is the alleged perpetrator.

Notice to a parent or legal guardian should include:

- Providing The Description of the Investigation Process, CS-24, as written notice to the parent or legal guardian; or
- Providing initial notice through oral communication with a parent or legal guardian if it is deemed necessary to ensure children's safety within required timeframes; and
- Informing the parent or legal guardian that the Division must directly observe and/or interview their child(ren) in conjunction with a reported concern.

There may be times when notifying a non-perpetrating parent would jeopardize the child's safety or significantly hinder the investigation or assessment process. Examples include:

- Alleged abuse occurring **at the time** of the call
- Alleged injuries or symptoms of injuries or illness that require **immediate** medical care
- Allegations of a child in need of **immediate** psychiatric care in conjunction with a child abuse or neglect report and,
- Allegations of child sexual abuse in which the alleged perpetrator has access to the child within the next twenty-four (24) hours

Staff should always seek supervisory approval to interview the child without the permission of a parent when the alleged perpetrator is not a parent. If the decision is made to interview the child without notification due to an existing or imminent serious safety concern, staff must utilize law enforcement to facilitate contact with the child, pursuant to [§210.145.6](#). These are situations in which, if true, emergency protective custody may be necessary to ensure the safety of the child. Staff should clearly document the reason notification did not occur and document the reasons why an interview took place without notice. If the Children's Service Worker has failed to contact a non-perpetrating custodial parent prior to interviewing the child, the worker is expected to do so as soon as possible after the child is interviewed.

Although the statute does not make it mandatory to obtain the consent of the custodial parent prior to interviewing the child, it is best practice for staff to obtain their permission prior to interviewing the child when they are not the alleged

perpetrator. Parents have the right to refuse access to their child. Staff must refrain from the use of coercion to gain access. However, notification to the non-offending, non-custodial parent may be useful when the custodial non-offending parent refuses access to the child. If all attempts to engage parents are unsuccessful *and* safety cannot be assured by any other means, it may be necessary to make a referral to the juvenile office.

The alleged perpetrator should not be given notice of the report until safety of the child can be assured. The term 'report' includes investigations and assessments. Pursuant to [§210.145.6, RSMo](#) when conducting an investigation or assessment, staff shall not call prior to a home visit or leave any documentation of any attempted visit, such as business cards, pamphlets, or other similar identifying information if there is reason to believe:

- No person is present in the home at the time of the home visit; *and*
- The alleged perpetrator resides in the home or the physical safety of the child may be compromised if the alleged perpetrator becomes aware of the attempted visit; or
- The alleged perpetrator will be alerted regarding the attempted visit; or
- The family has a history of domestic violence or fleeing the community

Once contact is made with the alleged perpetrator and safety is assured, staff may schedule home visits or leave notice of attempted visits.

Outside of the alleged victim and household children, informed consent must be obtained from a parent or legal guardian prior to Division personnel interviewing a child witness, unless he/she is in the legal custody of the Division.

6. There may be circumstances in which another multidisciplinary team member interviews a child prior to the Division's involvement or ability to provide parental notice. Division staff may be made aware of the content of their interview with the child, but should not directly interview an alleged victim or household child unless one of the parents is notified or one of the above-listed exceptions applies to that child.
7. Staff should assemble all information from interviews and other sources of evidence collected during the investigative process prior to interviewing the alleged perpetrator. Staff should discuss the facts of the case with law enforcement, and work through the co-investigative process on interviewing the alleged perpetrator when law enforcement is involved.

8. Staff should explore all of the allegations as presented in the CA/N Investigation, and be aware of their relationship to any prior CA/N Investigations, Family Assessments, or Non-CA/N referrals.
9. Staff should be alert to discrepancies and/or changes in information presented by anyone involved in the CA/N Investigation.

Staff should document the following:

- Non-verbal observations and documentation,
 - Discrepancies in information and
 - The child or family's prior history with the Division
10. The supervision provided by the Children's Service Supervisor, Circuit Manager and/or Regional Administrators is an essential component to ensure thoroughness in all CA/N Investigations. Chief Investigator and other supervisory consultations should be conducted and documented as needed.

Related Subject: [Section 7, Chapter 18, Investigative Interviewing](#)

4.1.4.1 Interviewing the Child(ren) Alone

Children should be interviewed alone whenever possible. Some CA/N Investigations will require the use of a Child Advocacy Center (CAC) to complete forensic interviewing and evaluation. When a CAC interview and evaluation are being conducted, staff should only complete cursory interviews in order to establish children's safety and well-being. Regardless of whether they are interviewed by Division or CAC staff, children should never be interviewed within close proximity to /or in the presence of the alleged perpetrator. If Division personnel are unable to voluntarily establish a means by which to interview children outside the presence of the alleged perpetrator, they should work with law enforcement and/or the juvenile court as needed to establish children's safety and interview all alleged victim and household children.

Staff should interview the child to document the child's direct statements regarding the alleged child abuse/neglect. A detailed description of the investigative interviewing process may be referenced in the related subject below.

Related Subject: [Section 7, Chapter 18, Investigative Interviewing](#)

Staff should observe and document the condition of the child in relation to allegations. Staff should seek the consultation of other experts and/or professionals as needed to ascertain the full extent of injury related to child abuse/neglect. Staff may need to conduct a cursory examination of the alleged injuries to the child if the

report indicates injuries from child abuse or neglect. In completing a physical examination, staff should consider:

- The age and development of the child, and
- The biological sex of the child in relation to the Children's Service Worker conducting the CA/N Investigation

Caution and good judgment should be exercised.

Division staff should work with local multidisciplinary teams to arrange for the collection of other forms of evidence as needed during the investigative process (e.g., photographic evidence of observable injuries and/or environments, radiological images, other medical tests and examinations, etc.).

Related Subject: [Section 2, Chapter 4.1.3.1, Investigations Involving Reported Physical Injuries and Sexual Maltreatment](#)

Related Subject: [Section 2, Chapter 4, Attachment B, Videotaping of CA/N Victims](#)

4.1.4.2 The Non-Perpetrating Parent(s)

The non-perpetrating parent may also be referred to as the non-offending parent. This may include a mother, father, and/or legal guardian who was not alleged to have perpetrated any of the allegations of child abuse or neglect with regard to a reported concern. The non-perpetrating parent may physically reside in the home, reside in another home, and may include the role of a non-custodial parent.

Whenever possible, the non-perpetrating parent should be asked regarding their knowledge of the reported concern and the family system.

It is important to ask for and document information pertinent to the completion of a thorough family assessment (in addition to the investigative process) regarding all mothers, fathers, and legal guardians, including those who do not live in the child's home.

When possible, staff should obtain a mailing address and other contact information for the non-custodial parent. Staff should inform the custodial parent that the non-custodial parent will receive a CA/N Disposition Form letter, CS-21.

4.1.4.3 Contact with Household Children

The Children's Service Worker shall determine the safety of other children in the household, not otherwise identified as an alleged victim child in the report, within seventy-two (72) hours from the date of the reported concern. If staff identifies

concerns of child abuse or neglect, involving a child initially reported as a non-victim/household child, staff should explore concerns as presented throughout the course of conducting the CA/N Investigation. Depending on the information ascertained, staff may need to update the role of a non-victim/household child to that of an alleged victim child in FACES. Once staff has determined the need to update a child's role in this manner, staff should complete steps as outlined above pertaining to the interview of an alleged victim child.

Staff should consider the need to interview children who do not reside in the home, such as those children who may have directly witnessed or who may have spoken directly with an alleged victim child regarding allegations of child abuse or neglect. Contact with such children may occur at any time during the CA/N Investigation.

The parental notice law applies to other household children and children who reside outside of the home. It applies to the Division even if the child has been interviewed by other multidisciplinary team members.

4.1.4.4 Collaterals

Staff shall contact and interview as many collaterals (which may include witnesses to the allegations presented in the CA/N Investigation) as is reasonably necessary to conduct a thorough, complete investigation. At a minimum, however, staff is required to make at least one collateral contact for all CA/N Investigations. Staff should follow the evidence as it develops, which may lead staff to contact multiple collateral contacts during the course of any CA/N Investigation. Collateral contacts shall be with someone other than the reporter or household members.

Staff should consider the importance of making contact with individuals who may have first-hand information regarding the alleged child abuse or neglect or prior knowledge of the family. Collateral contacts play a vital role in the CA/N Investigation. The information provided by collateral contacts may verify information pertinent to the Division's determination, which is not otherwise accessible from the family or others involved in the CA/N Investigation. Therefore, it is imperative for staff to obtain and document all collateral contacts by their full name and work/home mailing address and/or telephone number.

Collateral contacts may include, but are not limited to:

- Individuals with first-hand information regarding the allegations of child abuse or neglect,
- Individuals with prior knowledge of the family who have directly observed family functioning,
- School professionals/School liaison (teacher, counselor, principal, school nurse),

- Therapist/Counselor,
- Parent's as Teachers coordinator,
- Physician or other health care professional,
- Neighbor and/or
- Extended family member(s) not in the household

Collateral contacts may be able to provide staff with information pertaining to, but not limited to, the following:

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

Staff should seek out and attempt to speak with whomever they need to in order to obtain pertinent information. Collateral contacts include face to face contact, phone contact, and e-mail correspondence. When corresponding via e-mail to individuals not employed by the State of Missouri, staff should encrypt all outgoing messages which contain protected health and identifying information. In addition, staff should communicate with collateral contacts using the initials of the individual being discussed to ensure privacy and ask the collateral contact to do the same. Staff should use professional judgment in the selection of information sources as it would pertain to children's safety and witness credibility. While doing so, staff should disclose the minimum necessary information in order to complete these interviews, subject to protected health information.

Related Subject: [Section 5 Chapter 2.7. Health Insurance Portability and Accountability Act \(HIPAA\)](#)

Collateral contacts 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(ren) to give pertinent information. This collateral contact should be able to address a particular concern. For example, if the CAVN 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 the 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. Staff may utilize a Genogram or Culturagram, such as those found in the NCFAS G+R tools, to help reveal appropriate people to use as collateral contacts.

Children's Service Supervisors must assure staff has contacted appropriate collaterals as required, and the information provided by collateral sources has been given appropriate consideration.

4.1.4.5 The Alleged Perpetrator(s)

Children's Service Workers shall offer every alleged perpetrator an opportunity to tell his/her side of the story and to submit any information that he or she wishes the investigator to consider when reaching his/her conclusions. However, alleged perpetrators are not required to speak with or provide information to investigators if they do not choose to do so. In some instances, law enforcement may assume the lead role and conduct the alleged perpetrator interview. However, the fact that law enforcement has taken a lead role does not excuse the Division from its obligation to offer the alleged perpetrator the opportunity to speak with or provide information to the Division for the Division's investigation. Staff should request the assistance of other county offices and/or law enforcement agencies as necessary. If law enforcement declines to assist in the investigation, staff should request that law enforcement agency provide a written explanation why they are declining to assist in the investigation as required by Missouri law (§210.145.3, RSMo.).

At the time of the Division's initial contact with the alleged perpetrator, the Children's Service Worker shall provide the alleged perpetrator with The Description of the Investigation Process (CS-24). If it is not possible to personally give the CS-24, it may be mailed to the alleged perpetrator's address of record. Staff should document the provision of this notice in the case record.

When the Children's Service Worker is responding to an investigation and the alleged perpetrator is present at the time of the initial visit, the worker shall provide

the alleged perpetrator with a copy of the CS-24 at the time of the visit; **and**, allow the alleged perpetrator a reasonable amount of time for him/her to read the material (no longer than 5 minutes); **or** the worker will read the CS-24 to the alleged perpetrator. *This requirement shall not apply in cases where the child faces an immediate threat or danger, or the person responding to investigating the report is or feels threatened or in danger of physical harm.* (Reference: §210.183, RSMo. and §210.145.6, RSMo.)

Alleged perpetrators have the right to be represented by an attorney. If an alleged perpetrator states that he/she is represented by an attorney and wants the Division to contact him/her through this attorney, staff should respect the request. Staff should make contact with his/her attorney to arrange the interview or to provide a copy of the CS-24 to his/her attorney. Staff should ask the attorney to send a written entry of appearance and to submit a written authorization to release information signed by the alleged perpetrator before the investigator can release information about the merits of the investigation to the attorney. Upon being informed by the attorney that they are representing the alleged perpetrator, the Children's Service Worker should direct communication and correspondence to the alleged perpetrator's attorney of record in order to set up an interview. The attorney's response communication and correspondence should be documented in the case record.

The alleged perpetrator should be interviewed regarding the merits of the allegations after everyone else in the CA/N Investigation has been interviewed and after all other pertinent information has been gathered. This allows the investigator to confront him/her with the facts and evidence collected if he/she denies responsibility for the incident and abuse/neglect appears evident.

The alleged perpetrator, or their legal counsel, may provide a request to the Division to conduct follow-up interviews with witnesses or other collateral contacts suggested by the alleged perpetrator. Staff should contact witnesses or other collateral contacts at the request of the alleged perpetrator.

If the alleged perpetrator is in the custody of law enforcement, including those in the custody of the State Technical Assistance Team (STAT), and Division staff question the person about the case, it may adversely impact the criminal prosecution. Investigators should seek legal advice from Division of Legal Services (DLS) before interviewing an alleged perpetrator who is in the custody of law enforcement. Division staff should work with their multidisciplinary team to develop local protocols for interviewing alleged perpetrators who are in the custody of law enforcement including law enforcement's issuance of Miranda rights to the alleged perpetrator prior to an interview conducted with Division staff present.

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Memoranda History:

CD07-66, CD09-99, CD12-73, CD12-102

Practice Point, Alert, or Policy Interpretation:

PIQ-131, [PP15-IA-03](#)

4.1.5 Safety Assessment

Safety of the child(ren) in the home shall be an ongoing concern during investigations. During, or immediately following the initial visit with a family in response to a report of child abuse/neglect the worker must engage in the safety assessment and planning process.

The *Safety Information Collection Tool* (CD-162) will serve as a useful guide to gathering safety information needed to complete the Safety Assessment (CD-17) and if necessary to develop a Safety Plan (CD-18).

The CD-17 results in a safety decision of “safe” or “unsafe”. If the safety decision is “safe”, a safety plan is not required. If the safety decision is “unsafe”, the worker must work with the family to develop a Safety Plan (CD-18) to control any present or impending threats of danger.

The safety assessment and any subsequent agreed upon safety plans shall be entered into 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

Assess level of family functioning.

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. He/she shall assess for domestic violence and the risk it poses to child and adult victim. Staff should make a careful assessment to determine whether the caregiver has sufficient protective capacity to protect the vulnerable child(ren) in the household from the physical violence. 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
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Identify active family stressors, i.e., interaction, economic, and social and determine if they are situational or of a longer duration.

The Children’s Service Worker should be continually assessing the safety of the child(ren) throughout the investigative process. A safety assessment may be completed any time new information becomes available that may indicate a threat of danger to the child(ren) and the caregiver protective capacity is

insufficient to control the threat. Background checks may also be necessary whenever household composition changes. For this purpose, "household" includes any persons who have significant in-home contact with the child(ren), including those who have a familial or intimate relationship with any person in the home.

Related Subject: Section 2, Chapter 9, Safety Analysis and Risk Assessment

The juvenile officer should be notified immediately if the parent(s) have not made satisfactory arrangements for the safety of the child(ren) and his/her physical environment. A recommendation should be made to the juvenile officer recommending protective custody, including documentation of the identified threats of danger to the vulnerable child(ren) and the caregiver's lack of capacity to protect the child(ren) from the threats. 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, Subsection 2, Guidelines for Initial Placement Resource Selection

If, during an investigation, new information comes to light, which constitutes another allegation of child abuse or neglect, that information may be included in the ongoing investigation.

The investigator shall document his/her finding on this new allegation in the record. A new hotline report does not have to be made.

4.1.5.1 Chief Investigator

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) time limit is applicable to all reported concerns, regardless of the date and time of their receipt. Substitute personnel might include the Circuit Manager, Children's Service's Specialist, or other experienced supervisor. Some portions of the Chief Investigator review may be conducted over the telephone in cases of emergency situations. However, in those situations, it is expected the Chief Investigator, or their substitute, will review the physical and electronic records to complete the steps outlined below on the next business day.

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 Investigator's review takes place;
- Verify that all reported concerns have been explored and addressed as needed;
- Verify that any additional safety concerns presented (in addition to reported allegations) have been explored and addressed as needed;
- Ensure that co-investigative efforts have been implemented for CA/N Investigations and ensure that sufficient documentation is received from law enforcement if they decline to co-investigate the reported concern;
- Support Children's 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;
- If in agreement with the safety assessment, safety plan and plan for monitoring the safety plan, the Chief Investigator, or their substitute, should approve and date the physical copy of the CD-17 and enter the approval in FACES. If a CD-18 is required, the Chief Investigator shall also sign and date the physical copy of the CD-18 and enter the approval in FACES; and,

- The Chief Investigator, or their substitute, must ensure that a consultation log is completed in a timely manner for all CA/N Investigations for which children's safety was assured. This would include safety assurances completed on courtesy assists.

The CA/N Chief Investigator Log, CD-154, may be used to document the Chief Investigator consultation. However, if local offices choose to develop and maintain a separate reporting form, it must, at a minimum, contain the following information:

- Incident Number;
- Report Date;
- Report Time;
- Case Name;
- Report Type;
- Worker Name;
- 72 Hour Review Date; and,
- Supervisor Signature.

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 CA/N Investigation. 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.

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

[CS03-46](#) , [CS03-51](#) , [CD04-69](#) , [CD04-79](#) , [CD04-89](#) , [CD05-35](#) , [CD05-40](#) , [CD05-50](#) , [CD05-51](#) , [CD05-68](#) , [CD05-72](#) , [CD06-09](#) , [CD06-15](#) , [CD06-34](#) , [CD06-67](#) , [CD06-78](#)

Memoranda History:

CD10-106, CD11-86

4.1.6 The Home Visit

A home visit **must** be made as a part of the investigation, **except in situations where it is suspected a methamphetamine laboratory exists.**

Related Subject: Section 2, Chapter 4, Attachment J, Meth Lab Emergency Response Protocol, and Section 7, Chapter 27, Methamphetamine (Meth") Use, Clandestine Methamphetamine Laboratories, and Guidelines

Observe and/or take photographs of the conditions of the physical environment and any threat to the safety and well-being of the child(ren).

Related Subject: Section 2, Chapter 4, Attachment G, Collection of Evidence

4.1.6.1 Assessing the Need for Services

Identify the services needed to resolve family problems.

NOTE: In assessing the family situation, determine whether crisis intervention funds may remedy a current situation that is causing risk of harm to a child. If the family has limited resources, obtaining crisis intervention funds may immediately reduce risk to a child and may prevent a case from being opened.

Related Subject: Section 3, Chapter 4 Attachment C, Crisis Intervention Funds

Proceed to offer the family preventive services through CD or community resources if protective custody is not necessary.

NOTE: If the decision is made to arrange for any purchased service during the investigation (i.e., SAFE exam paid for by Children's Division (CD) and not from Medicaid, evaluation and diagnosis, psychological or medical exam through SEAS), check the automated system (protective services and alternative care), to determine if Emergency Assistance Services (EAS) have been provided in the previous year. If the authorization start date is more than one year old, complete an application for Emergency Assistance Services (Form CS-EAS-1) with the family.

File the completed CS-EAS-1 in the case file so the Family-Centered Services worker can enter the service authorization start date on the SS-63 if a case is opened for services.

4.1.6.2 Interface with Family-Centered Services (FCS)

Staff should ensure a continuum of services to a family from the beginning of the family assessment process 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 (FST) meeting for intact families; or
- If the need is a function of risk and should be addressed in the Written Service Agreement (CD-14B) by the assigned FCS worker as part of the FCS family assessment process.

4.1.6.3 When the Family is Uncooperative

The Children's Service Worker shall notify the juvenile office if the subject(s) of a report fail to cooperate during the investigation.

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

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#),
[CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

Memoranda History:

4.1.7 Referral to Juvenile Court

Refer to circuit or prosecuting attorney and juvenile court when any or all of the following conditions exist:

- The juvenile court does not take action and prosecution appears to be the only way to ensure child protection;
- There is evidence that a child has been involved in pornography or prostitution;
- The death of a child has occurred due to abuse/neglect;
- Removal of child is not done by the juvenile court after our recommendation, and we have reason to believe the child is in immediate danger;
- A juvenile office employee is the alleged perpetrator;
- The alleged perpetrator(s) of child abuse is involved in more than one incident which causes serious injury; or,
- The law enforcement official involved in the investigation feels that a criminal act has occurred and a referral to the prosecuting attorney is appropriate.

NOTE: It is preferable for the law enforcement agency to make the referral to the prosecuting attorney. However, if they will not, CD can proceed with a referral through the Circuit Manager or designee.

Children's Service Workers may, with appropriate supervisory approval, report other injuries or disabilities to law enforcement authorities, or circuit or prosecuting attorney.

4.1.7.1 Protective Custody

In some circumstances staff shall determine that a referral for protective custody of a child is necessary.

Document that a preliminary screening took place for Intensive In-Home Services (IIS) and that a referral for IIS is made.

A preliminary screening for IIS, in keeping with Section 211.180, RSMo., is required in all cases when there are plans to recommend removal of the child(ren) or the child(ren) has already been removed. The screening should involve discussing concerns for the welfare of the child(ren) with the family and informing them of the decision to recommend out-of-home placement. Advise family that IIS is a resource that may be available to them which could help prevent placement of the children. The

information, including risk to the child, will be discussed with the supervisor. If there is willingness by at least one caregiver to receive IIS, and safety of the child with IIS can be reasonably assured, refer the family to the program immediately. If the family is accepted for IIS, it is not necessary to continue with placement activities. The juvenile office should be informed about referrals to IIS according to local procedures.

Related Subject: Section 2, Chapter 4, Attachment M, Intensive In-Home Services

As a result of the screening, a referral for IIS will be made for all children except in the following situations:

- When child(ren) cannot be adequately protected during the referral and assessment process and must be removed in an emergency basis; or
- When all caregivers have indicated that they will not cooperate with IIS.

Notify appropriate authority, i.e., juvenile officer, law enforcement official, supervisor, etc., including identification of the child as a Native American, if appropriate. All incidents of child abandonment must be reported to law enforcement.

NOTE: It is the legal responsibility of law enforcement, juvenile office or physician to determine when protective custody is necessary. CD staff should provide their professional opinion to the official in making such a determination.

Staff shall request that form CS-33 be completed if protective custody is taken by law enforcement or juvenile officer and no court order has been obtained. If the child is to be removed from a school setting by staff, staff must have a court order **specifying the child is to be removed from the school premises**. Other actions to be taken by the worker include:

- Secure medical attention, if indicated;
- Notify parent(s) of decision to place the child in alternative care;
- Arrange for alternative care placement; and
- Record all activities of investigation and placement within five (5) working days.

Title: Child Welfare Manual
Section 2: Intake
Chapter 4: Investigation Response
Effective Date: August 30, 2006
Page: 3

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

[CS03-46](#) , [CS03-51](#) , [CD04-69](#) , [CD04-79](#) , [CD04-89](#) , [CD05-35](#) , [CD05-40](#) , [CD05-50](#) ,
[CD05-51](#) , [CD05-68](#) , [CD05-72](#) , [CD06-09](#) , [CD06-15](#) , [CD06-34](#) , [CD06-67](#) , [CD06-78](#)

Memoranda History:

4.1.8 Reaching a Conclusion

This section addresses seven possible conclusions which may be reached in a Child Abuse or Neglect (CA/N) Investigation. The possible investigative conclusions are:

- Preponderance of Evidence;
- Unsubstantiated-preventive services indicated;
- Unsubstantiated;
- Unable to locate;
- Located out of state;
- Home Schooling; and
- Inappropriate report.

This section concludes with the basis for and application of a finding of court adjudicated, and provides a framework for updating FACES.

4.1.8.1 Determining Child Abuse or Neglect by a Preponderance of Evidence (POE)

The following provides information regarding the laws on child abuse and neglect and the application of the Preponderance of Evidence standard. When staff determines child abuse or neglect by a Preponderance of Evidence, staff will need to consider the legal standards related to child abuse or neglect and apply the Preponderance of Evidence standard in order to reach their conclusion.

4.1.8.1.1 The Laws on Child Abuse/Neglect

The following provides the legal definitions related to child abuse and neglect, and discusses each of the elements of the law.

Abuse

Abuse is defined as, "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." §210.110(1), RSMo.

Physical injury is defined as, “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.”

Sexual abuse is defined as, “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 years of age, section 567.050, RSMo if the victim is less than eighteen years of age, sections 568.020, 568.060, 568.080, or 568.090, RSMo, sections 573.025, 573.035, 573.037, or 573.040, RSMo or an attempt to commit any of the preceding crimes;

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."

Emotional abuse is defined as, "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."

Neglect

Neglect is defined as, "A 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." §210.110(12), RSMo.

Proper or necessary support is defined as including, "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."

Care, Custody and Control

The law defines those responsible for the care, custody, and control of the child as, "Those included, but not limited to the parents or guardian of a child, other members of the child's household, or those exercising supervision over a child for any part of a twenty-four-hour day. Those

responsible for the care, custody and control shall also include any adult who, based on relationship to the parents of the child, members of the child's household or the family, has access to the child." §210.110(16), RSMo..

Consideration should be given to how the alleged perpetrator had care, custody, and control of the alleged victim child. Was the alleged perpetrator:

- The alleged victim child's parent?
- The alleged victim child's guardian?
- A member of the alleged victim child's household with care, custody and control?
- Exercising supervision over the alleged victim child for any part of a twenty-four hour (24) day?
- An adult who had access to the alleged victim child based on his or her relationship to:
 - The parents of the child;
 - Members of the child's household; or,
 - The family?

4.1.8.1.2 The Legal Elements of Child Abuse or Neglect

Each of the legal definitions of child abuse and neglect are broken down into parts called elements, and there must be sufficient evidence to prove each element by a Preponderance of Evidence (POE) in order to reach a determination that child abuse or neglect has occurred.

Elements of Abuse

There are five elements of abuse derived from the legal definition:

- 1.) The alleged victim child was under the age of 18 at the time of reported incident;
- 2.) The alleged perpetrator was responsible for care, custody, and control of the alleged victim child at the time of the incident;

3.) There was a physical injury, sexual abuse, and/or emotional abuse to the alleged victim child which was caused by the alleged perpetrator;

4.) The alleged victim child's injury was caused by other than accidental means; and,

5.) The physical injury was not the result of spanking or other forms of discipline administered in a reasonable manner.

Elements of Neglect

There are three elements of neglect derived from the legal definition:

1.) The alleged victim child was under the age of 18 at the time of the incident;

2.) The alleged perpetrator was responsible for care, custody, and control of the alleged victim child at the time of the incident; 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.

4.1.8.1.3 The Law on the Preponderance of Evidence Standard

The law defines the Preponderance of Evidence standard as "that degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not." §210.110(13), RSMo..

Each statutory element must be established by evidence gathered during the CA/N Investigation. The Division has the burden to prove the allegations meet all of the statutory elements of abuse or neglect, or the Division must enter a determination that there is insufficient evidence that abuse or neglect exists.

This means that in order to establish a finding of child abuse or neglect by a POE:

- The CA/N Investigator must gather all of the relevant evidence, which is both in favor and opposed to the finding.
 - This includes contacting the alleged perpetrator to give him/her the opportunity to tell his/her side of the story, and to allow the alleged perpetrator an opportunity to provide information contrary to the allegations. If the alleged perpetrator identifies witnesses who may have relevant evidence the CA/N Investigator should make a reasonable effort to contact and interview those witnesses.
- The CA/N Investigator must objectively review all of the evidence which is in favor of or contrary to the finding; and
- The CA/N Investigator must objectively consider and balance the evidence in favor of or contrary to the finding; and
- In order to support a finding of child abuse or neglect by a POE, the CA/N Investigator must be convinced that:
 - The evidence in favor of the finding outweighs the evidence against the finding, or
 - Is convinced that the evidence, when taken as a whole, shows that it is more probable than not that the alleged incident took place in this case.

Failure to apply the POE standard of proof may be a violation of the constitutional rights of the person who is accused of child abuse and/or neglect.

4.1.8.1.4 Application of the Preponderance of Evidence Standard

There are four general categories which the Division may reach a determination of child abuse or neglect by a POE in accordance with the law. The four categories are:

1. Physical Abuse
2. Sexual Abuse
3. Emotional Abuse
4. Neglect

There may be multiple abuse or neglect codes alleged within the same category. Examples of codes include: skull fracture, fondling/touching, rejection through indifference, lack of food, etc. The individual conclusion screen in FACES requires a finding for each code. However, it is the overall finding for the **category** that is to be summarized in the conclusion summary.

For example: A hotline alleges unsanitary living conditions and lack of supervision. The worker must make a finding in regards to concerns of neglect in the conclusion summary. If there is no concern for the unsanitary living condition allegation, but the worker finds lack of supervision occurred by a preponderance of the evidence, the determination is POE for neglect.

Codes can fall under different categories of abuse or neglect, depending on the situation. However, each code is mapped to a specific category in FACES as outlined below. FACES utilizes this mapping to generate the CS-21.

Physical Abuse	Neglect	Emotional Abuse	Sexual Abuse
Abrasions, lacerations	Abandonment	Blaming, verbal abuse, threatening	Digital penetration
Brain damage	Exposure, freezing, heat exhaustion	Exploitation (non-sexual)	Fondling/touching
Bruises, welts, red marks	Failure to give medication	Rejection through indifference	Genital or anal bleeding
Burns, scalding	Failure to protect		Intercourse
Dismemberment	Failure to thrive (due to neglect)		Oral sex, sodomy
Fractures (other than skull)	Lack of food		Other sexual

			abuse
Inappropriately giving drugs	Lack of heat		Pornography
Internal injuries	Lack of/inappropriate clothing		Prostitution
Meth lab exposure	Lack of supervision		Sexually transmitted disease
Other physical abuse or injury	Locking in or out, expelling from home		
Poisoning	Malnutrition (due to improper feeding)		
Repeated ingestions	Parents indifferent to educational needs		
Shaking	Poor hygiene (health threatening)		
Skull fracture	Severe untreated dental		
Sprains, dislocations	Unsafe/inadequate shelter		
Subdural Hemorrhage/hematoma	Unsanitary living conditions		
Wounds, cuts, punctures	Untreated illness/injury		

When making a determination, staff should first consider the appropriate category and *then* determine the appropriate code under the category. Staff may have to add a more appropriate code under a different category to make the correct finding of abuse or neglect in FACES.

