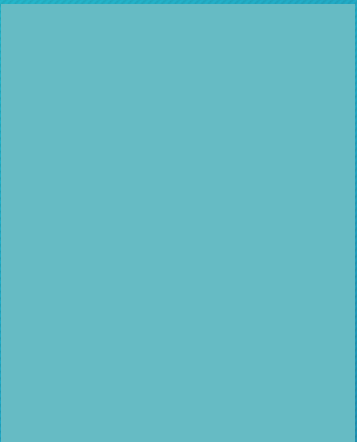


What Happens After A Hotline is Made

Cari Pointer
Program Specialist
Children's Division



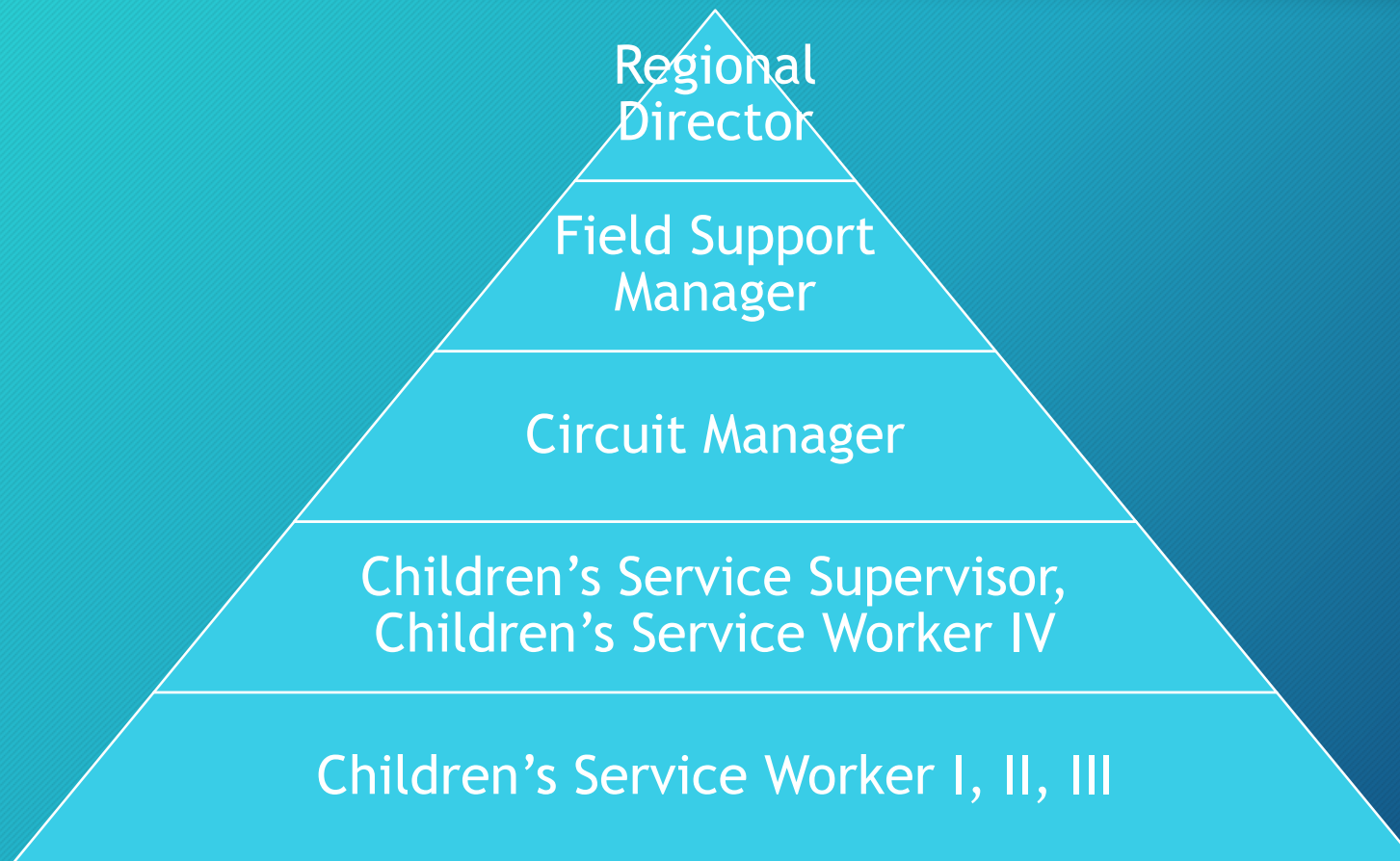
Role of the Children's Division

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“The child protection system shall promote the safety of children and the integrity and preservation of their families by conducting investigations or family assessments and providing services in response to reports of child abuse or neglect. The system shall coordinate community resources and provide assistance or services to children and families identified to be at risk, and to prevent and remedy child abuse and neglect.” (RSMo 210.109)

