



GUIDELINES FOR
MANDATED REPORTERS
OF CHILD ABUSE AND NEGLECT

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Dear Colleague:

In 1993 representatives of the Children's Division (CD) met with representatives from the school system to discuss mutual concerns surrounding the reporting and investigation of child abuse and neglect (CA/N). These discussions resulted in the development of guidelines for school personnel. Since then, the information in this booklet has been updated to reflect changes in child abuse and neglect laws and CD policy. This guide was initially designed especially for school teachers and other personnel who work with children in the school setting. This booklet has now been expanded to be a resource guide for all mandated reporters.

We encourage mandated reporters, school boards, and school districts to use this material. We also recommend local representatives from community support agencies, school districts and CD develop local protocols, ongoing reciprocal training and educational programs to enhance already strong relations. We strongly believe that this material and open communication will ensure protection and support for children and their families to enhance their educational and social development.

The information contained in this booklet is available to all mandated reporters and school personnel at http://dss.mo.gov/cd/pdf/guidelines_can_reports.pdf

For additional information regarding Children's Division services and programs, visit the Department of Social Services website at: <https://dss.mo.gov/cd/>. Thank you for your efforts to improve community response to the needs of children and families.

If you have any questions, please contact Tasha Toebben or Kara Wilcox-Bauer at (573) 522-8024. Please feel free to print this booklet and make copies for distribution.

Sincerely,

Julie Lester
Interim Children's Division Director

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Missouri Child Abuse and Neglect Mandated Reporter Training



The Missouri Task Force on the Prevention of Sexual Abuse of Children has developed free online training for mandated reporters. All mandated reporters are strongly encouraged to complete this training course.

<http://protectmokids.com/>

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

Lesson 1: Introduction & Legal Requirements of Mandated Reporters

Lesson 2: Indicators of Child Abuse and Neglect

Lesson 3: Plan for Responding to Suspicion, Discovery or Disclosure of Child Abuse and Neglect

Lesson 4: Effectively Reporting Child Abuse and Neglect

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

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

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

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MANDATED REPORTER STATUTE (Section 210.115, RSMO.)

Who Is Mandated To Report Suspected Child Abuse/Neglect?

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

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

Reporting Requirements

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

Reasonable cause to suspect means a standard of reasonable suspicion, rather than conclusive proof.

The term "abuse" is not limited to abuse inflicted by a person responsible for the child's care, custody and control as specified in section 210.110, but shall also

include abuse inflicted by any other person.

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

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

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

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

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

Children exposed to substance abuse, referral by physician to Children's Division. Notwithstanding the physician-patient privilege, any physician or health care provider

must refer to the Children's Division families in which children may have been exposed to a controlled substance listed in section [195.017](#), schedules I, II and III, or alcohol as evidenced by:

(1) Medical documentation of signs and symptoms consistent with controlled substances or alcohol exposure in the child at birth; or

(2) Results of a confirmed toxicology test for controlled substances performed at birth on the mother or the child; and

(3) A written assessment made or approved by a physician, health care provider, or by the Children's Division which documents the child as being at risk of abuse or neglect.

2. Nothing in this section shall preclude a physician or other mandated reporter from reporting abuse or neglect of a child as required pursuant to the provisions of section [210.115](#).

3. Any physician or health care provider complying with the provisions of this section, in good faith, shall have immunity from any civil liability that might otherwise result by reason of such actions.

4. Referral and associated documentation provided for in this section shall be confidential and shall not be used in any criminal prosecution.

Anonymous Reporters (Section 210.109.3, RSMo.)

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

Immunity/Penalties (Section 210.135 RSMo.)

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

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

LEGAL DEFINITIONS OF CHILD ABUSE AND NEGLECT **(Section 210.110, RSMo.; 13 CSR 35-31.010)**

Child is defined as any person, regardless of physical or mental condition, under eighteen years of age.

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. Victims of abuse shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22 U.S.C. 78 Section 7102(9)-(10).