For Example: Meth lab exposure is mapped in FACES to physical abuse due to the possibility of physical harm to the child. There may be no physical harm to the child, but the home environment is unsafe due to the meth lab. The worker would unsubsantiate the physical abuse code of meth lab and add the neglect code of unsafe/inadequate shelter in order to correctly find POE for neglect.

The following provides guidance regarding questions for which the record must have evidence sufficient to support by a POE in order for the Division to reach a determination that child abuse or neglect has occurred. In addition, the following provides language which should be used in writing the conclusion specific to each category of abuse or neglect as outlined below.

Physical Abuse

In order for staff to be able to meet these elements, the record must contain documentation sufficient to answer the following questions:

- What evidence is in the record that shows that the alleged perpetrator had care, custody and control at the time of the incident?
- What evidence is in the record establishing the physical injury?
- What evidence establishes that a specific injury was caused by the alleged perpetrator?
- What evidence is in the record that the conduct was not accidental?
- What evidence is in the record describing the discipline technique used?
- What evidence is in the record that the discipline was not administered in a reasonable manner?

If the record reflects evidence sufficient to support answers to each of the preceding questions to a Preponderance of Evidence, the following template should be utilized when writing the conclusion summary:

"The Investigation has been completed under Sections 210.110-210.165, RSM o., and the Division has determined by a Preponderance of Evidence that (Alleged Victim Child) was the victim of physical abuse perpetrated by (Alleged Perpetrator).

This determination of physical abuse by a Preponderance of Evidence was made after weighing all of the evidence and based upon the following:

- 1.) (Alleged Victim Child) was under the age of 18 at the time of the incident in that...;**
- 2.) (Alleged Perpetrator) was responsible for care, custody and control of the alleged victim child at the time of the incident in that...;**
- 3.) There was physical injury to the alleged victim child which was caused by the alleged perpetrator in that...;**
- 4.) The physical injury was caused other than by accidental means in that...;**

5.) The physical injury was not the result of spanking or other forms of discipline administered in a reasonable manner in that...."

Staff **MUST** provide a succinct summary of the evidence regarding each element.

Sexual Abuse

In order for staff to be able to meet these elements, the record must contain documentation sufficient to answer the following questions:

- What evidence is in the record that shows that the alleged perpetrator had care, custody and control at the time of the incident?
- What evidence is in the record establishing the sexual abuse?
- What evidence establishes that this sexual abuse was caused by the alleged perpetrator?
- What evidence is in the record that the conduct was not accidental?
- What evidence is in the record that the sexual abuse was not a form of discipline administered in a reasonable manner? Or, were the actions of the alleged perpetrator such that the discipline exception does not apply?

If the record reflects evidence sufficient to support answers to each of the preceding questions to a Preponderance of Evidence, the following template should be utilized when writing the conclusion summary:

"The Investigation has been completed under Sections 210.110-210.165, RSM o., and the Division has determined by a Preponderance of Evidence that (Alleged Victim Child) was the victim of sexual abuse perpetrated by (Alleged Perpetrator).

This determination of sexual abuse by a preponderance of evidence was made after weighing all of the evidence and based upon the following:

- 1.) (Alleged Victim Child) was under the age of 18 at the time of the incident in that...;**
- 2.) (Alleged Perpetrator) was responsible for care, custody and control of the alleged victim child at the time of the incident in that...;**

- 3.) **There was sexual abuse to (Alleged Victim Child) which was caused by (Alleged Perpetrator) in that...;**
- 4.) **The sexual abuse was caused other than by accidental means in that...;**
- 5.) **The sexual abuse was not the result of spanking or other forms of discipline administered in a reasonable manner in that...."**

Staff **MUST** provide a succinct summary of the evidence regarding each element.

Emotional Abuse

In order for staff to be able to meet these elements, the record must contain documentation sufficient to answer the following questions:

- What evidence is in the record that shows that the alleged perpetrator had care, custody and control at the time of the incident?
- What evidence establishes that this emotional abuse was caused by the alleged perpetrator?
- What evidence is in the record that establishes emotional abuse?
 1. Is there any evidence of an injury to the child's psychological capacity or emotional stability?
 2. What was the observable or substantial change in the child's behavior, emotional response, or cognition?
 3. Does the observable of substantial change in the child's behavior, emotional response or cognition, at a minimum, include anxiety, depression, withdrawal, or aggressive behavior?
- What evidence is in the record that the conduct was not accidental?
- What evidence is in the record that the emotional abuse was not a form of discipline administered in a reasonable manner? Or, were the actions of the alleged perpetrator such that the discipline exception does not apply?

Staff may use witnesses outside of the mental health profession to present evidence that the child's injury resulted in an observable or

substantial change in his behavior, emotional response, or cognition. However, it would be best practice to use a qualified mental health professional if possible.

If the record reflects evidence sufficient to support answers to each of the preceding questions to a Preponderance of Evidence, the following template should be utilized when writing the conclusion summary:

"The investigation has been completed under Sections 210.110-210.165, RSMo., and the Division has determined by a Preponderance of Evidence that (Alleged Victim Child) was the victim of emotional abuse perpetrated by (Alleged Perpetrator).

This determination of emotional abuse by a Preponderance of Evidence was made after weighing all of the evidence and based upon the following:

- 1.) (Alleged Victim Child) was under the age of 18 at the time of incident in that...**
- 2.) (Alleged Perpetrator) was responsible for care, custody and control of the alleged victim child at the time of the incident in that...;**
- 3.) There was emotional abuse to (Alleged Victim Child) which was caused by (Alleged Perpetrator) in that...;**
- 4.) The emotional abuse was caused other than by accidental means in that...;**
- 5.) The emotional abuse was not the result of spanking or other forms of discipline administered in a reasonable manner in that...."**

Staff **MUST** provide a succinct summary of the evidence regarding each element.

Neglect

In order for staff to be able to meet these elements, the record must contain documentation sufficient to answer the following questions:

- What evidence is in the record that shows that the alleged perpetrator had care, custody and control at the time of the incident?

- What was the alleged perpetrator required to provide based on the individual worker finding [support, education required by law, nutrition, medical or surgical care, or any other care necessary for the child's well-being], and why?
- What evidence is in the record to determine that the alleged perpetrator failed to do what he or she should have done, and why?
- If applicable, did the child suffer any injury as a result of the alleged perpetrator's omission?

If the record reflects evidence sufficient to support answers to each of the preceding questions to a preponderance of the evidence, the following template should be utilized when writing the conclusion summary:

"The investigation has been completed under Sections 210.110-210.165, RSM o., and the Division has determined by a Preponderance of Evidence that (Alleged Victim Child) was the victim of neglect perpetrated by (Alleged Perpetrator).

This determination of neglect by a Preponderance of Evidence was made after weighing all of the evidence and based upon the following:

- 1.) (Alleged Victim Child) was under the age of 18 at the time of the incident in that...;**
- 2.) (Alleged Perpetrator) was found to be responsible for care, custody and control of (Alleged Victim Child) at the time of the incident in that...;**
- 3.) (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 child's well-being in that...."**

Staff **MUST** provide a succinct summary of the evidence regarding each element.

4.1.8.1.5 Determining Educational Neglect by a Preponderance of Evidence

Reports of alleged educational neglect of a five or six year old child, enrolled in a public school, **shall not** be concluded with a determination of child neglect by a Preponderance of Evidence if the parent provides documentation that they have made a written request to the school to drop their child from the rolls.

If the only basis for a report was educational neglect, and there is a determination that a child was neglected by a Preponderance of the Evidence, the following step should be taken:

- Send a copy of the completed investigative report to the school district in which the child resides.

Educational neglect investigations findings of "Preponderance of Evidence," where other allegations of abuse or neglect are contained in the investigation:

- **Send the school a summary which contains information on the educational neglect only, or**
- **Send a copy of the investigation with all information blacked out which does not relate to the educational neglect.** This will assist the school in making an appropriate referral to the prosecuting attorney.

4.1.8.1.6 Determining Child Abuse or Neglect by a Preponderance of Evidence on an Unknown Perpetrator

Some investigations result in a determination that a victim was abused or neglected, however the identity of the perpetrator cannot be determined. (Example: A child has physical evidence consistent with abusive head trauma or physical findings consistent with sexual abuse, however the child is too young to make a statement and there is no clear evidence to single out a perpetrator.) **The worker may make a determination that a child was the victim of abuse or neglect by an unknown perpetrator, but only after the following:**

1. Worker clearly documents the evidence that lead to the determination that the victim was abused or neglected;
2. Worker documents efforts to determine the identity of the perpetrator;
3. Worker's supervisor reviews the investigation and agrees with the determination of abuse or neglect;
4. When the Worker's supervisor is in agreement with the determination of abuse or neglect on an unknown perpetrator, the report must be forwarded to the Regional Director or their designee for review;

5. The Regional Director or their designee may suggest further action to determine the identity of the perpetrator or authorize the decision to substantiate on an unknown perpetrator. **No investigation may be concluded with a determination of abuse or neglect on an unknown perpetrator without authorization from a Regional Director or their designee.**
6. Worker documents authorization to make a determination of abuse or neglect of a child by an unknown perpetrator in the CPS-1 narrative section.

4.1.8.1.7 Determining Child Abuse or Neglect by a Preponderance of Evidence on Juvenile Perpetrators

Some investigations result in a determination that a child was the victim of abuse or neglect perpetrated by a juvenile alleged perpetrator. All juvenile alleged perpetrators should be reported through CANHU to determine if the initial standards of a CA/N report are met by the information reported. Field staff should not add juvenile alleged perpetrators to any open CA/N Investigation. **The worker may make a determination that a child was the victim of abuse or neglect perpetrated by a juvenile alleged perpetrator, but only after the following:**

1. If the Worker's supervisor is in agreement with the determination of abuse or neglect involving a juvenile alleged perpetrator, the report is forwarded to the Regional Director or their designee for review;
2. The Regional Director or their designee may suggest further action to determine if the CA/N Investigation meets all of the legal elements of child abuse/neglect, or may authorize the decision to make a determination of abuse or neglect with a juvenile alleged perpetrator. **No investigation may be concluded with a determination of abuse or neglect involving a juvenile alleged perpetrator without authorization from a Regional Director or their designee.**
3. Worker documents authorization to make a determination of abuse or neglect on a juvenile alleged perpetrator in the CPS-1 narrative section.

4.1.8.1.8 Updating FACES Participant Characteristics and Conclusion Screen for Determinations of Child Abuse or Neglect by a Preponderance of Evidence

Upon conclusion of an investigation in which the Division has made a determination of child abuse or neglect by a Preponderance of Evidence, the worker should update the FACES Individual Conclusion Screen to reflect the conclusion of Preponderance of Evidence – Preliminary Finding for all alleged child victims, specific allegations, and alleged perpetrators involved in the Division’s conclusion.

4.1.8.2 Unsubstantiated-Preventive Services Indicated

This investigative conclusion is appropriate when there is insufficient evidence to make a determination that child abuse or neglect has occurred by a Preponderance of Evidence; **however**, the worker has identified risk factors through observations, interviews, and collaterals, which if unresolved, could potentially contribute to future concerns of child abuse/neglect or result in the accumulation of harm as it would pertain to issues of chronic maltreatment. This determination requires preventive services to be provided to the family.

When there is insufficient evidence to support a preliminary finding of child abuse or neglect by a POE, the following statement should be entered into the CPS-1 conclusion summary:

"The Investigation has been completed under Sections 210.110-210.165, RSMo., and the Division has determined there is insufficient evidence to conclude (Alleged Victim Child) was the victim of (physical abuse, sexual abuse, emotional abuse, and/or neglect) perpetrated by (Alleged Perpetrator)."

In addition, staff should state why the abuse or neglect concern was unsubstantiated by explaining how at least one (1) of the legal elements of abuse or neglect was not met by a POE.

For example: There was no physical injury. The alleged perpetrator did not have care, custody, or control. The injury was accidental.

Staff should explain the rationale for recommending Preventive Services.

4.1.8.3 Unsubstantiated

This investigative conclusion is appropriate in the absence of sufficient evidence to determine that child abuse or neglect has occurred, and the family does not present significant risk factors or other indicators which pose a specific threat to the child.

When there is insufficient evidence to support a preliminary finding of child abuse or neglect by a POE, the following statement should be entered into the CPS-1 conclusion summary:

"The Investigation has been completed under Sections 210.110-210.165, RSMo., and the Division has determined there is insufficient evidence to conclude (Alleged Victim Child) was the victim of (physical abuse, sexual abuse, emotional abuse, and/or neglect) perpetrated by (Alleged Perpetrator)."

In addition, staff should state why the abuse or neglect concern was unsubstantiated by explaining how at least one (1) of the legal elements of abuse or neglect was not met by a POE.

For example: There was no physical injury; or, the alleged perpetrator did not have care, custody, or control; or, the injury was accidental.

4.1.8.4 Home Schooling

This investigative conclusion 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.

If there are other allegations in the same report, those allegations will also be thoroughly investigated. The finding reached may be "Preponderance of Evidence" for other allegations. If a child is at risk and should receive medical treatment, a juvenile court referral should be made. The court may exercise its authority to ensure that medical services are provided when the child's health requires it.

4.1.8.5 Unable to Locate

The "Unable to Locate" conclusion may be used only after all three of the following criteria have been met:

1. When not one single child or any parent/caretaker included in the report is located;
2. 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:
 - Income Maintenance and Food Stamp records and information via Family Support Division (FSD) workers;
 - 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.
 - Internet resources, including social media;
 - Directories: Telephone, city, street, trade, labor, and professional, etc.
 - Other public agencies in Missouri;
 - Court/county records;
 - Societies or lodges; and,
- 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.

4.1.8.6 Located out of State

The "Located out of State" conclusion 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 a multidisciplinary team member in Missouri (e.g., law enforcement officer, medical doctor, etc.), and ask that they provide written correspondence 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.

4.1.8.7 Court Adjudicated

Applying a court adjudicated finding is a legal interpretation. When staff receive notice that a court has substantiated abuse/neglect or an individual has pled guilty or was found guilty of a crime against a child, a referral **must** be made to the Division of Legal Services (DLS) through appropriate supervisory channels. Only DLS can determine whether a finding of 'Court Adjudicated' may be made.

There are two ways for an individual to be placed on the Central Registry once DLS determines a 'Court Adjudicated' determination may be made:

1. The Division has found a Preponderance of Evidence (POE) through a child abuse/neglect investigation;
2. The individual meets Court Adjudication criteria for situations that do not have a corresponding child abuse/neglect hotline and are placed on the Central Registry through the CACR screen in FACES.

4.1.8.7.1 Court Adjudication on a POE Finding

A conclusion of "Court Adjudicated" may be appropriate in the following situations:

- **Judicial Review** - An alleged perpetrator may file for Direct Judicial Review and waive the administrative review process or may file for De Novo Judicial Review upon disagreeing with the CANRB's decision. Either way, the process is the same. At the time of trial, the Judge hears all of the evidence presented and enters a judgment of whether or not the alleged perpetrator abused or neglected the child. The court's decision is an independent determination, and not a review of the decisions made by the CANRB or the Division. The judgment is a final determination.
- **Juvenile, Family Court, Probate, or Civil Court Adjudication** – When a petition has been filed in juvenile or family court, allegations of abuse or neglect may be made to support the basis for court jurisdiction. An adjudication hearing is then held and the court rules on whether the allegations within the petition are true. If the petition's allegations and the court's findings are consistent with the Division's POE finding, a 'Court Adjudicated' conclusion may be appropriate.
- **Criminal Convictions** - If the alleged perpetrator pleads guilty or is found guilty of certain crimes *against a child*, a 'Court Adjudicated' determination may be appropriate. These crimes are specified in [Section 210.110\(3\), RSMo.](#) It is important to note that a Suspended Imposition of Sentence (SIS) is not considered a conviction unless it is revoked or modified due to the individual's failure to comply with the conditions of their SIS. Municipal court cases are legally considered civil actions and do not meet the criteria for a 'Court Adjudicated' determination.

4.1.8.7.2 Central Registry for Court Adjudication without a CAN Report

There are times when a court adjudicates child abuse or neglect, or an individual pleads or is found guilty of a crime in which there is no corresponding child abuse/neglect investigation finding. The primary

reason this occurs is when an individual did not have care, custody, or control.

There may be rare occasions when a court adjudicates an allegation that was not included in the Children's Division's child abuse/neglect investigation. **Note:** if this occurs *prior* to the conclusion of a hotline, staff should add the court's allegation to their CA/N report.

There are also times when a petition for removal was filed during a Family Assessment. **Note:** if this occurs *prior* to the report conclusion, staff should upgrade the CA/N report to an investigation.

4.1.8.7.3 Updating FACES for Court Adjudication

Upon notification of the court's disposition, the local Division Office shall make a referral to the Division of Legal Services (DLS) through appropriate supervisory channels requesting their legal opinion whether the disposition meets court adjudication criteria. Upon confirmation, the following should occur:

1. Local/Regional/Out of Home Investigation (OHI) Designee should forward a copy of DLS' opinion to the Central Office CA/N Program Development Specialist (PDS).
2. The CA/N PDS will either:
 - Update the appeal screens, update the CA/N Investigative conclusion on the *Individual Conclusion* screen from 'Preponderance of Evidence' to 'Court Adjudication', ensure the conclusion status is set to 'Final Determination', and update the conclusion date on the *Conclusion* Screen to reflect the date the court made a "Substantiated" determination; or,
 - Enter the individual on the Court Adjudicated Central Registry (CACR) screen in FACES, and notify the alleged perpetrator of the Division's preliminary decision by sending the Court Adjudication Central Registry disposition letter (CS21-H) via certified mail.
3. The CA/N PDS will notify the Local/Regional/OHI Designee after FACES has been updated.
4. Local/Regional/OHI Designee will update the investigation conclusion summary in FACES to note the outcome of the

adjudication hearing by specifying which findings were "Court Adjudicated", and which ones (if any) will remain unchanged.

5. For Court Adjudicated findings on a POE in preliminary or preliminary finding pending appeal status, the Local/Regional/OHI Designee should notify the alleged perpetrator, child's parents, legal guardians or representative, and other parties entitled to such notice using the Administrative Review Ineligibility Letter (CS-21E) and will notify the Child Abuse and Neglect Review Board (CANRB) liaison the perpetrator is no longer eligible for a CANRB hearing.
6. Local/Regional/OHI Designee will file a copy of the court's disposition and DLS' legal opinion in the CA/N Investigation record.

4.1.8.7.4 Appeal of Court Adjudication Determination

4.1.8.7.4.1 Court Adjudication on a POE Finding

There may be situations in which the court only adjudicates one or some of the Division's findings. **The alleged perpetrator continues to have the option to appeal findings that have not been specifically adjudicated by the court consistent with the timeframes established by law.**

For example:

If an alleged perpetrator was found by the Division to have committed physical abuse *and* sexual abuse; however, the court only adjudicates on the physical abuse, the sexual abuse finding would remain "Preponderance of Evidence" and therefore would continue to be subject to appeal. The Circuit Manager, OHI Unit Manager, or Regional Director/designee should assure the information is reflected accurately in FACES. The Circuit Manager, OHI Unit Manager, or Regional Director/designee will proceed with the alleged perpetrator's appeal process accordingly for those findings not court adjudicated.

4.1.8.7.4.2 Central Registry for Court Adjudication without a CAN Report

Upon receipt of the CACR disposition letter (CS21-H), the individual shall have thirty (30) days from the date of the notice to

request an administrative review of the Division's decision to place them on the Central Registry. Individuals may mail requests for an administrative review to P.O. Box 88 Jefferson City, MO 65103 or email requests to: DSS.CD.ADMINREVIEW@DSS.MO.GOV.

If the individual does not file a request for administrative review within thirty (30) days of notice, the Division's preliminary decision will be final and the individual will be placed on the Central Registry without further notice.

If the individual makes a request for administrative review of the preliminary decision within thirty (30) days of notice, the Central Office CA/N Program Development Specialist (PDS) will complete the administrative review. Upon receipt of the request for administrative review, the PDS will update the entry status on CACR FACES screen to 'pending administrative review'. Upon completion of the review, the PDS will notify the individual of the review determination by sending the Court Adjudicated Central Registry Administrative Review Disposition Letter (CS-21i).

If the PDS affirms the preliminary decision, the entry status on the CACR FACES screen will be changed to 'final'.

It is the individual's responsibility to inform the Division if the Court reverses the adjudication of abuse or neglect, or reverses or otherwise vacates a previous plea or conviction. The individual must present their request for removal from the Central Registry in writing, and include a certified copy of the Court's order to P.O. Box 88 Jefferson City, MO 65103 or DSS.CD.ADMINREVIEW@DSS.MO.GOV. Upon receipt, the PDS will determine if the individual should be removed from the Central Registry. In cases where it is determined there was insufficient evidence to delete the individual from the Central Registry, the individual may seek judicial review of the Division's final determination, pursuant to Section 536.150, RSMo.

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

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#), [CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

Memoranda History:

CD08-51, CD09-76, CD 10-58, CD12-54, CD15-76, CD16-05, CD16-25

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4.1.9 Minimum Contact Standards after a CA/N Report has been Concluded

The Structured Decision Making (SDM) risk level is assessed initially during the Investigation/Family Assessment process on the CPS-1 and then re-assessed every ninety (90) days on the CS-16E. The risk level will determine the overall 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 initial forty-five (45) 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 is 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 are 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 Family Centered Services (FCS) worker, prior to 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.

4.1.9.1 What Minimum Contacts Should Address

Depending on circuit protocol, the responsibility to make minimum contacts prior to an FCS assessment may fall on FCS staff or stay with the intake worker. Whoever the responsibility falls on during this transitional period, the worker responsible should address the following:

- Is there an active safety plan and if so, what is the plan for monitoring the safety plan? Is the safety plan still appropriate or in need of revision? (May modify the Safety Plan (CD-18) if the interventions are not effectively controlling the threat of danger or may use a Safety Assessment (CD-17) to reassess the existing threats of danger and the caregiver’s protective capacity to control the threat.)
- Have circumstances changed in the family composition that would warrant a safety assessment or a revision of the current safety

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plan? (Example: new members of household, such as a new adult, new baby, or additional children or relatives)

- Have circumstances changed in regard to the family physical location/environment that would warrant a safety assessment or the need for safety plan revision? (Example: eviction, new housing, utilities shut off, or household composition changes causing crowding)
- Have circumstances changed in regard to family physical health? (Example: the caretaker has become ill, diminishing the caregiver's protective capacity, or a child has become ill making the child more vulnerable to threats of danger)
- Have circumstances changed in regard to family mental health or substance abuse issues? (Example: not complying with prescription medication, psychotic break or suicide attempt, or escalated symptoms have diminished the caregiver's capacity to protect the child(ren) from present threats of danger)
- Have 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
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Chapter Memoranda History: (prior to 01/31/07)

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#), [CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

Memoranda History:

CD11-86

4.1.10 Delayed Conclusions

Pursuant to § [210.145.15](#) RSMo., the Division shall make every reasonable attempt to complete CA/N Investigations or Family Assessments within forty-five (45) days, unless:

- A **good cause** for the failure to complete the investigation exists and is regularly documented in FACES, or
- A child fatality or near-fatality is involved in a report of abuse or neglect, in which case, the CA/N Investigation shall remain open until the Division's investigation surrounding the child's death or near-fatality has been completed

Related Subject: [Section 7 Glossary/Reference: Near-Fatality](#)

Pursuant to §§ [210.145.15](#) and [210.152.2](#) RSMo., the alleged perpetrator and parents of the child (if the alleged perpetrator is not a parent) must receive notice in writing of any preliminary finding made by the Division as follows:

- Upon completion of an investigation which involves a child fatality or near-fatality
- Within one hundred twenty (120) days after receipt of a report which involves an allegation of sexual abuse, or
- Within ninety (90) days for all other reports.

The notice shall advise either:

- The Division has determined by a preponderance of the evidence that abuse or neglect exists, and:
 - The Division shall retain all identifying information regarding the abuse or neglect
 - The information shall remain confidential and will not be released except to law enforcement agencies, prosecuting or circuit attorneys, or as provided in section [210.150](#) RSMo.
 - The alleged perpetrator has sixty days from the date of receipt of the notice to seek reversal of the Division's determination through a review by the Child Abuse and Neglect Review Board as provided in [210.152.4](#) RSMo.

OR

- The Division has found insufficient evidence that abuse or neglect exists.

Related Subject: [Section 2 Chapter 4.3.8.2 Child Fatalities during a Pending Investigation](#) ; and [210.145.15](#) RSMo.

Division staff may place a case in delayed conclusion specific to the circumstances of the CA/N Investigation or Family Assessment, when a good cause, child fatality or near-fatality exists in conjunction with an open CA/N Investigation or Family Assessment. Staff should review the possible need for delay concluding a report on or before day thirty (30). All delayed conclusions must be reviewed and approved by a Children's Service Supervisor, and documented as necessary in FACES on or before day forty-five (45).

After the initial forty-five (45) days, staff must take whatever steps necessary to reach a conclusion on a case specific basis, which include:

- **making follow-up contacts**
- **continuing efforts to obtain the essential information**

Follow-up contacts and/or efforts to obtain essential information must be documented in FACES at regular intervals beyond the initial forty-five (45) days.

Regular intervals may vary from case to case depending on the needs of the particular CA/N Investigation or Family Assessment. However, staff should review the case with supervisors and update a justification in FACES which conveys a continuing need for the CA/N Investigation or Family Assessment to remain open.

Good Cause Analysis

Workers and Supervisors must complete, and document in the case file/FACES, a good cause analysis for any CA/N Investigation or Family Assessment for which there is a delayed conclusion by applying the following considerations:

- What is the critical information the Division is waiting to receive?
- How is the missing information critical to the Division's conclusion?
 - To place a case in delayed conclusion, staff and supervisors must deem the missing information so critical to the investigation the Division cannot make a determination without it (e.g., critical medical report of injuries to a victim child, laboratory results, etc.)
- Can the Division make a determination of CA/N or service need without the information?
 - Division Staff should conclude the CA/N Investigation or Family Assessment if any of the following apply:

- Division staff have acquired sufficient information to make a determination of CA/N without the missing information
- Division staff are waiting on information to **corroborate** or **support** the information already gathered or received in another form
- Division staff have received critical information through oral communication from a professional but are waiting on the physical/paper report
 - Staff should make the professional aware in such matters, their oral communication will be documented in the Division's written record as corroborating evidence to support the Division's conclusion/determination in conjunction with the CA/N Investigation/Family Assessment
- The alleged perpetrator and/or their attorney decline to cooperate with the investigation or provide information to the contrary
 - Staff should move forward with weighing all of the available evidence to reach a preliminary finding
- Division staff have made good faith efforts to locate the alleged perpetrator, consistent with the steps outlined in policy, but have been unable to do so
 - Staff should move forward with weighing all of the available evidence to reach a preliminary finding, once a determination has been reached that staff were unable to locate the alleged perpetrator
- Division staff have sufficient information to conclude the hotline as unsubstantiated, even with the addition of missing information, such as when division staff are waiting for information which is not related to the elements of abuse or neglect.
- Division staff are waiting for information which is not related to the elements of abuse or neglect

Related Subject: [Section 2.4.1.8.5 Unable to Locate](#)

Only after applying the good cause analysis above, may staff consider the following as categories of situations in which a delayed conclusion may be appropriate as designated by the timeframes below:

- **Conclusions delayed between forty-five to ninety days (45-90) days may include, but not be limited to:**
 - The necessity to obtain relevant reports from:
 - medical providers
 - medical examiners
 - psychological testing
 - law enforcement agencies
 - forensic testing, and
 - analysis of relevant evidence by third parties which has not been completed and provided to the Division
 - The attorney general or the prosecuting or circuit attorney of the city or county in which a criminal investigation is pending certifies in writing to the Division that there is a pending criminal investigation of the incident under investigation by the Division, and the issuing of a decision by the Division will adversely impact the progress of the investigation; or
 - The child victim, the subject of the investigation or another witness with information relevant to the investigation is unable or temporarily unwilling to provide complete information within the specified time frames due to:
 - illness
 - injury
 - unavailability
 - mental capacity
 - age
 - developmental disability, or
 - other cause.
- **Conclusions delayed between ninety to one hundred twenty (90-120) days:**
 - CAN Investigations may only remain open beyond ninety (90) days if it involves an allegation of sexual abuse, child fatality or near-fatality.
- **Conclusions delayed beyond one hundred twenty (120) days:**
 - CAN Investigations may only remain open beyond one hundred twenty (120) days if it involves an alleged child fatality or near-fatality.

Related Subject: [Section 2 Chapter 4.3.8.3 Child Fatalities during a Pending Investigation](#) ; and [210.145.15](#) RSMo.

Steps to Ensure Timely Conclusion

Division staff must act to ensure timely completion of all CA/N Investigations and Family Assessments within the timeframes set out above. 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 forty-five (45) 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 ongoing basis due to involvement with law enforcement, the juvenile office or other professionals, local CD staff must meet with their multidisciplinary investigation team members within their communities, to develop protocol to meet conclusion timeframes.

Supervisors and Circuit Managers should utilize electronically accessible administrative reports (e.g., Monthly Perform Reports) and/or FACES (e.g., Online Reports) to identify and address the timely completion of all CA/Ns assigned to staff under their supervision.

Timely Conclusion Letters

Division staff should fill in case specific information and send the following form letters, within the timeframes outlined below, to law enforcement, prosecuting attorneys and/or other multi-disciplinary team members as needed and deemed appropriate by the Local Office when the Division encounters a barrier to completing the CA/N Investigation or Family Assessment within forty-five (45) days pursuant to § [210.145.15](#) RSMo., or when a conclusion cannot be reached without the essential or critical information:

- Timely Conclusion Letter to Law Enforcement, CD-198
 - Staff should send this form within the first five (5) days from the date of the CA/N report
- Timely Conclusion Follow-up Letter to Law Enforcement, CD-198A
 - Staff should send this form on an as needed basis within the first fifteen (15) days from the date of the CA/N report
- Timely Conclusion Letter to Prosecuting Attorneys, CD-198B
 - Staff should send this form on an as needed basis within the first fifteen (15) days from the date of the CA/N report
- Timely Conclusion Letter to Multidisciplinary Team Member, CD-198C

- Staff should send this form on an as needed basis within the first fifteen (15) days from the date of the CA/N report

4.1.10.1 Minimum Contact Standards for Delayed Conclusions

Safety and Risk Assessments must be completed within the initial forty-five (45) days as the information collected within each evidence-based assessment provides both valid and reliable means to ensure the ongoing safety and well-being of children. Staff need to provide ongoing assurance of children's safety and well-being, while collecting essential evidence to make a preliminary finding or to reach a determination of service need, when, CA/N Investigations/Family Assessments remain open beyond the initial forty-five (45) days.