Children's Division Structure

For County Office Contact Information: <https://dss.mo.gov/cd/office/>



Communicating with Us

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If you need help during business hours:

Call the hotline. This provides consistency in how we respond and allows us to screen for a hotline report. However, we recognize that you may be on hold and you may not be able to wait. In those circumstances call the local office and:

1. Ask for an investigative supervisor
2. Ask for an available investigator.
3. Ask for the circuit manager.
4. Almost every office assigns a worker to cover intake everyday to answer 'miscellaneous' calls/drop-ins. You can ask for the intake worker.
5. If all else fails, ask for anyone who is available.

After hours: Call the hotline: 1-800-392-3738

Child Abuse & Neglect Hotline

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The toll-free number is: 1-800-392-3738 or 1-844-CAN-TELL.

- **MANDATED Reporters can now report emergencies and non-emergencies online at: <http://dss.mo.gov/cd/can.htm>**
- Operates 24 hours a day, 7 days a week.
- The hotline is staffed by Children's Service Workers who interview reporters, classify and prioritize calls to assure child safety, and then refer concerns of abuse and neglect to the Children's Division field office where the child is located.

What You Need to Make a Report

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- The names and addresses of the child and their parents or other persons responsible for their care, if known;
- The child's age, sex, and race;
- The nature and extent of the child's injuries, abuse or neglect, including any evidence of previous injuries, abuse or neglect to child or his siblings;
- The name, age, and the address of the person responsible for the injuries, abuse or neglect, if known;
- Family composition;
- The source of the information;
- The name and address of the person making the report, the reporter's occupation, and how the reporter can be reached;
- Any actions taken by the reporting source.
- Not having the above information should NOT deter someone from reporting the possible abuse of a child.

RSMo 210.109.3 Mandated Reporters

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Reports by mandatory reporters shall not be made anonymously, provided that the reporter shall be informed, at the time of the report, that the reporter's name and any other personally identifiable information shall be held as confidential.

Who Are Mandated Reporters?

Physician/Nurse	Peace officer or law enforcement official	Mental health professional
Dentist	Chiropractor	Optometrist
Podiatrist	Resident/Intern	Medical Examiner
Hospital or clinic personnel that are engaged in the examination, care, treatment or research of persons	Volunteer or personnel of a community services program	Other person with responsibility for the care of children
Any other health practitioner	Social worker	Day care center worker
Other child-care worker	Juvenile officer	Probation or parole officer
Jail or detention center personnel	Teacher	Principal or other school official
Minister as provided by section 352.400	Coroner	Psychologist

Permissive Reporters

A permissive reporter is any reporter who is not mandated to report under Section 210.115, RSMo. Individuals/professions that are not identified in the mandated reporter statute may also report suspicion of child abuse/neglect to the Children's Division.

Reporter Confidentiality

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RSMo 210.150 “The children's division shall ensure the confidentiality of all reports and records...”

There are a few **exceptions** that allow the Division to release the reporter to others charged with investigating child abuse and protecting children.

The reporter’s identity can never be revealed to the alleged perpetrator, child, family, etc.

Key Functions of the Hotline

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- Screen a report “in or out”
- Determine the appropriate track assignment
- Determine the appropriate response timeframe
- Alert the appropriate county office of report

Is it a Report?

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- For each allegation made in a report, the hotline worker will determine if the allegation would rise to the level of abuse or neglect if found to be true.
- They are determining if the information you have given fits a CA/N condition definitions.

Screening In

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When a reporter's information meets the condition of a child abuse/neglect report it will get sent to the field as either an investigation or an assessment.

We call this a differential response. Having this two-tier system allows us to not have to make punitive findings of abuse or neglect for everything and also allows us some latitude to try to provide services to work to preserve and strengthen families.

Track Assignment

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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 (POE);
- The alleged perpetrator has the ability to appeal the determination if POE is found;
- Once a final determination of POE is made, the perpetrator is placed on a 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 short term family-centered services from the Division;
- Does not typically involve law enforcement;
- Does not result in a determination that abuse or neglect occurred;
- Outcomes are whether the family is in need of services or not.

Juvenile Assessment:

Section 210.148, RSMo. defines a juvenile with problem sexual behavior as ‘any person, under fourteen years of age, who has allegedly committed sexual abuse against another child’.

- Juvenile Assessments will be screened in by the Child Abuse and Neglect Hotline Unit when any child under the age of fourteen (14) is alleged to have committed an act of sexual abuse against any person under the age of eighteen (18);
- The Alleged Child Initiator (ACI) must reside in Missouri;
- Sexual behaviors must be age or developmentally inappropriate.
- Juvenile Assessments can be referred to the juvenile office under certain circumstances;
- Family Assessment and Services Approach is taken with the ACI and family;
- Mandated reporters are required by state regulation to disclose the identity of the juvenile and victim child(ren) if known;
- Received 2, 332 Juvenile Assessments in SFY21.

Referrals

If the concerns reported do not meet criteria for an investigation or assessment, the hotline will determine if the concerns meet criteria for a referral.

Types of referrals:

- Non-Caretaker
- Newborn Crisis Assessment
- Preventative Service
- Non-CA/N Fatality

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 or adolescent youth 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. The key difference is the perpetrator's lack of Care, Custody, and Control.

- CD refers these to law enforcement/juvenile office for investigation.

Newborn Crisis Assessments:

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.

Preventative 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;
- When the child's basic needs are not being met and there is no suitable custodian/guardian;
- When the custodian/guardian is requesting immediate placement of their child.
- The caretaker is ill, hospitalized, deceased, or incarcerated and no other appropriate child care plan is in place;
- Child requesting services that CD can provide to help meet basic needs.
- Registered sex offender or individual with significant criminal history of abuse/neglect has access to a child;
- Child is exhibiting maladaptive behavior, self-harming or suicidal behavior which poses a risk of serious injury or death to the child;
- Information on a person 18 years or older in CD custody;
- When the parent of a child is requesting placement of their child solely because the child is in need of mental health services that the parent cannot access or afford.

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.

- *All fatalities* need to be reported to the hotline unit regardless of suspicions of CA/N;
- Potential to develop into an investigation regarding CA/N;
- Data collection for CFRP to inform prevention initiatives;
- CD working on F-Referral policy to allow for sending local resources to families after a fatality.

Documented Calls: When a reporter's concerns do not meet conditions for a child abuse/neglect report **and** do not meet criteria for any other type of referral.

- Information is inputted into CD's computer system and is available for future use as background information.
- Reviewed by hotline supervisor if three or more documented calls are received within 72 hours, and all the calls have at least one victim in common.

Response Priority

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Level One: Also called emergency reports. All victim children must be seen within three (3) hours.

Level Two: All victim children must be seen within 24 hours.

Level Three: All children must be seen within 72 hours.

Use of Multi-Disciplinary Team Member: CD may use a MDT member to assure safety. CD must then see all children within 72 hours.

What Happens Next?

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Verifying Safety of
Children is our
#1 Priority!

Verifying Safety of Children

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- Worker will assure the safety of the victim child(ren) in person, face to face within the response priority timeframe.
- Multi-disciplinary team members may be used to verify safety, but worker required to see child(ren) face to face within 72 hours.
- Worker will interview the child in a safe place and alone (if possible).
- Worker will verify safety of non-victim child(ren) within 72 hours.
- Worker may refer child(ren) to a Child Advocacy Center (CAC) for a forensic interview when necessary.

Safety vs. Risk

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Safe - A child can be considered safe when there are no threats of danger to a child within the family/home or when the caregiver's protective capacities within the home can manage or control the threats of danger.

Unsafe - A child is unsafe when a child is vulnerable to a threat of danger within a family/home and the caregiver's protective capacities within the home are insufficient to manage the threat thus requiring outside intervention.

Risk - Risk is the likelihood or probability that child maltreatment will occur or reoccur in the future.

- If a child is found to be unsafe, the investigator completes a safety plan to reduce the threat of danger.
- If it is not possible to implement a safety plan, then we look at requesting removal.
- Risk is what helps guide decisions to open cases & level of intervention.
 - Safety=Here and now Risk=Future
- In every intervention (removal, opening cases) CD must strive to be the least intrusive possible while balancing CD's authority to protect children with the constitutional rights of parents and children.

Other Worker Responsibilities:

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Contact Reporter	Contact law enforcement (if an investigation)
Review Prior History	Interview Alleged Perpetrator
Complete a Risk Assessment	Interview Non-Offending Parents
Complete Home Visit	Interview Household Members
Complete Safety Assessment and or Safety Plan as Needed	72 Hour Chief Investigator Consult with Supervisor
Contact Relevant Collaterals	Collection of Evidence
Document all Contacts	Assess for Needs and Services
Attend CAC Interview if One is Needed	Follow-up Visits as Necessary

Assessing Needs and Services

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During the assessment or investigation period, workers will assess if the family would benefit from services such as:

Community Resource Referrals	Public Benefits and Income Support
Substance Abuse Treatment	Daycare
Mental Health Treatment	Housing
Medical Care	Transportation
Dental Care	Utility
Parenting Classes	Clothing
Vocational/Educational Assistance	Food Banks

Family Centered Services (FCS)

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- Family-Centered Services (FCS) are services provided to families and children in their own homes when Children's Division and/or the courts determine a family would benefit from services.
- Family-Centered Services are provided due to reports of child abuse or neglect, or when requested by a family.
- The primary purpose of providing Family-Centered Services is to improve and maintain the family unit for the well-being and safety of the children.
- Children's Division staff will work with the family to complete a comprehensive assessment that leads to a prevention plan to improve family functioning and address the agency's and the family's concerns related to child safety and well-being.

Protective Custody (PC)

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- Sometimes the safety of a child can not be assured, the child can no longer remain in the home or a safety intervention did not eliminate the threat of harm.
- The Children's Division can request that a child be taken into Protective Custody by making a referral to the Juvenile Office.
- The Children's Division must have a court order placing the child into protective custody to place a child in an alternative care setting.

Children's Division CANNOT Take PC

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- **Who may take?**

- Police Officers, Law Enforcement, Juvenile Officers, Physicians

- **When to take?**

- Reasonable cause to believe child in imminent danger
- The danger is imminent or immediate
- The perceived risk is serious
 - Threat to life or serious physical harm
 - Sexual Abuse, with access to the perpetrator
- Action needs to be taken immediately to prevent further harm.

Concluding a Hotline Report

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Section 210.145(15), RSMo. requires CD to complete all investigations within 45 days. There's a few exceptions:

- Waiting on reports (including medical records, medical examiner records, law enforcement reports) that are essential in making an investigative determination.
- A prosecutor certifies in writing that a criminal investigation is pending and there would be an adverse impact if CD concluded their report.
- The victim, perpetrator, or witness is not available or unwilling to provide information within timeframes due to illness, injury, unavailability, mental capacity, age, developmental disability or other cause.

Conclusion Outcomes:

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Assessments:

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

Investigations:

- Unsubstantiated
- Unsubstantiated, Preventative Services Indicated
- Already investigated
- Preponderance of the Evidence
- Child Abuse/Neglect Present, Perp Unidentified
- Court Adjudicated

Other Conclusions for either Assessment or Investigation:

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

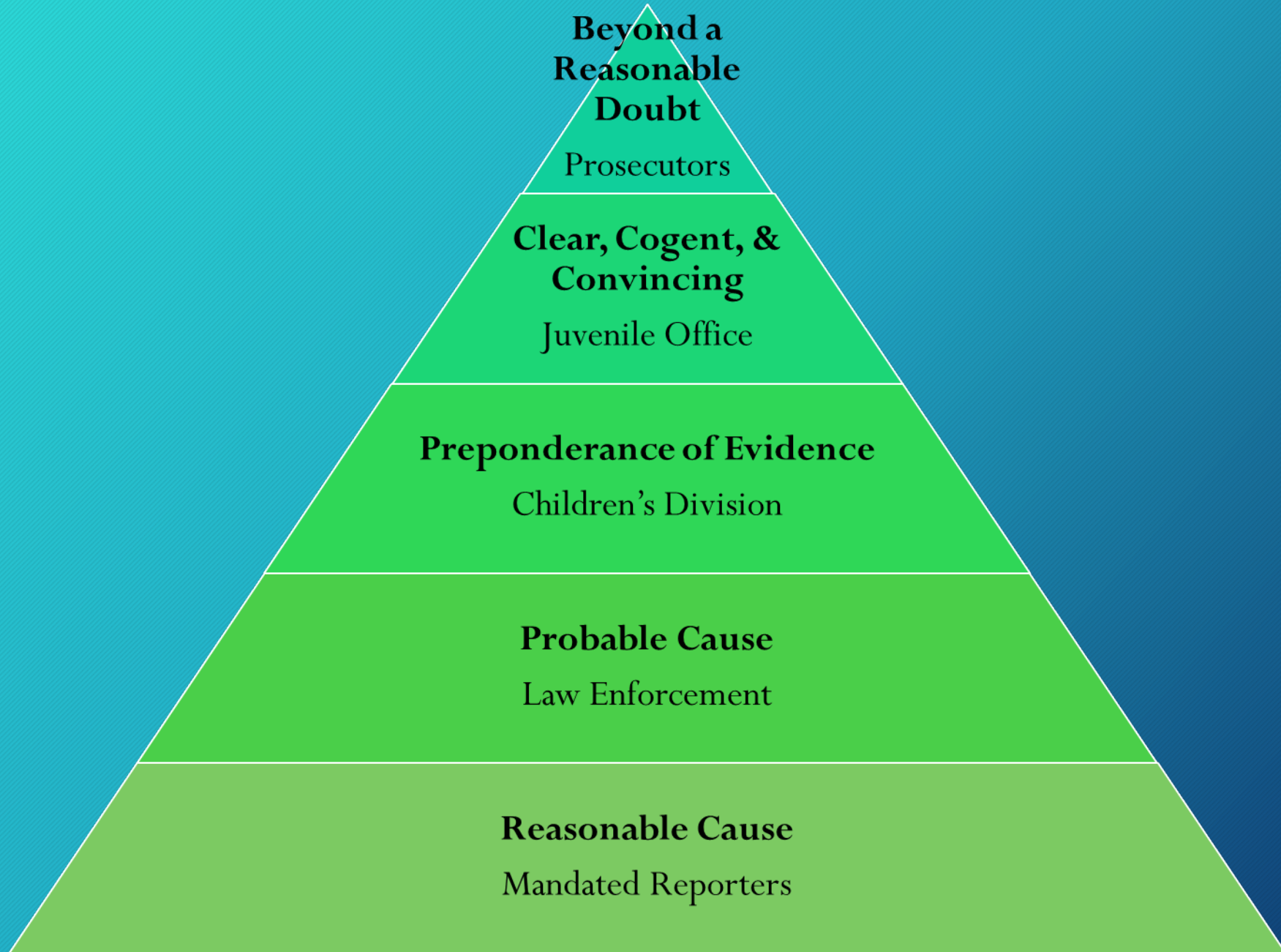
Preponderance of the Evidence

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“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)

Standards of Evidence:

- Probable cause
- Preponderance of the evidence
- Clear, cogent, and convincing evidence
- Beyond a reasonable doubt



There has to be a preponderance of the evidence for EACH element in order to make a finding of abuse/neglect.

Abuse

1. The child was under 18
2. The alleged perpetrator had CCC
3. There was physical injury, sexual or emotional abuse
4. That was not an accident
5. And that was not a form of reasonable discipline.

Neglect

1. The child was under 18
2. The alleged perpetrator had CCC
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.

Appeal Process

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CANRB
De Novo
Central Registry

Child Abuse/Neglect Review Board (CANRB)

- CANRB consists of nine members each, who are designated by the governor and are not employed by the agency.
- An administrative hearing is held during which the alleged perpetrator and CD each have 20 minutes to present.
- The alleged perpetrator does not have to be present.
- Only after the CANRB upholds the POE finding is the finding changed to final and the perpetrator is placed on the registry.