Neglect is defined as the failure to provide, by those responsible for the care, custody, and control of the child, the proper or necessary support, education as required by law, nutrition or medical, surgical, or any other care necessary for the child's well-being. Victims of neglect shall also include any victims of sex trafficking or severe forms of trafficking as those terms are defined in 22 U.S.C. 78 Section 7102(9)-(10).

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

- The parents or legal guardians of a child;
- Other members of the child's household;
- Those exercising supervision over a child for any part of a twenty-four-hour day;
- Any person who has access to the child based on relationship to the parents of the child or members of the child's household or the family; or
- Any person who takes control of the child by deception, force, or coercion.

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.

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.

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

Sexual abuse 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 (18) years of age, section 567.050, RSMo if the victim is less than eighteen (18) years of age, sections 568.020, 568.060, 568.080, or 568.090, RSMo, sections 573.025, 573.035, 573.037, or 573.040, RSMo, or an attempt to commit any of the preceding crimes;

C. Sexual exploitation of the child, which shall include:

(I) Allowing, permitting, or encouraging a child to engage in prostitution, as defined by state law; or

(II) Allowing, permitting, encouraging, or engaging in the obscene or pornographic photographing, filming, or depicting of a child as those acts are defined by state law. This includes the storage or transmission of any data depicting said obscene or pornographic acts, images, or recordings.

2. Any reasonable interaction with a child, including touching a child's body for the purpose of providing the proper or necessary care or support of the child, shall not be considered sexual abuse. The touching of a child's body, including a child's genitals, buttocks, anus, or breasts for reasonable, medical, child rearing, or child care purposes shall not be considered sexual abuse.

3. The division shall not be required to prove that the alleged perpetrator received sexual gratification or that there was an exchange or promise of anything of value as a result of the act of sexual abuse to establish sexual abuse under Chapter 210 or 211, RSMo.

4. The use of force or coercion is not a necessary element for a finding of sexual abuse.

5. Sexual abuse may occur over or under the child's clothes.

6. The division shall not be required to prove that the child suffered trauma or harm as a result of the act of sexual abuse.

7. A child cannot consent to a sexual or sexualized act or interaction with a person responsible for that child's care, custody, and control.

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

Severe forms of trafficking in persons is defined as:

(A) Sex trafficking in which a commercial sex act is induced by force, fraud, or coercion, or in which the person induced to perform such act has not attained 18 years of age; or

(B) The recruitment, harboring, transportation, provision, or obtaining of a person for labor or services, through the use of force, fraud, or coercion for the purpose of subjection to involuntary servitude, peonage, debt bondage, or slavery.

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

REPORTING PROCEDURE

Information for the Child Abuse/Neglect Hotline Unit

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

For more information about making reports online please refer to:

- <http://dss.mo.gov/cd/pdf/Mandated-Reporters-CAN-Online-Reporting.pdf>;
- <http://dss.mo.gov/cd/pdf/Mandated-Reporters-CAN-Online-Reporting-Instructions.pdf>.

The Hotline is staffed by trained Children's Service Workers whose responsibility is to accept the information and make the determination that the information constitutes a child abuse/neglect report. The screening will determine that:

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

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

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

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

Posting Requirements in Schools

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

CHILD ABUSE/NEGLECT HOTLINE UNIT (CANHU) RESPONSE

When a report is received, CANHU completes the following primary tasks:

- Call Classification
- Response Priority Assignment

Call Classification

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

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

- Requires CD to co-investigate with law enforcement.
- Generally, there is a criminal component.
- Requires CD to make a determination whether the abuse/neglect act occurred.
- Burden of proof is preponderance of the evidence.
- The alleged perpetrator has the ability to appeal the determination if the report is substantiated.
- If the report is substantiated, once the appeal process is complete, the alleged perpetrator is placed on the Central Registry.

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

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

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

- Section 210.148, RSMo., defines a child with problem sexual behavior as 'any person, under fourteen years of age, who has allegedly committed sexual abuse against another child'.
- Sexual abuse for juvenile reports: Any sexual or sexualized interaction with a child including, but not limited to, acts that are age or developmentally inappropriate and—(1.) Involve force or threats of the use of force; (2.) Are intrusive; (3.) Are unwelcome; (4.) Result in physical injury or cause emotional trauma to the victim

child; or (5.) Are coercive or manipulative.