Case-specific safety assurance and intervention should be considered, including but not limited to:

- direct face to face safety assessment and planning
- provision of Family-Centered Services
- involving the juvenile court as needed

At a minimum, staff should complete face to face assurance of children's safety every thirty (30) days following the initial forty-five (45) days. Staff may make more face to face, multidisciplinary team and collateral contacts if it is determined that a higher number of contacts is necessary based upon the unique circumstances of the case.

Related Subject: [Section 2 Chapter 9.2 Safety Assessment](#) , [Section 2 Chapter 9.3 Safety Planning](#) , and [Section 2 Chapter 9.4 Assessment of Risk and Section 2 Chapter 9.5.2 Minimum Contact Guidelines for In-home Cases](#)

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

[CS03-46](#) , [CS03-51](#) , [CD04-69](#) , [CD04-79](#) , [CD04-89](#) , [CD05-35](#) , [CD05-40](#) , [CD05-50](#) ,
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Memoranda History:

CD07-51, CD13-84, CD14-54

4.1.11 Inappropriate Report Conclusion Code (G)

An “Inappropriate Report” is defined as any report received for investigation that does not contain allegations of abuse or neglect specified in Missouri State Child Abuse and Neglect statute (Section 210, RSMo.). This statute contains specific information regarding allegations of abuse and neglect that must be investigated or responded to as a Family Assessment by Children’s Division (CD). If during an Investigation or Family Assessment the worker discovers the report does not fall within the state statute, it must be concluded 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 investigator has concluded the Investigation or Family Assessment and feels the report should be coded as an “Inappropriate Report”, the report must be referred to the Circuit Manager for review and approval of this finding prior to entry into the CA/N automated system. Staff should consult with Regional staff if the Circuit Manager has questions regarding the correct use of this conclusion.

It is important to use the most appropriate family assessment or investigative conclusion that reflects the worker’s findings. Investigations that do not support the allegations should be coded as “Unsubstantiated”. A report should be coded as inappropriate only if it does not meet the criteria for investigation. An example of an inappropriate report is a report when, during the investigation, the investigator verifies the victim is 18 years old or over.

Listed below are examples of reports that **Do Not** meet the criteria as an Inappropriate Report:

- Example #1 - A report is taken by a non-custodial parent on his spouse alleging lack of supervision. Similar allegations had been reported in prior hotlines. The investigator feels the report should be considered an Inappropriate Report because the allegations had already been unsubstantiated in prior reports and regarded this investigation as a duplicate report.

NOTE: In this example, the report should have been concluded as “Unsubstantiated” because the allegations were investigated and determined to be unfounded. Regarding the duplicate report issue, the investigator should review the report to determine if the report meets the duplicate report criteria.

Related Subject: Section 2, Chapter 2, Attachment C, Duplicate Reports

- Example #2 - A report is taken by a child care worker alleging scratches and bruises on the victim. The investigator found no evidence of physical abuse and a review of prior reports reveals the reporter has a history of

exaggerating allegations. The investigator concludes the report as Inappropriate Report so that the allegations will not remain in the system.

NOTE: Although the reporter has a history of exaggerating the allegations, the incident must be investigated. The conclusion must be based on the investigators findings obtained through interviews, documents and other information. In this situation, the investigator did not find any evidence of physical abuse so the report should be concluded as "Unsubstantiated". Inappropriate reports are expunged on the next system expungement sweep. Coding this report as inappropriate would also mean the loss of this historical information in the automated system.

- Example #3 - A reporter alleges lack of supervision on her neighbor. The investigator reviews the prior history on the family and finds the reporter has made these allegations numerous times and that each investigation was concluded as "Unsubstantiated". The investigation reveals that neglect did not occur and is coded as harassment by the investigator and concluded as Inappropriate Report.

NOTE: In this situation, the investigator should use the information provided from previous reports to assist in the determination. The investigator concluded there was no lack of supervision so the conclusion must be "Unsubstantiated". If the report meets the harassment indicators, the report should be coded as "Harassment" in the CA/N automated system and a referral made to the prosecuting attorney, if warranted.

Related Subject: Section 2, Chapter 4.3.10.1, Harassment Indicators

- Example #4 - A report is taken alleging educational neglect on a 15 year old. The investigator documents the youth had dropped out of high school but verifies that he had enrolled in military school in another city. The investigator notified the school of the change and concluded the report as an Inappropriate Report.

NOTE: The investigator determined there was no educational neglect because it was verified that the youth is enrolled in another school. The conclusion for this report is "Unsubstantiated".

- Listed below is an example of a report that **Does** meet the criteria as an Inappropriate Report:
- Example #5 - A report is taken alleging the lack of supervision of a child reported as 10 years old. During the investigation, the worker verifies the victim's age as 18 years of age.

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NOTE: In this example, the report can be concluded as an “Inappropriate Report” as the investigator verified the victim’s age as 18 years old. The Division does not investigate child abuse and neglect allegations involving victims who are 18 years of age or older. However, if allegations such as sexual abuse are alleged, the report should be referred to law enforcement authorities.

Chapter Memorandum History: (prior to 01/31/07)

[CS03-46](#) , [CS03-51](#) , [CD04-69](#) , [CD04-79](#) , [CD04-89](#) , [CD05-35](#) , [CD05-40](#) , [CD05-50](#) ,
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Memorandum History:

4.1.12 Determining the Level of Intervention

Assess level of risk to the child. In a large part, the level of intervention is based on the risk assessment level. Complete the risk assessment portion of the CPS-1 within thirty (30) days of the CA/N report date.

- Carefully review the risk factors related to the family.
- Determine the overall level of risk and summarize supporting observations.

Related Subject: Section 2, Chapter 9.4, Assessment of Risk

The level of intervention may also be impacted by an active safety plan in which safety interventions developed to control threats of danger may require more frequent contacts. **Interventions designed to control identified threats of danger are always a priority.**

Decisions to remove a child from the household are made when a caregiver's protective capacity is insufficient to control an identified threat of danger and less intrusive safety interventions cannot be agreed upon or will not be effective in controlling the threat and keeping the child safe.

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

Decisions to open a case for Family-Centered Services (FCS) are based on a combination of risk level and a CA/N conclusion.

- All cases which are found by a "Preponderance of Evidence" that physical abuse or neglect exists will be opened for Family-Centered Services unless the victim is otherwise protected from future abuse/neglect.
- "Unsubstantiated" cases will be closed unless the family requests services to improve family functioning and such services are available through the Division or community resources.
- Case opening and services are voluntary for those families where the worker has concluded a report to be "Unsubstantiated-Preventive Services Indicated". However, as the worker has identified indicators that could contribute to potential abuse/neglect, an effort should be made to encourage the family to accept services by:
 - Asking the family to give their perceptions of problems they may be experiencing and possible solutions;
 - Advising the family of problems which the worker identified during the investigative process;

- Advising the family of services available through the Division and community resources which will help to alleviate the stated problems;
- Offering to refer the family for preventive services or community services;
- Offer them time to reconsider and contact you at a later date if the family is hesitant to accept or resistive to services.

The worker should thoroughly document in the case record, the family's response to an offer of services, and the basis for the decision to open/close the case.

Structured Decision Making guidelines regarding opening or closing a case, based on risk assessment level, should be adhered to. **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.**

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

Related Form and Instructions: CPS-1, and CPS-1 Instructions

4.1.12.1 Ex-Parte Issues

When a circuit court or client contacts the county office regarding the issuance of an Ex Parte Order of Protection:

- Assess the need for direct and/or purchased services;
- Determine if purchased services are available;
- Immediately, verbally inform the court that the Division commits to providing appropriate services, indicating limitations;
- Provide the court with a written statement of commitment within five (5) working days from the commitment.

4.1.12.2 Community Involvement

This approach will promote the safety of children and the integrity and preservation of the family. Community agencies/individuals and the Division are to collaborate in providing support, assistance, and services to children and families. This collaboration is to result in the identification of comprehensive local services and to assure access to those services for children and families where there is a risk of abuse or neglect. This collaboration of interdisciplinary team members will involve local law enforcement in conducting investigations. Other interdisciplinary team members could include the juvenile court, city/county health department, etc.

Multidisciplinary service teams are composed of a variety of local resources that work together in providing treatment services. Law enforcement, juvenile officers and school personnel are examples of multidisciplinary team members. The public school district liaison (or principal of a private school) is considered a member of both the interdisciplinary investigation team and multidisciplinary service team. The Division will initiate contact with the school district liaison when a report is received by the Division in which the victim(s) is enrolled in that school district. Ongoing communication between CD staff and the school liaison will facilitate the sharing of information to enhance services provided to children and their families.

Each county should have a comprehensive and current list of available resources in order to initiate treatment services for families within forty-eight (48) hours of service need identification. Each county should consider developing written agreements, describing procedures for accessing and delivering services, with agencies/individuals utilized on a regular basis.

Each county should have procedures in place to address:

- Process for making referrals for services;
- Plan for following up with community resources to determine if services are appropriate and are meeting the family's needs; and
- Plan to ensure information is shared with the appropriate school district liaison, including the status of the report upon completion, when the victim(s) of the report is enrolled in the school district.

4.1.12.3 Referral to Early Childhood Intervention

In all instances that a "Preponderance of Evidence" determination is made regarding a child victim less than three (3) years old, a referral will be made to the Department of Elementary and Secondary Education (DESE) First Steps Program pursuant to the federal mandate of the Child Abuse Prevention and Treatment Act (42 U.S.C. 5101 et seq.),

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who provides early intervention services funded under part C of the Individuals with Disabilities Education Act. The CD-21C (First Steps Cover Letter) with attached **Missouri First Steps Early Intervention System Referral Form** shall be used for this purpose.

Related Subject: CD-21C, and Forms Instructions

The referring worker shall remain available for continued collaboration with the First Steps provider as necessary in order to facilitate the screening process to assist in leading to an adequate level of care for the child.

NOTE: Staff should be sure to complete form SS-6, Release of Information, as required, in order to continue communications with the First Steps provider. If the parent/legal guardian refuses to sign the release, the Children's Service Worker should document the refusal in the case record. If the worker is subsequently contacted by First Steps, the worker shall inform the First Steps staff person that an authorized release was not obtained, and discontinue any further communication.

Chapter Memorandum History: (prior to 01/31/07)

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#),
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Memorandum History:

CD11-86

4.1.13 Compiling the Investigative Record

When the Children's Service Worker determines the conclusion of the Investigation they shall:

Complete: CPS-1, CD-17 and if required the CD-18.

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

Related Subject: Section 5, Chapter 1.1, Record Composition

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 and the 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 investigative conclusion is Unsubstantiated-Preventive Services indicated 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 investigative conclusion is "Preponderance of Evidence."
- Refer to appropriate supervisor for treatment needs assessment if preventive services are indicated.

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4.1.13.1 Updating the FACES Conclusion Screens

Upon conclusion of an investigation found to be substantiated by POE, the worker will update the FACES Conclusion Screen using the POE conclusion code "B". However, levels will be identified which include:

1. **Preliminary Finding** - Upon conclusion of the investigation found to be substantiated by POE, the worker will enter a "B" = POE on the *FACES Conclusion Screen*. Please note the system will display a new field "Deadline for Alleged Perpetrator(s) to Request Review" signifying a due date by which the perpetrator(s) must request such review. This is a display field only.
2. **Preliminary Finding Pending Appeal** - Upon receipt of a request for an administrative review the staff must update the Administrative Review Request Information fields on the *FACES Appeals Screen*.
3. **Final Determination** – Upon exhaustion of all requested administrative and judicial review processes (excluding criminal prosecutions) staff will update the *FACES Appeals Screen* to "Final Determination".

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Memorandum History:

CD11-86

4.1.14 Notifications for Investigation Dispositions

CS-21 Investigation Disposition Form Letter

- Send CS-21 to parents, non-custodial parents (when address is known), alleged perpetrators, and Guardians ad Litem (including Court Appointed Special Advocate) within fifteen (15) calendar days of status determination.

Individuals are only entitled to the disposition of the allegations naming them as an alleged perpetrator and/or any allegation involving their child(ren).

Examples: A hotline is received alleging sexual abuse by an uncle and neglect by the child's parents. The uncle is only entitled to the disposition of the sexual abuse allegations.

A hotline is received involving a blended family. Jane and Jimmy are married. Jane is alleged to have physically abused her daughter, Susie and her step son, Sam. Jimmy is alleged to have physically abused his son, Sam. Jane is entitled to the disposition of the physical abuse allegations against Susie and Sam. Jimmy is only entitled to the disposition for Sam.

When reviewing the CS-21, supervisors should ensure that the correct people are receiving the correct disposition. If it appears that FACES has generated a letter with information the individual does not have a legal right to or if an individual has been left off, staff should make sure that the appropriate role and relationship has been identified on the FACES Participant Characteristics screen.

The CS-21 should mirror the CPS-1 conclusion summary and only include factual information based on the evidence.

For any report that is substantiated by Preponderance of Evidence (POE), staff shall mail the CS-21 to the alleged perpetrator by **certified mail**. By using certified mail to send the notification forms to substantiated perpetrators, it will require the recipient's signature, verifying he/she received the notification of the substantiated finding as well as their appeal rights.

If the certified letter is returned as undeliverable, staff must re-send the CS-21 to the alleged perpetrator through regular mail. Staff may choose to send letters certified and through regular mail simultaneously. If both letters are returned as undeliverable, staff should take other efforts to ensure the CS-21 is provided to the alleged perpetrator including, but not limited to:

- Investigating whether the alleged perpetrator has moved and mailing the CS-21 to the new address.
- Making a home visit and delivering the letter in person
- The CS-21 will include the determination of the investigation as well as the basis for the determination.
- The CS-21 is sent to the alleged perpetrator's parents when he/she is a non-emancipated minor. For any substantiated report, the CS-21 and must be sent by certified mail.
- Document who/when the CS-21 was mailed to on the CPS-1.
- County staff shall inform the Residential Program Unit (RPU) when there is a "Preponderance of Evidence" finding which involves an employee and a child outside the facility in which the individual is employed, by sending a copy of the CS-21 to that unit. The name of the facility should be noted (handwritten on the CS-21 or on cover memo). The Residential Program Unit will use this information to determine if there are safety issues for children in the facility.

Notification Disputes

It is essential that the Division's official records on the case contain a complete, true and accurate copy of all of the CS-21(s) and notices that were sent out. Staff must therefore ensure that copies of the notices are made and in the file.

Staff should be designated to track the notification and appeal process after the completion of the investigation to ensure due process is provided and to ensure alleged perpetrators are appropriately placed on the Central Registry.

Copies of the CS-21 must be retained in the file and all efforts to deliver the CS-21 must be documented. Once the hotline has been approved, this documentation should be placed in the conclusion summary.

If an alleged perpetrator discovers they have been placed on the Central Registry and reports they were never notified of the finding, staff should examine the case record to determine if proper notice was provided. Delayed notification and right to the appeal process may be provided on a case-by-case basis when the record indicates proper notice was not provided. If a delayed notification is provided, the alleged perpetrator's name must be removed from the registry until the new appeal process is exhausted. The Circuit Manager should contact the CA/N Program Development Specialist in Central Office to assist in making this change in FACES.

Related Subject: CS-21a Form and Instructions

CS-21B Reporter Disposition Notification Letter

This form letter is completed by the Children's Service Worker 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 have requested in writing to the local office disposition information.

Related Subject: CS-21B and Form Instructions

CD-21C First Steps Cover Letter

Local staff are now required to make a referral to the local Department of Elementary and Secondary Education (DESE) First Steps Program in all instances that a "Preponderance of Evidence" determination is made regarding a victim less than three (3) years old.

The CD-21C (First Steps Cover Letter) with attached **Missouri First Steps Early Intervention System Referral Form** shall be used for this purpose, and distributed as follows:

- The originals are sent to DESE First Steps local agency, which can be located at: **First Steps Contact Information Page**
- A copy is sent to the custodial parent (and/or a copy sent to the resource provider if applicable); and
- A copy is retained in the investigation record.

The CD-21C and attachment shall be mailed within fifteen (15) calendar days of status determination.

NOTE: For any victim who is in the custody of the Children's Division, staff shall identify the resource provider as a surrogate parent and include such name and contact information within the "Family Information" section of the Missouri First Steps Early Intervention System Referral Form.

Related Subject: CD-21C and Form Instructions

NOTE: Tracking of disclosures should occur pursuant to Child Welfare Manual Section 5, Chapter 2.7, Health Insurance Portability and Accountability Act (HIPAA).

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4.1.15 Notifying the Non-Custodial Parent

The non-custodial parent shall receive notification of the disposition of the investigation with the sending of a CS-21.

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Memoranda History:
CD16-05

4.2 Involving Law Enforcement and the State Technical Assistance Team

If a report is classified as an investigation, CD will immediately notify the appropriate local law enforcement agency to assist in the investigation. Staff should have agreements/protocols in place with local law enforcement agencies, which outline procedures to be followed in conducting co-investigations.

Current law requires the Division to co-investigate reports which, if true, would constitute a suspected violation of specific laws (210.145.3(4), RSMo. These laws are listed on the reverse side of the CPS Screening Classification Form – CS 27). In order to gain the best working relationship with law enforcement, staff shall develop local protocols with law enforcement and determine how they can best work together. During the initial contact with law enforcement, it may be decided that Division staff will begin the investigation and make a follow-up report to law enforcement, if needed. One example when Division staff and law enforcement may jointly decide that CD should proceed alone is when, despite the presenting allegations, alternative information known to one party or the other indicates the report may be harassment.

The appropriate law enforcement agency shall either assist the Division in the investigation or provide, within 24 hours, an explanation in writing, detailing the reasons they are unable to assist (210.145.3(4), RSMo.). Direct observation of the child(ren) shall not be delayed beyond 24 hours when waiting for law enforcement to respond. Staff will document the request for assistance on the CPS-1, Child Abuse Investigation/Family Assessment Summary, and file the written response from law enforcement in the case record, should law enforcement not assist.

4.2.1 State Technical Assistance Team (STAT)

4.2.1.1 Definition:

The authority for the existence and function of the State Technical Assistance Team is found in **Chapter 660.520 RSMo. State Technical Assistance Team for Child Sexual Abuse Cases, Duties...** “There is hereby established in the Department of Social Services a special team, to be known as the “State Technical Assistance Team”, to assist in cases of child abuse, child neglect, child sexual abuse, child exploitation, child pornography, or child fatality. State Technical Assistance Team investigators licensed as peace officers by the Director of the Department of Public Safety pursuant to chapter 590, RSMo, shall be deemed to be peace officers within the State of Missouri while acting in an investigation or on behalf of a child. The power of arrest of a State Technical Assistance Team investigator acting as a peace officer shall be limited to offenses involving child abuse, child neglect, child sexual abuse, child exploitation, child pornography, or child fatality or in situations of imminent danger to the investigator or another person...”

4.2.1.2 Types of Situations Investigated by STAT:

- Child Fatalities
 - Includes all fatalities involving children in the care, custody, control or supervision of the State of Missouri.
 - All other requests for child fatality investigations or assists.
- Sexual Abuse
- Physical Abuse
- Computer Exploitation/Pornography/Neglect/Others
- High Profile Cases
 - Includes cases receiving media coverage.
- Conflict of Interest Cases
 - Includes cases in which the alleged perpetrator is a law enforcement official, juvenile officer, Children's Division employee, etc.
- CA/N's Involving Multiple Jurisdictions
 - Including cases in which multiple victims of the same alleged perpetrator have come forward.

4.2.1.3 Making a Referral to STAT:

A referral to STAT can be made by Missouri law enforcement agencies, State and Federal Prosecutors, Medical Examiners and Coroners, Family or Juvenile Court, Department of Social Services (Administrators, Children's Division, Division of Youth Services and Division of Legal Services), Department of Mental Health and Federal law enforcement agencies.

All staff considering a CA/N for referral should consult with their direct supervisor with the final decision being approved by the Regional Director or their designee. If the decision is made to refer to STAT, initiate the process after consulting with local law enforcement officials. In some areas there may be an established standing agreement that all serious cases of child abuse/neglect be referred to STAT, however, in those cases it is still expected for the Children's Service Worker to complete the referral after

reviewing the matter with their direct supervisor with final approval of the Regional Director or their designee.

Initial contact to STAT may be made by telephone at 573-751-5980 with a subsequent request formalized in writing on the State Technical Assistance Team (STAT) Request for Assistance Form, which will either be E-mailed or faxed to the requesting personnel by STAT personnel.

STAT will then assess the request to determine acceptance and/or refusal. If accepted, STAT will begin a co-investigative process with CD. If the request is refused, STAT will notify the requesting personnel/agency in writing, explaining the reason for their refusal.

4.2.1.4 The Role of STAT and CD Co-Investigating:

Consistent with the aforementioned definition of authority and purpose of STAT, any STAT investigator involved in the co-investigation of a reported concern of child abuse or neglect is functioning in the role of a licensed peace officer as endowed by the Director of the Department of Public Safety pursuant to Chapter 590, RSMo. Cases in which there are no other law enforcement agencies involved, STAT will take the lead role in completing the pending criminal investigation.

STAT's involvement in Children's Division cases is appropriate when deemed necessary; however, their involvement is not a substitute for Children's Division. STAT's involvement **does not** relieve a Children's Service Worker of their responsibility to investigate reports of child abuse and neglect, to make appropriate contact with families, and to assume responsibility for the initial and on-going safety assurances of children during the investigation.

When working with STAT, the Children's Service Worker is still responsible for conducting a thorough investigation in accordance with Children's Division policy, including:

- Notifying law enforcement of the report;
- Assuring child safety;
- Establishing appropriate safety plans;
- Making contact with family members and alleged perpetrator(s). (Note: the Children's Service Worker may cooperate with STAT and/or law enforcement as to who will conduct the interview with the alleged perpetrator or other parties);
- Reaching a conclusion and documenting the finding in FACES; and,

- All other duties required by Children's Division policy when conducting an investigation.

Note: If STAT and/or law enforcement are involved, the agencies may cooperate regarding certain actions taken during the investigation (such as who will conduct the perpetrator interview). However, the Children's Division is responsible for all on-going safety planning and monitoring.

4.2.1.5 Resources Available to STAT:

The STAT has resources available for use during the investigative process that at times will need to be accessed to complete a thorough investigation, such as: a medical doctor specializing in pediatric medicine on staff; forensic interviewers to complete alleged victim interviews, witness and alleged perpetrator interviews/interrogations, and, technical assistance in matters requiring forensic specialists in matters involving computer exploitation, pornography, neglect, etc.

4.2.1.6 Delayed Conclusions Involving STAT:

Should there be a good cause for failure to complete the investigation in the information system within the allotted time period of 30 days, the delayed conclusion of an investigation involving STAT should be given the same considerations set forth in the Child Welfare Manual that would apply to delayed conclusions of co-investigations involving law enforcement.

NOTE: Do not delay conclusion of the CA/N report because the explanation has not been received from law enforcement.

Rationale for Joint Investigations

In those reports where both law enforcement and CD are mandated to do an investigation, teamwork offers several potential benefits, both to the child victim and to the professionals involved in the case. Coordinated responses can reduce the number of interviews a child undergoes. It can minimize the number of people involved in a case and avoid duplication of efforts. Teamwork can enhance the quality of evidence needed for trial. The transition from investigation to intervention can also be smoother (Findley, 1991; National Institute of Justice, 1991; Pence & Wilson, 1992). Other benefits of multidisciplinary investigation teams include:

- Direct communication and exchange of information;
- Skill improvement of team members because of sharing different perspectives (Skaff, 1988);
- Enhance efficiency through joint investigation; and

- A joint investigation can also expedite treatment.

If a law enforcement official is available, arrange a pre-interview conference to discuss complaint and plans for investigation. If a law enforcement official is unavailable or unable to conduct a co-investigation, proceed with the investigation as required. A law enforcement official may join the investigation at any time during the process.

Methamphetamine Labs

For reports alleging the operation of a methamphetamine laboratory, proceed with locally identified law enforcement officials designated to conduct methamphetamine investigations. Staff should never enter a household that they have reason to believe may contain a methamphetamine laboratory. Trained law enforcement officials, DEA agents, or specified drug task force members are responsible for completing the criminal investigation. Completion of the CA/N investigation will occur simultaneously with the criminal investigation when possible. Local protocol should be established for responsibilities of each agency during the investigation of a home containing a methamphetamine laboratory.

Related Subject: Section 2, Chapter 4, Attachment J [Meth Lab Emergency Response Protocol](#) and Section 7, Chapter 27, [Methamphetamine \(Meth"\) Use; Clandestine Methamphetamine Laboratories; and Guidelines](#)

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

[CS03-46](#) , [CS03-51](#) , [CD04-69](#) , [CD04-79](#) , [CD04-89](#) , [CD05-35](#) , [CD05-40](#) , [CD05-50](#) ,
[CD05-51](#) , [CD05-68](#) , [CD05-72](#) , [CD06-09](#) , [CD06-15](#) , [CD06-34](#) , [CD06-67](#) , [CD06-78](#)

Memoranda History:

CD08-71

4.3 Special Investigations

When a Child Abuse/Neglect report is received, staff shall determine if the report requires special investigation procedures. Staff are responsible for CA/N investigations of the following persons as described in subsections 4.3.1 through 4.3.11 below:

4.3.1 Juvenile Court Employee

When alleged perpetrator is a juvenile court employee, staff shall contact appropriate law enforcement agency in order to begin co-investigation if report alleges sexual abuse or other severe abuse/neglect.

NOTE: When the alleged perpetrator is a juvenile court employee, the Juvenile Officer will not be asked to assist in the investigation.

- If law enforcement official is available, arrange pre-interview conference to discuss complaint and plans for investigation.
- If law enforcement official is not available or unable to conduct co-investigation, proceed with investigation as required. Law enforcement official may join investigation at any time during process.

Notify administrator of the juvenile court facility and notify Circuit or Prosecuting Attorney of report and that an investigation is being conducted.

Notify parents (of subject child) of report and that an investigation is being conducted.

Notify CD office in county of jurisdiction, if child is in CD care and custody, at time of report, and of the results of investigation.

Request CD office in county of jurisdiction, if different, to notify their juvenile office if the child is under juvenile court jurisdiction, of the report, and that an investigation is being conducted and of results of investigation.

Complete investigation jointly with all co-investigators to gather relevant data. Arrange post-investigation conference to review findings.

- Interview victim;
- Interview witness(es) named by victim;
 - In group situations, where not all children are listed as victims, request a representative sample, i.e., 10%, to avoid interviewing a large number of children.

NOTE: Using judgment, the CA/N investigator may request that the juvenile court facility administrator select the children to be interviewed. However, the CA/N investigator may elect to select the children if the administrator is an alleged perpetrator or otherwise compromises the investigation.

Report in writing, findings to juvenile office:

- The juvenile court facility is considered an alleged perpetrator if the child is a resident of the juvenile court facility at the time of the CA/N and the CA/N is caused by; actions and/or inactions, or written or unwritten policies of the juvenile court facility.

Notify parents (of subject child) and alleged perpetrator of results of investigation per the CS-21.

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

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Memoranda History:

4.3.2 DYS/DMH Employee

When alleged perpetrator is a DYS or DMH employee:

1. Contact appropriate law enforcement agency in order to begin co-investigation if report alleges sexual abuse or other severe abuse/neglect.
 - If law enforcement official is available, arrange pre-interview conference to discuss complaint and plans for investigation.
 - If law enforcement official is not available or unable to conduct co-investigation, proceed with investigation as required. Law enforcement official may join investigation at any time during process.
2. Notify appropriate administrator of DYS or DMH facility of report and that an investigation is being conducted.
3. Notify CD office in county of jurisdiction, if child is in CD care and custody, at the time of the report and of the results of the investigation.
4. Request CD office in county of jurisdiction notify the juvenile court which committed the subject child.
5. Notify parents (of subject child) of report or that an investigation is being conducted.
6. Complete investigation jointly with all co-investigators to gather relevant data. Arrange post-investigation conference to review findings:
 - Interview victim.
 - Interview witness(es) named by victim.
 - In group situations, where not all children are listed as victims, request a representative sample, i.e., 10%, to avoid interviewing a large number of children.

<p>NOTE: Using judgment, the CA/N investigator may request that the DYS or DMH administrator select the children to be interviewed. However, the CA/N investigator may elect to select the children if the administrator is an alleged perpetrator or otherwise compromises the investigation.</p>

7. Notify DYS or DMH Facility administrator of results.
8. Notify parents (of subject child) and alleged perpetrator of results of the investigation per the CS-21.

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Memoranda History:

4.3.3 Adoptive Family

When the alleged perpetrator is a Division approved adoptive family and has a child in placement and the child is the subject of report:

1. Assign alternate investigative worker (not the worker providing placement support services).
2. Notify CD office in county of jurisdiction, if different, at the time of the report and of the results of the investigation.
3. Request CD office in county of jurisdiction to notify the juvenile court having custody of subject child of report, that an investigation is being conducted, and of results of investigation.
4. Contact appropriate law enforcement agency in order to begin co-investigation if report alleges sexual abuse or other severe abuse/neglect.
 - If law enforcement official is available, arrange pre-interview conference to discuss complaint and plans for investigation.
 - If law enforcement official is not available or unable to conduct co-investigation, proceed with investigation as required. Law enforcement official may join investigation at any time during process.

Report investigation results to Children's Service Supervisor or designee verbally and confirm results in writing within thirty (30) days.

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

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#),
[CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

Memoranda History:

4.3.4 Law Enforcement Official

When the alleged perpetrator is an employee of the law enforcement agency that normally would be involved in the co-investigation:

- Notify CD office in county of jurisdiction, if child is in CD care and custody, at time of report and of results of investigation.
- Request CD office in county of jurisdiction to notify the juvenile court, if court has custody of subject child, of report, that an investigation is being conducted, and of results of investigation.
- Contact appropriate co-investigator, as outlined in local co-investigation policy, in order to begin investigation if report alleges sexual abuse or other severe abuse/neglect.

Related Subject: Section 2, Chapter 4.2, Involving Law Enforcement

- If co-investigator is available, arrange pre-interview conference to discuss complaint and plans for investigation.
- If co-investigator is not available or unable to conduct co-investigation, proceed with investigation as required. Co-investigator may join investigation at any time during process.
- Notify parent (of subject child), if different from alleged perpetrator, of report and that an investigation is being conducted.
- Complete investigation with all co-investigators to gather relevant data. Arrange post-investigation conference to review findings.

Report, in writing, findings to juvenile office:

- The law enforcement agency is considered an alleged perpetrator when the child is in its custody and the CA/N is caused by: actions or inactions, or written or unwritten policies of the law enforcement agency.

