TASK FORCE ON CHILD SAFETY

REPORT TO THE DEPARTMENT OF SOCIAL SERVICES

SEPTEMBER 2019

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INTRODUCTION

The Missouri Department of Social Services, Children's Division, is statutorily tasked with investigating and ensuring the safety of children in our state. As policy and practice have evolved over the past few years, concerns were identified within and between parts of the child welfare system. Particularly, stakeholders shared concerns about Children's Division's investigation process and whether children were being kept safe during that process. In response to those concerns, the Department of Social Services formed the Task Force for Child Safety to take a candid look at the investigation process and identify opportunities to strengthen practice and improve safety outcomes.

The Task Force was comprised of stakeholders representing law enforcement, prosecuting attorneys, juvenile officers, child advocacy centers, Office of State Courts Administrator, State Technical Assistance Team, Office of Child Advocate, and the Children's Division. While the Task Force for Child Safety acknowledges that responsibility for keeping children safe does not fall solely to the Children's Division, the primary charge of this group was to address concerns and recommendations related to Children's Division practice; therefore, the predominant focus of this report addresses those policies and recommendations for which the Department of Social Services has enforcement authority. This report does contain recommendations that would involve contributions from stakeholders, however the Task Force recognizes those stakeholders do not fall under the auspices of the Department of Social Services.

The Task Force for Child Safety met six times over the course of three months. In addition to the meetings, interviews were conducted of Children's Division employees from across the state representing frontline staff, supervisors, and upper level management. The Task Force identified three significant areas for improvement:

- Training
- Investigations and Multi-Disciplinary Teams
- Safety Plans

TRAINING

IDENTIFIED AREAS OF CONCERN:

Section 210.180, RSMo requires employees of Children's Division with responsibility for investigation or assessment of reports of suspected child abuse or neglect to receive at least 40 hours of preservice training on the identification and treatment of child abuse and neglect. In addition, employees are required to have at least 20 hours of in-service training annually. The Task Force found Children's Division was in compliance with the statute and workers were receiving substantially more training than required. However, significant concerns were identified related to oversight structure, timing and availability of specialized training, and the content of training.

Children's Division has had a decentralized training structure for approximately five years with a small Training and Professional Development Unit in their Central Office. Children's Division is currently divided into five regions, each managed by a Regional Director who is responsible for independently developing core and on-the-job training curriculum specific to their region. The lack of uniform curriculum between regions has led to inconsistencies in practice and application in field work. Tasking individual regions with creating their own curriculum also makes it more difficult to ensure new staff are starting their field work with the training required to be successful, to understand and work within the most current laws, and fulfill legal requirements for training under Chapter 210, RSMo. Considering the high turnover rate for frontline workers, these issues can very quickly be reflected in substandard outcomes for children. The ability of Children's Division to retain workers is impacted by failing to emphasize the most important topics in training. There are several topics that, while trained at one point or another, are not being covered as comprehensively or as timely as they should be given their direct impact on the investigative process.

The majority of the opportunities to improve training identified by the Task Force related to the training of Children's Division workers, however, there are some limited training recommendations regarding other multi-disciplinary team members.

RECOMMENDATIONS – GENERAL TRAINING:

1. **Standardized core curriculum for new hires with regional and local on-the-job training**

2. **Centralized oversight and coordination of training efforts**

3. **Enhanced curriculum on the following topics:**
    a. **Articulation of harm and safety concerns**
    b. **Documentation**
    c. **Critical thinking**
    d. **Interview skills**
    e. **Corroboration and scene investigations**
    f. **Identification of safety network individuals**
    g. **Taking photos**
    h. **Preliminary Child Welfare Proceedings**
    i. **Legal Status 3 (LS3) cases**
    j. **Juveniles with problem sexual behaviors**

4. **New workers who have not completed training should not be assigned cases absent a critical staffing shortage:**
    a. **Children's Division should establish a minimum number of hours of field training prior to the assignment of cases**
    b. **Children's Division should develop regional teams to cover caseloads during critical staffing vacancies**

5. **Training ladder for statutorily required training hours, clarifying a continuum of training requirements while allowing workers to select topics pertinent to their caseload**

RECOMMENDATIONS – LEGAL ASPECTS TRAINING:

Understanding laws governing child welfare practice and how they relate to the work of CD is essential. Legal Aspects training is required within the first year of being hired; however, there are child welfare workers who are not receiving complete Legal Aspects training for more than a year after beginning field work. Lack of training in this specific area leads to problems with the quality of referrals made to the juvenile office and directly impacts the ability to establish a legally sufficient case for a child to be placed in alternative care. Data from the Office of State Court Administrator supports concerns regarding the number of referrals rejected due to legal insufficiency.

The Task Force makes the following recommendations regarding Legal Aspects training:

1. **A team of full time attorneys should be formed to provide Legal Aspects training and be available to answer legal questions from Children's Division field staff on a 24/7 basis**

2. **Children's Division workers should receive Legal Aspects training within the first six months of employment**

3. **A standardized curriculum for initial Legal Aspects training should be utilized**

4. **Legal Aspects curriculum should be enhanced in the following areas:**
    a. **Juvenile Officer referral form**
    b. **Legal sufficiency**
    c. **Courtroom skills and decorum**
    d. **Understanding criminal history**

5. **After the first year, additional Legal Aspects training should address trends in concerns identified by legal training team, policy updates, statutory changes and court rulings**

RECOMMENDATIONS – MEDICAL FORENSICS TRAINING:

Section 210.180, RSMo requires four hours annually of Medical Forensics training as approved by the SAFE-CARE network. Currently, there is no standard curriculum nor training ladder for ongoing training. Medical professionals and Children's Division staff have expressed concerns regarding the availability of trainings, need for advanced training, and need for a variety of training options to prevent staff from being required to attend the same programs year after year.

The Task Force recommends the following regarding Medical Forensics Training:

1. **A core curriculum should be developed for the first annual Medical Forensics Training**
    a. **Topics that should be addressed during the initial training should include**
        i. **Introduction to bruising/skin findings**
        ii. **Introduction to severe physical abuse**
        iii. **Introduction to sexual abuse**
        iv. **Introduction to neglect and medical child abuse**
        v. **Typical child development and growth**
        vi. **Which children should be referred for a medical forensic evaluation**
        vii. **SAFE-CARE network**
        viii. **Child Protector App**

2. **An annual refresher course to review topics addressed in the initial training should be provided**

3. **Advanced topics should be available for continued annual trainings**
    a. **Topics that should be available for advanced training include:**
        i. **Communicating with medical professionals/how to read a medical chart**
        ii. **Scene investigation**
        iii. **Sentinel injuries**
        iv. **Sexually transmitted infections**
        v. **Abusive head trauma**
        vi. **Failure to thrive**

RECOMMENDATIONS – SUPERVISOR TRAINING:

Frontline investigators often thrive or fail to succeed based on the support and preparedness of their supervisor. The average tenure of a Children's Division frontline supervisor is 10.32 years, with some having as few as 3.81 years of experience. Just as frontline staff struggle to succeed without the proper tools, so do supervisors. Many supervisors have not yet received clinical supervision training as it is not currently offered.

Supervisors should be consulting with their staff on every assigned case. While the Task Force did not conduct a full review, several members reported that 72-hour consults are not occurring in all circuits across the state.

Supervisors and circuit managers should also be communicating and collaborating regularly. This collaboration and communication could fulfill training requirements, help identify outliers in practice, and problem solve on trends or concerns being observed in multiple circuits.

The Task Force recommends the following regarding supervisors and circuit managers:

1. **All supervisors should receive Clinical Supervision training**

2. **All supervisors should receive initial Legal Aspects training and subsequent Legal Aspects training every two years:**
    a. **Subsequent trainings should serve as refresher courses as well as an update on new laws, case precedents, and trends of concerns from across the state**

3. **All supervisors should receive training on juveniles with problem sexual behaviors**

4. **Children's Division should have an annual conference for circuit managers and supervisors**

RECOMMENDATIONS – MULTI-DISCIPLINARY TEAM MEMBERS TRAINING:

The Task Force identified other members of the multi-disciplinary team who could also benefit from additional training. There has been an effort in recent years to increase knowledge and use of "Legal Status 3" designation for children as well as the use of Preliminary Child Welfare Proceedings for those cases where children are not in imminent danger. The legal burden in these situations is the same as what is required to remove the child, but using this method may reduce or eliminate the trauma associated with removing a child from their home. The Task Force has determined additional training for Children's Division, judges, and juvenile officers on the topic of Legal Status 3 and Preliminary Child Welfare Proceedings would improve the utilization of both of these options.

Finally, the Task Force recommends that law enforcement participate in one hour of child welfare training annually. In 2018, there were 24,543 child abuse and neglect investigations in Missouri requiring Children's Division ask law enforcement to co-investigate. Despite this, law enforcement officers are only required to have six hours of child abuse and neglect training as part of the Peace Officer Standards Training (POST) curriculum required for licensing. Increasing law enforcement's understanding of child abuse and neglect will improve investigations and successful prosecutions of child abuse and neglect.

The Task Force recommends the following regarding training for child welfare partners:

1. **Juvenile officer and judge trainings on Preliminary Child Welfare Proceedings and LS3**
    a. **Add Preliminary Child Welfare Proceedings and LS3 to bench cards**

2. **Law Enforcement receive one hour of child welfare training annually**

INVESTIGATIONS AND MULTI-DISCIPLINARY TEAMS

IDENTIFIED AREAS OF CONCERN:

Children's Division investigations do not occur in isolation. The health of a multi-disciplinary team (MDT) directly impacts the success of an investigation and ultimately the safety of a child. Child abuse and neglect investigations are a collaborative effort that involve many partners. Those partners must communicate, share information, have role clarity, and collaborate to ensure successful investigations. Meeting regularly to discuss workflow, local data, and issues that arise, is essential to the health of the multi-disciplinary team and ultimately the health of the child welfare system.

In order for these conversations to be productive, it is critical that the data shared is accurate. The data currently collected by Children's Division identifying those situations where law enforcement declined a co-investigation does not accurately reflect declines when a statutorily required decline letter is not received. For example, FACES (Children's Division electronic data system) will indicate a decline letter was not received from law enforcement, but will not indicate that the reason a decline letter was not received was due to the fact law enforcement was co-investigating. This systems issue within FACES must be improved in order to have meaningful conversations regarding co-investigations.

RECOMMENDATIONS – MULTI-DISCIPLINARY TEAM MEMBERS:

The task force recommends MDTs have a facilitated conversation annually regarding policies, practices, and statistics surrounding local MDT investigations.

1. **This conversation should be facilitated by an individual who is not a member of the local MDT**

2. **This conversation should take place outside of regular case reviews**

3. **The following statistics should be shared:**
    a. **Children's Division:**
        i. **Number and types of hotlines received**
        ii. **Number of substantiated /unsubstantiated reports**
        iii. **Number of children in care**
        iv. **Number of Alternative Care cases closed in 30 days**
        v. **Law enforcement co-investigations**
            1. **Law Enforcement declined co-investigation**
            2. **Law enforcement sent decline letter**
            3. **Number of shared reports requested by Children's Division**
    b. **Law Enforcement:**
        i. **Number of child case calls**
        ii. **Number of investigations involving child victims**
        iii. **Number of arrests**
        iv. **Number of shared reports requested by Law Enforcement**
    c. **Juvenile Office:**
        i. **Number of Juvenile Office referrals received**
        ii. **Referral sources**
        iii. **Referrals rejected due to insufficient evidence**
        iv. **Cases filed**
    d. **Child Advocacy Centers:**
        i. **Number of forensic interviews**
        ii. **Referral for forensic interview sources**
        iii. **Number of referrals rejected**
        iv. **Number of Children's Division and law enforcement attended interviews**
        v. **Number of Law Enforcement and Children's Division shared reports requested by CAC**
        vi. **Amount of time between the initial hotline call and referral to a CAC**
    e. **Prosecutors:**
        i. **Number of cases filed involving child victims**
        ii. **Number of cases declined involving child victims**
        iii. **Number of convictions involving child victims**

4. **Staff turnover statistics within each agency should be reported**

RECOMMENDATIONS – LAW ENFORCEMENT AND CO-INVESTIGATIONS:

The communication and collaboration between law enforcement and Children's Division is crucial for a successful investigation. Differences in timeframes for investigations, timeframes in alleged perpetrator notification, authority of each agency, as well as the potential outcome of each agency's investigation can place tension between the Children's Division and law enforcement. Clarity of roles and responsibilities is critical for improving communication.

All calls from the Child Abuse Neglect Hotline coded as an investigation have the potential to result in criminal charges. When a call is coded as an investigation, facts and evidence must be collected to determine if a child has been abused or neglected. Criminal charges could result if the child is a victim of a crime as defined in Chapters 565, 566, 567, 568 or 573, RSMo.

Accordingly, Section 210.145, RSMo requires Children's Division to contact immediately the appropriate law enforcement agency to request a co-investigation upon the receipt of any investigation. However, a concern heard from law enforcement agencies is that Children's Division contacts them related to issues that do not rise to a law enforcement response. A combination of better screening at the Hotline Unit and clarity of communication could result in improved relations and stronger co-investigations.

The Task Force recommends a tiered system be developed to clearly communicate with law enforcement the nature of the hotline allegation. Tiers 1 – 4 all include a request for co-investigation from law enforcement.

The Task Force recommends the following tiered law enforcement notification system be implemented for co-investigation requests:

1. **Tier 1 – URGENT**
    a. **May request law enforcement take emergency protective custody**
    b. **Active meth lab**
    c. **Serious injury**
    d. **Death of child**

2. **Tier 2 – ALLEGATION MEETS DEFINITION OF POTENTIAL CRIMINAL CHARGE**
    a. **Reporter states alleged perpetrator has access to child**
    b. **Unknown if alleged perpetrator has access to child**
    c. **Reporter states child is currently suffering from a physical injury**

3. **Tier 3 – ALLEGATION MEETS DEFINITION OF POTENTIAL CRIMINAL CHARGE**
    a. **Reporter states alleged perpetrator does not have access to child**

4. **Tier 4 – ALLEGATION MEETS DEFINITION OF POTENTIAL CRIMINAL CHARGE**
    a. **Alleged perpetrator does not have access**
    b. **Incident took place over one year ago**

5. **Tier 5 – REQUEST FOR ESCORT DUE TO SAFETY CONCERNS**

RECOMMENDATIONS - SAFE-CARE REFERRALS:

There have been many concerns brought to the attention of the Task Force related to the SAFE-CARE statutory requirements. Concerns include a lack of SAFE-CARE providers in regions of the state, SAFE-CARE providers defaulting to requesting an exam versus a chart review, investigations being changed to an assessment to avoid SAFE-CARE requirements, and Children's Division not following statutory requirements to immediately make a referral to the Juvenile Officer. Multiple members of the Task Force from different regions of the state report that Children's Division is not making the required referral to the Juvenile Officer when a child three years or younger is diagnosed with child abuse by a SAFE-CARE provider. The Task Force recommends a thorough review of SAFE-CARE legislation by Children's Division, judicial partners, and medical child welfare partners. Additionally, concerns were expressed that frontline Children's Division staff were asked to make decisions regarding whether children over the age of three should receive medical forensic exams and this decision may fall outside their level of expertise.

The task force makes the following recommendations regarding SAFE-CARE:

1. **Children's Division should conduct a thorough review of SAFE-CARE statute and policy with medical and judicial child welfare partners**

2. **Children's Division should make a referral to SAFE-CARE provider for the evaluation of a child or medical records within 72 hours of receipt of investigation**

3. **Children's Division should follow state statute requiring a referral be immediately submitted to the Juvenile Officer when a child three years and younger is diagnosed with child abuse by a SAFE-CARE provider**

RECOMMENDATIONS – SIGNS OF SAFETY:

Creating strong MDT partnerships builds a foundation for investigations, but CD must also have the tools needed to assess the safety of every child. Since the implementation of the Signs of Safety Practice Model, two significant concerns have been identified:

1. Overall risk is not being fully considered
2. Workers are not able to effectively articulate risk and harm

The Signs of Safety Practice Model has certainly strengthened Children's Division's engagement of families, which helps create lasting safety and stability long after agency involvement has ended. However, mixed messaging related to keeping families together, working with denied child abuse (families that deny child abuse as described in Signs of Safety training), and diversions has resulted in confusion in the field by workers and stakeholders. Messaging from Children's Division leadership must prioritize agency expectations to ensure the safety and well-being of children.

The articulation of risk and harm is critical to ensuring the safety of children. After researching other states using the Signs of Safety Practice Model, the Task Force believes Missouri's Children's Division is the only entity using the Signs of Safety Practice Model without additional risk assessment tools. Regions within states such as Texas, California, and Minnesota use Structured Decision Making (SDM) risk assessment tools in addition to their Signs of Safety Practice Model. The Task Force is aware of the efforts of the Partnership for Child Safety and Well-Being to create or identify a specific risk assessment tool to supplement the investigative tools used in Signs of Safety. The Task Force supports those efforts, however, until such time as a risk assessment tool is identified or created, the Task Force recommends re-integrating the Structured Decision Making risk assessment tool so supervisors and workers can assess risk and ensure child safety during the 72-hour supervisory consult that is required in every case. We encourage Children's Division to develop policy surrounding the use of the SDM risk assessment tool to inform safety decision making and foster critical thinking.

The Task Force makes the following recommendations regarding the current Missouri Model of Signs of Safety:

1. **A risk assessment tool developed by the Partnership for Child Safety and Well-Being should be adopted for use throughout the child welfare process**

2. **Until a Missouri-specific tool is created, supervisors should use the Structured Decision Making risk assessment tool, form CD-14E (see attachment), during the 72-hour consult**

RECOMMENDATIONS – CHILDREN'S DIVISION STRUCTURE:

Having the necessary structure within Children's Division is important to support the investigative process. Currently, investigations fall under the "Prevention" program line within Children's Division. Due to the critical nature of investigations, the Task Force recommends a specific program line be created to support investigations. This is consistent with the progressively larger role prevention will take in the next few years as Missouri begins implementing the requirements of the federal Families First Prevention and Services Act. Additionally, the Task Force recommends Children's Division develop a more robust internal structure to respond to child fatalities and near fatalities. This group should look at these critical incidents from a systemic as well as internal perspective and provide recommendations to both internal and external stakeholders.

The Task Force makes the following recommendations regarding the structure of Children's Division:

1. **Investigations should be a program line**

2. **Children's Division should create a robust Critical Incident Team**

SAFETY PLANNING

IDENTIFIED AREAS OF CONCERN:

When Signs of Safety was implemented, multiple strategies were referred to as "safety planning" due to Missouri having a different definition of a safety plan than the new model. This has led to confusion in the field as well as confusion and frustration by stakeholders. Forms should be renamed to clearly articulate their purpose and when they should be used. Immediate Safety Intervention Plans (CD-263) should refer only to safety during an open investigation. Family Stability Plans (CD-267) should address the ongoing stability and well-being of a family.

Currently, there is no way to track statistics regarding how many safety plans have been issued, how many are currently open, how many diversions have been put in place, and how many children remain voluntarily placed outside of their homes, as there is no uniform place for workers to load or document those efforts. This lack of documentation and tracking has led to an unknown number of children remaining outside their home for an unknown period of time, lack of follow-up to ensure a safety plan is being followed, and children being safety planned outside their county of residence without notification to the county where the children have been temporarily placed. All safety and long-term family stability plans should be entered into the contacts section of FACES and documents uploaded to OnBase (Children's Division document imaging system). FACES should be updated to track open safety plans and diversions.

The Task Force recommends eliminating the use of diversion except in urgent circumstances. Safety plans without court involvement are voluntary and therefore must be time limited in nature and monitored to ensure the safety of children. Diversions – voluntarily placing children outside of a home for an indefinite period of time – do not leave children legally protected. Even though children may be voluntarily placed with a relative to keep them free from imminent danger, the relative cannot withhold the children from the parent, making it difficult to ensure safety. The relative also does not have the ability to meet the children's educational or medical needs. Additionally, there are often no services provided to the family to address the concerns that led to the recommendation that the children be voluntarily placed outside of the home. Children's Division should refer all cases using diversion placements to the Juvenile Officer. Children's Division may further consider requesting the Juvenile Officer utilize a Preliminary Child Welfare Proceeding rather than asking for an Order of Protective Custody.

RECOMMENDATIONS – SAFETY PLANNING TOOLS:

The Task Force makes the following recommendations regarding current safety planning tools:

1. **Immediate Safety Intervention Plan CD-263 (see attachment)**
    a. **Safety during the investigation/assessment**
    b. **Only for 10 days then must review and renew**
    c. **Investigations, assessments, and service cases cannot be closed with a 263 open**
    d. **When a 263 is open, the form should include a name and phone number for the specific person to call and a plan of action if the safety plan is violated**
    e. **When child is highly vulnerable (i.e. under the age of five or has medical or developmental needs) Children's Division should monitor the family with announced and unannounced visits to ensure safety plan is being followed**
    f. **There has been a culture shift to focus on the second and third columns of the 263 (focusing on what is working well and how to prevent future worries). Primary focus must be on the first column (describing past harm and future dangers) in order to complete an investigation/assessment. By thoroughly completing the first column, the second and third columns will be stronger, more accurate, and more meaningful for the family.**

2. **Family Stability Plan CD-267 (see attachment)**
    a. **An exit strategy should be developed with the family at the end of any investigation/assessment/alternative care/intensive in-home services/family centered services/family reunification services**
    b. **Long-term safety, stability and well-being for the family shall be emphasized**

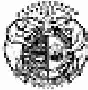
3. **Eliminate Diversions**
    a. **Diversion of children outside the family home without legal custody only in exigent circumstances**
    b. **Referral to the Juvenile Officer**
    c. **Consider requesting LS1 or LS3**
    d. **Any diversion requires a Master's in Social Work (MSW) consult or Team Decision Making (TDM)**

4. **Create a way in FACES to track open 263 and Diversions**

5. **263, 267, and Diversion must be entered in contacts narrative and uploaded to OnBase**

CONCLUSION

The Task Force recognizes the extraordinary dedication and daily work of the Children's Division staff and partners in child welfare. Child welfare professionals make critical decisions to ensure the safety and well-being of Missouri's children and families. In addition, we recognize the challenges of implementing new models of child welfare. We believe these recommendations will strengthen Children's Division's current practice, strengthen relationships among child welfare partners, and ultimately better ensure the safety of children in Missouri.



MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILREN'S DIVISION
FAMILY RISK ASSESSMENT

Case Name:

Note: IF RISK ASSESSMENT HAS BEEN DONE PRIOR TO THIS OPENING DO NOT COMPLETE THIS SECTION. A CS-16E, Risk Reassessment should be completed every 90 days from the date of the initial risk assessment. Reassessment should be completed sooner if there are new circumstances or new information that would affect risk. (See CS-16E Forms Manual instructions for completion.)

NEGLECT — Score

N1. Current Report is for Neglect
a. ☐ No 0
b. ☐ Yes 1 ?

N2. Prior Investigations/Assessments (assign highest score that applies)
a. ☐ None. 0
b. ☐ One or more, abuse only 1
c. ☐ One or two for neglect 2
d. ☐ Three or more for neglect 3 ?

N3. Household has Previously Services as the Result of a CA/N Investigation/Assessment
a. ☐ No 0
b. ☐ Yes 1 ?

N4. Number of Children Involved in the CA/N Incident
a. ☐ One, Two or three 0
b. ☐ Four or more 1 ?

N5. Age of Youngest Child in the Household
a. ☐ Two or older 0
b. ☐ Under Two 1 ?

N6. Primary Caretaker Provides Physical Care Inconsistent with Child Needs
a. ☐ No 0
b. ☐ Yes 1 ?

N7. Primary Caretaker has a Past of Current Mental Health Problem
a. ☐ No 0
b. ☐ Yes 1 ?

N8. Primary Caretaker has a Historic or Current Alcohol or Drug Problem that interferes with his/her/family functioning (check applicable items and add for score)
a. ☐ Not applicable 0
b. ☐ Alcohol (current or historic) 1
c. ☐ Drug (current or historic) 1 ?

N9. Characteristics of Children in the Household (Check applicable items and add for score)
a. ☐ Not Applicable 0
b. ☐ Medically fragile/failure to thrive 1
c. ☐ Developmental or physical disability 1
d. ☐ Positive Toxicology screen at birth 1 ?

N10. Housing (Check Applicable items and add for score)
a. ☐ Not Applicable 0
b. ☐ Current housing is physically unsafe 1
c. ☐ Homeless at time of investigation 2 ?

Neglect Score ?

ABUSE — Score

A1. Current Report is for abuse
a. ☐ No 0
b. ☐ Yes 1 ?

A2. Number of Prior Abuse Investigations/Assessments (#0)
a. ☐ None 0
b. ☐ One 1
c. ☐ Two or more 2 ?

A3. Household has previously received Services as a Result of a CA/N Investigation/Assessment
a. ☐ No 0
b. ☐ Yes 1 ?

A4. Prior Injury to a Child Resulting from CA/N
a. ☐ No 0
b. ☐ Yes 1 ?

A5. Primary Caretaker's Assessment of Incident (Check applicable items & add score)
a. ☐ Not Applicable 0
b. ☐ Blames child 1
c. ☐ Justifies maltreatment of a child 2 ?

A6. Domestic Violence Two or more incidents) in the Household in the Past Year
a. ☐ No 0
b. ☐ Yes 2 ?

A7. Primary Caretaker Characteristics (Check applicable items and add for score)
☐ Not Applicable 0
a. ☐ Provides insufficient emotional/psychological Support 1
b. ☐ Employs excessive/ inappropriate discipline 1
c. ☐ Domineering parent 1 ?

A8. Primary Caretaker has a History of Abuse of Neglect as a Child
a. ☐ No 0
b. ☐ Yes 1 ?

A9. Secondary Caretaker has Historic or Current Alcohol or Drug Problem that interferes with his/her/family's functioning
a. ☐ No 0
b. ☐ Yes, Alcohol and/or drug (check all applicable) 1 ?
☐ Alcohol ☐ Drug

A10. Characteristics of Children in Household (check applicable items and add for score)
a. ☐ Not Applicable 0
b. ☐ Delinquency history 1
c. ☐ Developmental disability 1
d. ☐ Mental Health/behavioral 1 ?

Abuse Score ?

INITIAL RISK LEVEL:

Assign scored risk level based on the highest score on either index, using the following chart:

Neglect Score		Abuse Score		Scored Risk Level
☐	0-1	☐	0-1	☐ Low
☐	2-4	☐	2-4	☐ Moderate
☐	5-8	☐	5-8	☐ High
☐	9+	☐	9 +	☐ Very High

POLICY OVERRIDES: If any condition is applicable, override final risk level to very high.
☐ 1. Sexual abuse case AND the perpetrator is likely to have access to the child victim.
☐ 2. Non-accidental injury to a child under age two years.
☐ 3. Severe non-accidental injury.
☐ 4. Parent/caretaker action or inaction resulted in death of a child due to abuse or neglect (previous or current).

DISCRETIONARY OVERRIDE: Specify reason – Increase risk one level. **SUPERVISOR'S INITIALS:**
☐ 5.

FINAL RISK LEVEL (after overrides): ☐ Low ☐ Moderate ☐ High ☐ Very High

CASE STATUS:
☐ 1. Case will not be opened – reason code
☐ 2. Case will be opened – reason code

Reason Codes: 01 – final risk level supports open/close decision
02 – court ordered
03 – other

Worker:	**Date:**	**Supervisor:**	**Date:**

CD-14E (REV 12/05)

MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
Immediate Safety Intervention Plan

Case Name: ______________________

Date: ______________

Case/Incident Number: ______________

When we think about the situation this family is facing:		
We are concerned about (Describe Past Harm and/ or Future Danger)	**What's working well?** **These are our Safety & Support People (Name and Phone Number)**	**To prevent worries from happening, we will:** **If the worries DO start, we will respond by:** **Monitoring/Timeframes:**

We understand and have helped develop this Immediate Safety Intervention Plan

Family Member	Date	Family Member	Date	Family Member	Date
Other Support (Specify Relationship)	Date	Worker	Date	Supervisor	Date

CD-263 (REV 09/19)

MISSOURI DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
Family Safety Planning Document

Case Name:

Danger Statement:

Safety Goal:

Signs things are going well (related to the worry):

Triggers:

Preventative Plan:

Red Flags/ Warning Signs:

Response Plan Rules:

Safety Network Contact Information:

Name/Relationship:	*Phone Number:*	*Household & Email Address:*	*Role*

We understand and have helped develop this Family Safety Plan.

Family Member	Date	Family Member	Date
Family Member	Date	Family Member	Date
Children's Service Worker	Date	Children's Service Supervisor	Date

CD-267 (REV 09/18)