- CD is required to use a family assessment and services approach.
- Children are not automatically referred to the juvenile office, law enforcement, or for a Child Advocacy interview unless they committed a sexual abuse act that caused a serious physical injury or used a weapon.

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

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

- The perpetrator does not have care, custody, and control of the victim.
- Most often involve juvenile on juvenile offenses.
- CD refers these to law enforcement/juvenile office for investigation.

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

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

Preventive Service Referrals: When the concern does not rise to the level of abuse/neglect, but CD needs to respond to a situation.

- When the child is in CD's custody.
- When information is reported on a family with an open case.
- Child has no caretaker due to caretaker's incarceration, illness, hospitalization or death, and no other appropriate childcare plan is in place.
- When the custodian/guardian is requesting immediate placement of their child.

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

If the reporter's concerns do not meet criteria for a CA/N report or a Non-CA/N referral, CANHU

will document the report. The information provided by the reporter will be input into CD's computer system and is available for future use as background information. County field staff does not generally take any action on documented calls. However, if three (3) or more documented calls are received within seventy-two (72) hours, all the information on the family is reviewed by a CANHU supervisor to determine if collectively, the documented calls rise to the level of a CA/N report or a Non-CA/N referral.

Response Priority

CANHU also determines how quickly county staff need to respond to the allegations (Response Priority).

There are three response levels:

3 Hour – This is equivalent to an emergency report. Face-to-face contact with all alleged victim(s) must be made within three hours from the county office's receipt of the report. A face-to-face contact with all other children living in the household must be made within 72 hours. Available resources shall be utilized to locate the children, including law enforcement assistance.

24 Hour – Face-to-face contact with all alleged victim(s) must be made within 24 hours from the county office's receipt of the report. A face-to-face contact with all other children residing in the home must occur within 72 hours.

72 Hour – County staff must initiate contact with the family/child(ren) within 24 hours. Face-to-face contact with all children (alleged victims and home residents) must be made within 72 hours from the county office's receipt of the report.

Use of Multi-Disciplinary Team (MDT) Member: CD may use a MDT member (law enforcement, juvenile officers, school officials, etc.) to assure safety. CD must then see all children within 72 hours.

CHILDREN'S DIVISION RESPONSE TO CHILD ABUSE/NEGLECT REPORTS

Steps Taken

If the report is accepted as a child abuse/neglect report, CANHU transmits the information electronically to the county Children's Division office within a designated circuit, and an investigation or family assessment is begun immediately or initiated within 24 hours, depending on the severity of the allegations. If educational neglect is the only concern, the investigation shall be initiated within 72 hours. For the vast majority of reports, the child is seen within 24 hours.

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

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

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

In most circumstances, the worker must complete the report within forty-five (45) days. Family assessments and juvenile reports may remain open up to ninety (90) days if needed to provide more direct services to the family.

Safety Planning and Removal of Children

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

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

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

Conclusion/Determination of Findings

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

Investigation:

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

Family Assessment:

- Services needed
- No services needed
- Family uncooperative – child safe
- Services needed – linked initial 45 days
- Services needed – family declined

Other Conclusions for either Assessment or Investigation:

- Inappropriate report

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

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

Investigations

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

Abuse

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

Neglect

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

Child Sex Trafficking

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

Child Labor Trafficking

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

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

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

The Central Registry is a 'list' of persons the Children's Division has determined abused or neglected a child. An individual can also be placed on the Central Registry if a court has substantiated through court adjudication, most commonly during juvenile court proceedings, that an individual abused or neglected a child. An individual can also be placed on the Central Registry for pleading guilty or being found guilty of certain crimes against children. The courts have the ability to order individuals to be placed on the Central Registry (Section 210.118, RSMo.). The Central Registry is used primarily for employment screenings. Investigations that result in an individual being placed on the Central Registry are retained forever, and that information can be accessed by Children's Division staff for use in future decision making in regards to safety concerns of children.

SHARING INFORMATION AND CONFIDENTIALITY

Sharing Information with Reporters

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

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

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

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

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

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

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

Schools/agency staff may share all appropriate information with CD during a CA/N investigation/family assessment regarding the child that would assist CD in making a determination of whether abuse occurred.

Public School District Liaison

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

INDICATORS OF ABUSE AND NEGLECT

The indicators of child abuse and neglect vary. No child or caretaker will exhibit all of the physical or behavioral indicators listed, and some of the indicators are contradictory. The behavior of an abused or neglected child and other family members may be sporadic and unpredictable.

Indicators should be used only as a general guide.

Physical Abuse

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

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

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

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

Parental/Familial Characteristics:

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

Sexual Abuse

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

Behavioral Indicators of Child:

- Child displays bizarre, sophisticated or unusual knowledge of sex;
- Acts out sexually;
- Child displays confusions over sexual identity;
- Victim has fear of men or women;
- Extreme curiosity about sexual parts of body;

- Excessive masturbation;
- Excessive sexual activity with other children;
- Victim affectionless or extremely affectionate;
- Role reversal with same sex parent;
- Refuses to participate in physical education activities;
- Difficulty in sitting or walking;
- Child feels destroying parents' marriage;
- Night terrors;
- Deviant sexual activity;
- Runs away;
- Withdrawn;
- Aggressive;
- Depressed;
- Enuresis;
- Regressed;
- Retreated into fantasy world;
- Poor peer relationships;
- Sudden school problems;
- Fire setting;
- Emotional instability;
- Delinquent;
- Extreme changes in behavior such as loss of appetite;
- Child has episodes of self-mutilation;
- Cruelty to animals;
- Low self-esteem;
- Defiance;
- Lying;
- Sleep disorders;
- Speech disorders; and/or,
- Self-destruction (i.e., head banging, drug abuse, obesity, or anorexia).

Parental/Familial Characteristics:

- Authoritarian father - ineffectual mother;
- Sexual problems in marriage;
- Role reversal between mother and daughter;
- Over protection of the daughter;
- Isolation, geographic isolation, lack of social or emotional contacts with people outside family;
- Poor self-esteem in family members;
- Repression and denial as coping mechanisms;
- Alcohol/drug problems – other addictions;
- High stress – unemployment, physical disability, etc.;
- Past sexual abuse in family;
- Poor sexual boundaries;
- Extreme passivity of the father;
- Power, tries to control wife, child, etc., but has no impulse control;
- Prolonged absence (emotionally and/or physically) of one parent from the home;
- Loss of one parent through death or divorce;
- Severe overcrowding in the home, especially in sleeping arrangements;
- Marital problems causing one spouse to seek physical affection from a child rather than from the other spouse;
- Cultural standards in a family which determine the degree of acceptable bodily contact;
- Family roles are rigid;
- Family members are socially fearful, placating, or blaming;
- Family members have difficulty expressing feelings;
- Attitudes regarding sexuality are repressed or confused;
- Mother passive/poor self-image;
- Parents claim victim is "seductive";
- Child may mention subtle or veiled threats;
- May be evidence of "conditioning" process – including favoritism;
- Denial of non-abusive parent; and/or,

- Perpetrator abuses victims serially and one at a time.

Neglect

Child Physical Indicators:

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

Behavioral Indicators in Child:

- Child begs or steals food;
- Child assumes an excessive amount of responsibility or relies heavily on another child;
- Child attends school irregularly, including excessive tardiness;
- Child remains at home for extended hours;
- Child falls asleep, is fatigued, or listless in school;
- Child abuses drugs or alcohol;
- Child engages in delinquent or status offender behavior, or has other contact with Juvenile or other Law Enforcement authorities;
- Extended stays in school (early arrival or late departure) or other places where care is provided;
- Child states there is no caretaker;
- Child is unable to form appropriate relationships with peers and adults; and/or,
- Eating disorders (example: over-eating/hoarding food).

Parental/Familial Characteristics:

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

Medical Neglect

Examples of medical neglect include:

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

Exception By Reason Of Religious Belief:

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

Factors to Consider:

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

Educational Neglect

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

Home schooling does not constitute educational neglect.