Notify parents (of subject child) and alleged perpetrator of results of investigation per CS-21.

Chapter Memorandum History: (prior to 01/31/07)

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#),
[CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

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Memorandum History:

4.3.5 CD Employee/Family Member Involved in a CA/N Report

Procedure for CA/N reports in which the alleged perpetrator or victim is an employee or an employee's immediate family or household member has been revised as follows:

- CANHU will call the Regional Office who will determine a county other than where the employee, immediate family member or household member resides who would be most appropriate to conduct the investigation;
- CANHU will then send the report to the county of assignment;
- CANHU will also send a courtesy alert to the Region;
- CANHU will contact the county of assignment to relay narrative and reporter information by phone;
- The county of assignment will conduct an investigation/family assessment according to the appropriate track response; and
- At the conclusion of the investigation/family assessment a written report and findings will be forwarded to the Regional Office.

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

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#),
[CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

Memoranda History:

4.3.6 Educational Neglect/Home Schooling

When a report is received with allegations of educational neglect/home schooling because the parent(s) or other responsible caretaker(s) are educating their children at home:

- Initiate the investigation according to Section 2, Chapter 4.1.

Upon being advised that the parent(s) or other responsible caretaker(s) is providing education in the home, the investigation shall cease, and the worker shall:

- a. Refer case to superintendent or designee of school district of child's residence, inform parent(s) of this action, and forward written report to the school within (3) working days of being advised by parent(s); and

Related Subject: Section 2, Chapter 8.3.1, Guidelines for Letter to School Districts on Reports Concluded as Home Schooling

- b. Refer the case to the juvenile office.

CA/N-1 conclusion code will be coded as "I" for Home Schooling. The category of CA/N should be coded "7" for None - Home Schooling. Worker's specific findings and severity should be left blank.

If family refuses to allow Children's Service Worker to interview subject child, and the only allegation is educational neglect/home schooling, the only referral made is to the local school district.

If other CA/N allegations are present, Children's Service Worker proceeds as family assessment or investigation.

If the report concerns a foster child, the Children's Service Worker shall verify that the resource family has filed a signed, written declaration of enrollment with the Recorder of Deeds stating their intent for the foster child to attend a home school. This verification must be documented in the foster child's file. The Recorder of Deeds may charge a service fee of not more than one dollar for each notice filed. The worker should also notify the chief school officer in the public school district where the child legally resides. The home school educator is to provide documentation of the child's progress on a quarterly basis. This documentation will ensure that a monitoring program is in place.

Related Subject: Section 1, Chapter 1, Roles and Responsibilities of Children's Division, Supervisor, Agency Administrator, and Children's Service Worker

If worker determines that "true" educational neglect is occurring (i.e., no education - public, private, home, etc. is taking place), then the investigation shall proceed in the usual manner as described in Section 2, Chapter 4.1.

If report contains other allegations of abuse/neglect in addition to the allegation of educational neglect/home schooling or if other incident(s) of abuse/neglect are observed during the course of the investigation:

- Follow procedures as outlined above in regard to allegation of educational neglect;
- Clarify with parents that further investigation is needed relating to other allegations;
- Complete investigation of other allegations;

NOTE: Reports involving educational neglect/home schooling and any other type of abuse or neglect will be treated as two separate reports with separate CA/N-1's being completed. Contact CANHU to set up a second report.

- In the event that the initial report involves only educational neglect, but during the course of the investigation the Children's Service Worker observes other abuse or neglect, he/she will report the other allegations to CANHU as a separate initial report and proceed with an investigation of those allegations.

If a subsequent report of educational neglect is received regarding home schooling, and procedures have been followed, take action as follows:

- Contact the school district to provide subsequent information/report;
- Complete the CA/N-1 reporting the "Home Schooling" code and noting the referral.

NOTE: A new investigation status date will be entered on the CA/N-1 for subsequent reports.

- Notify the juvenile court of results of the CA/N investigation if status is "Preponderance of Evidence".

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

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#),
[CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

Memoranda History:

4.3.7 Out-of-Home Care Providers

Out-of-home care providers are investigated by the **Out-of-Home Investigation (OHI) Unit**. Out-of-home care providers are those individuals or agencies who exercise care, custody and control or supervise a child for all or part of a twenty-four hour day in a facility which provides for the care, treatment and/or education of children, including:

- Child Care Home/Center
- Nursery School
- Residential Treatment Center
- Group Home
- Foster Parents
- Division of Youth Services (DYS) Facility
- Juvenile Court Facility
- Department of Mental Health (DMH) Facility
- Public, Private and Parochial School
- Health Care Facility

NOTE: For the purposes of this section, all licensed facilities, contractual facilities, exempt, and approved homes are considered out of home.

Typically, a report that involves an out-of-home care provider will be initially screened and assigned directly to the OHI Unit by CANHU, and a courtesy alert sent to the county. However, if during the course of a regular investigation the worker becomes aware of a provider status indicated above of the alleged perpetrator, staff should contact the CANHU immediately to determine if re-assignment to the OHI Unit is warranted.

Related Subject: Section 2, Chapter 7, Out of Home Investigations (OHI)

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

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#),
[CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

Memoranda History:

4.3.8 Fatality, Near-Fatality, Abuse/Neglect or Other Critical Event

Staff will receive notification of a child fatality through alert by CANHU of a Fatal Child Abuse/Neglect Report and/or a Non-CA/N fatality referral (F-referral).

If staff becomes informed of the death or near-fatality of a child through any other source, staff should immediately advise the supervisor that a fatality or near-fatality has been reported. The supervisor shall verify in the CA/N automated system that either a CA/N report or an F-referral has been made. Allegations of child abuse/neglect must be reported to CANHU pursuant [§210.115 RSMo](#) . Additionally, Missouri law requires the Medical Examiner to report the death of any child in Missouri.

Related Subject: [Section 7 Glossary/Reference: Near Fatality](#)

Related Subject: Section 1 Chapter 4.7 [Roles and Responsibilities of the Medical Examiner/Coroner](#)

The CA/N investigation shall be completed according to [Section 2, Chapter 4, Investigation Response](#) , and with the following additional actions to be taken by the Children's Service Worker assigned to the investigation.

Pursuant to §210.145, the Division's investigation of a child fatality or near-fatality shall remain open until the Division's investigation surrounding the child's death or near-fatality has been completed.

Related Subject: Section 2 Chapter 4.3.8.2 [Child Fatalities during a Pending Investigation](#)

Thoroughly check the FACES system for all current or prior Children's Division history on all persons listed on the CA/N report. Be sure to conduct a prior history search for all persons listed with any available DCN, date of birth, social security number, or name. Document findings in the investigation record, and include on the CS-23 and Fatality/Critical Event Summary as required.

A CS-23 is not required if the Division determines in this review the fatality/near fatality was:

- **Non-CA/N related**
- **Did not involve a child with an open case (e.g., FCOOHC, FCS, IIS or CA/N report/referral).**

Assess the safety of any surviving children. A safety assessment must be completed on any child who will remain in the home. Staff will also determine if the alleged perpetrator has been residing in the same home. Staff must document in the investigation record how safety was assured of any other

household children. If safety was not assured, staff shall immediately contact law enforcement when any child is in immediate danger to notify them of the imminent safety concern and request their assistance in assuring the child(ren)'s safety; and additionally request in writing the juvenile officer file a petition with the juvenile court for removal of other children remaining in the home with the alleged perpetrator at any time their safety cannot otherwise be assured.

If either law enforcement or the juvenile officer is unwilling, or otherwise unable to assist, including the failure to take protective custody when recommended by the Division, staff shall immediately inform their supervisor. The supervisor shall assure that all relevant information has been shared with law enforcement and juvenile officials. The supervisor shall determine if a referral to the Division of Legal Services (DLS) is warranted, and take appropriate action as necessary. Staff shall document the refusal and, if known, the reasons for the lack of assistance from law enforcement or juvenile officials in the investigation record.

Field staff will notify Central Office through supervisory channels, within specified timeframes, of the fatality by completion of a CS-23 and Critical Event Report as indicated in Section 2, Chapter 4.3.8.1, Critical Events Reporting and Review Protocol.

Staff should also provide designated Probation and Parole staff with a copy of the Critical Event Report, CS-23 involving a common client when such notification is reasonably necessary to ensure the safety of a child or assist in the investigation of an allegation of abuse or neglect involving the common client as the alleged perpetrator.

Contact other county offices or states where the alleged perpetrator has resided, as indicated, for purpose of obtaining additional information, including requesting prior case records.

Contact other county offices or states where the family has previously resided, as indicated, for purpose of obtaining additional information, including requesting prior case records.

Prepare and submit form, report to Probation and Parole ([CAN-5](#)), to the Probation and Parole officer, or other appropriate pre-sentencing investigator, when an alleged perpetrator has been found guilty of a criminal charge of child abuse or neglect. A cover letter from the local office to the investigator must be attached to the report explaining its purpose.

Participate in case reviews conducted by CAC.

Participate in the Child Fatality Review Panel (CFRP) meeting as requested by the CD panel chairperson. Share all information compiled during the investigation with the Children's Division member of the panel in order to assure that the panel has the most current findings.

Related Subject: Section 2, Chapter 4, Attachment N, [Child Fatality Review Panels](#).

Communicate with the CD staff representative on the CFRP to determine how the coroner/medical examiner will code the manner of death on the death certificate. This will ensure that the code entered for “Manner of Death” on the CA/N-1 will reflect the same finding.

The Children’s Service Worker shall update the CA/N-1 to reflect the fatality in the CA/N automated system. Staff should ensure the automated system reflects the fatality status of the victim by adding the date of death, manner of death, and a severity code of fatal (E). The addition of this fatality information in the automated system is critical to the Division’s ability to accurately document these fatalities.

4.3.8.1 CA/N and Non-CA/N Fatality Review

When a child fatality is reported to CANHU, notification is sent to the county office through one of the following alerts:

- Fatal Child Abuse/Neglect Report
- Non-CA/N Fatality Referral (F-referral)

If staff becomes informed of the death or near-fatality of a child through any other source:

- Staff shall immediately advise the supervisor that a fatality or near-fatality has been reported.
- The supervisor shall verify in FACES that either a Child Abuse/Neglect Report or an F-referral has been made.
- Any allegations of child abuse or neglect must be reported to CANHU. (Chapter [210.115](#) RSMo)

Medical Examiners are required to report the death of any child in Missouri less than 18 years of age to the Children’s Division. (Sections [58.772](#) and [210.115](#) RSMo)

Related Subject: Section 1 Chapter 4.7 [Roles and Responsibilities of the Medical Examiner/Coroner](#).

The CD worker assigned to the report shall:

- Complete the investigation according to *Section 2, Chapter 4, [Investigation Response](#)* .
- Thoroughly review the FACES system for current involvement or prior history with the Division on all persons listed with available DCN, date of birth, social security number, or name on the CAN report using the *Call/Case Prior History Search* screen.
- Determine if the alleged perpetrator has been residing in the same home.
- Assess the safety of any surviving children and any child remaining in the home and document how safety was assured in the investigation record.

If safety was not assured:

- The CD worker will contact law enforcement immediately to request assistance in assuring child safety when there is an imminent safety concern.
- The CD worker will request in writing that the juvenile officer file a petition with the juvenile court for removal of the child in a near-fatality case and/or other children remaining in the home with the alleged perpetrator *if the child is in imminent danger of death, serious physical injury, or sexual abuse*
- Recommend filing of petition requesting assertion of jurisdiction in cases where the child is not in imminent danger of death, serious physical injury, or sexual abuse but the child otherwise lacks the proper care, custody or support required by law.
- *The CD worker will immediately inform the supervisor* if either law enforcement or the juvenile officer is unwilling, or otherwise unable to assist, including the failure to take protective custody when recommended by the Division.
- The supervisor shall assure that all relevant information has been shared with the law enforcement and juvenile officials and determine if a referral to the Division of Legal Services is warranted, and take appropriate action as necessary.
- The CD worker shall document the refusal and, if known, the reasons for the lack of assistance from the law or juvenile officials in the investigation record.

Additionally the CD worker will:

- Contact other county offices or states where the alleged perpetrator and/or the family have resided, as indicated, to request prior case records and to obtain additional information.
- Send a *Child Abuse/Neglect Report to Probation and Parole (CA/N-5)*, to the perpetrator's probation and parole officer or other appropriate pre-sentencing investigator, when an alleged perpetrator has been found guilty of a criminal charge of child abuse or neglect. *A cover letter from the local office to the investigator must be attached to the report explaining its purpose.*

Child Fatality Review Panel (CFRP)

A representative from the Children's Division shall participate in the *Child Fatality Review Panel (CFRP)* meeting as requested by the CD panel chairperson.

- The CD representative shall share all information and current findings compiled by the CD investigator with members of the panel.
- The CD staff representative on the panel will share with the CD investigator what the coroner/medical examiner will code as the manner of death on the death certificate.

Related Subject: Section 2 Chapter 4 Attachment N: Child Fatality Review Panels

- The CD worker shall update the CA/N-1 to reflect the fatality in FACES. Staff should ensure FACES reflects the fatality status of the victim by adding the date of death, manner of death and a severity code of fatal (E).
- The supervisor will notify Central Office through supervisory channels, within specified timeframes, of the fatality by completing a Critical Event Report (CS-23).

4.3.8.2 Child Fatalities and Near-Fatalities during a Pending Investigation

CA/N Investigations that involve child fatalities or near-fatalities shall remain open until the Division's investigation surrounding the child's death or near-fatality has been completed, pursuant to § [210.145.15](#) RSMo.

Staff should identify whether the CA/N Investigation involves a "child fatality" or "near-fatality" on the FACES *Delayed Conclusion* screen.

Prior to closing the pending investigation, staff must document in the narrative one of the following:

- Findings of the investigation surrounding the child's death;
- Conclusion of Child Fatality Review Board; or
- Child Fatality Review Board found circumstances did not warrant review. (example: non-suspicious natural causes)

4.3.8.3 Fatality/Critical Event Reporting and Review Protocol

The Critical Event Protocol is a process for the reporting, reviewing and documenting the Division's response to significant events involving a child, such as child deaths, suicides or serious physical injury as well as other circumstances requiring critical event response.

4.3.8.3.1 Critical Event Categories

Critical events are classified by category, which determines the Division's response. Categories are as follows:

Category A

- Child fatality, near fatality, suicide or serious physical injury
- Resulting from alleged CA/N
- There is relevant CD involvement

Category B

- Child fatality, near fatality, suicide or serious physical injury
- Result of alleged CA/N or non-CA/N
- Involved in an open FCS case, IIS case or occurred during a pending hotline

Category C

- Child fatality, near fatality, suicide or serious physical injury
- Result of alleged CA/N or non-CA/N
- The child is a foster child

Category D

- Child fatality, near fatality, suicide or serious physical injury
- Result of alleged CA/N
- There is no CA/N history or no relevant CA/N Involvement

Category E

Events that do not meet category A-D criteria; are still considered serious; and meet one or more of the following criteria:

- *Media Attention* – has or is likely to generate media attention
- *Child in foster care* who was subjected to sexual abuse, exploitation or assault
- *Human Trafficking* – Reported allegations when a child is a victim of human trafficking (e.g., abusing a child through forced labor, slavery, involuntary servitude, peonage, sexual exploitation, sexual trafficking)

Definitions for Critical Events

Serious Physical Injury

An injury which creates a substantial risk of death or that causes serious permanent disfigurement or protracted loss or impairment of the function of any bodily member or organ. [See (42 USCS § 247d-6d (10))]

Near-Fatality

"An act that, as certified by a physician, places the child in serious or critical condition." For example, if hospital records reflect that the child's condition is "serious" or "critical," this would be considered a "near fatality". [See (Child Abuse Prevention and Treatment Act (CAPTA), as amended (42 U.S.C. 5101 et seq.) - sections 106(b)(2)(B)(x) and (b)(4(A))]

Definitions for “Other” events requiring a critical event response

Sexual Abuse

The term “sexual abuse” is defined as, “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 years of age, section 567.050, RSMo if the victim is less than eighteen years of age, sections 568.020, 568.060, 568.080, or 568.090, RSMo, sections 573.025, 573.035, 573.037, or 573.040, RSMo or an attempt to commit any of the preceding crimes;

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."

Sexual Assault

The term "Sexual Assault" shall include the following:

- Chapter 566 [Sexual Offenses](#) - The acts of rape, forcible rape, statutory rape (1st and 2nd degree), sexual assault, sodomy, forcible sodomy, statutory sodomy (1st and 2nd degree), child molestation (1st and 2nd degree), deviate sexual assault, sexual misconduct and sexual abuse, or attempts to commit any of the aforesaid
- 568.020 [Incest.](#)
- 568.060 [Abuse of a child and penalty.](#) - The act of abuse of a child which involving sexual contact
- 568.080 [Child used in sexual performance, penalties.](#) - The act of use of a child in a sexual performance; and
- 566.151 [Enticement of a child, penalties.](#) - The act of enticement of a child or any attempt to commit such act.

Human Trafficking

- 566.200 (16) "Victim of trafficking", a person who is a victim of offenses under the following sections:
- 566.203 [Abusing an individual through forced labor--penalty.](#)
- 566.206 [Trafficking for the purpose of slavery, involuntary servitude, peonage, or forced labor--penalty.](#)
- 566.209 [Trafficking for the purpose of sexual exploitation--penalty.](#)
- 566.212 [Sexual trafficking of a child--penalty.](#)
- 566.213 [Sexual trafficking of a child under age twelve—affirmative defense not allowed, when--penalty.](#)

4.3.8.4 Critical Event Report (CS-23) Procedure

When a Children's Service Supervisor becomes aware of a CRITICAL EVENT or an OTHER event requiring critical event notification, the supervisor will:

- Complete a CS-23 and send to Central Office and CC the Circuit Manager and Regional Director via email at:

DSS.CD.CriticalEventReport@dss.mo.gov

- If unable to access email, fax CS-23 form to 573-526-3971.

The Supervisor must also assure the CD Director/Designee is notified immediately.

CS-23 must be initiated as follows:

Category A, B and C

- Business Hours - Within 3 hours
- After Hours - By 10 a.m. the following business day

Category D or E

- Within one Business day
- Unless media involved (refer to A, B, C timeframes)

Thoroughly review the FACES system for current involvement or prior history with the Division on all persons listed with available DCN, date of birth, social security number, or name on the CA/N report using the *Call/Case Prior History Search* screen.

If the residence county or state differs from the county receiving information, the county that received the information is responsible for completing the CS-23. However, the reporting county may need to explain on the form that the other county (or state) may have additional information.

Staff should provide designated probation and parole staff a copy of the CS-23 when a common client is involved and notification is reasonably necessary to ensure the safety of a child or to assist in the CA/N investigation.

4.3.8.5 Critical Event Response

The purpose of the Critical Event Response is to evaluate a Children's Division employee's performance and the employee's ability to competently perform his/her duties following the fatality, near fatality, or serious injury of a child who is, or has been, involved with the Children's

Division. The process may include three parts, which will be referred to as Critical Event Response Parts I, II, and III. Parts I and II, if needed, shall be completed by the Regional Director or designee no later than three days after the child's death or within three days of the Children's Division receiving notification of a near fatality or serious physical injury*.

Critical Event Response Part I:

The preliminary assessment (Critical Event Response Part I) will be completed by the Regional Director or designee. The preliminary evaluation is a process to determine whether further evaluation, including a review and assessment, is warranted. The Critical Event Response Flowchart is available to guide the process and to assist with decision-making. A review and assessment (Critical Event Response Part II) shall take place under the following circumstances.

- A fatality, near fatality, or serious physical injury* involving a child with an open Family Centered Services and/or Intensive In-Home Services case, or a child that is named in an open investigation or family assessment when child abuse or neglect is suspected
- A fatality, near fatality, or serious physical injury* involving a child in foster care (legal status 1) when child abuse or neglect is suspected
- A fatality, near fatality, or serious physical injury* of a child with relevant Children's Division involvement when child abuse or neglect is suspected
- Upon the request of the Regional Director or designee

The preliminary assessment shall be completed no later than three days after the child's death or within three days of the Children's Division receiving notification of a near fatality or serious physical injury*.

Critical Event Response Part II:

If it is determined, based on the preliminary evaluation (Critical Event Response Part I,) that criteria is met to warrant further review, the Regional Director or designee will complete Critical Event Response Part II to determine whether the investigator, case manager, supervisor, and/or circuit manager are able to perform his/her duties competently. Based on the Regional Director or designee's knowledge of the situation, he/she will identify the parties to be reviewed. A thorough review of staff ability and competency should be completed. A "Review and Assessment Guide" is available to assist with this process; however, use of the form is not required.

Child Abuse and Neglect Hotline Unit management will receive notification of incidents that warrant an assessment and review (Critical Event Response Part II.) Following notification, they are to assess staff

competency, specifically as it relates to prior reports made to the Child Abuse/Neglect Hotline Unit involving the child who is now deceased or who has sustained serious physical injury.

The assessment and review (Critical Event Response Part II) shall be completed no later than three days of the child's death or within three days of the Children's Division receiving notification of a near fatality or serious physical injury*. A "Review and Assessment Guide" is available to assist with the review; however, use of the form is optional.

Competencies and functioning of Children's Division staff should be considered during this review. Information related to the Children's Division's knowledge of, and involvement with, the family should also be considered.

Two tracks have been developed with questions and suggestions to assist with this process.

CD STAFF TRACK	CHILD/FAMILY TRACK
How long has the CD staff member worked for the agency and/or worked in this capacity?	What was the family's history with the CD?
How long has the CD staff member been assigned to work with this child/family?	Was this case appropriately assigned?
What is the CD staff member's caseload size?	What was the safety plan?
Have there been concerns related to this CD staff member's performance?	What additional information can be provided through a review of the record?
What information does a review of the record provide about the worker's ability to follow CD policies?	What is the current situation?
How are the CD staff member(s) and the Circuit as a whole coping in response to the recent event?	

Critical Event Response Part III:

After completing Parts I and II, the Regional Director or designee may determine that further assessment is warranted. Critical Event Competency Guides for Children's Service Workers, Children's Service Supervisors, Circuit Managers, and Program Managers/Field Support Managers are available.

The Regional Director or designee should complete the Critical Event Competency Guide if it is determined that further assessment of worker competency and ability is warranted. Use of the available forms is

optional. The person assigned to complete the review should consult with Children's Division Personnel as appropriate.

*** Near Fatality**

"An act that, as certified by a physician, places the child in serious or critical condition." For example, if hospital records reflect that the child's condition is "serious" or "critical," this would be considered a "near fatality". [See, Child Abuse Prevention and Treatment Act (CAPTA), as amended (42 U.S.C. 5101 et seq.) – sections 106(b)(2)(B)(x) and (b)(4)(A)]

Serious Physical Injury

An injury which creates a substantial risk of death or causes serious permanent disfigurement or protracted loss or impairment of the function of any bodily member or organ.

The term "serious physical injury" is defined under 42 USCS § 247d-6d (10) as an injury that:

- (A) is life threatening;
 - (B) results in permanent impairment of a body function or permanent damage to a body structure; or
 - (C) necessitates medical or surgical intervention to preclude permanent impairment of a body function or permanent damage to a body structure.
- Serious Physical Injury

4.3.8.6 Critical Event Tool Kit

What is a critical event tool kit?

A collection of tools used to guide a critical event reviewer through the case review process in response to critical events.

Who completes the reviews?

- For categories A and B the reviewer must be internal to the region of the critical event.
- For category C the reviewer must be external to the region of the critical event.
- Division Director/Designee has the discretion to request a review by another region.

When is a Critical Event Tool Kit Required?

Every critical event requires completion of a CS-23, however; not every CS-23 requires a Critical Event Tool Kit.

- Category A – a Critical Event Tool Kit is required.
- Category B – a Critical Event Tool Kit is only required if CA/N is suspected or a review panel is requested by the Division Director/Designee.
- Category C – a Critical Event Tool Kit is required
- Categories D and E – a Critical Event Tool Kit is not required unless requested by the Regional Director or Central Office.

The Critical Event Process

The critical event process consists of the following parts.

- A review of the critical event
- A log of prior history (CA/N, AC, FCS and IIS)
- A review of each open case
- A review of each prior relevant to the current event
- Staff Interviews
- Observations from Critical Case Review

Tools in the Critical Event Tool Kit

<i>The Critical Event Tool Kit consists of the following forms:</i>		
Critical Event Case Review	CD-164 Critical Event Case Review	Used to review the current Critical Event Case Review in a family home
	CD-164 RF Critical Event Case Review - Resource Families	Used to review the current Critical Event Case Review in a resource family home
Log of Prior History (CA/N, AC, FCS and IIS)	CD-164 A Log of Prior History	Used to log all prior history including CA/N history and current open or closed AC, FCS or IIS cases
Review of Open Cases	CD-164 FCS Critical Event Case Review – Open FCS	Used to review open FCS cases
	CD-164 AC Critical Event Case Review – Open AC	Used to review open AC cases
	CD-164 IIS Critical Event Case Review – Open IIS	Used to review open IIS cases
Review of Prior Cases	CD-164 CAN_P Critical Event Case Review – CAN Prior	Used to review CA/N priors relevant to the current Critical Event
	CD-164 AC_P Critical Event Case Review – AC Prior	Used to review AC prior cases relevant to the current Critical Event
	CD-164 FCS_P Critical Event Case Review – FCS Prior	Used to review FCS prior cases relevant to the current Critical Event
	CD-164 IIS_P Critical Event Case Review – IIS Prior Incident	Used to review prior IIS cases relevant to the current Critical Event
Staff Interviews	CD-164 B Critical Event Case Review – Staff Interview	Used to conduct interviews with staff connected to the current event, open case or prior cases (relevant to current critical event)
Observations from Critical Event Case Review	CD-164 C Critical Event Case Review – Observations from Critical Event Case Review	The reviewer will summarize findings from all case records reviewed and interviews noting any practice concerns or practice trends. Observations may include issues related to law, policy, practice and training.

Review of the Critical Event

A CD-164 is used to review of the critical event in a family home.

A CD-164 RF is used to review and document the details of a current critical event that took place in a resource home, which may include:

- Traditional Foster Care
- Medical Foster Care
- Licensed Relative/Kinship Care
- Unlicensed Relative/Kinship Care
- Foster Family Group Home
- Residential Care
- Respite Care
- Elevated Needs Level A Care
- Elevated Needs Level B Care
- Adoptive Home

Log of Prior History (CA/N, AC, FCS and IIS)

The CD-164 A is used to review and document the details of each incident (CA/N, Referrals) or case (FCS, AC, IIS) listed in prior history on the CD-164 or CD-164 RF.

Review of Open Cases

CD-164 B - Used to assist reviewers in interviewing staff in regard to the current critical event or relevant prior history.

Review of Prior Cases

The CD-164 C - Used to document the reviewer's observations, overall impressions and practice trends.

Critical Event Reviewer Required Level

- Must not have supervisor responsibility for staff involved

Assignment of Reviews

- *Category A* - Internal to the region of the critical event
- *Category B* - Internal to the region of the critical event
- *Category C* - External to the region of the critical event

Division Director/Designee has the discretion to request a review by another region.

Critical Event Tool Kit Submission Timeframe

Complete within 10 business days and submit to:

DSS.CD.CriticalEventReport@dss.mo.gov

Providing Case Records for Critical Event Reviews:

If requested by Central Office, the Circuit Manager will ensure a copy of the complete case record is forwarded to Central Office *within 2 working days*. (Case Records may include CA/N files, FCS files, AC files, resource home files, and any other related material from all locations).

Procedure for generating case records from FACES:

1. Log into FACES
2. Click on the Report Management Screen
3. Click on Case Record
4. Enter Call/Case Number

Staff shall retain CS-23s in the administrative section of the file. The Critical Event Toolkits are not to be retained after the review has been submitted to Central Office.

Critical Event Review Panels

- A multi-disciplinary panel designed to bring insight from outside the Division

- The goal is to look at agency systems and causal factors that may have impacted the event

Panel meetings are held for:

- All Category B fatalities if CA/N is suspected
- All Category C events if CA/N is suspected
- Panel meetings are not held for categories A, B (non-fatalities), D and E, unless requested by the Division Director/Designee

How does a Critical Event Review Panel Operate?

The reviewer and staff from the incident county present an overview of the incident, comment on the findings, and provide case updates.

Who typically attends a Critical Event Review Panel meeting?

- The Reviewer
- Department of Social Services (DSS)
- DSS Communications Office
- Division of Youth Services (DYS)
- Department of Mental Health (DMH)
- Division of Legal Services (DLS)
- State Technical Assistance Team (STAT)
- Children's Division Central Office, Regional Director, Field Support Manager, Circuit Manager, and the Division Director
- Contracted Management CEO
(Attendees are preferably management or above.)

Trends and Action Steps

- At each Executive Team meeting, critical events and trends will be discussed for law, policy, practice and training implications statewide.

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- Regional Directors will discuss findings and address appropriate plans of action within their regions.

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

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#),
[CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#),

Memoranda History:

[CD07-51](#), [CD09-69](#), [CD10-130](#), [CD12-102](#), [CD13-80](#), [CD14-54](#), CD15-50, CD15-76

4.3.9 Baby Doe Cases

The Federal Child Abuse Amendments of 1984 (Pub. Law 98-457) introduced certain requirements state agencies must adhere to in the investigation of reports of medical neglect involving handicapped infants in hospitals and health care facilities. These regulations are better known as "Baby Doe" regulations.

These regulations prohibit the withholding of nourishment and medically beneficial treatment from handicapped infants solely on the basis of their present or anticipated mental or physical impairments.

Medically indicated treatment must be provided except when in the treating physician's reasonable medical judgment any of the following circumstances apply:

- The infant is chronically and irreversibly comatose;
- The provision of such treatment would merely prolong dying, not be effective in improving or correcting all of the infant's life-threatening conditions, or otherwise be futile in terms of the survival of the infant; or
- The provision of such treatment would be virtually futile in terms of the survival of the infant and the treatment itself, under such circumstances, would be inhumane.

The Division has the legal responsibility to develop procedures to investigate suspected medical neglect complaints, coordinate the investigation with the individuals designated by the appropriate health care facilities and determine if the treating physician(s) has made the appropriate decision based on the regulations and definitions within the regulation.

Each county office is responsible for updating, on an annual basis, the name, title, and telephone number of the individual(s) designated by the facility. If an Infant Care Review Committee (ICRC) has been developed by the facility this team shall be utilized.