De Novo Judicial Review:

If the alleged perpetrator disagrees with the decision of the CANRB to uphold the POE finding.

The alleged perpetrator must file a petition in Circuit Court within sixty (60) days of notification of the CANRB's decision.

'de novo' means "anew", therefore, the facts and evidence of the case must be heard and judged as if it were brand new case. Witnesses may be subpoenaed to testify except the victim or reporter.

OR....

Direct Judicial Review:

The alleged perpetrator can waive the right to the administrative review process and file a petition for a de novo judicial review within 30 days of their notification of the preliminary POE finding.

The alleged perpetrator is immediately placed on the Central Registry pending the outcome of the de novo review.

Central Registry

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- The Central Registry is contained within the Division's Information System.
 - It contains only those persons where the Division's finding is "preponderance of evidence", "probable cause" or "court adjudicated."
 - The Central Registry includes the names of individuals who have pled guilty or been found guilty of crimes found in Chapters 565, 566, 567, 568, and 573, RSMo. (See Section 210.110, RSMo. for the specific crimes).
 - Placement on the Central Registry is forever.

Child Protector App

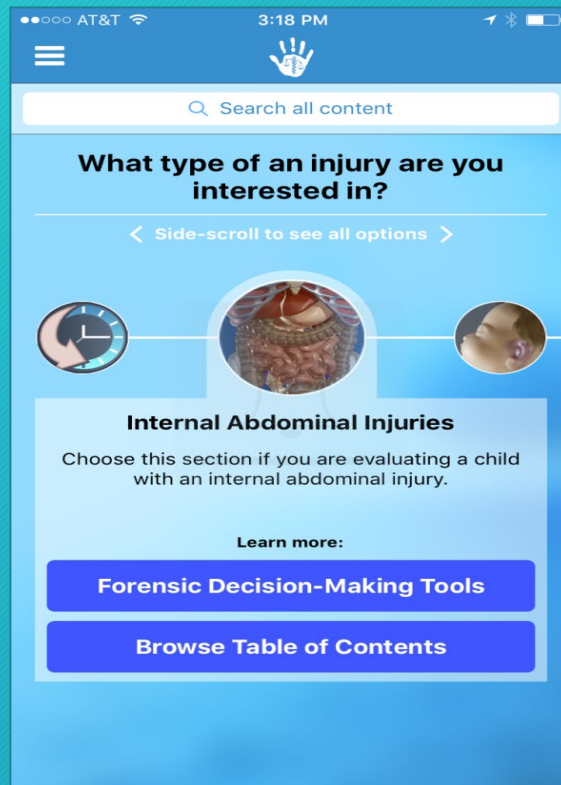
Download from the Apple App Store or Google Play

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The screenshot displays the Google Play Store interface for the 'Child Protector' app. On the left, a navigation menu includes 'My apps', 'Shop', 'Games', 'Family', 'Editors' Choice', 'Account', 'My Play activity', 'My wishlist', 'Redeem', 'Send gift', 'Add credit', and 'Parent Guide'. The main content area shows three preview images of the app's interface: a search screen, a decision tree for 'Bruising/Skin Injuries', and a 'Recommendations' screen. Below the previews, the app's description states: 'This app will assist Children's Protective Services, law enforcement and medical personnel when evaluating children who may have been physically abused. This app features: · Realistic animations of how childhood injuries may happen, both accidental and inflicted. Injury types include bruises, burns, head injuries, fractures, and abdominal injuries · Decision trees for use in determining likelihood of abuse, further investigative needs, and further...'. To the right, the app's details are shown, including a 4.5-star rating, 'FREE' price, and a 'More from developer' section featuring 'Childhood Injury' by Children's Mercy Hospital for \$19.99.

Child Protector: Table of Contents

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Internal Abdominal Injuries



Bruising/Skin Injuries



Burns



Fractures



Head Injuries/Skull Fractures



Injury History/Development

Data

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- Total Number of all Reports FY21: 54,515;
- Total Number of Investigations FY21: 20,348;
- Of the total number of investigations in FY21, only 3,473 (6.4%) were substantiated.

For More Detail....

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For more detailed information, please access the Guidelines for Mandated Reporters of Child Abuse and Neglect which can be found at:

https://dss.mo.gov/cd/pdf/guidelines_can_reports.pdf

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