Indicators / Characteristics of Educational Neglect:

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

Factors to Consider:

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

Emotional Abuse

Child Behavioral Indicators:

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

Child Physical Indicators:

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

Family/Parental Characteristics and Behavioral Indicators:

- Verbal scapegoating and ridicule;
- Extremely inappropriate expectations in performance and behavior, etc.;
- Substance abuse;
- Psychosis – may view child as monster;
- Withholds love, sees child as bad or evil;
- Ignoring, blaming, or rejecting, unconcerned about child, unwilling to accept help;

- Threats to health or safety, uses excessive physical punishment;
- Bizarre behavior by parent;
- Deprived of emotional support as children, lack of self-esteem;
- Family may be socially isolated with few support systems;
- Frequent marital problems and life crises, such as spouse abuse, non-communicative marriage, loss of employment, high level of indebtedness, lack of housing, and conflicts between divorced or separated parents; and/or,
- Lack of nurturing child-rearing practices.

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

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

Child Trafficking

Child Behavioral and Physical Indicators:

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

- Child has inappropriate, sexually suggestive activity on social media, the internet, or cell phone apps;
- Refuses to talk about their experiences while on runaway status; and/or,
- Child associates and/or has relationships with age-inappropriate friends and/or paramours.

Identification of Child Trafficking

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

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

Trauma Bonding

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

SPECIAL INVESTIGATIONS CHILD ABUSE/NEGLECT (CA/N) REPORTS – SCHOOL PERSONNEL (STUDENT VICTIM)

Reports to CA/N Hotline

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

- The superintendent or his designee will be contacted by the Children’s Division’s Out-of-Home Investigation (OHI) Unit on all reports involving school personnel. If the allegation is against the superintendent, the president of the school board will be notified instead; and
- Based on the information supplied in the report and discussions with the OHI investigator, the superintendent or board president, and the OHI investigator should decide how to proceed.

Spanking or the Use of Reasonable Force to Protect Persons or Property

If the superintendent determines after an initial assessment the alleged incident arose out of or is related to spanking administered by certified school district personnel conducted in the presence of a witness who is an employee of the school district according to written discipline policy (as long as no allegation of sexual misconduct arises from the spanking), or the alleged incident arose out of or is related to the use of reasonable force to protect persons or property, when administered by personnel of a school district in a reasonable manner pursuant to the written district policy of discipline (as long as no allegation of sexual misconduct arises from the use of force) he/she will notify law enforcement in the jurisdiction in which the alleged incident occurred, and the report shall be jointly investigated with law enforcement. The investigation shall begin no later than 48 hours after notification from the OHI Unit is received. CD will not be involved in these investigations. The investigation shall consist of, but need not be limited to, interviewing and recording statements of the child and his or her parents or guardian, of the school district personnel allegedly involved in the report, and of any witnesses to the alleged incident.

Separate reports by the superintendent and law enforcement are made to the school board within seven (7) days of receiving the report from CD, with their findings and recommendations. The reports shall contain a statement of conclusion as to whether the report of alleged child abuse is “preponderance of evidence” or “unsubstantiated”.

The school board, within seven (7) days of receiving the last of the two reports, will consider the separate reports and issue its findings and conclusions, which are sent to the CD/OHI investigator who notified the superintendent of the report. The findings and conclusions will be one of the following:

- The report of the alleged child abuse is “unsubstantiated by School Board.” Law enforcement and the investigating school board personnel agree there was not sufficient evidence to determine that abuse or neglect occurred.
- The report of the alleged child abuse is “preponderance of evidence by School Board.” Law enforcement and the investigating school district personnel agree that the evidence is sufficient to support a finding that the alleged incident of child abuse did occur. The OHI investigator will forward the information to the prosecuting attorney; or
- The issue involved in the alleged incident of child abuse is unresolved because law enforcement and school personnel are unable to agree on their findings and conclusions on the alleged incident. The OHI investigator will forward the information to the prosecuting attorney. Depending on whether the prosecuting attorney takes action on the report, the outcome will be “law enforcement /School Board do not agree. Forward to Central Office/Prosecuting Attorney.”