When staff determines that complaint concerns medical neglect of a handicapped infant in a hospital or health care facility, it will be necessary for staff to contact reporter to assist in determining present status of child and gather further information. Request the following basic information if not already available:

- a. Name and address of infant and parent.
- b. Name and address of the hospital where child is being treated.
- c. The condition of the infant.

- d. The basis of the reporter's belief that medically indicated treatment or appropriate nutrition is being or will be withheld.
- e. The names, addresses and telephone numbers of others who might be able to provide further information.

Staff shall inform juvenile officer of complaint and request assistance in investigation. Staff are expected to notify Director of the Children's Division through supervisory lines immediately of medical neglect report of a handicapped child. Staff shall also contact designated personnel at hospital or health care facility:

- Provide form CS-30 - Medical Records Report.
- Gather medical information, as well as any other documenting material, which will allow for an informal decision to be made on medical care necessary to preserve life.

NOTE: Medical information should include diagnostic and medical records on the condition and treatment of the child as well as any other information which can assist in the determination as to whether appropriate medical care and nutrition are being provided.

- Contact juvenile office and/or juvenile court immediately for assistance if medical facility does not provide all appropriate information.
- Determine if it appears medical and nutritional services are being provided to infant in order to sustain life while information gathered is being reviewed.

Staff shall contact and interview parent(s) of child and inform them of the report and request access to necessary medical information. This information will be provided as soon as possible, through supervisory lines, to the Division Director with all medical information and other documenting material.

NOTE: The Division Director will review this material in consultation with physicians from the MO HealthNet Division or other independent doctors to determine if appropriate medical and nutritional services are being provided.

Staff shall determine, based on all information received, if appropriate medical and nutritional services are being provided or one of the exceptions to provision of these services is met.

In the event of the following circumstances, the Children's Service Worker or other appropriate CD personnel should inform the parent that a recommendation

will be made to the juvenile court to secure a court order for an independent medical examination:

- When the parent(s) of the infant does not consent to review of the infant's treatment;
- When the attending physician and/or parent(s) do not agree with the recommendation of the Infant Care Review Committee and the Division;
- When the Division does not agree with the recommendation of the Infant Care Review Committee;
- When there is no Infant Care Review Committee and the parent(s) does not consent to a consultation and/or individual medical examination.

Staff shall provide written documentation to the following:

- Provide written findings to the juvenile officer.
- Notify and provide written findings to the Division Director.
- Notify appropriate health facility in writing of findings.

NOTE: These procedures should also be consulted if a report of medical neglect is received involving an infant older than one (1) year of age who has been continuously hospitalized since birth, who was born extremely premature, or who has a long-term disability.

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

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#), [CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

Memoranda History:

4.3.10 Reports Made out of Harassment or Retaliation

According to Missouri statute [210.152 RSMo](#) ., the Children's Division is required to expunge all identifying information forty-five (45) days from the conclusion date of child abuse/neglect investigations where the Division has determined the allegations are Unsubstantiated **and** the report was made **maliciously, for purposes of harassment or in retaliation for the filing of a report.**

Intentional false reporting of child abuse or neglect to the hotline is a Class A misdemeanor and if a person has a previous conviction for false reporting of CAN, it is a Class D felony ([210.165 RSMo](#) .).

Staff should make every effort to submit a Harassment Referral Letter (CD-22) to the prosecuting attorney's office as soon as a determination of harassment is made in order to make the 45 day retention timeframe.

Harassment Determination

If during the investigation process staff suspects that a CA/N report is the result of a call to the CANHU made maliciously, for purposes of harassment, **or** in retaliation for filing a report, staff should take the following steps:

- Complete investigation response according to policy;
- If the report is Unsubstantiated, determine if harassment indicators are present;
- Contact CANHU and obtain a copy of the tape of the report, if necessary. This tape shall only be listened to by appropriate CD staff and is **not to be listened to by any subject of the investigation.**
- Enter "yes" under the heading "Harassment" in the CAN-1 system.
- Prepare and submit a Harassment Referral Letter (CD-22) to the Prosecuting or Circuit Attorney;
- FACES will automatically delete the identifying information from the system 45 days from the conclusion date.
- The county will be responsible for destroying the paper copies of that report 45 days from the date of the conclusion.

Related Subject: Section 5, Chapter 4, Record Retention and Expungement

4.3.10.1 Harassment Indicators

In making a harassment determination, staff should pay particular attention to the following items as potential indicators:

- Vague or non specific injuries reported;
- Vague or non specific timeframes reported;
- Uncertainty by the reporter in regard to the identity of the perpetrator;
- Admission of a harassment motive by the reporter;
- The reporter has harassed the subject(s) in ways other than making a false CA/N report;
- Pending court action involving child custody or child support;
- There is an estranged relationship between the reporter and subject (s). The relationship may be a relative, spouse, intimate/personal relationship, etc.;
- Inconsistencies within a report regarding injuries to a child;
- Allegations relate only to old injuries which are no longer identifiable;
- More than one Unsubstantiated report with similar allegations;
 - Although, one Unsubstantiated report may also be a harassment report;
- One or more unsubstantiated reports on one perpetrator;
- Erroneous reporter identification information (i.e., name, address, phone, etc.);
- All allegations made by the reporter are unsubstantiated.

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

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#),

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[CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

Memoranda History:

CD12-22

Title:	Child Welfare Manual
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Chapter 4:	Investigation Response
Subsection 3:	Special Investigations
Sub-Subsection 11	Childcare Referral to Department of Health and Human Services
Effective Date:	September 28, 2012
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4.3.11 Child Care Referral to Department of Health and Senior Services

A Memorandum of Understanding (MOU) has been entered into between the Missouri Department of Social Services – Children’s Division (CD) and the Missouri Department of Health and Senior Services (DHSS) which outlines the responsibilities of both agencies in relation to the investigation of child abuse and neglect reports involving child care providers. This MOU will remain in effect until an authorized representative from DSS or DHSS requests its amendment or termination. This section outlines CD’s responsibilities with regard to the existing MOU.

Investigative Process

CD and DHSS will jointly investigate all reports of abuse and neglect involving child care facilities, child care providers, their employees and/or volunteers working in a professional capacity. CD will investigate in accordance with §§210.109-210.183 RSMo., and DHSS will investigate in accordance with §210.221 RSMo., §§210.201-210.259 RSMo., and related administrative rules.

There may be times when CD staff will need to provide a written request to DHSS when there is need to obtain such information in order to complete a CA/N Investigation or Family Assessment.

The following are requirements for CD staff assigned to a CA/N Investigation or Family Assessment when a report involves a child care facility, or an individual eighteen (18) years of age or older who is receiving compensation on a regular basis for the delivery of child care services to four (4) or more non-relative children (i.e., actual legal or blood relationship with the provider):

- CD staff will contact DHSS, Section for Child Care Regulation (SCCR) and provide information as to the allegation and investigation plans
- CD staff will proceed with the CA/N Investigation or Family Assessment if DHSS is unable to begin the investigation with CD within the timeframe required under state statute and within CD policy DHSS may join the investigation at any time thereafter
- CD staff will contact DHSS immediately when child safety issues are identified and/or after making a substantiated finding
- CD staff will provide information or case record materials needed by DHSS to make a determination as to any action to be taken regarding licensure or health and safety rule violations (The information can be shared as provided under §210.150 RSMo.)

- CD staff will inform DHSS as soon as possible, but no later than the next business day when, at the time a report is received in the field or at any time during a CA/N Investigation or Family Assessment, there is concern for the safety of children in the care of a DHSS regulated facility or a potentially or allegedly illegal child care provider (caring for four (4) or more non-related children for compensation)
- CD staff and DHSS will work collaboratively in coordinating joint investigative procedures for their respective staff
- Information collected during an investigation will be kept strictly confidential, shared only with DHSS staff with a need to know, and used in the manner allowed under pertinent statutory and regulatory provisions

Access and Retention of CA/N Records

DHSS is authorized under §§210.150.2(10) and 610.032 RSMo., to have access to and receive certain child abuse and neglect investigative records and reports. The information being disclosed to DHSS is to be used by DHSS in fulfilling its duties as required by law. Any request by DHSS under §610.032 RSMo., allows for continuous access for more than one year.

CD staff shall disclose the minimum information necessary. Staff shall not disclose the following:

- The identification of the reporter
- Full Social Security Numbers
- Departmental Client Numbers

CD staff shall send DHSS a copy of the final investigative report and records concerning all investigations conducted in homes not licensed by DHSS in which an adult was providing child care for more than four (4) non-relative children.

In accordance with this MOU, CD may share information obtained during the completion of a CA/N Investigation and/or Family Assessment with DHSS. However, DHSS will not thereafter share any record or information provided to them by CD to any other party unless required to do so by law. Instead, DHSS will refer all requestors of CD records to CD.

Changes to Child Abuse and Neglect Information

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CD is required to inform DHSS, in writing, when the administrative review process or judicial review results in a need to amend a finding of child abuse or neglect.

Chapter Memoranda History: (prior to 1/31/07)

[CD06-72](#)

Memoranda History:

CD12-27, CD12-99

4.4 Changes to Family Assessment

In a small percentage of reports it will be determined more appropriate for a report initially assigned as an investigation to be completed through the family assessment approach. Some reports may change tracks due to information obtained during the investigation. Staff should ensure track changes are completed in the least disruptive way possible for the family and should minimize service delivery interruption.

While any report may be investigated, some must be pursuant to [§210.145 RSMo.](#) Other reports may require discretionary decisions to be made by the Local Office in order to determine the most appropriate response track when a report does not clearly meet the requirements for a CA/N Investigation. Staff should seek supervisory guidance in order to determine whether or not hotline reports of this nature should be completed as CA/N Investigations or Family Assessments.

The following must be completed as CA/N Investigations:

- All reports which involve child fatality resulting from initially alleged or subsequently suspected child abuse/neglect
- All reports which involve any allegations of child sexual abuse, regardless to alleged or subsequently suspected severity or type
- Reports which if true would constitute a suspected violation of [§210.145](#) enumerated felonies or other crimes pursuant to [Chapter 566](#), when the alleged perpetrator is twenty-one (21) years of age or older.
- All reports which involve allegations of serious physical injury resulting from alleged abuse, including but not limited to:
 - Intentional burns and scalding
 - Skull fractures
 - Internal Injuries caused by a blow
 - Broken skin caused by an instrument
 - Likelihood of permanent scarring
 - An injury which requires stitches
 - Broken bones
 - Temporary or permanent damage to hearing or sight
 - Abusive Head Trauma
 - Physical confinement which impairs circulation or breathing
 - Cigarette burns
 - Intentional submersion in water
 - Defensive injuries
 - Spiral fractures, dislocations
 - Subdural hemorrhages/hematomas

- All reports which involve allegations of serious neglect resulting from parental/caretaker omission including but not limited to:
 - A child left without appropriate supervision and in a dangerous environment
 - Lack of food/nurturance resulting a failure to thrive
 - Abandonment of a child under the age of eight years-old
 - Lack of medical care which results in a life threatening condition
 - Lack of care which results in hospitalization
 - Serious injury due to the inactions of the parent/caretaker
- Reports which if true would constitute a suspected violation of [§210.145](#) enumerated felonies or other crimes pursuant to [Chapter 566](#) , when the alleged perpetrator is twenty-one (21) years of age or older.
- All reports in which a Law Enforcement Officer, Physician or Juvenile Officer has taken custody of a child in conjunction with a report which also alleges child fatality, sexual abuse, serious physical injury or serious neglect
- All reports which allege a child in danger at the time of the report and Law Enforcement is needed
- All reports which involve a non-familial, non-relative or non-household member as an alleged perpetrator
- All 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

Reports which may result in a response track change on the basis of discretionary decisions should be guided by additional information either obtained by or known to the Local Office. This may include, but not be limited to:

- Reporter contact which provides more detail regarding the alleged severity or type of perpetrated child abuse/neglect
- Law enforcement contact which provides additional information or prior concerns specific to the family
- A review of the family's prior history with the Division
- Contacts with multidisciplinary team members or other collaborative partners within the community who may have additional information specific to the severity of alleged child abuse/neglect or prior family history

- At least one of the following indicating a clear and present concern:
 - Violent activities on the part of household members
 - Two or more prior reports received for similar CA/N behavior
 - Substance abuse and/or mental illness resulting in bizarre behavior
 - Children under the age of five and/or unable to protect themselves
 - The report indicates an intent of harm by the parent/caretaker
 - High likelihood of child(ren) needing placement

When the decision is made to change an investigation to the family assessment track, written notification should be provided to law enforcement prior to terminating the investigation process. The written notification should document the reason for the change, and a copy of the notice should be filed in the case record. If law enforcement indicates they do not agree with the decision to change, CD staff should discuss with them the reason for and the possible consequences of making the change. However, staff should complete the CA/N report without delay in the event that correspondence has not been received from law enforcement.

If a change is made from an investigation to family assessment, the Description of Family Assessment Process (CS-24A) must 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 the Family Assessment Disposition Form Letter (CS-21A).

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.

The decision to change tracks must be documented in FACES.

Related Subject: Section 2, Chapter 3.4, Track Change

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

CS03-46, CS03-51, CD04-69, CD04-79, CD04-89, CD05-35, CD05-40, CD05-50, CD05-51, CD05-68, CD05-72, CD06-09, CD06-15, CD06-34, CD06-67, CD06-78

Memoranda History:

CD11-86

4.5 Alleged Perpetrator Appeal Process Overview

When the alleged perpetrator disagrees with the Division's finding of child abuse or neglect by a Preponderance of Evidence (POE), he or she may appeal and has two avenues to seek an independent review of the Division's decision. The alleged perpetrator must choose one or the other avenue of review, but cannot choose both. The methods of review are:

Administrative Review:

The alleged perpetrator can seek administrative review if:

- He or she submits a request for an Administrative Review no later than sixty (60) days from the date he or she received the CA/N Disposition Form Letter for Parents, Non-Custodial Parents, and Alleged Perpetrators, CS-21; or
- He or she submits a request for an Administrative Review within 60 days from the resolution of pending criminal charges.

If the perpetrator files a timely request, the Division cannot list the alleged perpetrator's name in the Central Registry until such time as the Child Abuse and Neglect Review Board (CANRB) reviews and upholds the Division's decision. The Administrative Review Process will involve a local Administrative Review, and may involve a review by the CANRB and a De Novo Judicial Review at the Circuit Court.

Direct Judicial Review:

The alleged perpetrator can choose to waive his or her right to the Administrative Review process and proceed directly to a De Novo Judicial Review by filing a petition in Circuit Court within thirty (30) days of the date that he or she received the CS-21.

By filing directly with the Circuit Court, the alleged perpetrator has waived his or her right to the Administrative Review process, and, therefore, his or her name may be placed on the Central Registry.

Notice will be provided to the Division in the form of a summons and a copy of the petition from the Circuit Court. When the Division receives notice that the perpetrator has filed for Direct Judicial Review, Division staff shall:

- Immediately refer the matter to the Division of Legal Services (DLS) through appropriate supervisory channels. DLS must file a response to the legal proceedings within thirty (30) days of the date that the Division received the paperwork. The referral **must** include the following:
 - a. A copy of all of the legal papers served on the Division

- b. The exact date that the Division received the legal documents (This can be done by using a date stamp); and,
 - c. A complete copy of the entire file that the Division has on the case. **Do not send original documents to DLS with the referral.** If DLS needs original documents, DLS will ask for them; and
 - d. Ask for legal advice on whether the request for review is a request for direct judicial review.
- The referral needs to be received by DLS no later than ten (10) days from the date that the Division received notice that the alleged perpetrator filed for Direct Judicial Review.
 - Update the FACES Participant Characteristics screen to indicate a final determination of POE for child abuse or neglect pending resolution of the court proceedings.

Senate Bill 54 (2011) Review

Pursuant to section [210.152 RSMo.](#), the Children's Division may reopen a case for review if:

1. New, specific, and credible evidence is obtained that the Division's decision was based on fraud or misrepresentation of material facts, and
2. There is credible evidence that absent such fraud or misrepresentation the Division' decision would have been different.

These reviews may be requested by an alleged perpetrator; an alleged victim; an alleged victim's parent, legal custodian, or legal guardian if the victim is under age 18; or the Office of the Child Advocate.

These requests are accepted from the point a preponderance of evidence preliminary finding becomes final up to one (1) year. The conclusion becomes final when:

- The alleged perpetrator has let sixty (60) days elapse without requesting an appeal; or
- After the CA/N Review Board has upheld a preponderance finding.

These cases shall not be reopened for review while the case is pending before a court of this state nor when a court has entered a final judgment after De Novo Judicial Review pursuant to section 210.152.

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Related Subject: Section 2, Chapter 4.5.4 Senate Bill 54 Review; and Section 2, Chapter 4.5.4.1, Senate Bill 54 Review Procedure

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

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#), [CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

Memoranda History:

CD07-25, CD08-22, CD09-76, CD10-69, CD11-75

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4.5.1 Administrative Review Process

The alleged perpetrator can seek an Administrative Review if he or she submits a request for an Administrative Review no later than sixty (60) days from the date he or she received the CS-21, or within sixty (60) days from resolution of pending criminal charges. "Pending criminal charges" was defined in the *Pitts* case to mean that actual criminal charges have been formally filed with the Court. The Court's decision established guidelines around when the Division can: 1) proceed with an administrative review; and, 2) release Child Abuse/Neglect (CAN) Investigative records to an alleged perpetrator. See, *Stephen J. Pitts vs. Williams and Lew*, Missouri Court of Appeals Case No. WD71275.

If the perpetrator files a timely request for an Administrative Review, the Division cannot list the alleged perpetrator's name in the Central Registry until such time as the CANRB reviews and upholds the Division's decision.

Alleged perpetrators with a preliminary finding have three levels of review available to them:

- Local Administrative Review – If eligible, this is the first level of review provided to the alleged perpetrator.
- Independent Review by the CANRB – Missouri has multiple boards consisting of professionals outside the Division to hear and review cases where the alleged perpetrator disagrees with the finding of child abuse or neglect by a Preponderance of Evidence.
- De Novo Judicial Review – If the Division's determination of POE was upheld in CANRB, the alleged perpetrator has the right to take the matter to court for a judge's decision on the POE for child abuse or neglect.

4.5.1.1 Cases that are Ineligible for an Administrative Review

There are three basic situations where the alleged perpetrator is not eligible for an Administrative Review. They are:

- Situations in which criminal charges have actually been filed in court and are still pending
- A Criminal Court conviction arising from the child abuse or neglect investigation, and
- A Juvenile or Family Court adjudication arising from the child abuse or neglect investigation.

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Any case which presents pending criminal charges is ineligible for an Administrative Review until the criminal charges have been resolved. In cases where there is a pending criminal investigation or the Division is uncertain regarding the existence of pending charges, staff are directed to send the Request for Pending Criminal Charges Letter, CS-21F, to the Prosecuting Attorney. In addition, staff should use administrative or other search engine devices, such as Case.net. A copy of the CS-21F and any subsequent correspondence shall be retained in the Child Abuse/Neglect (CA/N) Investigation record. Any documentation which verifies whether or not there are pending criminal charges must be included in the CA/N record.

If the alleged perpetrator is found guilty of child abuse or neglect (convicted of a specific crime of child abuse or neglect) arising out of the incident of child abuse or neglect which was the subject of the investigation, he or she is not eligible for an administrative review of the findings for which he or she has been convicted. If the alleged perpetrator makes an Alford Plea in resolution of pending criminal charges, staff should refer the case through appropriate supervisory channels to the DLS. The question about whether an administrative review can proceed when there are pending criminal charges, whether CA/N has been substantiated by court adjudication or whether the alleged perpetrator has been found guilty of criminal charges arising out of the incident in question often involves complex legal issues. If staff have questions about this, they should refer the case through appropriate supervisory channels to DLS for legal advice. Staff shall not enter a finding of substantiated by court adjudication or deny a request for administrative review on the grounds that the matter has been court adjudicated based on verbal information. Staff must have a copy of the relevant court orders in the investigation file before making these findings.

Under Section 210.153.8 RSMo., the Division's findings for child abuse or neglect by a POE which are substantiated by "court adjudication" shall not be heard by the CANRB. This would include any cases adjudicated by the Juvenile or Family Court. If it appears that the alleged perpetrator is ineligible for an administrative review because of the adjudicatory findings of the Juvenile or Family Court, then a copy of the CA/N and a copy of all court related documents, including: all petitions, motions to modify and adjudicating documents (e.g., orders, findings of fact and judgments) shall be sent to the local Division of Legal Services personnel to determine application of the court's adjudicated finding in conjunction with the investigation finding. The court related documents shall be placed in the investigative file prior to an entry of court adjudicated into FACES.

4.5.1.2 Notification to Alleged Perpetrators who are Ineligible for Administrative Review

If it is determined that the alleged perpetrator is not eligible for an Administrative Review due to any of the above reasons, the Circuit Manger, OHI Unit Manager, or Regional Office designee should notify the alleged perpetrator using the Administrative Review Ineligibility Letter, CS-21E.

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The Circuit Manager, OHI Unit Manager, or Regional Office designee should update the *Appeal* screen with the appropriate determination for cases in which the alleged perpetrator's right to receive an Administrative Review has been suspended by pending criminal charges. It is imperative for the *Appeal* screen to be updated accordingly to avoid placing the alleged perpetrator on the Central Registry until after he or she has been afforded due process. This step should be completed when the alleged perpetrator has filed a timely request for an Administrative Review or the Division has obtained knowledge that the alleged perpetrator's eligibility has been suspended due to pending criminal charges.

If, following the local Administrative Review, but prior to the CANRB review, the local office determines that the alleged perpetrator is no longer eligible for appeal due to pending criminal charges or court adjudication, the local office must immediately notify the CANRB liaison, and update the *FACES Appeal* screen accordingly. The CANRB liaison will then notify the alleged perpetrator that he or she is not eligible for a CANRB review.

4.5.1.3 Local Child Abuse/Neglect Administrative Review

The local Administrative Review is:

- An independent review of documents by the Circuit Manager, OHI Unit Manager, or Regional Office designee, and
- A review of the evidence in the record of a *CAN* investigation to assure that the conclusion reached during the investigation was the correct conclusion.

Alleged perpetrators may email requests for administrative reviews to:

DSS.CD.ADMINREVIEW@DSS.MO.GOV

When requests for administrative reviews are received at the county office, they should be scanned and emailed to the address above. Circuit Managers and the OHI Unit Manager will then be notified by CANHU staff when they need to complete an administrative review. The *FACES Appeal Screen* *must* be updated by staff within five (5) business days of receiving the request for an Administrative Review. Failure to update this screen promptly will result in the system automatically updating to a "Final Determination" at sixty (60) days from the "Preliminary Finding" at which time the alleged perpetrator's identity will be added to the Central Registry.

The reviewer should consider if the investigation was sufficiently completed, and if the *CAN* record contains sufficient documentation to support all of the legal elements of child abuse or neglect by a POE. Consultation with the Regional Office is encouraged as needed.

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Related Subject: [2.4.1.8.1 Determining Child Abuse or Neglect by a Preponderance of Evidence \(POE\)](#)

Administrative Reviews must be completed within ten (10) working days from when the request was received. The Administrative Review Checklist should be used by the Circuit Manager, OHI Unit Manager, or Regional Office designee to complete this step in the appeal process. A copy of the signed and dated form should be placed with the CAN file at the completion of the Administrative Review.

4.5.1.3.1 Administrative Review Reverses POE for Child Abuse or Neglect

If the reviewer determines that the Division did not meet all of the elements of abuse and/or neglect by a POE, the preliminary determination must be reversed. The following should be completed within ten (10) working days from the date of the administrative review request:

1. Update the *Appeal* screen with the appropriate determination. Due to system requirements, this step should be completed **prior** to updating the *Individual Conclusion* or *Conclusion* screens.
2. Update the Conclusion Status on the *Individual Conclusion* screen from Preliminary Finding" to "Preliminary Finding-Pending Appeal" upon receipt of the alleged perpetrator's written request and verification of his or her eligibility to receive an Administrative Review.
3. Upon completion of the Local Administrative Review, update the Appeal screen with the appropriate determination and date of completion.
4. Update the Conclusion Status on the *Individual Conclusion* screen from "Preliminary Finding-Pending Appeal" to "Final Determination" and the individual conclusions from POE to "Unsubstantiated" or "Unsubstantiated-Preventive Services Indicated". Delete the severity.
5. Update the *Conclusion* screen by removing all reference to the specific preliminary findings of child abuse/neglect by a POE which have been reversed following completion of the Local Administrative Review. Do not revise any other investigative conclusion or summary information, unless it is specific to the review decision. The following statement should be entered into the summary in place of the preliminary findings, which have been reversed:

"An administrative review has been completed pursuant to Section 210.152 RSMo., and the Division has determined there is insufficient evidence to conclude (Alleged Victim Child) was the victim of (category

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**of abuse and/or neglect) perpetrated by (Alleged Perpetrator).
Therefore, the allegation(s) has/have been unsubstantiated.”**

6. **Do not** change the conclusion date on the *Conclusion* screen when a preliminary POE finding of child abuse or neglect has been reversed. The system should reflect the conclusion date of the original finding of the investigation.
7. Send the Administrative Review Disposition Letter, CS-21D, to inform all parties entitled to receive disposition (e.g., parent, legal guardian, alleged perpetrator) that the Administrative Review has overturned the preliminary POE finding.
8. Print the CPS-1 with the revised summary statement as outlined above and replace the previous CPS-1 in the case record.
9. Print and file a copy of all notification letters in the case record.

Multiple Perpetrators with Different Findings - If there is more than one alleged perpetrator, the conclusion may still be "Preponderance of Evidence" involving the other alleged perpetrator. In this situation, the CA/N Investigative record would not be destroyed. However, if clarification is requested in addition to providing the CS-21D, staff should notify the person who requested the clarification that the Division no longer has a finding against him/her as an alleged perpetrator of CA/N by a POE (i.e., their name is not listed in the Central Registry with regard to the specific findings which have been reversed by Administrative Review). There may be situations in which the Administrative Review reverses some, but not all, of the preliminary findings. Staff should ensure that alleged perpetrators, the CANRB and others entitled to the information are made aware of the CA/N findings (i.e., physical abuse, sexual abuse, emotional abuse or neglect) which have been upheld and those which have been reversed by Administrative Review.

FCS/AC Records Opened as a Result of POE Finding - If a Family-Centered Services record or alternative care record was opened as a result of this incident, the case record should be reviewed and any reference to a "Preponderance of Evidence" finding deleted.

Notify Prosecuting/Circuit Attorney of Reversal - Circuit Manager/OHI Unit Manager, or Regional Office designee shall, upon request of the Prosecuting Attorney/Circuit Attorney, advise the Prosecuting Attorney/Circuit Attorney of the decision to reverse the preliminary finding, if criminal proceedings are pending or underway against the alleged perpetrator following the completion of the administrative review process.

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4.5.1.3.2 Administrative Review Upholds POE of Child Abuse or Neglect

If the reviewer determines the Division did meet all of the elements of abuse and/or neglect by a POE, the preliminary finding must be upheld. The following should be completed within ten (10) working days from the administrative review request:

1. Update the *Appeal* screen with the appropriate determination. Due to system requirements, this step should be completed **prior** to updating the *Individual Conclusion* or *Conclusion* screens.
2. Update the Conclusion Status on the *Individual Conclusion* screen from "Preliminary Finding" to "Preliminary Finding-Pending Appeal" upon receipt of the alleged perpetrator's written request and verification of his or her eligibility to receive an Administrative Review. The finding(s) will remain in pending appeal status until the Child Abuse/Neglect Review Board reaches a determination.
3. Upon completion of the Local Administrative Review, update the Appeal screen with the appropriate determination and date of completion.
4. Update the *Conclusion* screen in reference to the specific preliminary findings of child abuse/neglect by a POE which have been upheld following completion of the Local Administrative Review. Do not revise any other investigative conclusion or summary information, unless it is specific to the review decision. The following statement should be entered into the summary in addition to the findings, which have been upheld:

"An administrative review has been completed pursuant to Section 210.152 RSMo., and the Division has determined there is sufficient evidence to conclude, by a preponderance of the evidence, (Alleged Victim Child) was the victim of (category of abuse and/or neglect) perpetrated by (Alleged Perpetrator). Therefore, the matter has been referred to the Child Abuse/Neglect Review Board (CANRB)."
5. Send the Administrative Review Disposition Letter, CS-21D, to inform all parties entitled to receive disposition (e.g., parent, legal guardian, alleged perpetrator) the Local Administrative Review has upheld the preliminary POE finding, and the matter has been referred to the Child Abuse/Neglect Review Board.
6. File a copy of all notification letters in the CA/N Investigative record.
7. Send a request for review within ten (10) business days to the CANRB liaison at Central Office with a copy of the investigation record and all relevant materials. The record should not be redacted. The CPS-1 should be printed directly from FACES, and all documentation sent to the CANRB should reflect

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the information maintained by the local office and/or in FACES. The signed and dated Administrative Review Checklist should be forwarded to the CANRB liaison along with the CA/N Investigative record.

4.5.1.4 Possible Scenarios of the Administrative Review Process

The following are seven examples of situations which may result during the administrative review process.

1. The alleged perpetrator does not request an Administrative Review within sixty (60) days from receiving the CS-21, and his or her name is placed on the Central Registry.

If the alleged perpetrator failed to request an Administrative Review within the first sixty (60) days of the Division's preliminary finding of child abuse or neglect by a POE, and there is no indication of pending criminal charges within that same sixty (60) day time period, then the alleged perpetrator no longer has a right to an Administrative Review. If the prosecuting attorney decides to file criminal charges beyond the initial sixty (60) day period allowed for requesting an Administrative Review, then alleged perpetrator has no right to an administrative review.

If the alleged perpetrator allows the first sixty (60) days to expire and the prosecuting attorney has not filed criminal charges or a grand jury has not returned an indictment, the filing of charges subsequent to the sixty (60) days does not revive the "lost" right to an administrative review of the Division's finding of child abuse or neglect by a POE.

2. The alleged perpetrator does not request an Administrative Review within sixty (60) days from receiving the CS-21, but the Division has confirmed criminal charges were pending within the first sixty (60) days from the alleged perpetrator receiving the CS-21.

If the alleged perpetrator fails to request an Administrative Review within the first sixty (60) days, however, the Division establishes that there are pending criminal charges within the first sixty (60) days through the use of the CS-21F, the appeal process is suspended until:

- The prosecuting attorney (circuit attorney) chooses to dismiss any charges they have filed, or
- The pending criminal charges are resolved by court action.

