

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

August 29, 2016

M E M O R A N D U M

TO: CHILDREN'S DIVISION AND CONTRACTED STAFF

FROM: TIM DECKER, DIRECTOR

SUBJECT: NEW PROCEDURAL REQUIREMENTS FOR THE
INVESTIGATIONS INVOLVING CHILDREN UNDER THE AGE
OF FOUR

DISCUSSION:

This memorandum introduces new legislative requirements specifically related to the investigation of child abuse involving children under the age of four. These procedures are the result of the passage of HB1877 during the 2016 legislative session.

SAFE CARE Evaluations or Case Reviews on All Investigations of Children Under the Age of Four

Effective August 28, 2016, all investigations involving children *under* the age of four (4) must include either an examination of the child or a review of the child's case file and photographs by a SAFE-CARE provider as part of the investigation.

In an effort to address geographic barriers that may exist in some areas of the state with regard to access to SAFE-CARE providers, the three Child Abuse Resource Centers (Children's Mercy Hospital, Cardinal Glennon Hospital, and St. Louis Children's Hospital) have agreed to provide a preliminary review of the information which Children's Division staff will submit to the Child Abuse Resource Centers via e-mail on the SAFE-CARE Provider Evaluation Referral Form (CD-231). Staff should send the CD-231, and any relevant medical records and photographs they may have at the time of referral, to: DSS.CD.SafeCareReferral@dss.mo.gov. Staff are reminded that these e-mails must be encrypted. Once received, the designated Child Abuse Resource Center will ensure the referral is evaluated within twenty-four (24) hours and will return the completed and signed form to the Children's Division further advising as to whether:

1. A direct examination of the child by a SAFE-CARE provider is needed;

2. A direct examination of the child by a board certified child abuse pediatrician is needed due to complex needs of the child;
3. A review of the case file and photographs by a SAFE-CARE provider is needed, or
4. If further evaluation is not necessary.

Staff should then follow their local protocols for referral to a SAFE-CARE provider when option 1 or option 3 is recommended. If the local SAFE-CARE provider is unable to complete a case review or medical evaluation, staff should utilize one of the three Child Abuse Resource Centers. When a direct examination is recommended and the local SAFE-CARE provider is unable to examine the child and transportation cannot be arranged to one of the three Child Abuse Resource Centers, staff should ensure the child is seen by a local medical provider and follow up with a case review by a SAFE-CARE provider.

To ensure this process is not only completed timely, but in a manner that allows the best chance of a proper evaluation and follow up response, Children's Division staff should complete and submit the CD-231 as soon as possible after the child has been seen by either the Children's Division investigator or other member of the multidisciplinary team and sufficient preliminary information has been gathered for the Children's Division investigator to complete the CD-231. If the child has already been seen by, or it is known the child will be referred to a local SAFE-CARE provider, the investigator does not need to complete the CD-231 and should follow local referral protocols. Nothing in this protocol should preclude the Children's Division from facilitating timely medical attention for a child in need.

In accordance with best practices, investigators should make every effort to facilitate the occurrence of medical exams or case file reviews in a manner that not only ensures a thorough and timely investigation, but minimizes the need for multiple examinations, unnecessary delays, or undue hardship on families whenever possible. If it is determined that the child's needs can be met by a case file review **and** the child has not or will not be examined by a SAFE-CARE provider, the Children's Division worker will need to facilitate obtaining the necessary medical records to provide to the local SAFE-CARE provider.

A new delayed conclusion reason has been added to the Delayed Conclusion screen in FACES. Staff should use the option 'Awaiting SAFE-CARE provider action pursuant to Section 210.146, RSMo.' when a report cannot be concluded within timeframes due to the new requirements of HB1877.

Required Referral to the Juvenile Court

If upon evaluation of a child or review of the child's case file and photographs, the SAFE-CARE provider makes a diagnosis of physical abuse and reports such to the Children's Division, the investigator must immediately make a referral to the Juvenile Officer. The referral must include the Children's Division's recommendations regarding the care, safety, and placement of the child and the reasons for those recommendations. NOTE: HB1877 does **not** require the Children's Division to make a recommendation for removal of the child.

Members of the Child Welfare Sub-Committee of the Juvenile Standards Committee have been working to develop and standardize referral forms between the Children’s Division and the Juvenile Office. This memorandum introduces the first of these forms: Referral to the Juvenile Office (CD-235). Prior to beginning to utilize the CD-235, county office management staff should share this form with their local Juvenile Office and discuss its implementation. It is the intent of the Children’s Division to utilize the CD-235 for all referrals to the Juvenile Office. Staff are encouraged to provide any feedback on the CD-235 and its implementation through their supervisory chain of command to their Regional Director.

The CD-235 should be utilized to make the statutorily required referral to the Juvenile Office under HB1877. If the Children’s Division is not recommending Juvenile Court involvement, staff should check the box on the first page that states ‘the Juvenile Officer take no action, as this matter has been referred to the Juvenile Officer as required by law, but the Children’s Division does not believe any action by the Juvenile Officer is necessary.’

Staff Training Requirements:

HB1877 also adds a provision that four (4) of the twenty (20) training hours currently required annually under [Section 210.180, RSMo.](#), include training on medical forensics relating to child abuse and neglect.

Missouri KidsFirst, the agency that oversees the SAFE-CARE provider network, is collaborating with the Children’s Division to develop training opportunities to meet this new requirement. In the meantime, if staff attends training that appears to fulfill the medical training requirement, staff can seek approval from the Training Unit utilizing the Request for Training Credit Approval form. Staff should make a note on the form they wish for approval for medical forensics training.

NECESSARY ACTION	
<ol style="list-style-type: none"> 1. Review this memorandum with all Children’s Division staff. 2. Review revised Child Welfare Manual chapters as indicated below. 3. All questions should be cleared through normal supervisory channels and directed to: 	
PDS CONTACT Kara Wilcox-Bauer 573-526-9707 Kara.B.Wilcox-Bauer@dss.mo.gov John Steinmeyer 573-751-8930 John.D.Steinmeyer@dss.mo.gov	PROGRAM MANAGER Christy Collins 573-751-9603 Christy.M.Collins@dss.mo.gov
CHILD WELFARE MANUAL REVISIONS Section 2, Chapter 4.1.3.2, Investigations Involving Children Under the Age of Four Section 2, Chapter 4.1.7.2, Children Under the Age of Four Diagnosed as a Victim of Physical Abuse	

[Section 7, Chapter 28, Physical Abuse](#)

FORMS AND INSTRUCTIONS

[SAFE-CARE Provider Evaluation Referral \(CD-231\)](#)

[Referral to Juvenile Officer \(CD-235\)](#)

REFERENCE DOCUMENTS AND RESOURCES

[SAFE CARE Provider List](#)

[Child Physical Abuse Forensic Examination Program](#)

[SAFE-CARE Provider Referral Process for Victim Children Under the age of Four Flowchart](#)

RELATED STATUTE

Section 210.146

[Section 334.950, RSMo](#)