After receiving the final conclusion from the investigation, the OHI Unit will send a CA/N Disposition Form Letter (CS-21) to the alleged perpetrator and the child’s custodial and non-custodial parents, with a copy to the superintendent. Information provided in the CS-21 letter includes:

- The outcome of the investigation;
- How long the file will be retained. Preponderance of evidence and court adjudicated findings are retained indefinitely. Unsubstantiated reports are destroyed after five years if made by a permissive reporter and ten years if reported by a mandated reporter;
- The alleged perpetrator’s appeal rights; and,
- The alleged perpetrator’s right to obtain the record.

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

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

If the superintendent determines that the report was made for the sole purpose of harassing a school employee, then (s)he must take the same steps as outlined above in the section on spanking.

Other Child Abuse/Neglect Reports

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

Appeal Rights Available to School Personnel

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

ADMINISTRATIVE REVIEW PROCESS: The alleged perpetrator must request an administrative review within sixty (60) days of notification of the *preliminary determination* through the Division office which completed the investigation. The determination will be *final* when: 1) The alleged perpetrator fails to request an appeal within sixty (60) days from receiving the notification letter; 2) The finding of preponderance of evidence is upheld in the administrative review process; or 3) The finding has been substantiated by court adjudication. In those cases where the Division has received notice that there are pending criminal charges filed with the court, the request for administrative review must be submitted within sixty (60) days from the court’s final disposition of the criminal charges, or dismissal of the charges. However, if there are no criminal charges pending during the sixty (60) days after the alleged perpetrator receives notice he/she must file his/her request for review within sixty (60) days or his/her request for administrative review will not be timely. A timely request for review submitted prior to a resolution of the criminal charge(s) will be considered filed with the Division at the time that the criminal charge(s) are resolved. If the alleged perpetrator asks for an administrative review, the Division will have an administrator review the report. If the administrator upholds the decision, the Division will refer the alleged perpetrator’s request for review to the Child Abuse and Neglect Review Board (CANRB). The CANRB will hold an administrative hearing and render a decision. If the CANRB upholds the preliminary determination, the alleged perpetrator is placed on the Central Registry. If the alleged perpetrator disagrees with the decision of the CANRB, then he/she can seek de novo judicial review in Circuit Court. The procedures for seeking administrative review are set out in Sections 210.152 and 210.153 RSMo. and at 13 CSR 35-31.025. If the alleged perpetrator makes a timely request for administrative review, his/her name will not be listed in the Central Registry unless and until the administrative review process is complete and the decision is affirmed by the CANRB.

DIRECT JUDICIAL REVIEW: The alleged perpetrator may skip the administrative review process and instead file a petition in the circuit court for direct judicial review of the Division's decision. The alleged perpetrator's petition for direct judicial review must be filed within thirty (30) days after he/she receives notice of the Division's preliminary decision. See Sections 210.152, 210.153 and 536.100 RSMo. and 13 CSR 35-31.025.

SCHOOL/CHILDCARE FACILITY SETTING INTERVIEWS

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

Children's Division staff frequently find it necessary to interview students during the school day when an emergency situation may exist or when interviewing in the home setting would be inappropriate. Children's Division staff should contact the school principal or designee prior to going to the school, when possible, to arrange the interview. Arrangements for interviews will be made to keep the disruption to a student's schedule to a minimum. Consistent with existing procedures, the Children's Division staff may be accompanied by a law enforcement officer when the report alleges sexual abuse or serious physical abuse. Children's Division staff will properly identify themselves to the school administrator or designee. If in doubt, the school administrator should request to see the investigator's identification card.