The Division shall not grant an Administrative Review until the pending criminal charges have been resolved either by dismissal or by court action. When there are pending felony criminal charges, the Division shall not

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provide any CA/N records requested by or on behalf of the alleged perpetrator until the pending felony criminal charges have been filed by the prosecutor (which is called “an information”) or by a grand jury (which is called “an indictment”). Local protocols may be developed to review the status of pending criminal charges. However, while misdemeanor criminal charges are pending, under the *Pitts* case, the Division may still be required to release records to the perpetrator, if requested.

Local protocols may be developed to review the status of pending criminal charges in addition to those outlined in this section.

If the criminal court enters a finding that the alleged perpetrator has committed the act of child abuse and/or neglect, and the Division has confirmed through DLS that the matter has been court adjudicated, then the alleged perpetrator no longer has a right to an Administrative Review. Division staff shall list the finding as court adjudicated in FACES.

The alleged perpetrator is entitled to the Administrative Review if:

- No criminal charges are filed and/or pending
- The case is dismissed
- The alleged perpetrator is found not guilty, or
- The alleged perpetrator is found guilty of a crime which does not meet the court adjudication standard for child abuse or neglect.

The alleged perpetrator has sixty (60) days from the date of the prosecuting attorney’s decision to dismiss criminal charges, or the court’s final disposition or dismissal of criminal charges to request an administrative review. If there is a CANRB hearing and the CANRB reverses the determination, the unsubstantiated finding is a final determination. However, if the CANRB upholds the Division’s determination of child abuse or neglect by a POE, the alleged perpetrator has the right to appeal to Circuit Court for a De Novo trial.

3. The alleged perpetrator requests an Administrative Review within sixty (60) days from receiving the CS-21, and the local Administrative Review reverses the POE.

If the alleged perpetrator requests an Administrative Review within the first sixty (60) days and the preliminary finding is reversed, the investigation must reflect a determination of “Unsubstantiated” or “Unsubstantiated-Preventive Services Indicated”. This is a final determination, which should be entered into FACES by the reviewer with a subsequent CS-21D being sent to the alleged perpetrator reflecting the reversal.

4. The alleged perpetrator requests an Administrative Review within sixty (60) days from receiving the CS-21, and the local Administrative Review upholds the POE.

If the alleged perpetrator requests an Administrative Review within the first sixty (60) days and the reviewer upholds the preliminary finding, the matter is forwarded on to the CANRB. The CANRB can reverse the finding, or uphold the finding. If the CANRB upholds the finding, the alleged perpetrator's name is entered on the Central Registry by the CANRB. The alleged perpetrator then has the opportunity to accept the finding as a final determination, or may appeal the matter for a De Novo Judicial Review in Circuit Court which will result in a final determination.

5. The alleged perpetrator requests an Administrative Review within sixty (60) days from receiving the CS-21, but the Division has confirmed there are pending criminal charges.

If the alleged perpetrator requests an Administrative Review within the first sixty (60) days and the Division establishes there are criminal charges pending through the use of the CS-21F, the appeal process is suspended until:

- The prosecuting attorney (circuit attorney) chooses to dismiss any criminal charges they have filed, or
- The pending criminal charges are resolved by court action.

The Division shall not grant an Administrative Review until the pending criminal charges have been resolved either by dismissal or by court action. When there are pending felony criminal charges, the Division shall not provide any CAVN records requested by or on behalf of the alleged perpetrator until the pending felony criminal charges have been filed by the prosecutor (which is called "an information") or by a grand jury (which is called "an indictment"). Local protocols may be developed to review the status of pending criminal charges. However, while misdemeanor criminal charges are pending, under the *Pitts* case, the Division may still be required to release records to the perpetrator, if requested.

Local protocols may be developed to review the status of pending criminal charges in addition to those outlined in this section.

If the criminal court enters a finding that the alleged perpetrator has committed the act of child abuse and/or neglect, and the Division has confirmed through DLS that the matter has been court adjudicated, then the

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alleged perpetrator no longer has a right to an Administrative Review. Division staff shall list the finding as court adjudicated in FACES.

The alleged perpetrator is entitled to the Administrative Review if:

- No criminal charges are filed
- The case is dismissed
- The alleged perpetrator is found not guilty, or
- The alleged perpetrator is found guilty of a crime which does not meet the court adjudication standard for child abuse or neglect.

The alleged perpetrator has sixty (60) days from the date that the criminal charges have been resolved by the court, either through prosecuting attorney's decision to dismiss criminal charges, or the court's final disposition or dismissal of criminal charges to request an Administrative Review. If there is a CANRB hearing and the CANRB reverses the determination, the unsubstantiated finding is a final determination. However, if the CANRB upholds the Division's determination of child abuse or neglect by POE, the alleged perpetrator has the right to appeal to Circuit Court for a De Novo trial.

6. The alleged perpetrator requests an Administrative Review within sixty (60) days from receiving the CS-21, but the Division has confirmed the allegations have been court adjudicated.

If the alleged perpetrator filed a timely request for an Administrative Review within sixty (60) days of the Division's preliminary finding, but the Division establishes that the specific finding of child abuse or neglect by a POE has been court adjudicated, the alleged perpetrator has no right to an Administrative Review.

However, if the court adjudicates something other than the Division's specific finding of child abuse or neglect by a POE, then the alleged perpetrator would be entitled to an Administrative Review of the Division's specific finding of child abuse or neglect by a POE. The alleged perpetrator is entitled to an Administrative Review of any of the Division's specific findings of child abuse or neglect by a POE which have not been court adjudicated.

7. The alleged perpetrator is, or was, a juvenile at the time of the POE finding.

If the alleged perpetrator is a juvenile, or was a juvenile at the time of the Division's preliminary finding, he or she shall be entitled to file for an

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administrative review at any time, unless the finding has been court adjudicated, or has otherwise exhausted the appeal process.

4.5.1.5 Release of Records When There Are Pending Criminal Charges

When an alleged perpetrator requests a release of records, the redacted records must be released, except in a very limited set of circumstances as described below:

- **An alleged perpetrator shall have access to appropriately redacted CAN investigative records in the following situations under Sections 210.150.2(5) and 210.150.3(3) RSMo:**
 - There is a pending criminal investigation but no formal criminal charges have been filed in court
 - The alleged perpetrator has been indicted for a misdemeanor
 - The alleged perpetrator has been charged with a misdemeanor by the filing of an information
 - The alleged perpetrator has been charged with a felony by indictment, or
 - The alleged perpetrator has been charged with a felony by the filing of a criminal complaint in court arising out of the facts and circumstances identified in the investigative records, and the felony complaint has resulted in an information after a preliminary hearing has been held or the alleged perpetrator has waived preliminary hearing and information and the case has been bound over for trial.

- **An alleged perpetrator shall not have access to hotline CAN investigative records under Sections 210.150.2(5) and 210.150.3(3) RSMo in cases where the following applies:**
 - The perpetrator has been formally charged with a felony by the filing of a criminal complaint in court arising out of the facts and circumstances identified in the investigative records, and
 - The felony complaint has not yet resulted in an information after a preliminary hearing and the preliminary hearing has not been waived.

- **Division staff may still redact in appropriate cases:**
 - Protected Health Information (PHI) as outlined in the Child Welfare Manual at [Section 5 Chapter 2.7 Health Insurance Portability and Accountability Act \(HIPAA\)](#)
 - The information which would identify a hotline reporter
 - Any “identifying information” when the Division determines that a person’s life or safety may be in danger. The Division must document this decision with clearly stated facts that disclosure of identifying information would endanger a person’s life or safety, and,
 - Any other information which may be required to be redacted as provided by law.

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[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#),
[CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

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4.5.2 The Child Abuse/Neglect Review Board (CANRB)

When a case is upheld by a local Administrative Review, the matter is referred to the CANRB. The CANRB will provide an independent review of child abuse and neglect determinations where the alleged perpetrator disagrees with the Division's preliminary finding of child abuse or neglect by a POE.

The CANRB consists of multiple boards which have been established to ensure timely reviews of the Division's findings of child abuse or neglect by a POE. These boards meet monthly and each board consists of nine members who shall be appointed by the governor with the advice and consent of the senate, and shall include:

- A physician, nurse, or other medical professional;
- A licensed child or family psychologist, counselor, or social worker;
- An attorney who has acted as a Guardian ad Litem or other attorney who has represented a subject of a child abuse and neglect report; and
- A representative from law enforcement or a juvenile office.

Other members of the board may be selected from:

- A person from another profession or field who has an interest in child abuse or neglect;
- A college or university professor or elementary or secondary teacher;
- A child advocate;
- A parent, foster parent or grandparent.

4.5.2.1 CANRB Liaison

The Division has a liaison in Central Office which works with the CANRB. The CANRB liaison shall be responsible for the following:

- Notify the alleged perpetrator and Circuit Manager within five (5) days of receiving the request for review.
- Notify the local and regional offices of the scheduled dates for the CANRB hearing.
- Provide the CANRB members with copies of all relevant materials and notice of the hearing at least ten (10) working days prior to the review.

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- Send a written notice to the alleged victim child, the child's parent, guardian, or legal representative that a review has been scheduled and of their opportunity to attend and/or to provide information on behalf of the child to the CANRB at least thirty (30) days prior to the hearing date. If the victim child lives with the alleged perpetrator, the liaison will send the notification to the child in care of the alleged perpetrator. If the child is in alternative care, the liaison will send the notification to the child's Children's Service Worker.
- Coordinate all other activities regarding the scheduling and hearing of the review.

4.5.2.2 CANRB Participants

The following persons may participate in a CANRB review:

- Appropriate Children's Division staff and legal counsel for the Department;
- The presence of the alleged perpetrator or the child is not required for a review to be conducted. The alleged perpetrator has the choice to appear in person and/or by a lawyer or other representative. He/she may request that the case be reviewed on the record without appearance or may submit a written statement in lieu of personal appearance;
- Witnesses providing information on behalf of the child, the alleged perpetrator or the Department. Witnesses shall be allowed to attend only that portion of the review in which they are presenting information; and
- The victim(s) (if appropriate) and his/her representative, legal guardian or witness.
- Any party may participate by conference call with the CANRB.

4.5.2.3 CANRB Process

At the review, the Division, the child's representative, and then the alleged perpetrator (in that order) will each have twenty (20) minutes to present information to the board. Although the CANRB may ask follow-up questions throughout the presentation, there is no right of cross examination by other participants. The CANRB can allow additional time to any of the parties as needed.

When all of the presentations have concluded, the CANRB chairperson informs all parties that the CANRB will review the information and make a decision. The CANRB will review and discuss all relevant materials and testimony. The CANRB shall vote individually on the CANRB determination. The CANRB chairperson shall

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submit a written decision to the CANRB liaison on the date of the review, and shall send a written decision to all parties within five (5) working days of the CANRB decision. The CANRB also updates FACES to reflect the determination of the review. This process is outlined in the Code of State Regulations under [13 CSR 35-31.025 Child Abuse and Neglect Review Process](#) .

4.5.2.4 Tips for Presenting a Case to CANRB

The following contains some tips for staff to consider prior to presenting the Division's case before the CANRB:

- Staff have twenty (20) minutes to present a summary of how the Division determined that child abuse or neglect occurred by a Preponderance of Evidence.
- Staff should present the documented evidence and facts of the CA/N Investigation that established each of the necessary elements of child abuse or neglect, and how the Division determined by a Preponderance of Evidence that the person requesting the review actually perpetrated the act of child abuse or neglect. **Do not focus on the individual finding code entered on the *Individual Conclusion* screen in FACES.**
- It may be helpful to construct a time-line involved in the CA/N Investigation. The CANRB will often ask about the time-line of the CA/N Investigation to help them understand the sequence of events or to be sure they are clear about the sequence of events.
- The Division often uses photographic, radiologic, or other forms of imagery as a form of evidence to establish the elements of child abuse or neglect. If the CA/N investigative record contains a copy of such pictures, a copy of the pictures should be sent with the CA/N investigative record for the CANRB to review. The CANRB should be informed if the pictures were taken by another agency or member of the multi-disciplinary team and it is helpful if this information is documented in the CA/N investigative record.
- The CANRB places value on first-hand information from people who might have directly observed, documented or been witnesses to the alleged incident. It is essential for staff to follow the evidence and interview or receive documentation from the people with first-hand knowledge or case specific, relevant expertise. They may be called upon as a witness for the Division (by telephone conference call, if necessary) when presenting a case before the CANRB.
- Detailed descriptions and diagrams of marks and injuries to alleged victim children, noting when the marks were observed, and by whom, are helpful. If

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the descriptions of the marks and injuries are from someone else, it is helpful to include the document with their signature which describes the injuries rather than just a narrative entry.

- The CANRB is sent a copy of the CA/N investigative record a couple of weeks before the review. This allows the CANRB to read the record prior to the review. Although staff should not just read the CA/N Investigation to the CANRB, it may be beneficial to cite specific pieces of information or evidence which may be located in the CA/N investigative record.
- The CANRB is interested in all contacts, or attempted contacts, with the alleged perpetrator which should be clearly documented in the CA/N investigative record. It is essential to provide a copy of the interview with the alleged perpetrator when it is completed by someone other than Division staff, rather than submitting it as a narrative entry summarizing the interview.
- If the alleged perpetrator refuses to be interviewed without an attorney or declines the opportunity to provide evidence or witnesses on their behalf during the CA/N Investigation, that information should be clearly documented in the CA/N investigative record along with any efforts to offer the alleged perpetrator an opportunity to speak to the allegations and/or provide evidence on their behalf.
- The CANRB is interested in the corroboration of physical information provided by the child or witness. As an example, if there were allegations that children were locked in a bedroom with a lock on the outside of the door, the CANRB will want to know if a working lock was observed on the outside of the door. If a child disclosed that a specific form of child abuse or neglect occurred in a blue colored room, the CANRB will want to know if the Division ascertained the existence of a blue colored room which fits the child's description.
- If staff mentions prior or subsequent reports or assessments as a means of establishing a pattern of behavior which was taken into consideration in the Division's determination of child abuse or neglect, be prepared for the CANRB to question the Division's disposition of each of the prior or subsequent reports.

When a family alleges that a child has major behavioral problems at home, the CANRB finds it helpful to know if this same or similar behavior is seen by the school or other professionals involved with the child or family, and their perception of the child

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4.5.2.5 CANRB Reverses POE

If the decision is to reverse the Division's determination, CANRB staff will complete the following within two (2) working days:

1. Update the *Appeals* screen with the appropriate determination. Due to system's requirements, this step should be completed prior to updating the *Individual Conclusion* screen.
2. Update the individual conclusion(s) on the *Individual Conclusion* screen from "POE preliminary finding-pending appeal" to "Unsubstantiated" or "Unsubstantiated – Preventive Services Indicated" and delete worker findings and severity;
3. **Do not** change the conclusion date on the *Conclusion* screen when a preliminary POE finding of child abuse or neglect has been reversed. The system should reflect the conclusion date of the original finding of the investigation; and,
4. Notify the alleged perpetrator, child's representative, and Children's Division in writing of the CANRB's decision to reverse.

Upon notification from the CANRB, the local Children's Division's Office will file the written notification from the CANRB in the case record.

If there is more than one alleged perpetrator, the conclusion may still be "Preponderance of Evidence" involving the other alleged perpetrator. In this situation, the case would not be destroyed. However, notify the person who requested the review, that they are no longer an alleged perpetrator.

4.5.2.6 CANRB Upholds POE

If the decision is to uphold the Division's finding(s), CANRB staff will complete the following within two (2) working days:

1. Update the *Appeals* screen with the appropriate findings. Due to system's requirements, this step should be completed prior to updating the *Individual Conclusion* screen.
2. Change the CA/N Investigative conclusion on the *Individual Conclusion* screen from "POE Preliminary Finding-Pending Appeal" to "POE Final Determination."

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3. Notify the alleged perpetrator, child's representative, and Children's Division in writing of the CANRB's decision to uphold.

Upon notification from CANRB, the local Children's Division's Office will file the written notification from the CANRB in the case record.

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Memoranda History:

CD07-25, CD10-69, CD12-54

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4.5.3 De Novo Judicial Review

If the alleged perpetrator disagrees with the decision of the CANRB to uphold the Division's finding of POE for child abuse or neglect, then he/she may seek de novo judicial review in the Circuit Court within sixty (60) days of notification of the CANRB's decision. The alleged perpetrator will provide notice of the filing of the case to the Children's Division by serving a copy of a summons Petition on the Children's Division. This is a lawsuit and the Division must respond within time frames established by court rules. Once the petition is filed with the Circuit Court, the Division staff should immediately notify the Division of Legal Services (DLS) through appropriate supervisory channels, and provide DLS with a copy of the record. The Circuit Court shall provide the alleged perpetrator with the opportunity to appear and present testimony. The alleged perpetrator may subpoena any witnesses except the alleged victim or reporter.

The term "*de novo*" means "anew", therefore in a judicial review, the facts and evidence of the case must be heard and judged as if it were a brand new case. The Circuit Court shall provide the alleged perpetrator the opportunity to appear and present testimony. The alleged perpetrator may subpoena any witnesses except the alleged victim or the reporter. However, the Circuit Court shall have the discretion to allow the parties to submit the case upon a stipulated record.

4.5.3.1 Judicial Review Results/Subsequent Actions

It is imperative that FACES is updated for all "court adjudicated" immediately, upon verification from DLS that the court's judgment is applicable to the Division's CA/N Investigation. Local procedures should be developed so that CD staff work closely with the courts to monitor cases, including Judicial Reviews, Juvenile/Family Court, and criminal cases for court adjudication.

Related Subject: Section 2, Chapter 4.1.8.6 Court Adjudicated

4.5.3.1.1 Judicial Review Sustains the Division's Finding of Child Abuse or Neglect

Upon receipt of the court's written disposition, the local Division Office shall refer the court's disposition to the Division of Legal Services (DLS) through appropriate supervisory channels to establish if the Division's determination of child abuse or neglect by a POE is sustained (substantiated) by court adjudication. If the agency decision regarding a specific Child Abuse/Neglect (CA/N) incident is sustained (substantiated) in writing by the Circuit Court:

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1. Local/Regional/Out of Home Investigation (OHI) Designee should scan and e-mail a copy of the Court's ruling to the Central Office CA/N Program Development Specialist (PDS).
2. Local/Regional/OHI Designee should then update the *Appeals* screen with the appropriate finding.
3. CA/N PDS will update the CA/N Investigative conclusion on the *Individual Conclusion* screen from "POE Preliminary Finding- - Pending Appeal" to "Court Adjudication".
4. CA/N PDS will notify the Local/Regional/OHI Designee after the Individual Conclusion screen has been updated.
5. Local/Regional/OHI Designee should enter a summary on the FACES Conclusion Screen, and file a copy of the court's adjudication in the CA/N Investigation record.
6. Local/Regional/OHI Designee should notify the alleged perpetrator, child's parents, legal guardians or representative, and other parties entitled to such notice using the De Novo Judicial Review Disposition Letter (CS-21G).

4.5.3.1.2 Judicial Review Does Not Sustain the Division's Finding of Child Abuse or Neglect

If the agency's decision is reversed, the following should be completed within (10) ten working days:

The Regional Director/Designee or OHI Unit Manager shall review the case and determine whether or not the agency should contest the finding of the court. If it is determined that the Division should contest the decision, refer the case to the Division Director's Office, who will review and, if appropriate, refer the matter to DLS. If the case is contested and the Division's decision is upheld in writing by the court of jurisdiction, the steps outlined above should be followed.

However, if the Division accepts the reversal or exhausts all levels of appeal:

1. Local/Regional/Out of Home Investigation (OHI) Designee should scan and e-mail a copy of the Court's ruling to the Central Office CA/N Program Development Specialist (PDS).
2. Local/Regional/OHI Designee should then update the *Appeals* screen with the appropriate finding.

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3. CA/N PDS will update the CA/N Investigative conclusion on the *Individual Conclusion* screen from "POE Preliminary Finding-- Pending Appeal" to "Unsubstantiated" or "Unsubstantiated – Preventive Services Indicated" and delete worker findings and severity.
4. CA/N PDS will notify the Local/Regional/OHI Designee after the *Individual Conclusion* screen has been updated.
5. Local/Regional/OHI Designee should enter a summary on the FACES Conclusion Screen, and file a copy of the court's adjudication in the CA/N Investigation record.
 - a. **Do not** change the conclusion date on the *Conclusion* screen when a preliminary finding of child abuse or neglect has been reversed.
6. Local/Regional/OHI Designee should notify the alleged perpetrator, child's parents, legal guardians or representative, and other parties entitled to such notice using the De Novo Judicial Review Disposition Letter (CS-21G).

If a Family-Centered Services record or alternative care record was opened as a result of this incident, the case record should be reviewed and any reference to a "Preponderance of Evidence" finding should be deleted specific to the findings reversed by the court (i.e., findings of physical abuse, sexual abuse, emotional abuse or neglect).

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

[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#), [CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#).

Memoranda History:

[CD07-25](#); CD08-22; CD10-69, CD12-54, CD13-85

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4.5.4 Senate Bill 54 Review

Pursuant to Section [210.152.3 RSMo.](#), the Children's Division may reopen an investigation for review if:

- The request is made by the alleged perpetrator, the victim, the victim's parent, legal guardian or legal custodian if the victim is under the age of 18, or the Office of the Child Advocate,
- The request is based on new, specific, and credible evidence that shows that the Division's decision was based on fraud or misrepresentation of material facts, and,
- The new evidence establishes that, absent such fraud or misrepresentation, the Division's decision would have been different.

A material fact is a fact that if known would have changed the outcome of the Division's final determination, but was not known at the time due to that particular fact being represented falsely, incorrectly or improperly. The person requesting that the case be reopened must show that he or she was not at fault, negligent or inattentive when the misrepresentation of material fact was made or to the case.

Fraud means that the evidence relied upon by the Division to make its final decision was based upon untruthful or fabricated evidence. The person making the Senate Bill 54 Review request must demonstrate that he or she was not at fault, negligent or inattentive to the case.

Section 210.152.3 RSMo., provides that other than the Office of the Child Advocate, any person who makes a request to reopen a case for review based on facts which the person knows to be false or misleading or who acts in bad faith or with the intent to harass the alleged victim or perpetrator shall not have immunity from any liability, civil or criminal, for providing the information and requesting that the Division reopen the investigation and is guilty of a class A misdemeanor.

1. Who may request that a case be reopened for review?

- The alleged perpetrator,
- The alleged victim,
- The alleged victim's parent, legal custodian, or legal guardian if the victim is under age 18, or
- The Office of the Child Advocate.

2. *What types of cases are accepted for review?*

- Only investigations with a final determination may be reopened for review. A final determination is:
 - Preponderance of Evidence findings in which notification of the determination has been sent to the alleged perpetrator and sixty (60) days has elapsed without the alleged perpetrator requesting an appeal, or
 - Preponderance of Evidence findings, in which the alleged perpetrator has requested an appeal and the CA/N Review Board has overturned the Division's decision and notification has been sent, or
 - Preponderance of Evidence findings in which the alleged perpetrator has requested an appeal, the CA/N Review Board has upheld the Division's decision, notification has been sent, and sixty (60) days has elapsed without the perpetrator requesting a trial de novo in the appropriate Circuit Court, or
 - Unsubstantiated findings by the Division where notification has been sent.

3. *Timeframe for making a request:*

- Requests shall be made within a reasonable time, but no later than one (1) year from the date the Division's decision became final. Requests that are received by the Division that are more than one year from the date of the final decision shall be denied and the case shall not be reopened.

4. *Criteria for accepting a SB 54 Review*

- Information obtained must be new, specific, and credible evidence obtained that the Division's decision was based on fraud or misrepresentation of material facts and that absent such fraud or misrepresentation the Division's decision would have been different.
- The basis for reopening a case for review **shall not** be based on any information which the person requesting the review knew, should have known, or could by the exercise of reasonable care have known before the date of the Division's final decision, unless the person shows by a Preponderance of Evidence that he or she could

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- not have provided such information to the Division before the date of the Division's final decision.
- Cases shall not be reopened for review while the case is pending before a court of this state; nor when a court has entered a final judgment after de novo judicial review pursuant to section 210.152. If the Division receives a request to reopen a case for review while there is a de novo judicial review pending before the courts or if a court has entered a final judgment after de novo judicial review shall be denied.
- Failure to understand the consequences of the Division's final decision does not qualify as a ground to reopen a case for review. A case will not be reopened on the basis that the requestor failed to timely request administrative or judicial review.

4.5.4.1 Senate Bill 54 Review Procedure

The following are steps which Division staff should facilitate in order to process a SB 54 Request:

- Individuals eligible to request SB54 review may contact their local office, Central Office or access the CD-SB54 from the Children's Division Eforms webpage. The local CD office or Central Office should give the individual the form or direct the individual to the Eforms website.
 - The requestor should fill out as much case data as they know as well as the requestor's contact information on the CD-SB54 form,
 - The requestor should answer the questions pertaining to the case and the alleged fraud or misrepresentation of material fact, with as much relevant detail as possible,
 - The requestor may submit copies of any relevant documents, photographs or other information that the person making the request wishes to attach, and
 - The requestor should sign the document and send the CD-SB54 form to CD Central Office to be logged and screened.
- Central Office should obtain pertinent case records and send a request to the Division of Legal Services (DLS) for legal advice before making a decision.

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- DLS may then offer advice regarding how the Division should proceed. The legal advice that DLS provides shall be confidential, privileged communication and shall not be disclosed.
- If the criteria are met, the SB 54 Review shall be sent to the local Children's Division to complete an administrative review, supplement the investigation, or to reinvestigate, depending on the facts and circumstances of the case. Central Office will also send notification of the decision to reopen the case for review to the alleged perpetrator, the child's parents/guardian and others who are entitled to notice.
- The local Division Office will have thirty (30) days from receipt of the request from Central Office to complete the required investigation and make a determination. The determination may be based on evidence collected in the original investigation as well as the new investigation, depending what is most appropriate given the circumstances of the case.
- Local staff shall notify Central Office regarding the outcome of the SB 54 Review as follows:
 - **If a previously determined conclusion of unsubstantiated has been changed to a finding of child abuse or neglect by a Preponderance of Evidence** the finding shall be entered in FACES as a preliminary finding, and all of the alleged perpetrator's rights to appeal shall apply. A CS-21 form may be used for this purpose.
 - **If a previously determined conclusion of Preponderance of Evidence is overturned** the finding shall be entered in FACES and written notice shall be sent to parents, non-custodial parents (when address is known), alleged perpetrators, and Guardian(s) ad Litem (including Court Appointed Special Advocate). If the SB 54 Review was requested by the Office of the Child Advocate (OCA), OCA would also receive notification. Staff should use *Senate Bill 54 Disposition Notification (CD-SB54C)* form to give notice. The CS-21 form should NOT be used for this purpose.
 - **If a previously determined conclusion of Preponderance of Evidence is not overturned** a notation shall be made in the FACES Investigation narrative. The investigator shall send a written notification that the original decision stands to parents, non-custodial parents (when address is known), alleged perpetrators, and Guardian(s) ad Litem (including Court Appointed Special Advocate). If the SB 54 Review was requested by the Office of the Child Advocate (OCA), OCA would also receive notification. Staff should

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use *Senate Bill 54 Disposition Notification (CD-SB54C)* form to give notice. The CS-21 form should NOT be used for this purpose.

- Central Office shall log the results of each Senate Bill 54 Review.

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[CS03-46](#), [CS03-51](#), [CD04-69](#), [CD04-79](#), [CD04-89](#), [CD05-35](#), [CD05-40](#), [CD05-50](#),
[CD05-51](#), [CD05-68](#), [CD05-72](#), [CD06-09](#), [CD06-15](#), [CD06-34](#), [CD06-67](#), [CD06-78](#)

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[CD11-75](#)

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4.5.5 Office of the Child Advocate

The Office of the Child Advocate was established as the Office of Child Welfare Ombudsman by Executive Order in August 2003. Effective August 28, 2004, Office of the Child Welfare Ombudsman was changed to the "Office of Child Advocate for Children's Protection and Services" (Section 37.705.1 RSMo.).

The purpose of the Office of Child Advocate is to assure children receive adequate protection and care from services, programs offered by the Department of Social Services, the Department of Mental Health or the juvenile court. The child advocate reports directly to the Commissioner of the Office of Administration.

Per Section 37.710.1 RSMo., the Office of Child Advocate has access to the following information:

1. The names and physical location of all children in protective services, treatment, or other programs under the jurisdiction of the Children's Division, Department of Mental Health and the juvenile courts,
2. All written reports of child abuse and neglect, and
3. All current records required to be maintained pursuant to Chapters 210 and 211, RSMo.

4.5.5.1 Office of the Child Advocate Authority

Pursuant to Section 37.710.2, the Office of the Child Advocate shall have authority as follows:

1. To communicate privately by any means possible with any child under protective services and anyone working with the child, including the family, relatives, courts, employees of the Department of Social Services and the Department of Mental Health, and other persons or entities providing treatment and services.
2. To have access, including the right to inspect, copy and subpoena records held by the clerk of the juvenile or family court, juvenile officers, law enforcement agencies, institutions, public or private, and other agencies, or persons with whom a particular child has been either voluntarily or otherwise placed for care, or has received treatment within this state or in another state.
3. To work in conjunction with juvenile officers and Guardian ad Litem.
4. To file any findings or reports of the child advocate regarding the parent or child with the court, and issue recommendations regarding the disposition of

an investigation, which may be provided to the court and to the investigating agency.

5. To file amicus curiae briefs (petition the court for permission to file a brief) on behalf of the interests of the parent or child.
6. To initiate meetings with the Department of Social Services, Department of Mental Health, the juvenile courts, and juvenile officers.
7. To provide information to the public regarding the Child Advocate's Office, its purpose and how to be contacted.
8. To apply for and accept grants, gifts, and bequests of funds from other states, federal, and interstate agencies, and independent authorities, private firms, individuals, and foundations to carry out duties and responsibilities. The funds shall be deposited in a dedicated account established within the office to permit moneys to be expended in accordance with the provisions of the grant or bequest.
9. Subject to appropriation, establish local panels on a regional or county basis to adequately and efficiently carry out the functions and duties of the office, and address complaints in a timely manner.
10. To mediate between alleged victims of sexual misconduct and school districts. Pursuant to Section 160.262.1 RSMo., the Office of the Child Advocate may offer mediation services when requested by both parties when child abuse allegations arise in a school setting. The mediator must not be a mandated reporter of child abuse. No student, parent of a student, school employee, or school district will be required to enter into mediation. If either party does not wish to enter into mediation, mediation will not occur. Procedures for mediation are described in Section 160.262.1 RSMo.

