

## **Section 4 Overview**

This section pertains to the policy and procedures necessary when an out-of-home placement of a child is imminent or has occurred.

## **Chapter 3 Overview**

This chapter describes the process that should occur with the child, parent(s), and Family Support Team when a child is placed in out-of-home care.

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Attachment A: Dual DYS and CD Custody

## **Memoranda History:**

[CS03-51](#), [CD05-72](#), [CD06-81](#), CD11-24

### 3.1 Emergency Placement Activities

#### 3.1.1 Initial Child Contact

The intake Children's Service Worker makes initial contact with the child outside the home (i.e., school, child care, hospital, etc.) or within the family home with the parent present. Upon initial contact the worker conducts the Safety Assessment (CD-17) included in the Child Abuse/Neglect Investigation/Family Assessment Summary (CPS-1) and if the safety decision is "unsafe" develops a Safety Assessment (CD-18). The purpose of the CD-17 is to identify threats of danger to vulnerable children and to assess if the caregiver's protective capacity is sufficient to protect the child(ren) from threats of danger. The CD-17 results in a safety decision of "unsafe" the worker is required to development of a CD-18. Safety of the child(ren) in the home shall be an on-going concern during the investigations as well as family assessments.

Related Subject: Section 2 Chapter 9.2 Safety Assessment; Section 2 Chapter 9.3 Safety Planning; Section 2, Chapter 4.1.7.1 Protective Custody; and Section 4, Chapter 1.4 Reasons for Recommending Placement
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- A. The intake Children's Service Worker explains to the child, in an age-appropriate manner, that concern exists for the safety and well-being of the child and family and that other persons need to become involved to help the family. The intake worker explains to the child:
1. Reason protective custody may be necessary;
  2. That other persons will be contacted to help make a decision regarding the child's safety in the parent's home;
  3. That they will remain in the current setting (i.e., hospital, family home) or accompany the intake worker to a safe setting which may include the Children's Division (CD) office, juvenile office, law enforcement office, or an emergency placement site while the intake worker talks with the parents and the person(s) who is alleged to have abused the child, if different from the parent(s);
  4. That it may be necessary for him/her to live somewhere else for a while; and
  5. Ask the child his reaction to the situation and what he would like to see happen.
  6. The intake worker shall then determine if it is necessary to request protective custody for the child's safety.

Title: Child Welfare Manual  
Section 4: Out-of-Home Care  
Chapter 3: Out-of-Home Entry  
Effective Date: October 12, 2011  
Page: 2

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

[CS03-51](#), [CD05-72](#), [CD06-81](#)

**Memoranda History:**

CD11-86

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### 3.1.2 Protective Custody of the Child

The reasons for requesting protective custody are found in the Missouri law chapter 211.031, RSMo. Briefly, these include:

- The child is in need of care and treatment because the parent(s) has neglected him/her or refused to provide proper support, education, medical, surgical or other care required by law;
- The child is otherwise without proper care, custody or support;
- The behavior, environment or associations of the child are injurious to his/her welfare or that of others; or
- The child is charged with an offense not classified as criminal if committed by an adult (status offender).

By statute, a Children's Service Worker cannot take protective custody of the child. It is the legal responsibility of law enforcement, physician or juvenile officer to take protective custody of a child if imminent danger exists.

Related Subject: Section 4, Chapter 1, Attachment A, Assessment of Safety and Risk Factors in Recommending Out-of Home Placement
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Related Subject: Section 4, Chapter 1.4 Reasons for Recommending Placement
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At the time CD is given protective custody, the intake worker determines if it is most appropriate for the child to:

1. Remain in the current setting;
2. Be transported to the office or site of continuing investigation for participation in the process; or
3. Be placed in emergency care.

#### Purpose Code "X" Screening

Purpose Code "X" screening is used for emergency placement or exigent circumstances.

***Exigent circumstance*** refers to an emergency, a pressing necessity, or a set of circumstances requiring immediate attention or swift action.

- This could include circumstances when time is of the essence, and the health and safety of the child are involved, for other matters in which it is deemed necessary to ensure the best interest of the child.

### 3.1.3 Initial Parental Involvement - First 24 Hours

#### 3.1.3.1 Investigation and Protective Custody

Section 211.183, RSMo, requires courts to include a “reasonable efforts” determination in dispositional orders.

The Children’s Division is required to make reasonable efforts to prevent placement and reunify families. Reasonable efforts "may consist of the provision of direct services, financial or in-kind benefits, or counseling assistance." *Federal IV-E funding for children in foster care is directly affected by the agency's ability to prove that reasonable efforts were made to prevent the placement and to reunify the family.*

The intake worker and the co-investigator (if appropriate) contact all parents/caretakers, advise them of the report; that the child has been taken into protective custody and why; and the specific type of placement of the child (i.e., hospital, CD/juvenile/law enforcement office, relative/kinship placement, or emergency placement).

The intake worker shall request that the parents bring at least one change of clothing for the child and any familiar objects which would help the child feel more comfortable or secure in the placement.

The intake worker and co-investigator continue the investigation by interviewing the parents and alleged perpetrator per investigative procedures.

The intake worker and co-investigator will identify with the family any resources that exist within the family and community which may provide for the child's safety and prevent the continued need for out-of-home placement.

According to the law, a fit parent must be given first consideration BEFORE a child is removed from the home, unless there is a factual basis to meet the "imminent danger" standard for removal in §210.125, RSMo, or unless the child is removed by the judge after a petition is filed and a hearing held.

The family should be referred for Intensive In-Home Services if at least one of the parents/caregivers is willing/able to participate and the child will be safe in the home with the assistance of IIS.

Related Subject: Section 4 Chapter 1 Attachment C <a href="#">Resources to Prevent Placement</a>
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If the child does not remain in protective custody, the family may receive Family-Centered Services, Intensive In-Home Services, other services offered by CD, or referrals to community resources. If the family is to receive services within CD, a case will remain open according to specific program guidelines.

Following the interviews with the alleged perpetrator, parents, and family members, the intake worker and co-investigator shall use their professional expertise to make a joint determination regarding a recommendation for continued protective custody, utilizing appropriate supervisory consultation.

Related Subject: Section 4 Chapter 1 Attachment A [Assessment of Safety and Risk Factors in Recommending Out-of-Home Placement](#)

Upon determination that continued protective custody may be necessary, the intake worker and co-investigator shall inform all parents/caretakers of the following:

- A. Why child is to continue in protective custody.
- B. The child will be placed outside their home on at least a temporary basis and will not return home until his/her safety can be assured.
- C. If applicable, a formal request for legal custody with the family/juvenile court is being filed.
- D. The court may/may not hold a protective custody/detention hearing. The purpose of the protective custody/detention hearing is to determine:
  1. Whether the parents have been informed of their legal rights,
  2. Whether the petition contains a reason for the court to assume jurisdiction,
  3. Whether the child should remain in placement or be returned to the parent's physical custody until the adjudication hearing (Supreme Court Rules 111.02 and 111.08):
    - a. In some judicial circuits protective custody/detention hearings are automatically held within 72 hours. The local hearing procedures are then explained to the parent.

- b. If the judicial circuit does not automatically hold a protective custody/detention hearing, the parties may request a protective custody/detention hearing if they disagree with placement.
- E. If the child remains in the custody of CD, a treatment plan will be developed with the family to address their needs and what will need to be accomplished for the child to return home.
- F. A Children's Service Worker will be assigned to assist the family in developing the plan.

### **3.1.3.2 Transition to the Family Children's Service Worker**

The Children's Service Worker will be contacted/assigned immediately, according to local procedures.

Within 24 hours of the child being taken into protective custody, the intake worker and the Children's Service Worker will meet the parents and child and initiate the CD-14 and CD-14A. If not appropriate to have the child and parents together, the worker shall meet with each party individually. All parents should be given the opportunity to be involved in the assessment process. It is important to assess each parent to obtain a thorough understanding of the family functioning. The worker shall provide and explain to the parents the Handbook for Parents of Children in Alternative Care, CS-304, during this meeting.

The purpose of this meeting is to provide the parents/caretakers and child with as much information as possible about what will be happening with their child and to engage them in the decision-making process. The Handbook for Parents of Children in Alternative Care, CS-304, is intended to assist staff in providing this information to parents.

Continuous parental involvement, including all parents, throughout the child's placement is significant in early and successful reunification. It is important to remember that the majority of families do not voluntarily seek assistance from the Division. The family may view the Children's Service Worker as an unwelcome intrusion into their life. The family's perception may manifest itself in a wide range of behaviors, i.e., defensiveness, hostility, resistance and ambivalence. It is imperative that the worker examine the underlying cause of the behavior and understand that the family's reactions may be normal in view of the circumstances. The worker should try to put themselves in the family's position and think about how they might react in similar circumstances.

Related Subject: Section 7 Chapter 19 [Parental Behavior/Ambivalent](#)

- A. The Children's Service Worker explains his/her role as helper to the family. The worker will initiate the CD-14 and CD-14A. The worker will assist the family to identify and resolve those issues which lead to the out-of-home placement of their child by discussing:
1. Each child's specific vulnerabilities,
  2. Identified threats of danger and how they operate within the family;
  3. The caregiver's protective capacity which was insufficient or diminished in controlling the threat of danger;
  4. Safety information collection and safety analysis should center around the 6 safety questions:
    - a. What was the nature and extent of the maltreatment?
    - b. What circumstances accompanied the maltreatment?
    - c. How does the child function day-to-day?
    - d. How does the parent discipline the child?
    - e. What are overall parenting practices?
    - f. How does the parent manage his/her own life?  
(See the CD-162)
  5. The needs of individual family members;
  6. How the family has managed up to the time of intervention including what worked and what did not work;
  7. Their perception of their cultural identity;
  8. Resources available to the family; and
  9. What must change before the child can safely return home? This does not mean that the safety decision is "safe", but rather what in-home safety interventions may be put in place to assure that child is safe. How can the family transition from an out-of-home safety plan to an in-home safety plan.

This introductory contact between the Children's Service Worker and family is the foundation for establishing a team with common purpose and goals.

As with any other team member, the parent and child must feel that they are a part of the solution rather than simply complying with the mandates of others.

B. The Children's Service Worker explains that the family (all parents/child) will be members of a Family Support Team. He explains that the purpose of the team is to assist the family to determine their strengths and needs and what type of plan is necessary for the child to return home. He explains team membership and individual roles and responsibilities with the team as follows:

1. Family (all parents/child) - To inform other team members of the individual strengths and needs of family members. To assist in the identification of resources which compliment rather than duplicate family actions.
2. Children's Service Worker - To assist the family to identify issues which contributed to the child's out-of-home placement and access resources needed to address those issues. To facilitate team meetings and coordinate the treatment plan.
3. Children's Service Worker Supervisor - To assist the worker and family to identifying issues of concern and resources needed to address those issues.
4. Resource Provider - To provide for the child's day-to-child care, assist the parent in resuming care for their child(ren), serve as possible role model/mentor to parents, and inform the team of the child's needs, accomplishments, and behavior.
5. Treatment Providers - To provide treatment for the parents and/or child and advise the team of the parents' and/or child's response to the treatment.
6. Guardian Ad Litem and/or CASA - To represent the legal rights and best interest of the child(ren) in court proceedings.

7. Parent's Attorney - To represent the legal rights of the parent in court proceedings.
8. Juvenile Officer - To represent the family/juvenile court and interpret the law and expectations of the court for the parent and child and other team members.
9. School Personnel - To provide an appropriate education for the child and advise the team of the child's level of functioning in the educational system.
- 10 Natural Helper (Individual selected by the parent) - To advocate for and assist parent in accessing needed resources.

All members of the Family Support Team should be invited to attend meetings. However, not all members will attend each meeting.

The family (parents/child), Children's Service Worker, and resource provider shall serve as core members of the team. All meetings should be scheduled at the convenience of the youth and the family. All Family Support Team members make recommendations to the court through the family worker.

- C. The Children's Service Worker explains the format and procedural rules for the team meetings which include the following:
  1. Each team member will have an equal voice and opportunity to share their views and ideas.
  2. Decisions regarding the family and child will be mutually agreed upon by the Family Support Team. There may be times when not all team members are in agreement. In those situations, the team will have to make a recommendation based upon what is in the child's best interests.
  3. The first meeting of the team will occur within 72 hours of the child being placed in protective custody. At the 72 hour meeting the team will develop the Written Service Agreement, CD-14B, that will cover the first 30 days after the child(ren) placement in out-of-home care. A second meeting will occur within 30 days of custody at which time the team will develop the Child Assessment and Service Plan, CS-1. Subsequent meetings may be limited to core

team members and will be held every 30 days or more often if necessary, until the adjudication hearing is held and as necessary thereafter. The purpose of these meetings is to assess progress and to determine if:

- a. Initially, what plan is necessary to effect the changes needed for the child to return home;
- b. Revisions to the treatment plan are necessary to meet the needs of the family; or
- c. The parents have successfully fulfilled the treatment plan and are prepared to resume proper and safe care of their child.

Every effort shall be made to schedule the meetings at a time and location accessible to the parents and the youth. However, if the parents or the youth refuse to participate, case plan development and/or reviews should continue by the other core team members at a minimum and the worker should document the refusal in the case narrative.

D. The Children's Service Worker continues the assessment process by:

1. Listening to the family's perception of the presenting problems/issues;
2. Obtaining information regarding the family's history, perceived boundaries, strengths and weaknesses through the use of genograms, ecomaps, timelines and other assessment techniques utilized in the CD-14 and CD-14A;
3. Determine the special needs of the child including:
  - a. Unique characteristics including endearing qualities, talents, hobbies, personality traits;
  - b. Health conditions, allergies, or other factors that would require special consideration in placement of the child;
  - c. The child's school, grade placement and level of functioning or special service needs; and
  - d. Special cultural, ethnic and/or religious factors that need to be considered in placement. The family

should be asked if they are of American Indian heritage because of the special requirements that may apply due to the Indian Child Welfare Act of 1978 P.L. 95-608.

Related Subject: Section 4 Chapter 19 [Special Populations – Native American and Refugee](#)

- E. The Children's Service Worker shall begin the process of filling out the Child/Family Health and Developmental Assessment (CW-103) and attachments A and B, and Financial Statement for Parents of Children in Alternative Care (CS-99) at the time of initial contact with the family. The worker should continue to gather information for the CW-103 during subsequent visits with the family until the form is complete. The resource provider is given a copy of the CW-103 and updated as information becomes available.
- F. The Children's Service Worker shall arrange to meet with the family, including all parents, prior to the 72-hour team meeting to continue the assessment process.
- G. The Children's Service Worker shall continue to evaluate each parent's progress toward resolving issues which contributed to out-of-home placement.