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

- Who will conduct the interview? The interviewer will be the Children's Division and/or the law enforcement officer (when involved), although the special needs of the child and his/her relationship with the school personnel may be taken into consideration. When law enforcement personnel are involved, they often take the lead in the interview.
- Who may be present in the interview? The number should be kept to an absolute minimum. A teacher, counselor, principal, nurse, etc. who has a relationship with the child may be present, if deemed necessary by the investigator and school administrator. School personnel participants should be limited to one person, and preferably someone with whom the child feels comfortable. If the child expresses a preference for the presence for a particular school personnel to be present in the interview, that preference should be considered. Anyone present during the interview should be aware they could be served with a subpoena to testify in court. If there are concerns voiced by the school administrator about the process and format of the interviews, the school administrator has the ability to ask that the interview not take place on school grounds.
- Confidentiality mandates should be discussed. The confidentiality statutes concerning child abuse investigations are contained in Section 210.150 RSMo. The statute states that disclosure of information concerning the abuse and neglect is made only to persons or agencies that have a right to such information.
- Where and when the interview will be conducted? The interview must be in a private setting and, cause minimal disruption to the child's schedule. The child's right to privacy must be respected.
- Should parents initially be notified by school personnel or CD that an interview occurred at the school, and when should that contact occur? Missouri State law requires that if the parents of the child are **not** the alleged perpetrators, a parent of the child **must** be notified **prior** to the child being interviewed by the Children's Division. When law enforcement is involved, the investigating officer may take the lead in deciding when

and how to make contact with the family, especially if family members are the alleged perpetrators. If it has been decided, due to certain safety factors, that the child will be interviewed without parental notification, the worker is expected to notify the parents as soon as possible that the child was interviewed.

- Is there a need to have a certified interpreter involved during the interview with the child? If an interpreter is needed, Children's Division staff will secure the services of an interpreter prior to meeting with the child at the school.

Interviews by Guardians Ad Litem and Court Appointed Special Advocates

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

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

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

SCREENING SCHOOL EMPLOYEES OR VOLUNTEERS FOR A HISTORY OF CHILD ABUSE OR NEGLECT

Organizations may conduct a Child Abuse and Neglect Central Registry Search on prospective or current employees and volunteers (Section 210.150.2(8) RSMo). The Central Registry includes substantiated and court adjudicated findings of abuse and/or neglect. Criminal conviction information is maintained by the Missouri State Highway Patrol. Criminal history, child abuse and neglect information can be received by completing a single form: <http://www.mshp.dps.missouri.gov/MSHPWeb/Publications/Forms/documents/SHP-159J.pdf>

How Does the Process Work?

The chief administrative officer shall submit a request to the Children's Division in writing on official letterhead and include the name, address, and telephone number of the organization. This request can be mailed to P.O. Box 88, Jefferson City, Missouri, 65103 or scanned to BSIUForms.CD@dss.mo.gov.

The Background Screening and Investigation Unit (BSIU) will respond by providing an Agency ID and next-steps to accessing the online system. Questions relating to the specifics of the process can be directed to BSIU staff the (573) 526-1438.

If the applicant does not have a finding on the Central Registry, then the requestor will receive a response that 'The Database Review Reveals No Preponderance of Evidence, Probable Cause, Adjudicated or Reason to Suspect Child Abuse/Neglect Findings'. Electronic responses are typically provided within 2 business days.

When the requestor receives a delayed response from BSIU, a potential match is being processed. Results on a delayed response are provided by postal mail. If the applicant is not on the Central Registry, then the form is stamped with the database review response. If there is a finding on the Central Registry, the letter provided to the requestor will include the Incident Date and Category of Abuse/Neglect. If the applicant believes the findings are incorrect, then the applicant may contact the Children's Division office that conducted the investigation.

The Missouri State Highway Patrol will respond to the requestor with the results and questions regarding the criminal history screening.

Additional Information

BSIU is prevented by law from providing additional information regarding the incident, e.g., name of victim, home vs. professional surrounding, etc.

Organizations should protect the confidentiality of the information provided to them. The results of a Central Registry Search should be considered as a "onetime release", subject to change due to record retention, and administrative or judicial appeal decisions available to the alleged perpetrator.

Children's Division cannot assist the requestor in further determining the suitability of employment/volunteer work for the applicant. Internal protocols should be developed by the organization to ensure consistent use of the information, and to ensure safety of children.

SCREENING CHILD-CARE, ELDER CARE, AND PERSONAL CAREGIVER WORKERS FOR A HISTORY OF CHILD ABUSE OR NEGLECT

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

Child Abuse/Neglect Hotline

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

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

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

**Missouri Department of Social Services
Children's Division**