4.5.5.2 Children's Division/Office of the Child Advocate Agreement

Per agreement between the Department of Social Services/Children's Division and the Office of Child Advocate:

- Complaints to the Office of Child Advocate will be addressed when all levels of grievances have been exhausted through Children's Division.
- Reports and records will be shared with the Office of Child Advocate upon circuit manager review.
- Unsubstantiated reports will be released upon written request to the Division by the reporter.

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- The Constituent Response Unit within the Children's Division will provide information to the Office of Child Advocate as outlined in Section 37.710.2 RSMo..

Related Subject: Section 2, Chapter 4, Attachment D Reporter Contact

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Memoranda History:

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Attachment A: SAFE-CARE (Sexual Assault Forensic Examination) Network

SAFE-CARE Network providers should be used whenever possible for sexual abuse, physical abuse or neglect examinations. SAFE-CARE providers have received specialized training in the examination and interviewing of children who may have been sexually assaulted or physically abused. The SAFE-CARE Network provides CD and MO HealthNet Division (MHD) providers with the unique opportunity to work closely and learn from each other. Most importantly, the SAFE-CARE Network will help reduce the trauma experienced by children who are subjected to sexual abuse, physical abuse or neglect.

Staff may arrange an examination with a Network provider by calling his/her office for an appointment. Providers may also be contacted through the nearest Child Advocacy Center. The provider will conduct an exam which includes a complete medical history, comprehensive physical examination, an interview, complete genital examination, basic office laboratory procedures, and preparation of the SAFE-CARE form.

The Department of Health and Senior Services (DHSS), MO HealthNet Division (MHD), Department of Public Safety (DPS) and Children's Division (CD) work together on the SAFE-CARE Network. The Department of Public Safety (DPS) is responsible for payment of sexual assault and physical abuse examinations. The first avenue of payment should be through DPS.

Providers use their discretion in the number of SAFE-CARE examinations they conduct and the distance of families traveling for the examinations. Some providers may restrict examinations for children within their county boundaries, while others may agree to examine children from surrounding counties. Both factors are concerns for providers in order to allow them sufficient time for a quality examination and if necessary, time to testify in court.

In most situations, CD Children's Service Workers will make the referral to a provider for a SAFE-CARE examination. In other situations, providers may suspect abuse or neglect, proceed with a SAFE-CARE examination, and then call the Hotline.

If a SAFE-CARE provider notifies Children's Division staff that they no longer wish to participate in the SAFE-CARE Network, staff should ask the provider to notify Children's Division, P.O. Box 88, Jefferson City, Missouri 65103, in writing.

Scheduling Examinations

If the parent caretaker agrees to take the child to a physician, an appointment time and date must be established before the investigator leaves the home. The investigator must follow up immediately after the scheduled appointment to ensure the child received the necessary examination. If the parent/caretaker failed to keep the appointment, the investigator must immediately contact the family to locate the child and determine the

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reason the child was not taken. If the parent caretaker refuses to cooperate, the worker shall immediately contact the juvenile office to request assistance in ensuring appropriate measures are taken for the child to receive the examination.

Photographs

Photographs of children with injuries should be taken by hospital, law enforcement, or juvenile office personnel only. CD workers may take photographs of serious/severe neglect situations where a co-investigator is not present during the investigation.

Diagrams

Diagrams may be used by the worker to complete a silhouette of the child and mark the location of injuries on the silhouette. Try to approximate the shape and relative size, and write a brief description of the injury next to the silhouette. In describing injuries, avoid words that are open to interpretation such as “old bruises: or “severe cut”. Instead, the coloring, measurements, and precise adjectives should be used to describe the condition.

Payments for SAFE-CARE Examinations

The Department of Public Safety (DPS) is responsible for the payment of the forensic examination charges incurred as a result of gathering evidence for the evidentiary collection kit of persons who may be a victim of sexual assault or physical abuse which occurred in the state of Missouri. For billing purposes, providers would use the Sexual Assault Forensic Examination (SAFE) Program Report. The SAFE Program Report, the checklist, and an itemized billing statement should be mailed to the Department of Public Safety, SAFE Program, PO Box 3001, Jefferson City, MO 65102. All claims for Sexual Assault Forensic Examination and physical abuse examinations must be submitted to DPS within 90 days from the date of the forensic exam. If there are any questions, providers may call 573-526-5779.

In situations where DPS is not able to pay for the SAFE-CARE exams, MO HealthNet Division (MHD) pays for examinations covered by MO HealthNet. CD will pay for examinations not covered by MHD if there is a Child Abuse/Neglect Investigation.

CD, along with MHD will pay a special rate of \$187.50 for sexual assault examinations (excluding laboratory tests) and \$72.50 for physical abuse/neglect examinations. The following laboratory fees and examinations will be paid at MHD rates based on the corresponding MHD Cost Code:

Procedure Codes	Types of Service	Description	Reimbursement Rate
99205 U7	1	SAFE, Sexual Assault	\$187.50
W1350U7	1	CARE, Child Abuse Resource Education	72.50
57452U7	2	Colposcope	56.52
81025U7	1	Urine pregnancy test	7.20
86317U7	1	Chlamydia	20.72
86631U7	1	Chlamydia	14.40
86632U7	1	Chlamydia, IgM	12.67
87110U7	1	Chlamydia culture	21.77
86592U7	1	RPR	5.00
87210U7	1	Wet mount	4.00
86687U7	1	HIV	11.60
86688U7	1	HIV	14.84
86689U7	1	HIV, Western Blot	24.00
87390U7	1	HIV-1	24.38
87391U7	1	HIV-2	24.38
87534U7	1	HIV-1, direct probe technique	21.71
87535U7	1	HIV-1, amplified probe technique	48.50
87536U7	1	HIV-1, quantification	110.14
87537U7	1	HIV-2, direct probe technique	27.71
87538U7	1	HIV-2, amplified probe technique	48.50
87539U7	1	HIV-2, quantification	59.20
87076U7	1	Culture, Bacterial, any source definitive	7.50
87077U7	1	Culture, Bacterial, aerobic isolate	7.50
99170U7	1	Anogenital Exam	68.15
56820U7	1	Exam of Vulva w/Scope	57.12
57420U7	1	Exam of Vagina w/Scope	59.98

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It is appropriate to pay for lab fees in duplicate if for different sites, i.e. Chlamydia - Vaginal, Chlamydia - Rectal, Chlamydia - Oral.

When Children's Division is responsible for SAFE-CARE payments, providers may use a copy of page one of the SAFE-CARE form for billing purposes. This copy is attached to the Payment Request. If SAFE-CARE providers prefer, they may use their own billing statement rather than the copy of page one of the SAFE-CARE forms. Laboratory charges must be itemized on a separate statement. CPT codes must be printed on the invoice. The service codes of MHSP or MDTR should be used. Because providers do not receive reimbursement directly to their facility, in the metropolitan areas, workers are encouraged to ask the provider to provide specific mailing address for reimbursement purposes. This address will aid in verifying the correct vendor number to enter on the Payment Request.

Payments for a Mental Health Assessment or Evaluation to Determine Evidence of Emotional Abuse:

1. If the child is MO HealthNet eligible, staff should make every effort to arrange for the mental health assessment or evaluation with a MO HealthNet provider.
2. If it is determined the child is not eligible for MO HealthNet and/or no MO HealthNet provider is available, staff should contact a CTS provider to complete the assessment.
3. If it is determined no CTS provider contracted for assessment or evaluation is available to provide the services, staff will:
 - Select any non-CTS Psychologist, Psychiatrist, Psychiatric Clinical Nurse Specialist (PCNS), Licensed Clinical Social Worker (LCSW) or Licensed Professional Counselor (LPC) to provide the appropriate assessment.
4. If a non-CTS provider is willing to provide the service staff must:
 - Contact the Contract Management Unit and request a contract be sent to the provider prior to the mental health assessment being conducted.
 - Once the provider signs and returns the CTS contract to Contract Management the provider may be used to provide the service.
5. Payment for mental health assessments or evaluations may be authorized and paid through a service authorization if entered on a timely basis. If the service authorization is not entered timely, a Payment Request should be completed and sent to the FACES Payment Unit.

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6. When a provider has a contract, only the contracted rate, or less, can be paid. Staff should check the contract system to obtain each contracted provider's rates.

Payments for Medical Examinations When a Child Abuse/Neglect Report is Made or Caused to be made by a Medical Provider

The Division will pay for a medical examination which was done to assist the physician(s) to determine if a CA/N report should be made.

1. Verify evidence of physical and/or sexual abuse was discovered during a physical examination and resulted in a CA/N report.
2. Verify the cost of the examination was not paid/covered by the patient, the Department of Public Safety, MO HealthNet, or private health insurance. If not, request an invoice in triplicate from the physician for purposes of submission to the FACES Payment Unit for reimbursement.

Payment for Copies of Medical Records

The Division may pay for copies of medical records. Section 191.227, RSMo. sets the handling and per page fees for medical records. Section 191.227, RSMo. was amended in 2002 to provide effective February 1st of each year, the handling fee and per page fee would be increased or decreased based on the annual percentage change in the unadjusted, U.S. city average, annual average inflation rate of the medical care component of the Consumer Price Index for all urban consumers (CPI-U). The current reference base of the index, as published by the Bureau of Labor Statistics of the U.S. Department of Labor, shall be used as the reference base.

The maximum reimbursement rates for paying providers for medical records were changed effective February 1, 2016. The new amounts are:

- A copying fee of \$24.57 and .56 cents per page for the cost of supplies and labor for copies provided in paper form
- An additional fee of \$23.00 if the records are maintained off-site
- Copies provided electronically (e.g. disc, fax, email) have a maximum copying fee of \$24.57 plus .56 cents per page, or \$107.67 total, whichever is less
- Postage to include packaging and delivery cost

When Children's Division staff request and receive medical records from providers, all bills for payment for those records are made by completing a Payment Request. To complete the Payment Request, please use Vendor Type- CT, Program Area- CT, Service Code RCRD. If the provider does not have a DVN, staff will follow the

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instructions located in the FACES Reference Manual (<http://dssweb/cs/faces/reference/facesreference/RM/Vendor.pdf>). A vendor number will be assigned prior to the Payment Request being entered. Make sure the bill is attached to the Payment Request and send the Payment Request and attachments to the FACES Payment Unit.

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

[CD04-66](#), [CD05-34](#), [CD05-35](#), [CD06-84](#), [CD06-101](#)

Memoranda History:

[CD07-24](#), [CD08-39](#), [CD08-116](#), [CD09-30](#), [CD10-28](#), [CD10-42](#), [CD11-37](#), CD13-28, CD14-20, CD14-50, CD15-47, CD16-13

Attachment B: Videotaping of CA/N Victims

The decision to videotape a CA/N victim involves the Children's Division (CD) consulting with the rest of the videotaping team, i.e., law enforcement, juvenile court and/or the prosecuting attorney. CD will not videotape a CA/N victim without consensus and cooperation from law enforcement, juvenile court, and/or the prosecuting attorney. The major reason to videotape a victim is to reduce trauma by reducing the number of interviews.

NOTE: This should not be confused with videotaping ordered by a criminal court judge in the course of a criminal court proceeding. Videotaping should primarily be used with victims of sexual abuse. Serious physical abuse can usually be documented with still photographs.

Videotaping Protocol is as Follows:

- CD will consult with law enforcement personnel, juvenile court personnel, and/or the prosecuting attorney regarding whether or not a victim should be videotaped.
- The videotaping team will carefully explain each step of the videotaping process to the parent(s) and child.
- For children in CD custody, a court order from the jurisdictional court is needed before videotaping.

NOTE: For children in the custody of their own parents, a court order from the jurisdictional court will need to be requested if parental permission to videotape is denied, unless the legal authority of the other members of the team allows them to videotape without parental permission.

- CD will consult with law enforcement personnel, juvenile court personnel, and/or the prosecuting attorney regarding who will conduct the interview; when and where to videotape; and what questions should be included.

Appropriate Procedures for Videotaping are as Follows:

- The interview should be conducted by a trained interviewer who is able to use props, if needed, i.e., anatomically correct dolls, victim drawings, etc.
- The date, time, and child's name should be clearly marked on the videotape.
- The interviewer should audibly state the day of week, date and the time the interview begins.
- Everyone in the room, including the camera operator, should be audibly identified at the beginning of the videotape.

- Law enforcement personnel should be requested to explain what allegation is being investigated.
- No one should enter or exit the room while the interview and videotaping is in progress.
- There should be a large calendar and large clock with a second hand in the background in order to visually establish date and time.
- The interview should be conducted in such a way that viewers can understand what is being done. The interviewer should carefully explain each step of the interview throughout the videotape.
- If the videotape must be replaced, the operator will give the interviewer a pre-determined signal and the interviewer will audibly indicate that another videotape is needed.
- The interviewer should audibly state the time the interview ends.
- At the conclusion of the videotape, law enforcement personnel will take custody of the videotape for evidence.
- The Children's Service Worker will document the results of the videotaping in the case record.

NOTE: Each local videotaping team will need to determine procedures for access to or copies of the original videotape for use by respective team members.

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

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Attachment C: Courtesy Requests

During the course of an Investigation or a Family Assessment, it may be necessary to request courtesy interviews from other county/ circuit offices or from another state CPS agency in order to complete a CA/N report. Courtesy requests may be made under the following circumstances:

- To make the required face-to-face contact with victims or other children in the household within mandated timeframes;
- To make face-to-face contact with an alleged perpetrator;
- To obtain face-to-face interviews from other significant individuals for the purpose of making a determination;
- To confirm the safety and well-being of children of families who have reportedly moved out of the state;
- To collect or obtain signed documents. (Authorization for release of information; signed safety plan or Written Service Agreement, etc.).

Courtesy Request Form (CPS-2)

1. Staff requesting courtesy interviews in Missouri will **make contact by phone first** to assure acceptance. Requesting staff should contact the local office to request a supervisor/designee to accept or assign the courtesy interview.
2. Staff requesting courtesy interviews out-of-state will make phone contact with the appropriate state Child Protective Services agency and proceed in arranging an assist according to that state's procedure.
3. Some situations may require after-hours/on-call staff to respond immediately. In such situations the requesting worker will contact CANHU to have an on-call worker contacted.
4. Once requesting staff has been connected with the staff conducting the courtesy or supervisor/designee assigning the courtesy, the necessary timeframes or need for the assurance of safety should be discussed; (be sure to ask for an E-mail address or fax number as to where the CPS-2 can be sent).
5. After assuring acceptance by phone, staff requesting the courtesy will fill out the top portion of a CPS-2 and E-mail it (as an attachment) or fax it to the Children's Division office or other state Child Protective Services agency who will be conducting the courtesy interview.

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6. Requesting staff will request confirmation that courtesy staff received the CPS-2 by fax or E-mail, to assure that time frames are met or safety is assured by the requested staff.
7. Requested information should be clearly stated, including specific deadlines, reports, releases, or other documentation that may need to be collected.
8. The courtesy staff will a) conduct the tasks requested; b) fill out the bottom portion of the CPS-2; c) clearly document time, dates, and location of all interviews conducted; d) attach appropriate documents; and e) E-mail, fax, or mail the documents to the requesting staff.
9. Continued communication by telephone may be required when the information is needed quickly to expedite the investigation or to give staff information quickly to assure child safety or meet required timeframes.

Attach the CPS-2 and all attached documents to the appropriate section of the CAVN report (CPS-1) or case record.

- Courtesy requests for interviews may also be received from other county/circuit offices or from another state CPS agency and should be handled as required by the requesting county/circuit office or state.

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

[CD05-35](#), [CD05-54](#)

Memoranda History:

Attachment D: Reporter Contact

Pursuant to [Section 210.145.1\(9\), RSMo.](#), the Children's Service worker shall contact the person who made such report within forty-eight hours of the receipt of the report in order to ensure that full information has been received and to obtain any additional information or medical records, or both, that may be pertinent.

Contacting the reporter is good public relations for the investigating Children's Service Worker as it lets the reporter know the report is being investigated. In addition, the reporter is a valuable source of information. Child safety and other investigation considerations can be assessed by exploring them with the reporter.

Upon contact with the reporter the worker will inform mandated reporters that they will receive the results of the investigation.

The worker will inform all reporters who are not mandated and are not anonymous of their right to receive the results of the investigation, *if they request it in writing.*

The worker will inform all reporters, who are not anonymous, that if the finding of the investigation is "Unsubstantiated", they may request, *in writing*, that the local county office make a referral to the *Office of the Child Advocate.*

Related Subject: Section 2, Chapter 4.5.5, Office of the Child Advocate

Questions to ask the reporter include, but are not limited to the following:

- What information can be provided in addition to what was shared with CANHU?
- How did the reporter find out about this incident?
- Has this ever happened before?
- If it has happened before, what has prompted the reporter to report this incident at this time?
- When did the incident occur?
- When was the child last seen?
- What is happening with the child right now?
- Is the child currently in danger?
- Is there other violence, such as domestic violence, sibling abuse, or elder abuse present in the home?

- Who else can be contacted who has information regarding the report? What is the address(es) and phone number(s) of additional collateral(s)?
- Where do the child's parent(s)/caretaker(s) work? What are the work address(es) and phone number(s)?
- Does the child go to a child care provider? What is the child care provider's address and phone number? What hours is the child with the child care provider?
- In Newborn Crisis Assessments (NBCA) ask the reporter if there were complications at the time of the delivery.
- NBCA - What were your observations of the mother/infant interaction while in the hospital?
- NBCA - What were the toxicology test results of the infant/mother (obtain written documentation of signs or symptoms of exposure at birth or toxicology results)?

Related Subject: Section 2, Chapter 6.2, Newborn Crisis Assessment

- Does the child attend school? What is the school address and phone number? What hours does the child attend school?
- Has the child had a physical exam: x-rays, culture(s), etc.?

The investigating Children's Service Worker is encouraged to gather as much information as possible to enable him/her to investigate the CA/N report. The Children's Service Worker should advise a mandated reporter of his/her right to information concerning disposition of the report.

Mandated Reporters

At the time of the contact, inform the mandated reporter that he/she will receive information regarding the date and disposition of the findings of the investigation/family assessment.

Pursuant to [Section 210.145.1\(16\), RSMo.](#), mandated reporters may receive, if requested, findings and information concerning the case.

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 and may share the following information:

1. The date the Investigation/Family Assessment was completed;
2. Conclusion of the Investigation/Family Assessment;
3. Facts utilized to reach the conclusion of the Investigation/Family Assessment;

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4. Whether a referral for Family-Centered Services (FCS) or to other community services was made;
5. Treatment plan; and
6. Progress of the child/family.

Mandated reporters who will not have on-going, professional contact with the child/family may receive the following information verbally or in writing:

1. Date the Investigation/Family Assessment was completed;
2. Conclusion of the Investigation/Family Assessment; and
3. Facts utilized to reach the conclusion of the Investigation/Family Assessment.

Staff should exercise discretion as to how much information is shared depending on the mandated reporter's role with the family. Provide the information to the reporter as soon as possible after the investigation is completed.

Other Reporters (Permissive):

Any reporter who provides his/her name to the CA/N hotline shall be informed of their right to obtain information concerning the disposition of the report during their initial contact with the Children's Service Worker. If a permissive reporter requests information regarding the disposition of the report, this shall be made available within five days of the conclusion. The reporter may also receive, if requested, findings and information concerning the case. The release of information shall be at the discretion of the Director, based on the reporter's ability to assist in protecting the child or the potential harm to the child or other children in the family. The local office shall respond to the request within forty-five (45) days. The Division may share the fact that the report is being/has been followed up.

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

[CD04-79](#) , [CD06-34](#)

Memoranda History:

Attachment E: Decision Making - Investigative Conclusions Guidelines

This attachment provides guidelines for decision making, reaching an investigative conclusion, and determining the level of intervention.

When beginning the investigation, the worker should ask himself/herself four questions:

1. What has actually happened to the child?
2. How serious is the current situation?
3. What is the risk of future harm to the child?
4. Based on the answers to the above three questions, what level of intervention is indicated?

In order to address these questions, the worker should consider the following:

- The description of the incident and presenting problem which resulted in the report;
- The physical/psychological/intellectual/social characteristics of the child;
- The physical/psychological/intellectual/social characteristics of the parent/caretaker;
- The family dynamics, as determined by the patterns of family behavior and family history;
- The presence of domestic violence in the family;
- Long term and situational family stressors, i.e., interaction, economic, social;
- Conditions of the physical environment in which the child lives, including the home and neighborhood;
- Indicators, as developed through observations and interviews with collaterals and subjects;
- All credible, verbal, and physical evidence collected/obtained; and
- The level of risk of future harm to the child.

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[CD04-79](#) , [CD05-35](#)

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Attachment G: Collection of Evidence

It is important that the investigator understand what evidence is and its purpose, at what stages of the investigative process it is obtained, and how and by whom it is obtained. Staff must collect evidence in order to conduct a thorough investigation and reach an investigative conclusion.

Evidence is defined as “something that makes another thing evident or tends to prove a fact at issue to be true and/or grounds for belief that a fact at issue is true”.

Evidence of child abuse/neglect presents itself in a variety of forms: verbal evidence, such as witness statements, and physical evidence, such as clothing, instruments, weapons, etc. The Children’s Division (CD) investigator does not have the authority within policy, to collect physical evidence. However, the worker is authorized/expected to collect the following types of evidence using the methods prescribed:

Statements/Records:

The most common type of evidence available to the investigator is statements made by the victim, witness(es), alleged perpetrator, and collateral(s).

The investigator will also obtain or generate a variety of documents/reports during the investigation process, which will serve as evidence to support an investigative conclusion. These statements may be used for judicial proceedings. Generated reports/documents include reports, forms, and records produced by CD staff. Obtained reports/documents include medical reports, psychological/psychiatric evaluations, police reports, written statements, etc.

The investigator should take the following steps in obtaining and reviewing documents/reports that are to be used as evidence in a CA/N Investigation:

- Initial all pages of any original document the worker is allowed to view but not copy. This will assist the worker in identifying the document during judicial proceedings as one reviewed during the investigation. The worker should make detailed notes of any such documents and include pertinent factual information on the CPS-1;

Place an identifying mark on each page of a copy of a document/report received/reviewed during the investigation.

- Do not make notes on or otherwise alter the copies so that they can be admitted as evidence in the judicial proceedings.

For information regarding videotaping a forensic interview of a child victim, see [Section 2, Chapter 4, Attachment B: Videotaping of CA/N Victims](#) .

Polygraphs:

Alleged perpetrators should contact an attorney or law enforcement to arrange a polygraph, should they want to have one conducted. The alleged perpetrator can arrange to have the outcome provided to the Children's Service Worker for inclusion in their record.

Photographs:

Photographs serve as a record of an incident to show particular items of evidence and their relationship to the scene. Photographs also provide close-up records of significant portions of a scene. Children's Service Workers have the authority to use photography as a means of recording evidence. Photographs taken should serve primarily as a means to record the conditions of the environment. However, the general use of cameras is dependent upon the approval of the local office administrator. Whenever possible, staff is encouraged to have a law enforcement officer, juvenile officer or medical practitioner take the photographs. **Children's Service Workers shall not take photographs of children.** Children's Service Workers may want to take photographs of serious/severe neglect situations where a law enforcement officer, juvenile officer or medical practitioner is not present during the investigation. The use of photography requires the investigator to use his/her prudent professional judgment and use the following guidelines:

- Familiarize himself/herself with the photographic equipment and basic photography techniques, which may include the use of digital photography or self-developing film;
- Obtain permission of the subject and/or parent/caretaker before taking photographs;
- Use color;
- Take several photographs of each scene to ensure that at least one will be a fair and accurate representation of the scene. The photograph must be properly exposed, well lighted, and technically correct, to be accepted as evidence in judicial proceedings;
- If staff are not using digital photography or self-developing film, they should have the film developed by a professional photographic technician. The photographic technician shall be required to return all negatives and discarded pictures to the worker to protect confidentiality.
- Place the photographer's name, date the photograph was taken, and the subject on the back of the photograph or in the label of the digital file.

Physical Evidence:

CD investigative staff is not authorized to collect physical evidence. However, they should be knowledgeable of the types of physical evidence which may exist based on the reported incident. In addition, they should be observant and identify, whenever possible, the presence or possible presence of physical evidence when conducting an investigation. This allows the investigator to provide an accurate, written description of such evidence and to notify the proper

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law enforcement officials or juvenile officer and/or to request a co-investigator to search for/seize the physical evidence. If, at any time, the investigator is voluntarily given an object of the physical evidence, he/she should immediately turn it over to the proper law enforcement authorities or the juvenile officer.

Physical evidence collected and stored by law enforcement, medical professional, etc. should be identified on the CPS-1.

The collection of evidence is a critical element in conducting a thorough CA/N Investigation. Each piece of evidence should be carefully evaluated for credibility and consistency. In addition, it should be carefully preserved by way of a factual summary placed in the case record or placed in a storage area, which is not readily accessible by others.

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[CS03-51](#)

Memoranda History:

CD10-71

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Attachment H: Guidelines for Letter to Suspected Perpetrator Regarding Delayed Notification of CA/N Status Determination

Section 210.152, RSMo. requires the Division to notify the alleged perpetrator and parents of the subject child of the Division's preliminary determination within ninety (90) days after receipt of the report of abuse and/or neglect. Occasionally, the determination is delayed beyond the mandated time frame while waiting for needed evidence. When such a delay occurs, the Children's Service Worker should notify the alleged perpetrator, parents, and non-custodial parents in writing. The following information should be included in the letter:

- The CA/N incident number;
- The date the incident was reported;
- The name of the alleged perpetrator;
- That the status determination will be delayed;
- The reason for the status determination delay;
- That we continue to investigate the report; and,
- That notification of the status determination will be sent in the near future.

A copy of the letter will go in the case file.

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CD07-25

Attachment I: Indicators of Physical Violence in the Home

It can be difficult to ask women whom you suspect are abused if they are in fact being abused. Sometimes the woman will resist inquiries; sometimes she will welcome the opportunity to discuss what is happening to her. The important thing to convey to her is that you do care about what is happening. Here are some suggestions for interviewing women who are willing to talk about the violence. Even if the woman won't talk about the violence, be sure you convey to her that you are there to assist her and give her referral information about local battered women's resources.

NOTE: The United States Department of Justice findings are that 95% of domestic violence is perpetrated against women by husbands, former husbands, or boyfriends, although it is recognized that both men and women are victims of domestic violence. For purposes of these guidelines, women are referred to as the victims of domestic violence.

- Interview each potential victim separately. Do not interview in presence of possible assailant. Do not ask abuser to verify the victim's story.
- Do a history of violence for each possible victim in the family.
- What does the abuser do to the victim?
- Has it gotten worse?
- Has it changed?
- Begin by asking general questions about the relationship and about control and conflict.
- Ask directly about physical violence. "Is anyone hitting you?"
- "How do you handle anger in your family?"
- "Has your husband ever threatened to hit you?"
- "Has he ever done anything to the furniture or your belongings?"
- "Are you being coerced into doing things that are unpleasant or uncomfortable for you?"
- Assess for injuries. Sometimes these are hidden and minimized.
- Assess for medical needs. Sometimes medications are withheld from the woman by the abuser.

Do an immediate safety assessment:

- Are there weapons in the house?

- Who has been threatened with weapons?
- What threats, physical and emotional, have been made?
- Has the violence grown more frequent and severe?
- Ask questions like, "In what way can I be helpful to you?" "What do you want to do?" Listen carefully for the woman's crisis request and try to respond to it, or if you cannot respond, offer your help in obtaining resources that will. If you cannot give her what she is asking for, be honest, and try to respond to at least a part of her request.
- Ensure that she is aware of her shelter, legal, and financial options. Know her rights and resources or if you do not, call someone or refer her immediately to someone who does. Talk out with her the consequences of her choices. What will he do? How can she protect herself?
- Help her mobilize resources and her support system, if it will be safe.
- Validate her feelings.
- Acknowledge her strengths, specific ways she has protected herself or her children (i.e. methods she used to leave the abuse or to maintain sanity, the courage she demonstrates by telling you about the violence or by calling for help). However, do not negate her intense feelings of fear and vulnerability by focusing solely on her strengths. This would minimize the range of feelings she is experiencing and make her feel foolish.
- Do not blame her for the abuse. Do not ask questions that imply victim-blaming. Victim-blaming questions include, "Why are you staying with a man like that?" "Do you get something out of the violence?" "What did you do at that moment that led him to hit you?"

In order to successfully intervene with battered women, the following are important:

- Professionals must understand the dynamics of battering.
- Professionals must recognize that the woman needs information but that she must be seen as the expert on her situation.
- It is the role of the Children's Service Worker to be supportive and respectful no matter what decision the battered woman makes. This does not mean that when the children are at risk, intervention should not be done (she can choose things we don't like).
- Professionals are responsible to be aware of resources in the community to help the battered woman.

- Professionals must clearly know that no matter what the circumstances are, the battering is always the responsibility of the abuser, not the victim.
- If you are considering removal of the child(ren), do not bully her with that fact. Do not make angry statements like, "Choose between your partner and your child." Rather, be honest and explain the options and their consequences if she chooses to stay and the child is at risk. Empathize with her by statements like, "It must be terribly hard to choose between your child and your husband." It is important that she has time to talk through her options and make choices. If the child is removed, the agency should allow her input into the planning process so that she keeps as much control as possible.
- If a woman is battered, regardless of who the batterer is, she and her children are entitled to help, referrals, safety, and support.
- Experience suggests that the more power a woman has, the more ability she has to protect her children. Court orders, support groups and sanctions against the abuser give her power. One way to give the mother power is to help her gain access to those power-generating options. The child, obviously, will not be safe unless the mother is safe.
- Do not coerce a battered woman into testifying against her partner in a child abuse case. Urge her to appear in court but remember that if he threatens her, she may be in grave danger and she should not be forced to testify. There may be other ways of gathering evidence against the abuser.
- For women in some cultural groups, it is extremely difficult and sometimes impossible to leave an abusive partner. For example, some Hispanic and Chinese women never leave their immediate community. If they did, ostracism and community and family censure would be extremely strong and their survival would be endangered. Going to a shelter or to court may not be alternatives. It is critical, therefore, that services be provided by those who are sensitized to these issues and that referrals be made to programs that have explored racism, have received multi-cultural training, and that have hired a culturally diverse staff. It is particularly important that women not be punished for the lack of culturally relevant services and resources. It is equally important that we work respectfully with those community agencies, like the church, that many women turn to for help to work out safety plans.
- Workers must be aware of culturally biased assessments of neglect. For example, in some cultures older siblings are taught and encouraged to take care of younger ones without the presence of adults; extended networks frequently care for children when the mothers are working, seeking help, or are temporarily incapacitated.
- Be particularly sensitive to the difficulties experienced by rural women, including isolation, lack of transportation, jobs, and housing; lack of privacy, i.e., the whole community will find out if she calls the police; her fear of living in a shelter in town; lack of legal and medical services; lack of safe spaces where she can flee; and rejection by her family and friends for telling about the violence or incest.