Related Subject: Section 4 Chapter 4 [Selection of Placement Resource and Placement Options](#)

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

[CS03-51](#), [CD05-72](#), [CD06-81](#)

**Memoranda History:**

CD10-15, CD11-81, CD12-18

### **3.2 Parent/Caretaker Request For Placement Of The Child**

During a crisis, parents may feel they have no alternative but to place their children in out-of-home care and seek out assistance from the Children's Division. Conversely, parents may leave their children temporarily with relatives or friends, who in turn request the Children's Division to make other arrangements for the children's care. Generally, the parent/caretaker's request is the result of one of the following:

- Inadequate resources to meet the child's needs i.e., food, clothing, shelter, medical care.
- Death/loss or serious health problem of one or both parents/caretakers.
- Parent/caretaker fears that he/she will seriously abuse/neglect child.
- Parent/caretaker is unable to cope with or manage child's behavior.

When the Children's Service Worker is contacted by a parent/caretaker with a request for an out-of-home placement, the following steps should be taken:

- A. Advise parent/caretaker that the Children's Division cannot accept the child for placement without an order to do so issued by the family/juvenile court.
- B. Assess whether the safety of the child will be in jeopardy if he remains in the care of the parent/caretaker.
- C. Advise parent/caretaker of services and/or resources available to prevent out-of-home placement.
- D. Offer Intensive In-Home Services and other appropriate services to family.
- E. Immediately, if requested by the family or within 24 hours, the Children's Service Worker arranges a meeting with the family. During this meeting the worker explains his role to the family. He will work with the family to resolve issues which lead to their request for out-of-home placement of their child by discussing the following topics with the family: (This will begin the family assessment process. In this initial interview the worker will probably want to concentrate on issues "1 - 6" below rather than the formalized genogram, ecomap process.)
  1. Reason for request and what is likely to occur if the child remains in the home.
  2. The expectations of the family of an out-of-home placement.
  3. The child's behavior or the family situation that is necessitating placement.

4. Special cultural, ethnic, religious, and/or handicapping factors which need to be considered in placement.
5. Positive characteristics about the child that will contribute to a successful placement.
6. Logistical issues such as locations of potential placements, how often and what type of visitation will occur, who will be in charge of initiating family contacts with the agency, what other types of contact will occur.
7. How the child/family will function when the child's return is appropriate and when this is anticipated.
8. Issues raised by the impending separation - feelings of loss and separation.
9. By the time this point is reached, the worker will have established rapport with the family and fully explored the reasons for placement. Again, the worker will address whether alternative services can be offered to avert the out-of-home placement. This offer of alternative services will hopefully be aided by the family's thoughtful evaluation of topics "1 - 8" to help determine if an out of home placement is the best solution to their needs.

If the family accepts alternate services, resources within the family and community which may alleviate the current situation and would prevent out-of-home placement such as IIS, crisis nursery, family arranged care, intensive counseling are provided to the family and appropriate treatment planning occurs.

If placement is necessary, the family Children's Service Worker explains to the family that if their child is placed in care and becomes a ward of the family/juvenile court, they will be expected and encouraged to become involved as a member of a Family Support Team that is responsible for decisions regarding the care of their child and the treatment plan for their family.

This introductory contact between the family Children's Service Worker and family is the foundation for establishing a team with common purpose and goals. The family should be given every opportunity to be an active and vocal member of the team. The family's participation will vary based on their level of trust and comfort and sense of investment or ownership in the team's activities and goals. Initially the parents may feel defensive and hesitant to discuss their family with unfamiliar persons. Trust and comfort on the part of parents can be developed by:

- Allowing the parent/child to state their views.

- Acknowledging that the parent knows the child best and can accurately describe his/her unique characteristics and needs.
- Asking the parent/child to identify what type of placement is best suited to the child's needs, interests and preferences.
- Allowing parent to identify natural helpers and community resources which would benefit the family.

As with any other team member, the parent and child must feel that they are a part of the solution rather than simply complying with the mandates of others.

- F. The family Children's Service Worker explains that the family (parents/child) will be a member of a Family Support Team as described previously in 1.3.2 #2.
- G. The family Children's Service Worker also explains the format and procedural rules for the team meetings as described previously in 1.3.2 #2.
- H. The family Children's Service Worker explains to the family that all team members have responsibilities and provides them with a copy of their "Rights and Responsibilities."

Related Subject: Section 1, Chapter 2 Roles and Responsibilities of the Parents and Their Children
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The Children's Service Worker explains to the family that one of their responsibilities is continued financial support for their child. The parents will also be given a CS-99, Financial Statement for Parents of Children in the Children's Division's Alternative Care, to fill out and return at the 72-hour team meeting.

- I. The family Children's Service Worker requests that the parents complete a written statement of the reasons they are requesting placement of this child.
- J. The family Children's Service Worker shall contact the supervisor with the information gathered in the interviews. The worker and supervisor may jointly determine whether it is necessary to request immediate protective custody of the child. Upon the determination that immediate protective custody is necessary for the child's safety, the worker or supervisor shall request that law enforcement, physician or juvenile officer see the child to authorize 24-hour protective custody. If emergency placement is not necessary or within 24 hours of protective custody being taken, the worker submits a written request to the family/juvenile court stating the reasons legal custody is being requested. The parents' written statement requesting placement is attached.

- K. The family Children's Service Worker shall give the parent/caretaker the Child/Family Health and Developmental Assessment (CS-103) to complete and bring to the 72-hour meeting along with the child's birth certificate, immunization records, social security card and special school information.
- L. The family Children's Service Worker shall arrange to meet with the family prior to the 72-hour team meeting to begin the CD-14 and CD-14A family assessment and CS-1 child assessment.
- M. The family Children's Service Worker explains to the family (parents and child) the necessity for a court hearing, the court process, and the actual placement process.
- N. The family Children's Service Worker makes arrangements with the family for the placement of the child.

Forms and Instructions

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

[CS03-51](#), [CD05-72](#), [CD06-81](#)

**Memoranda History:**

## **Attachment A: Dual DYS and CD Custody**

The role of the Division of Youth Services (DYS) is to care for and treat delinquent youth committed to their custody. In the majority of cases, youth are only able to access services if they are in DYS custody. However, in some cases, at the request of the circuit court, DYS may provide services for youth who have not been committed if they remain under the supervision of the juvenile court. These referrals must be handled on a case by case basis. A list of the DYS Service Coordinator Supervisors for each circuit can be found on the CD intranet. These supervisors should serve as a point of contact for CD when making referrals to DYS prior to making a recommendation to the court. Staff should invite DYS to Family Support Team meetings and court hearings when appropriate.

When youth are court ordered into the joint custody of DYS and CD for the purpose of obtaining additional treatment services, the following protocol should be utilized:

- CD staff should send a copy of the court order through the appropriate channels to their Division of Legal Services (DLS) representative for review.
- All youth determined to be in the joint custody of DYS and CD should be coded in FACES as Legal Status 1.
- If it is determined by the DYS Service Coordinator Supervisor and CD that the youth should be placed in a DYS facility in which DYS is going to provide the cost of care, CD staff should enter a new placement and select a placement type of CTO on the placement screen in FACES.
- CD staff will abide by all case management activities as required for LS-1 children including visiting with the child in the placement at least once a month, regardless of the placement type.
- The agency with physical custody that is providing primary financial support of the youth should be the agency to open the Medicaid eligibility. If CD has an open Title XIX in FACES and the child is to be placed in a DYS facility, CD should put an end date on the Title XIX field in FACES to allow DYS to open Medicaid for the youth.
- If a youth is discharged from a DYS facility and is placed in a CD placement, staff may reopen Title XIX in FACES by entering a new Title XIX begin date to allow CD to be reimbursed.

### **Youth Transitioning from DYS to CD Custody**

It is also important to provide support for youth transitioning from one custodial agency to another, when there is no dual custody. Whether transitioning from DYS custody to

CD custody or CD custody to DYS custody, the CD worker should attend staffings at DYS to monitor the youth's progress and to promote a smooth transition between the agencies.

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

**Memoranda History:**

CD11-24