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Adapted from the New Hampshire Coalition against Domestic & Sexual Violence curriculum, "Understanding Domestic Violence."

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Attachment J: Meth Lab Emergency Response Protocol

Identifying a Potential Meth Lab

Many products and equipment used in the production of meth do have legitimate uses and separately would not be cause for concern. When certain items are found in combination and close proximity, however, staff should take notice and use extra precaution. It is important for workers to familiarize themselves with the presence of chemicals, products, equipment, or other evidence that might alert the worker to the existence of a meth lab site which is either active or has been active in the past.

Methamphetamine laboratories that produce illicit drugs operate with little or no safety precautions. Immediate dangers include:

- Fire;
- Explosion;
- Inhalation of harmful fumes;
- Skin contact with dangerous chemicals; and
- Exposure to chemicals found in meth laboratories without proper protection can cause cumulative damaging effects to the body.

Methamphetamine laboratory seizure requires specialized training, detection and safety precautions.

Related Subject: Section 7, Chapter 27, Methamphetamine ("METH") Use: Clandestine Methamphetamine Laboratories and Guidelines.
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Methamphetamine Emergency Response

Reports received at the county office from the Child Abuse Neglect Hotline Unit (CANHU) that identify the existence or potential existence of a meth lab site should be handled by contacting 9-1-1 or local law enforcement immediately to initiate an established meth lab protocol.

Children's Division staff are not equipped to deal with the hazards associated with a meth production site and should never enter any building or suspected residence where a meth lab is suspected until clearance to do so is received from trained law enforcement personnel, DEA agents, or Drug Task Force members.

Other situations may arise when a worker discovers the existence or has reason to suspect the existence of a meth lab during an *Investigation/Family Assessment* or *home visit on an active FCS or FCOOHC case*. Whatever the case, when a worker becomes aware of the existence or possible existence of a meth lab the worker should take the report very seriously and **without**

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alerting or alarming the family should cease the visit immediately, leave the site and contact law enforcement. If there is not a pending investigation, the worker should also contact the CANHU and make a hotline report.

Check CA/N History

Workers should always review the family CA/N history printed on the report, before going out on a home visit. *If the CA/N-1 coding P1---Meth Lab Exposure* appears on a prior report, workers should use extreme caution. **P1---Meth Lab Exposure**, under the heading *Reporter's Description/Worker's Specific Finding* is used as an investigative worker finding **when an individual with care, custody or control of a child had an active lab at the child's residence or knowingly allowed the child to be exposed to the hazardous chemicals associated with meth production.**

Related Subject: Section 2, Chapter 4.1, Investigation Response

Establishing a Multi-Disciplinary Initial Response Partnership

It is important to have an emergency meth protocol in place before the need arises. This will require a community based multi-disciplinary approach to formulating and implementing a collaborative response. It will require staff to assess locally what resources, agencies, and protocols exist; what gaps or challenges have to be bridged; and who in the community needs to be involved. Identify the necessary team members and form a task force to discuss the roles and responsibilities in the process. Members may include, but are not limited to:

- a. Children's Division
- b. Law Enforcement
- c. Fire Department/EMS
- d. Prosecuting Attorney's Office
- e. Juvenile Court
- f. Medical Providers
- g. Foster Parents
- h. Child Advocacy Center Staff
- i. Addiction Treatment Providers

Identify Protocol Functions

- a. Secure the area-site entry-(law enforcement). *CD shall not enter a lab site until clearance to do so is received from trained law enforcement personnel, DEA agents, or Drug Task Force members.*
- b. Detain suspects-(law enforcement)
- c. First responders-(EMS, law enforcement, fire department)
- d. Field medical exam-(EMS, fire department, available qualified medical personnel)
- e. Decontamination of children (Health Department, fire department or medical personnel, *not including Children's Division staff*)
- f. Sample collection –(Qualified personnel such as medical personnel, EMS or law enforcement, *not including Children's Division staff*)
- g. Full medical exam (medical/hospital personnel)
- h. Protective custody-(law enforcement, juvenile office or physician)
- i. Transporting of children (EMS/ambulance, law enforcement, juvenile office or Children's Division). Children's Division workers shall:
 - Not transport a child who is not in CD legal custody
 - Not transport a child who is not medically stable (arrange for ambulance or EMS to take the child to the hospital)
 - Transport according to local/multi-agency task force decontamination protocol
- j. Placement arrangements or alternative care (Children's Division)
- k. On site evidence collection - (law enforcement, *Children's Division only after site has been cleared*)
- l. Hazardous waste collection-(law enforcement, fire department)
- m. Environmental clean up (Department of Natural Resources (DNR), DHSS, other contracted agencies)

Identify available resources in the community

- a. Existing protocols in place or that could be enhanced
- b. References/training available/cross training
- c. Medical facilities/hospitals
- d. Child advocacy centers
- e. Potential decontamination facilities
- f. Treatment providers/facilities
- g. Foster care providers
- h. Funding available
- i. Referral of adults/parents to addiction treatment provider (Children's Division)

Establish Protocol

- a. Designate responsibilities
- b. Designate locations (medical exams, decontamination, interviews)
- c. Establish lines of communication between team members (Distribution of reports, dissemination of new information, etc.)

Periodic and Ongoing Review and Revision of Protocol

- a. How is it working? (review practice, specific cases or situations)
- b. How can it work better? (support practice or modify)

Related Subject: See Sample *National Alliance for Drug Endangered Children (DEC) Protocol* (<http://www.nationaldec.org/medical%20protocol/DECNationalProtocol.pdf>); and Sample: *DEC Best Practices First Response Forms* (<http://colodec.org/decpapers/Documents/DECBestPracticesInitialResponseforms.pdf>).

General Meth Protocol Guidelines

Reports received at the county office from the CANHU that identify the existence or potential existence of a meth lab should be handled by contacting 9-1-1 or local law enforcement immediately to initiate the established meth lab protocol. The following are suggested guidelines only and may be used as a reference in local protocol development.

1. Be alert and know how to recognize a meth lab site.

Related Subject: Section 7, Chapter 27, Methamphetamine ("METH") Use: Clandestine Methamphetamine Laboratories; and Guidelines
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2. If staff develop reasonable suspicion of a methamphetamine operation while in the course of a home visit:
 - a. Safety is the foremost consideration;
 - b. Conclude the visit quickly, without causing concern of the individuals in the household. This is extremely important due to the extremely aggressive behavior, rapid mood swings, and paranoia that use of methamphetamine may elicit;
 - c. Don't alert or alarm the client;
 - d. Talk slowly, clearly and continuously in a non-threatening manner;
 - e. Stand-still at first face-to-face contact;
 - f. Keep a distance of 7 to 10 feet;
 - g. Keep your hands in front of you (any movement can be interpreted as a sign of aggression);
 - h. Slowly, walk backing out maintaining eye contact until you are safely away from harm;
 - i. Don't touch anything;
 - j. Do not use sense of smell or touch to attempt to identify chemicals or unknown substances.
3. Leave the site and contact law enforcement immediately:
 - a. Leave the area immediately or as soon as possible. Again, *don't alert or alarm the client*;
 - b. Call 911 and/or local law enforcement;

- c. Your safety is first priority;
 - d. Local law enforcement agencies should have established a specific protocol for use when reports of methamphetamine laboratories are received;
 - e. Staff should not enter any building until clearance to do so is received from trained law enforcement personnel, DEA agents, or Drug Task Force members;
 - f. Drug Task Force, DEA personnel, or Highway Patrol Division of Drug and Crime Control (DDCC) are contacted and requested at a specific scene before any other personnel enter.
4. Children after removal from an active meth lab site
- a. All children should be assessed for medical stability (preferably EMS or qualified emergency response personnel should assess medical stability prior to the children being transported, though this issue should be worked out locally);
 - b. All child(ren) should receive a more thorough physical examination as soon after removal as possible;
 - c. Children not showing signs of chemical toxicity should be taken to medical facility within the first 24 hours;
 - d. Children demonstrating symptoms of acute chemical toxicity are to be immediately decontaminated and taken to nearest emergency hospital;
 - e. Children with open wounds should receive immediate medical attention;
 - f. If protective custody is taken of the child(ren), workers should not transport the child(ren) if he/she has not been determined medically stable;
 - g. Medical professionals need to be informed immediately of the situation and to what possible chemicals the children might have been exposed;
 - h. The child(ren) should have a lead screening when they receive the physical examination, as high levels of lead have been detected in children removed from homes that contained a methamphetamine laboratory;
 - i. Immediately following removal from the home, the child(ren) should be observed closely for labored breathing and headaches, for at least 48 hours;
 - j. If labored breathing or headaches do occur, the child(ren) should be taken immediately to a physician or an emergency room;

- k. There may have been children in the family or home who were not present at the time of the seizure. All children who have lived in the home will need to be examined within 72 hours;
 - l. All children at the lab site should be decontaminated according to local decontamination protocols;
 - m. Personal items, clothing, and toys should not be removed from the lab site.
 - n. *The lab site is a crime scene* and should not be disturbed;
 - o. If there is knowledge that the child(ren) had direct exposure (i.e., he/she was in the same room when the “cooking” process was taking place) to any chemical, the clothing, shoes, etc., should be thrown away;
 - p. All clothing, shoes, and toys that are removed from the home with the child(ren) should be thoroughly washed with soap and water;
 - q. Bleach should be used to clean the washing machine and area where the washing occurred;
 - r. The child(ren) and any adults that have had physical contact with him/her should wash all skin surfaces thoroughly with soap and water except when injuries have occurred.
5. Transporting children in protective custody:
- a. Law enforcement, juvenile office or a physician must take protective custody prior to Children’s Division transporting any child exposed to a meth lab.
 - b. Children’s Division staff *shall not transport a child who does not appear to be medically stable*. Arrange for EMS or an ambulance to take the child to a hospital;
 - c. A Children’s Division worker shall not transport a child who has not been decontaminated to a resource provider placement.
 - d. If a child is not decontaminated on the site, a protocol for transporting children to decontamination sites must be worked out locally (EMS, fire department, law enforcement, *preferably not Children’s Division staff*, may transport the child to a designated site for decontamination);
6. Interviewing the victim:

- a. The multi-disciplinary investigative team should agree on a case-by-case basis, who should interview victims. Because meth cases are all investigations, interviews should not be conducted without law enforcement's involvement;
 - b. Interviews should take place only after the child is decontaminated and assessed for medical stability;
 - c. The interviewer should:
 - Build rapport with the child;
 - Allow the child to use drawing or dolls;
 - Ask specific questions;
 - Avoid repeating questions;
 - Avoid leading questions;
 - Not suggest that the interviewer knows what happened;
 - Not confront the child on prior statements;
 - d. Include questions such as:
 - Have you ever smelled or seen anything strange or weird in your house?
 - Do you know what drugs are?
 - What do they look like?
 - Are there ever times when you feel sick?
 - Do you get headaches?
 - Does your nose ever hurt?
 - Are there weapons or guns in the house?
7. Make a complete assessment (*child abuse/neglect, domestic violence, and forensic evaluations of the dangers the lab posed to the child*):
- a. Physical condition of the child(ren)
 - b. Child's access to drugs or chemicals

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- c. Living conditions
- d. Play area
- e. Food supply
- f. Children's bedroom or sleeping arrangements
- g. Bathroom conditions

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

[CS03-51](#)

Memoranda History:

Attachment L: Preponderance of Evidence

Effective August 28, 2004, the standard of proof for making an investigative finding that child abuse or neglect exists will be "Preponderance of Evidence". Findings of CA/N reports received prior to August 28th, 2004, used "Probable Cause" as the standard of proof.

A "Standard of Proof" indicates the degree to which the point must be proven. Common standards in law are:

- **Beyond a Reasonable Doubt** - (criminal cases)--For a criminal defendant to be convicted of a crime, the prosecutor must prove her case to the point that the jurors have no reasonable doubts in their minds that the defendant did whatever he is charged with having done.
- **Clear and Convincing Evidence** - (civil cases involving the potential loss of important interests such as the termination of parental rights) -- For a party to prove a case under this standard, he/she must show something more than "it is more likely than not", but not as much as "beyond a reasonable doubt". No legal scholar has ever been able to define clear and convincing evidence more precisely than that.
- **Preponderance of Evidence** - "That degree of evidence that is of greater weight or more convincing than the evidence which is offered in opposition to it or evidence which as a whole shows the fact to be proved to be more probable than not."
- **Probable Cause** – "Available facts when viewed in the light of surrounding circumstances which would cause a reasonable person to believe a child was abused or neglected". For law enforcement it is the reasonable belief that a crime has been or is being committed and is the basis for all lawful searches, seizures, and arrests.

What Does "Preponderance of Evidence" Mean to Children and Families?

The finding that abuse or neglect exists, regardless of the standard of proof can effect children and families significantly. To victims of abuse or neglect it can mean an opportunity to intervene at a critical time in a child's life; to provide support and services to a family in need; or to prevent future incidents of maltreatment. It can also mean making determinations about family members or individuals responsible for the care and custody of children that are serious or criminal in nature. Decisions about allegations may adversely alter family dynamics and cohesiveness or hinder an individual's means of future employment or career aspirations. It is the Division's responsibility to make findings that are fair, unbiased, and stand up to a standard of proof equal to the gravity and seriousness of the allegations and impending consequences.

What Does “Preponderance of Evidence” Mean to the Investigation Response?

It means that investigations should be conducted with an emphasis on:

1. A thorough collection and documentation of evidence;
 - When the evidence supporting a finding of abuse is balanced by evidence contradicting abuse, the law does not allow you to err on the side of protecting the child. You must make a finding that there is insufficient evidence to prove abuse or where relevant who the perpetrator was.
2. An accurate account of interviews (verbal and non-verbal);
 - Decision to find abuse/neglect based on weighing oral evidence (people's statements) which depends on deciding one person is more credible (believable) or one was less credible or unbelievable. Workers must state reasons why they believed or didn't believe that person.
 - In situations where the alleged perpetrator refuses to provide a statement or their version of the facts, it should first be decided whether any other testimony is credible. If credible, it should be stated in the report that the statement of the witnesses who were examined were credible and the alleged perpetrator failed and/or refused to provide any contrary testimony or evidence, therefore, after considering available evidence, there is a finding that abuse/neglect occurred.
3. Descriptive, observable, and behaviorally specific documentation of actions and conduct relative to the investigation;
4. Descriptive, observable account of the physical condition of children and environment;
5. Making investigative findings based on all available facts and evidence that is of greater weight or more convincing than the evidence offered in opposition to it.
 - The investigator must be prepared to testify that they reviewed and weighed all of the evidence that was available and believe that the evidence that B was abused and that A was the perpetrator is of greater weight than the evidence that A or B was not abused or that he/she was not the perpetrator.
 - The available evidence taken as a whole shows a greater probability that B was abused and that A was the perpetrator than that B was not abused and that A was not the perpetrator.
 - All "feelings" must be supported by either physical or oral testimony.

- It is hard to give scenarios as just one thing can change the scales. It has a lot to do with credibility too.

Examples of Inadequate Vs. Descriptive, Observable or Behaviorly Specific

<u>Inadequate</u>	<u>Descriptive, Observable</u>
Filthy	Dirty, moldy dishes stacked and covering kitchen counter, animal feces on the floor, smell of urine.
Sickly	Child was pale, eyes glassy, lethargic, underweight, HX of poor appetite, recent loss of weight.
Cluttered	Soiled clothes covering the floor; smell of mildew; no sheets on stained mattresses.
Inappropriately dressed	32 degrees outside/only a t-shirt, no shoes; wearing the same clothes for a week, smells of body odor.
Sexual acting out	Fourth grader who touches genitals of self or others in classroom, four year old can describe explicit sex acts.
Credible statement	Demonstrated truth vs. lie (describe), HX of incident matched physical injuries (describe), HX matched witnesses (describe), teacher reports no HX of lying.
Described as Violent	Specific HX, past injury, past criminal charges or convictions of violent crimes.
Irresponsible	Missed 7 child Dr. appointments, failed to pick up from child care twice this week.
Hungry	4 year old child reports not having eaten anything in a 24 hour period except for a small package of crackers. Observed no food in the house.
Abandoned	Mother left children at a neighbor's house saying she would return in one hour and has not been seen in a week. Other neighbors report seeing her in the neighborhood.

Related Subject: Section 2, Chapter 4, Attachment G Collection of Evidence

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

[CD04-79](#), [CD05-35](#)

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Attachment M: Intensive In-Home Services (IIS)

This attachment addresses the responsibility of the Children's Division for referring families to Intensive In-Home Services (IIS).

Intensive In-Home Services are designed to prevent the out-of-home placement of children. IIS is targeted to families who have children in immediate risk of placement. Immediate risk is identified as a crisis, which erupts and the family or Children's Service Worker is ready to recommend out-of-home placement. A preliminary screening shall be completed for all children when out-of-home placement is being considered to determine if an IIS referral is necessary. The preliminary screening is defined as a conference between the Children's Service Worker and supervisor. During this conference, a determination will be made if the case is appropriate to refer for Intensive In-Home Services.

An IIS preliminary screening is required in all cases when a Children's Service Worker plans to recommend the removal of the child(ren) except in the following situations:

- When the child(ren) cannot be adequately protected during the referral and assessment process and must be removed on an emergency basis; or
- When all caregivers have indicated that they will not cooperate with IIS.

When the Children's Service Worker identifies that the family's situation requires a recommendation for out-of-home placement, he/she should discuss his/her concerns for the welfare of the child(ren) with the family and inform them of his/her decision to recommend out-of-home placement of the child(ren). The Children's Service Worker should advise the family that IIS is a resource that may be available to them, which could help prevent placement of the child(ren).

There will be situations when the child(ren) is removed from his/her home on an emergency basis. If an IIS referral was not made at the time of removal, the Children's Service Worker who is responsible for the child(ren) immediately following placement, and his/her supervisor, should re-evaluate the placement decision within 72 hours following the placement, according to Section 211.180, RSMo. which requires a screening after removal from the home and placement into custody of the court. This will be a preliminary screening between the Children's Division Investigator and/or Case Manager and Supervisor. If safety can not be assured with IIS in the home, the family will be screened out. If the case is deemed appropriate for IIS, a referral will be made within 72 hours of placement.

Information regarding the decision to refer the family for IIS and the outcome of that decision will be documented on the CPS-1 and CPS-1A. The results of the consultation should also be documented on the CPS-1, Child Abuse/Neglect Investigation and Family Assessment Summary.

All IIS preliminary screenings and referrals will be documented in the narrative and on the court report submitted to the court for the protective custody hearing.

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All referrals *must* be recorded on the FP-100, referral form. The FP-100 will be completed by the IIS CD worker or contractor if contracted out. The FP-100 will be entered by the 5th day of each month. Field #18 will be completed stating whether the case was accepted or not. If the case is not accepted, field #19 will also be completed using the appropriate code on the form for the reason it was not accepted. If the case is accepted, an FP-200 *must* be completed upon IIS exit/discharge and at one (1) month, six (6) month, and twelve (12) months following the exit/discharge date to track the status of the child(ren) regarding placement. The FP-200 will be completed by the site coordinator as identified in each IIS site.

Related Subject: Section 3, Chapter 7, Intensive In-Home Services

IIS Referrals for Newborn Crisis Assessments

The family involved in a Newborn Crisis Assessment may be referred to IIS for services. If the physician has provided a statement that specifies why the child is without proper care, custody or support, and that immediate protective custody is necessary to prevent personal harm to the child, then a referral to IIS may be an option. If the child is removed prior to a referral, CD must re-evaluate the placement decision within 72 hours following the placement, as per Section 211.180, RSMo..

If the mother agrees to go through an in-patient, drug treatment facility, an IIS worker will go to the treatment center to assist the mother in maintaining custody of her infant.

Related Subject: Section 2, Chapter 6.2, Newborn Crisis Assessments

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

[CS03-51](#), [CD06-34](#)

Memoranda History:

CD07-49

Attachment N: Child Fatality Review Panels

This attachment provides information regarding the Child Fatality Review Panels (CFRP's).

1. The prosecuting attorney in each county is charged by Section 210.192, RSMo. to organize the panels. The local panels are then responsible for reviewing all child fatalities in their county that meet the criteria for panel review. County panel members include:

- Prosecuting attorney;
- Medical examiner/coroner;
- Law enforcement;
- A representative of Children's Division (CD);
- A provider of public health services;
- A representative of the juvenile court; and
- A provider of emergency medical services.

Optional members from: drug/alcohol treatment, schools, mental health, domestic violence, dentists, and probation and parole may be added at the panel's discretion.

2. The general process of activating the panel is as follows:

- Coroners and medical examiners are required to immediately evaluate the deaths of all children under the age of eighteen (18) who are eligible to receive a certificate of live birth to determine the necessity for a fatality review. This includes children that are non-Missouri residents who die in Missouri and are issued a Missouri death certificate.
- If the coroner or medical examiner determines that the death of a child under the age of 18 years does not meet the criteria for panel review, the Coroner/Medical Examiner Report (Form 1) will be completed, co-signed by the chairman of the local Child Fatality Review Panel, and the original forwarded to the regional child fatality coordinator. Form-1 data submitted to the regional child fatality coordinators is reviewed for completeness and linked to official vital statistics records centrally at the State Technical Assistance Team (STAT) Child Fatality Review Program Office in Jefferson City.
- In addition, when a child under the age of eighteen dies, who is eligible to receive a certificate of live birth, a certified child death pathologist, in conjunction with the coroner or medical examiner, will determine the need for an autopsy. All children between the ages of one week and one year, who die in a sudden and unexplained manner, are to be autopsied by a certified child death pathologist.

- If the death meets the criteria for panel review, the coroner/medical examiner notifies the chairman of the CFRP, who then notifies the panel within 24 hours of a reviewable death.
- Indications for a reviewable death involve one or more of the following:
 - Sudden, unexplained death, ages one week to one year;
 - Death unexplained/undetermined manner;
 - CD CA/N reports on the decedent or other persons in the residence;
 - Decedent in CD custody;
 - Possible inadequate supervision;
 - Possible malnutrition or delay in seeking medical care;
 - Possible suicide;
 - Possible inflicted injury;
 - Any firearm injury;
 - Injury not witnessed by person in charge at time of injury;
 - Death due to confinement;
 - Suspicious/criminal activity
 - Drowning;
 - Suffocation or strangulation;
 - Poisoning/chemical/drug exposure;
 - Severe unexplained injury;
 - Pedestrian bicycle/driveway injury;
 - Motor vehicle injury;
 - Suspected sexual assault;
 - Death due to any fire injury;
 - Panel discretion; or

- Other suspicious findings (injuries such as electrocution, crush or fall).
 - The CFRP reviews the fatality and each member carries out his/her specific mandates. (For example, CD will determine by a “Preponderance of Evidence” if the child died of abuse or neglect. Law enforcement will decide whether an investigation is warranted. The prosecutor will decide if someone should be arrested and charged with child endangerment, etc). The main purpose of the panel review is to share information so that each person can more thoroughly carry out their agency's mandate. Within forty-five (45) days, the panel completes the Child Fatality Review Panel Report (Form 2) and forwards it to the regional coordinator. The regional coordinator then sends the form to STAT for review and linkage to official vital statistics records in Jefferson City.
 - Although each discipline attending panel meetings have mandates specific to their fields, the panel function additionally affords the local community the opportunity to review events and circumstances surrounding deaths in an effort to better collaborate local preventive strategies.
3. Confidentiality and the sharing of information is essential during the review process.

A. Information Sharing

Senate Bills 757 and 602, signed into law July, 2000, amended the original CFRP legislation and expanded the mandate for the panel to review all deaths of children under the age of eighteen (18) years, who are eligible to receive a certificate of live birth, which meet guidelines for review as set forth by the Department of Social Services (DSS). In addition, the panel may review at its own discretion any child death reported to it by the medical examiner or coroner, even if it does not meet the guidelines as set forth by the department. This cannot be accomplished unless all information known to panel participants is shared during the review of a death. It is each participant’s legal obligation to do so. Participants are expected to fully access all information related to the victim, victim’s family, and/or persons who may have been involved in the death (i.e., baby-sitters, relatives, or the caretakers of the child at the time of death) and the circumstances surrounding the death. CD staff should share all child abuse and neglect information that they have on the victim(s), the caretaker of the victim at the time of the injury/death or other persons who may have been involved in the injury/death.

Except as provided in Section 630.167, RSMo, the coroner/medical examiner, public health representative, and/or CD representative, or a local CFRP may request copies of all records, medical and social, on a child who has died, from any hospital, physician, medical professional, mental health professional, or a Department of Mental Health facility.

Prior checks conducted by CANHU for Child Death Review Teams (medical examiners, coroner, etc.) criminal justice agencies, and juvenile officers should include the release of more information than that which is given to other requesters. Information to be released is as follows:

Child Death Teams, Medical Examiners, Coroners

- Preponderance of Evidence findings
- Court adjudicated findings
- Information on pending CA/N reports
- Open FCS, PS, and ZCAS cases
- Unable to locate findings
- All unsubstantiated findings
- All family assessment findings
- Non CA/N referrals

Criminal Justice Agencies and Juvenile Officers

- Preponderance of Evidence findings
- Court adjudicated findings
- Information on pending investigations
- Open FCS, PS, and ZCAS cases
- Unable to locate findings
- All “Unsubstantiated” findings
- All family assessment findings

All Other Approved Requesters

- Preponderance of Evidence findings
- Court adjudicated findings
- Information on pending investigations
- Open FCS, PS, and ZCAS cases
- Unable to locate findings

These records should then be disclosed by statute. Also, any legally recognized privileged communication, except that between attorney and client, shall not apply to situations involving the death of a child.

All records maintained by CD regarding hotline investigations, family assessments, referrals, mandated reporter contacts, non CA/N referrals, and Family-Centered Services, should be shared with the Child Fatality Review Panel. In addition the CD panel member or designee should search Family-Centered Service cases, income maintenance records, including food stamps, and all other records that may have pertinent information regarding the victim.

B. Confidentiality -- Meeting Closure Policy

All CFRP meetings conducted, and all reports and records made and maintained by the CFRP, are confidential and shall not be open to the general public except for the annual report.

A proper panel review of a child's death requires a thorough examination of all relevant data, including historical information concerning the deceased child and his/her family. Much of this information is protected from disclosure by law, especially medical and child abuse/neglect information. Therefore, panel meetings are always closed to the public and cannot be lawfully conducted unless the public is excluded. Section 210.192, RSMo. has broadened the reporting requirements of the CFRP program to include the issuance of a final report. The final report is a summary of prevention conclusions and recommendations for each child death reviewed by a local CFRP. The final report is a public record and may be obtained by submitting a written request to: MO DSS -- State Technical Assistance Team, PO Box 208, 301 W. High Street, Rm 590, Jefferson City, MO 65102-0208

Each panel should appoint a spokesperson. The spokesperson should confine public statements only to the fact that the panel met and that each panel member was charged to implement their own statutory mandates. No information about the case or panel discussions should be disclosed outside of the panel. All panel members who are asked to make a public statement should refer such inquiries to the panel spokesperson. Failure to observe this procedure may violate CD regulations, as well as confidentiality statutes that contain penalties.

No panel member is prohibited from making public statements about the general purpose or nature of the child fatality review process, however, no case-specific statements should be made. Panel members should be aware that the legislation which established the Child Fatality Review Panels provides official immunity to all panel participants. The CFRP panel and its members are advocates for the health and welfare of every child in their community, including the reasonable preservation of privacy for the child and family members.

C. Record Handling

Child Fatality Review Panel Forms 1 and 2, generated by the Child Fatality Review Panel, will be forwarded to through the CFRP regional coordinator to STAT, where they will be linked with the Department of Health vital statistics data. If the Child Fatality Review Program Worksheet is used, it should be destroyed by the coroner/medical examiner upon completion of the Data Form 1. **NO COPIES OF COMPLETED CFRP DATA FORMS 1 AND 2 SHOULD BE MAINTAINED IN LOCAL COUNTY CD FILES.**

All information presented at the panel meeting should be considered lead information that needs to be confirmed by the individual discipline as true and factual before being included in any individual narratives report. While reports and documents may be shared and reviewed at panel meetings, these should not be copied and distributed to others. Outside of the CFRP review, agencies may share reports consistent with their policies and other legal restraints.

4. State Child Fatality Review Panel

The state CFRP, appointed by the Director of the Department of Social Services (DSS), is composed of professionals from throughout the state from various agencies. The state CFRP will meet at least bi-annually and shall:

- Review the findings of the county CFRP panels to determine the frequency and cause of child fatalities throughout the state;
- Identify the appropriateness and comprehensiveness of current statutes, policies, and procedures relevant to the management of fatal abuse/neglect cases;
- Review data collected by the DSS STAT to determine the accuracy of identification of fatally abused/neglected children;
- Review reports on the status of the operation of the county CFRP panels; and
- Recommend prevention strategies after reviewing statewide trends and actions suggested by local panels.

The state CFRP shall submit findings and recommendations to the Director of DSS, the Governor, the Speaker of the House of Representatives, the President Pro Tempore of the Senate, the children's service commission, juvenile officers, and chairperson of the local CFRP panels. At minimum, the finding shall address the following issues:

- The number of child fatalities reviewed by county panels;
- Non-identifying characteristics for perpetrators;
- Non-identifying characteristics for deceased children;

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- The number of fatalities by cause(s) of death and whether death was attributable to child abuse/neglect;
- Effectiveness of local panels; and
- Systemic issues which need to be addressed through changes in policy, procedures, or statute.

5. The State Technical Assistance Team (STAT)

The State Technical Assistance Team (STAT) shall develop and implement protocols per the evaluation and review of child fatalities, provide training, expertise, and assistance to the local CFRP on child fatalities and, if requested by the local CFRP, assist in the review and prosecution of specific child fatalities.

Upon receiving a request from a multidisciplinary team member to assist in an investigation, STAT must notify the local law enforcement agency, prosecutor, CD, a representative of the family courts, medical examiner, coroner, and juvenile officer, of the team's involvement. Where assistance has been requested by a local law enforcement agency, STAT investigators, certified as peace officers by the Director of the Department of Public Safety, shall be deemed to be peace officers within the jurisdiction of the requesting law enforcement agency, while acting at the request of the law enforcement agency. The power of arrest of the STAT investigator acting as peace officer shall be limited to offenses involving child abuse and/or neglect, child sexual abuse, child exploitation or child fatality.

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

[CS03-26](#) , [CD04-79](#)

Memoranda History: