DESCRIPTION OF THE INVESTIGATION PROCESS

The Division of Family Services has received a report of child abuse or neglect which involves you or a member of your family. Missouri law, Chapter 210 RSMo, requires the Division to investigate all reports of child abuse and neglect.

The identity of the person who reported the incident of abuse or neglect is confidential. Some reports are made anonymously and the reporter is unknown to the Division.

During the investigation the Division will decide if abuse or neglect has occurred. The investigation may include: collecting evidence, interviewing witnesses and family members, and contacting persons who know the child and family. The Division will also offer assistance to families who are in need of services. The primary purpose of this investigation is to determine abuse or neglect, not to look for evidence of a crime.

Missouri Law, Chapter 210 RSMo, also requires the division to communicate the status of a report to the local public school district liaison, or principal of a private school.

The Division will make every attempt to complete this investigation within thirty days, unless good cause for delay exists. Within forty-five days you will receive a letter from the Division which will inform you of one of the following:

(1) **The allegations of abuse or neglect are unsubstantiated.** If the Division unsubstantiated the report, all information will be retained as required by law.

(2) **There is probable cause that abuse or neglect occurred.** If the Division finds there is probable cause that child abuse or neglect occurred, a record of the report and investigation will remain on file with the Division.

(3) **Court Adjudicated.** If the report results in court adjudicated (criminal conviction, juvenile court action, or other court action which upholds the Division's findings) child abuse or neglect, a record of the report and investigation will remain on file with the Division.

NOTE: THE FOLLOWING APPLIES TO ALLEGED PERPETRATORS ONLY:

If you are the alleged perpetrator and you disagree with the Division's determination of Probable Cause that abuse or neglect occurred, you have a right to consult with an attorney of your choice and you may request a review of the decision. The administrative review process must be completed before requesting a judicial review.

ADMINSTRATIVE REVIEW: You have sixty (60) days from the receipt of the disposition letter to request an adminstrative review. The request must be made through the Division of Family Services office in the county which completed the investigation. In those cases where criminal charges arising out of facts of the investigation are pending, the administrative review request shall be made within sixty (60) days from the court's final disposition or dismissal of the charges.

JUDICIAL REVIEW: You have sixty (60) days upon receipt of notification of the final decision from the administrative review process to request a judicial review. The request for this review should be filed with the Circuit Court in the county where you reside or as otherwise provided in Missouri law Section 210.152 RSMo.

MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

CPS CLASSIFICATION SCREENING

SCREENING DECISION DATE	INC. #	INCIDENT DATE	CASE NAME

SCREENED BY	ASSIGNED TO	WORKER ID #

I. INVESTIGATION TRACK

Check which categories apply to this referral. If "yes" is checked in any of the following categories, referral is to be investigated. If only "no's" are checked, go to Section II.

	YES	NO	
1			Child fatality (565.020, 565.021, 565.023, 565.024)
2			Sexual Abuse (566.030, 566.060, 567.050, 568.020, 568.080, 568.090, 573.025, 573.035, 566.030, 566.060)
3			Serious Physical Abuse (565.050, 568.045, 568.050, 568.060)
4			Serious Neglect (568.030, 568.045, 568.050)
5			Law Enforcement/Physician has taken custody and one of the above categories is indicated.
6			Child is in danger at the time of the report and law enforcement is needed.
7			Non-relative/non-household member report

EXPLANATION

II. OTHER INFO

When contact with others is necessary to determine which track is appropriate, complete this section.

	YES	NO CONTACT	
8			Law Enforcement
9			Prior DFS involvement
10			Reporter Contact
11			Other

SUMMARY OF CONTACT

III. ADDITIONAL FACTORS

Consideration **may** be given to placing a report in the investigation response if **at least** one of the following is checked "yes." Determine what benefit there is to the family in making this choice. Rationale for placing a referral in the investigation track rather than the assessment track must be provided below. A reason why an investigation is warranted must be given.

	YES	NO	
12			Violent activities on part of household members
13			Two or more prior referrals received for similar CA/N behavior
14			Substance abuse and/or mental illness resulting in bizarre behavior
15			Children under the age of five and/or unable to protect self
16			Referral indicates intent of harm by caretaker
17			High likelihood of child needing placement

EXPLANATION

IV. DECISION

(CHECK WHICH RESPONSE REPORT IS ASSIGNED:) ☐ INVESTIGATION (I) ☐ FAMILY ASSESSMENT (A)

DATE FORM COMPLETED	SIGNATURE
	▶

V. TRACK CHANGE

FROM	TO	EXPLANATION

RESPONSE CHANGE DECISION DATE	SIGNATURE	RESPONSE CHANGE CODE
	▶	

MISSOURI LAWS PERTAINING TO CRIMINAL CHILD ABUSE/NEGLECT

565.020. FIRST DEGREE MURDER. - 1. A person commits the crime of murder in the first degree if he knowingly causes the death of another person after deliberation upon the matter.

565.021. SECOND DEGREE MURDER. - 1. A person commits the crime of murder in the second degree if he:

(1) Knowingly causes the death of another person or, with the purpose of causing serious physical injury to another person, causes the death of another person; or

(2) Commits or attempts to commit any felony, and, in the perpetration or the attempted perpetration of such felony or in the flight from such perpetration or attempted perpetration of such felony, another person is killed as a result of the perpetration or attempted perpetration of such felony or immediate flight from the perpetration or attempted perpetration of such felony.

565.023. VOLUNTARY MANSLAUGHTER - under influence of sudden passion, defendant's burden to inject. - 1. A person commits the crime of voluntary manslaughter if he:

(1) Causes the death of another person under circumstances that would constitute murder in the second degree under subdivision (1) of subsection 1 of sections 565.021, except that he caused the death under the influence of sudden passion arising from adequate cause; or

(2) Knowingly assists another in the commission of self-murder.

565.024. INVOLUNTARY MANSLAUGHTER. - 1. A person commits the crime of involuntary manslaughter if he:

(1) Recklessly causes the death of another person; or

(2) While in an intoxicated condition operates a motor vehicle in this state and, when so operating, acts with criminal negligence to cause the death of any person.

565.050. ASSAULT, FIRST DEGREE. - 1. A person commits the crime of assault in the first degree if he attempts to kill or knowingly causes or attempts to cause serious physical injury to another person.

566.030. FORCIBLE RAPE. A person commits the crime of forcible rape if he has sexual intercourse with another person by the use of forcible compulsion.

566.060. FORCIBLE SODOMY. A person commits the crime of forcible sodomy if he has deviate sexual intercourse with another person by the use of forcible compulsion.

567.050. PROMOTING PROSTITUTION IN THE FIRST DEGREE. - 1. A person commits the crime of promoting prostitution in the first degree if he knowingly:

(1) Promotes prostitution by compelling a person to enter into, engage in or remain in prostitution; or

(2) Promotes prostitution of a person less than sixteen years old.

***568.020. INCEST.** - 1. A person commits the crime of incest if he marries or purports to marry or engages in sexual intercourse or deviate sexual intercourse with a person he knows to be, without regard to legitimacy a relative by blood or marriage.

568.030. ABANDONMENT OF CHILD. - 1. A person commits the crime of abandonment of a child if, as a parent, guardian or other person legally charged with the care or custody of a child less than eight years old, he leaves the child in any place with purpose wholly to abandon it, under circumstances which may result in serious physical injury, illness or death.

568.045. ENDANGERING THE WELFARE OF A CHILD, IN THE FIRST DEGREE. - 1. A person commits the crime of endangering the welfare of a child in the first degree if he knowingly acts in a manner that creates a substantial risk to the life, body, or health of a child less than seventeen years old.

568.050. ENDANGERING THE WELFARE OF A CHILD IN THE SECOND DEGREE. - 1. A person commits the crime of endangering the welfare of a child in the second degree if:

(1) He with criminal negligence acts in a manner that creates a substantial risk to life, body or health of a child less than seventeen years old; or

*(2) He knowingly encourages, aids or causes a child less than seventeen years old to engage in any conduct which causes the child to come into juvenile court custody; or

*(3) Being a parent, guardian or other person legally charged with the care or custody of a child less than seventeen years old, he recklessly fails or refuses to exercise reasonable diligence in the care or control of such child to prevent him from violating a state or municipal law; or

(4) He knowingly encourages, aids or causes a child less than seventeen years old to enter into any room, building or other structure which is a public nuisance as defined in 195.130, RSMo.

2. Nothing in this section shall be construed to mean the welfare of a child is endangered for the sole reason that he is being provided nonmedical remedial treatment recognized and permitted under the laws of this state.

568.060. ABUSE OF A CHILD. - 1. A person commits the crime of abuse of a child if he:

(1) Knowingly inflicts cruel and inhuman punishment upon a child less than seventeen years old, or

(2) Photographs or films a child less than eighteen years old engaging in a prohibited sexual act or in the simulation of such an act or who causes or knowingly permits a child to engage in a prohibited sexual act or in the simulation of such an act for the purpose of photographing or filming the act.

568.080. CHILD USED IN THE SEXUAL PERFORMANCE. - 1. A person commits the crime of use of a child in a sexual performance if, knowing the character and content thereof, the person employs, authorizes, or induces a child less than seventeen years of age to engage in a sexual performance, or being a parent, legal guardian, or custodian of such child, consents to the participation by such child in such sexual performance.

568.090. PROMOTING SEXUAL PERFORMANCE BY A CHILD. - 1. A person commits the crime of promoting a sexual performance if, knowing the character and content thereof, the person promotes a sexual performance by a child less than seventeen years of age or produces, directs, or promotes any performance which includes sexual conduct by a child less than seventeen years of age.

573.025. PROMOTING CHILD PORNOGRAPHY IN THE FIRST DEGREE. - 1. A person commits the crime of promoting child pornography in the first degree if, knowing its content and character, he photographs, films, videotapes, produces, publishes or otherwise creates child pornography, or knowingly causes another to do so.

573.035. PROMOTING CHILD PORNOGRAPHY IN THE SECOND DEGREE. - 1. A person commits the crime of promoting child pornography in the second degree if, knowing its content and character, he:

(1) Sells, delivers, exhibits or otherwise makes available, or offers or agrees to sell, deliver, exhibit, or otherwise make available, any child pornography; or

(2) Buys, procures or possesses child pornography with the purpose to furnish it to others.

*INDICATES TEXT HAS BEEN CONDENSED AND WORDING MODIFIED.

DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
FAMILY ASSESSMENT

I. FAMILY INFORMATION

INCIDENT NUMBER (FOR FAMILY ASSESSMENT CONDUCTED DUE TO CA/N REPORT)	REPORT DATE/TIME	WORKER/COUNTY
99125004	5-5-99, 6:00AM	Booker /082

HEAD OF HOUSEHOLD NAME	DATE ASSIGNED
Margie Barnes	5-5-99

ADDRESS	TELEPHONE
2805 Walnut KC, MO 64129	816-555-9678

DIRECTIONS TO ABOVE ADDRESS

HOW WAS SAFETY DETERMINED WITHIN 24 HOURS?

DATE: 5-5-99 TIME: 9:00 AM

EXPLAIN: Telephoned Counselor at Wilson Elementry to verify childrens' enrollment. She checked with teachers and reported Gary and Penny were in attendance that day. Teachers have not noted any problems with Gary and Penny. Good attendance.

PARENTS

MOTHER'S NAME ☒ CUSTODIAL ☐ NON-CUSTODIAL	DOB	FATHER'S NAME ☐ CUSTODIAL ☒ NON-CUSTODIAL	DOB
Margie Barnes	7-10-69	Frank Laursen	3-20-66
ADDRESS (IF DIFFERENT FROM ABOVE)	DCN	ADDRESS (IF DIFFERENT FROM ABOVE)	DCN
same	00012345	unknown	43210123
TELEPHONE		TELEPHONE	

CHILDREN

NAME	DOB	DATE/TIME SEEN	NAME	DOB	DATE/TIME SEEN
Gary Barnes	1-10-89	5-6-99 4:00 pm			
Penny Barnes	2-15-91	5-6-99 4:00 pm			
Mark Thompson Jr.	5-4-95	5-6-99 4:00 pm			

OTHER HOUSEHOLD MEMBERS/SIGNIFICANT OTHERS

NAME	RELATIONSHIP TO CHILDREN	TELEPHONE/ADDRESS
Mark Thompson	Father of Mark Jr.	816-555-3123 804 Gothic, KC, MO

CHIEF INVESTIGATOR INITIALS MC

II. REPORTED CONCERN

Ms. Barnes was outside at midnight the previous evening screaming at a man about drugs. Ms. Barnes is a known drug user/dealer. The children were with her and crying. Mother has been known to leave the children alone all night and unsupervised. Neighbors have seen the children (by looking in the windows) pushing chairs up to the stove to cook for themselves.

REPORTER CONTACTED?	DATE	TIME	BY WHOM
☐ YES ☒ NO	5-5-99		Albert Booker

ADDITIONAL INFORMATION FROM REPORTER

SUMMARIZE PREVIOUS HISTORY WITH AGENCY

No previous history of child abuse or neglect found.

CONTACT MADE WITH PUBLIC SCHOOL DISTRICT LIAISON	DATE	TIME	CONTACT MADE BY
☒ YES ☐ NO	5-5-99	9:30 AM	Albert Booker

ADDITIONAL INFORMATION FROM PUBLIC SCHOOL DISTRICT LIAISON. IF CONTACT WAS NOT MADE, EXPLAIN:

No addition information gained.
Mrs. Bennit also verified Gary and Penny have good attendance.

CHIEF INVESTIGATOR INITIALS MC

III. SAFETY FACTOR IDENTIFICATION

The following safety factors are to be reviewed at the time of initial face to face contact in response to the reported concern. The Safety Factors are also reviewed at other points in time, as policy directs. If any safety factors are present, staff must decide if the presence of these factors place the child in danger of immediate harm. Staff will identify the presence of any of these factors by indicating yes. If it is indicated that the child is not safe, a SAFETY PLAN must be immediately completed with the family.

The Safety Factor Identification was completed (check and date the appropriate lines):

☒ at the time of initial contact with the family 5-6-99 (date)

☐ for re-assessment of safety during the assessment period when child(ren) were initially determined to be unsafe _____ (date)

☐ at or immediately prior to an Intensive-In-Home Services Screening

☐ when circumstances within the family changed during the assessment period _____ (date)

☐ during Family-centered Services _____ (date)

☐ during Family-centered Out-of-Home Care _____ (date)

☐ other (explain) _____ (date)

1. ☐ Yes ☒ No Caretaker's behavior is violent or out of control and cannot be controlled without intervention.
   ☐ Yes ☐ No
2. ☐ Yes ☒ No Caretaker has recently caused moderate or serious harm to the child or another child, the child has moderate or
   ☐ Yes ☐ No serious injuries that cannot be explained by the caretaker, or the caretaker's response to the prior incident suggests that the child's safety may be an immediate concern.
3. ☐ Yes ☒ No Caretaker has recently made plausible threats of moderate/serious harm to the child or other children within the
   ☐ Yes ☐ No household.
4. ☐ Yes ☒ No The child's whereabouts cannot be ascertained and/or there is reason to believe that the family will flee or refuses
   ☐ Yes ☐ No access to child or other children in the household.
5. ☐ Yes ☒ No Caretaker describes, or acts towards, the child in predominately negative terms or has extremely unrealistic
   ☐ Yes ☐ No expectations.
6. ☐ Yes ☒ No Caretaker has not, will not, or is unable to provide sufficient supervision to protect the child from potentially
   ☐ Yes ☐ No moderate/serious harm.
7. ☐ Yes ☒ No Caretaker will not, or is unable, to meet the child's immediate needs for food, clothing and/or shelter.
   ☐ Yes ☐ No
8. ☐ Yes ☒ No Caretaker has chronically neglected the child despite numerous interventions and the resulting accumulated harm
   ☐ Yes ☐ No that places the child in danger.
9. ☐ Yes ☒ No Caretaker has not, will not, or is unable to meet the child's immediate medical care needs, which may result in
   ☐ Yes ☐ No moderate or serious harm if left untreated.
10. ☐ Yes ☒ No Child is fearful of people living in or frequenting the home.
    ☐ Yes ☐ No
11. ☐ Yes ☒ No Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
    ☐ Yes ☐ No
12. ☐ Yes ☒ No Caretaker's observed drug or alcohol use may place a child in immediate danger of moderate or serious harm.
    ☐ Yes ☐ No
13. ☐ Yes ☒ No Caretaker's observed mental illness or developmental disability may place the child in immediate danger of
    ☐ Yes ☐ No moderate or serious harm.
14. ☐ Yes ☒ No Domestic violence has recently occurred, or is occurring in the home and may place the child in immediate danger
    ☐ Yes ☐ No of moderate or serious harm.
15. ☐ Yes ☒ No The child is currently, or in the recent past was, violent or out of control or in danger of harming him/herself.
    ☐ Yes ☐ No
16. ☐ Yes ☒ No An individual who has regular contact with the family has provided a plausible concern about the immediate safety
    ☐ Yes ☐ No of the child.
17. ☐ Yes ☒ No Other (specify).
    ☐ Yes ☐ No

DATE OF INITIAL SAFETY ASSESSMENT	WORKER'S INITIALS	
5-6-99	AB	
CHIEF INVESTIGATOR SIGNATURE		DATE
[illegible]		5-7-99

IV. INDIVIDUALS CONTACTED [IN PERSON (I), BY TELEPHONE (P), ATTEMPTED CONTACT (A)]

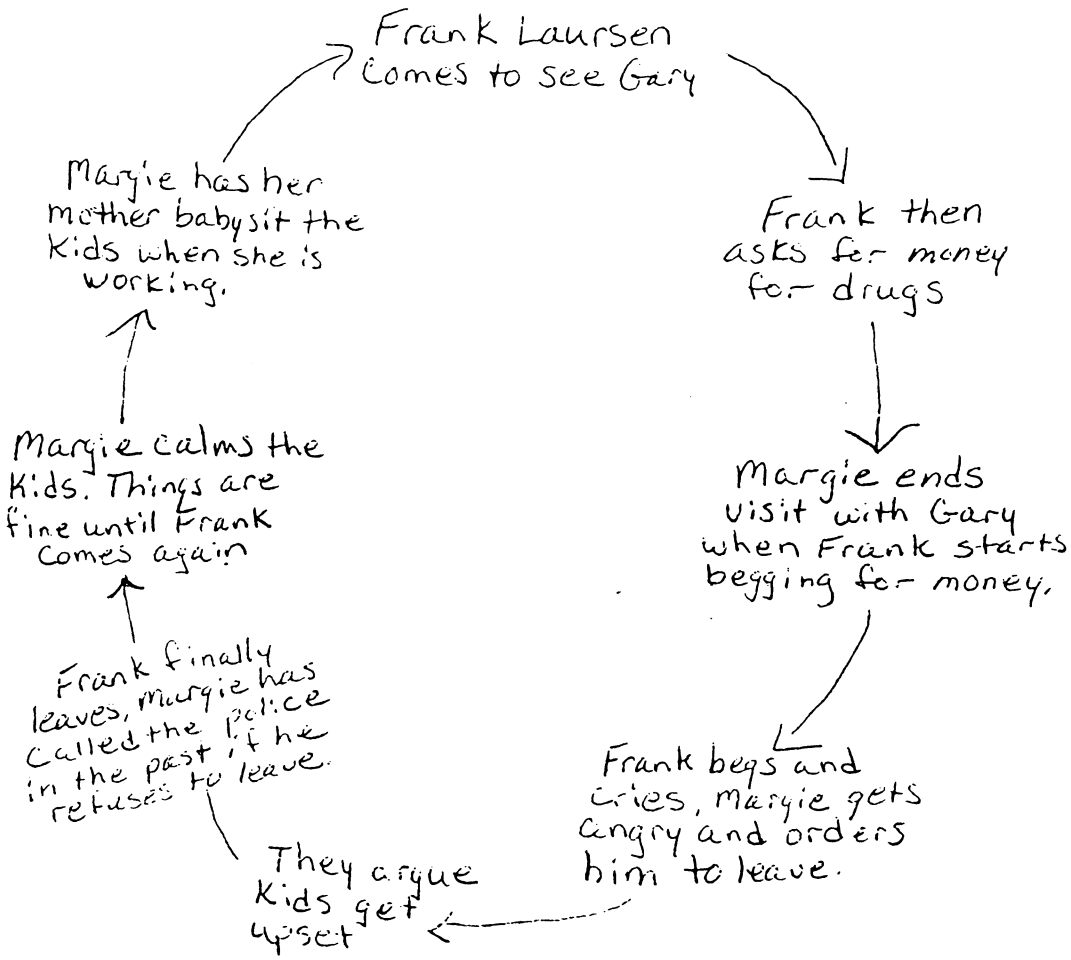
TYPE	NAME/ADDRESS	TELEPHONE	RELATIONSHIP TO CHILD	DATE	TIME
P	Billie Crane	555-2121	School Counselor	5-5-99	9:00 AM
P	Mrs. Bennit	555-2100	School liaison	5-5-99	9:30 AM
P	Margie Barnes	555-9678	Mother	5-5-99	10:00 AM
I	Margie, Gary, Penny & Mark Jr.	"	Family	5-6-99	4:00 pm
P	Myrtle Barnes	555-2681	Grandma	5-9-99	9:00 AM
P	Billie Crane	555-2121	School Counselor	5-10-99	2:00 pm
P	Sandi Brown	555-7829	Mom's Futures work	5-11-99	8:30 AM

DATE 5-6-99

V. FAMILY ASSESSMENT TOOLS

A. PATTERN OF BEHAVIOR

This pattern (circle) represents the family's report of what happened or what is happening in the family.

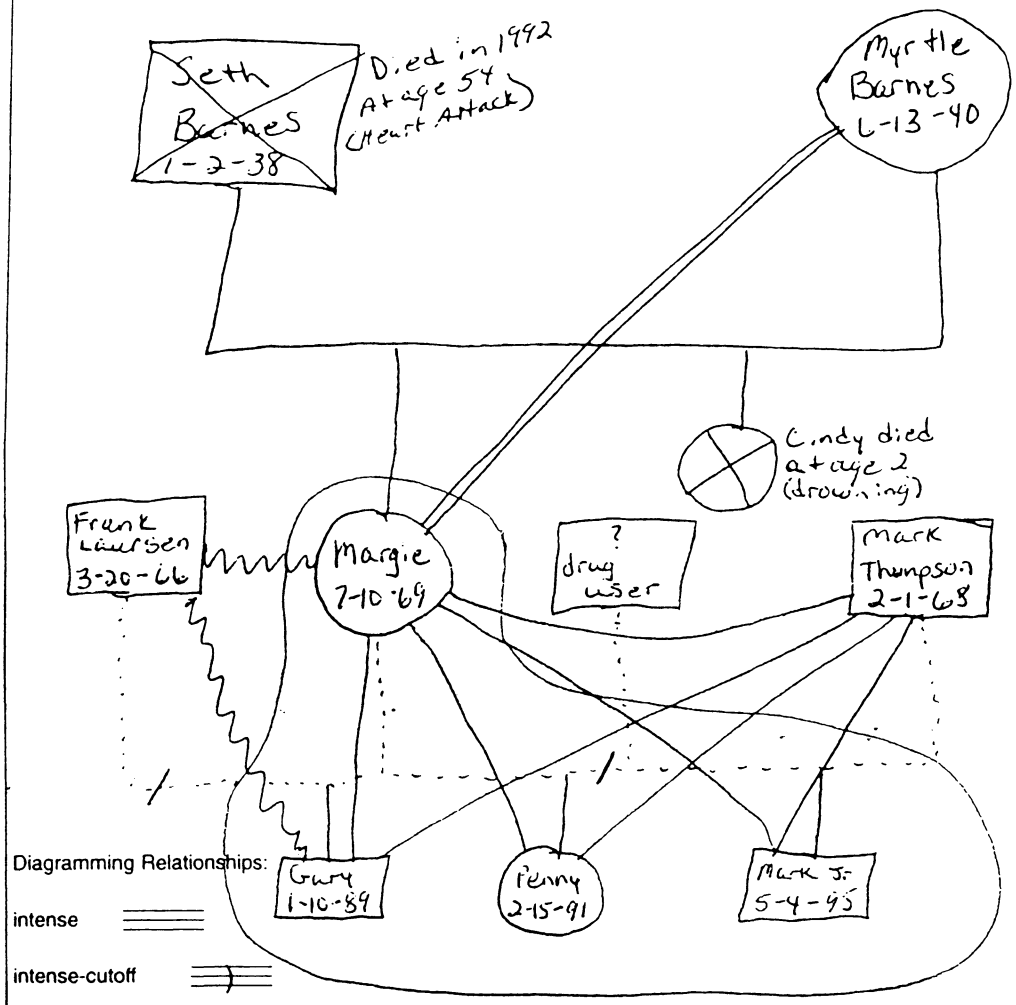


NOTES: ins Barnes says that Frank, Gary's dad, appears a few times a year on the pretense of seeing Gary. He is a crack addict, and then starts begging Margie for money. She states she has gotten angry and yelled at him. She states she has called the police before, and that is how she will handle it in the future.

c

DATE 5-6-99

B. GENOGRAM



Diagramming Relationships:

intense

intense-cutoff

conflictual

distanced

distanced-cutoff

intense conflictual

NOTES:
Margie says her mother is her best friend. Her mother threatened to take Gary & Penny away from her which forced Margie to get drug treatment. Margie is still angry with Frank because he comes around. Mark Thompson, father of Mark Jr., pays child support and helps with all 3 kids.

DATE 5-6-99

C. TIME LINE List significant life events that the family has experienced.

Margie met Frank began using drugs	Gary is Born	Penny is Born	Entered drug Treatment	
2-86	1-10-88	2-15-91	3-91	
Got GED	Began working at Peerless Cleaners	met mark	Mark Jr Born	Promoted to Supervisor
8-91	10-91	8-93	5-4-95	12-96

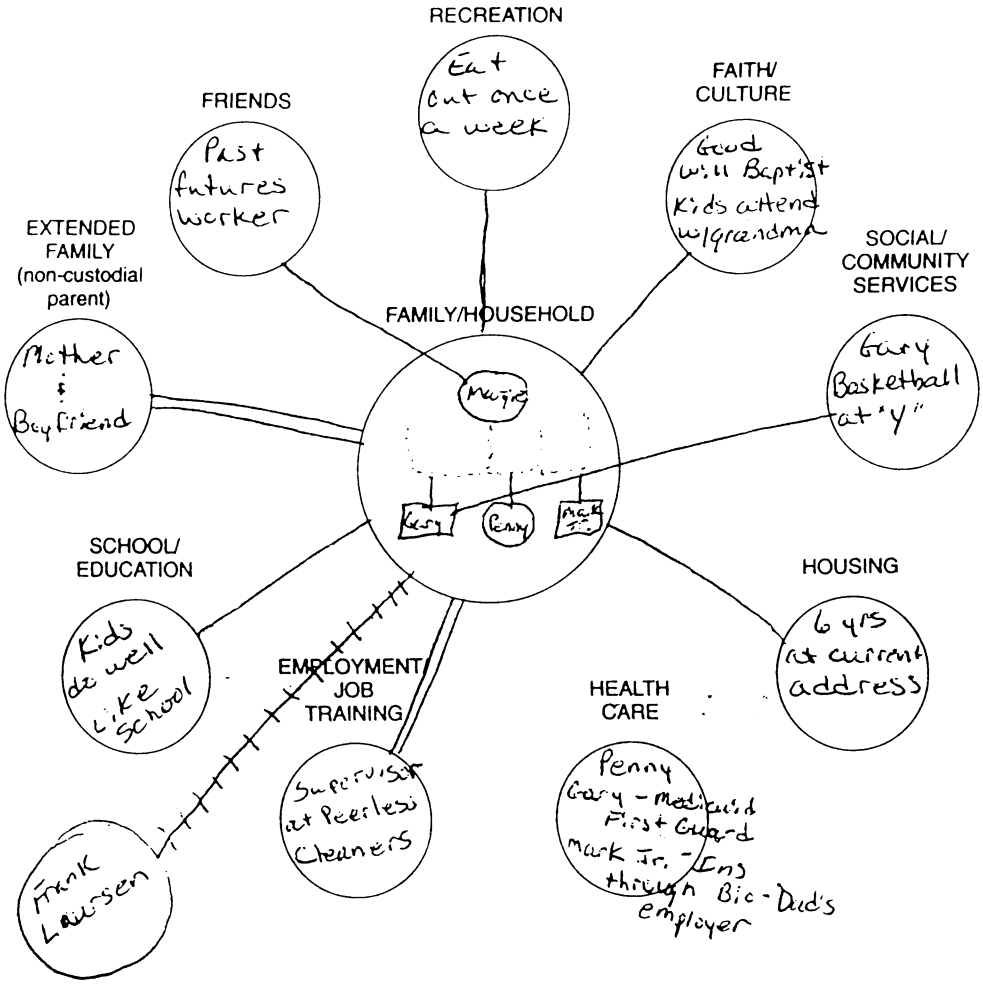
NOTES: Margie admits to past drug abuse, but has been drug free since 1991, when Penny was born with drugs in her system. Margie said prior to that she didn't believe her problem was serious. After she completed her GED she received a placement at Peerless Cleaners through the Futures Program. She maintains contact with Mark Thompson, father of Mark Jr., he has a good relationship with all the children. Margie became a supervisor in 12-96 on the evening shift. She continues to maintain contact with her futures worker, Sandi Brown, although she hasn't been on any public assistance (except co-pay medicaid) for several years.

C

DATE 5-6-99

D. ECO-MAP

(Other circles can be added or substituted)



Fill in connections where they exist.
Indicate nature of connections with a descriptive word or by drawing two different kinds of lines: _____ for strong _ _ _ _ for tenuous +++++++ for stressful. Draw arrows along lines to signify flow of energy, resources, etc. Identify significant people and fill in empty circles as needed.

NOTES: Margie stated she has a good relationship with her mother and with Mark Thompson. The children like church and activities. She likes the school and teachers, "My Life is Full." Margie is employed at Peerless cleaners and has an excellent work

NOTES:

record. She works 3-11 pm, and her mother babysits. Her nights off rotate. Her biggest complaint is the father of her oldest son, Frank Laursen. Ms. Barnes said on the night of the hotline report, Mr. Laursen was indeed yelling at her because he wanted drug money. She says she's worked hard to be drug free and steadily employed. She states she isn't going to answer the door anymore when Frank comes over. She admitted, he can "push my buttons!"

Ms. Barnes was upset that anyone would think she would leave her children. She can't imagine who would be "Looking in my windows". She stated that her mother takes the time to cook dinner with the children many evenings, when she babysits.

C

VI. NARRATIVE SECTION

Based on your contacts with the child(ren) what does the child(ren) say happened or is happening in the family? (include information provided to you by all individuals interviewed that have talked to the child)

The Children said that Frank came to visit Gary, but started asking for money. Mom said "xx" and told him to leave. When he didn't leave mom started yelling. The kids stated this happened in the livingroom, and that mom followed him until he was outside. The children stated they don't like it when Frank and Mom argue.

When asked about meals, the children said that usually either mom or grandma cook for them.

Document factual information from your contacts with the child(ren), family, collaterals and your own observations regarding child abuse/neglect (address the validity of the reported concern, as well as the existance of any other abuse/neglect). For observed physical injury or other physical harm, provide written documentation describing the injury **and** attach illustration (and/or law enforcement/medical photographs and/or reports). Provide a narrative description of the observed physical condition of the home environment as it relates to risk or harm to child(ren).

As I observed the home on 5-6, the house was a comfortable 3 bedroom, moderately furnished. There were no signs that anyone else lived in the home. The home appeared to be clean, as did the children. I saw no evidence to support drug use by Ms Barnes.

On 5-9, I contacted Myrtle Barnes who confirmed that she babysits and cooks for Margie and the children. She also said that she has seen her daughter overcome her drug use and knows she works hard. Mrs Barnes stated she is willing to help Margie and the children any way she can.

On 5-11, I telephoned Sandi Brown, Futures Worker, who confirmed that Ms. Barnes has a good work record, and keeps her informed on how the children are doing. No further services appear to be needed at this time.

C

Summary of Family Strengths, Needs, and Risk. Taking into consideration the strengths of the family, identify areas of need for each category (Child, Parent/Caretaker/Environment), that if unchanged, may result in harm to the child(ren). Each category contains factors for your consideration when identifying risk. Summarize why change is needed to reduce risk and how the provision of services/support to the family will facilitate needed change. If there are no identified risk factors and further involvement with the family is not needed, explain why.

CHILD	PARENT/CARETAKER	ENVIRONMENT
→ age	→ alcohol/drug use	→ condition of home
→ development	→ mental/physical health	→ income/money management
→ skill level	→ discipline	→ employment
→ mental/physical health	→ expectations of child	→ non-custodial parental support
→ social interaction	→ supervision	→ family violence
→ respect for authority	→ nurturing and physical care	→ nutrition
→ sexual behavior	→ social support	→ medical care
→ family attachment	→ cooperation with supports	→ basic survival needs
→ alcohol/drug use	→ family interaction	→ community safety
→ family interaction		

All 3 kids appear healthy, they were friendly, polite and easily conversed with me. Margie encouraged them to talk with me.

Margie has worked at Peerless almost 8yrs. and was promoted to supervisor about 2yrs ago. Her mother babysits while Margie works 3-11 pm. She comes to Margie's house, so the kids don't have to go out late. The children attend school regularly. Both are above average students. They are appropriately dressed, supplied, etc. and teachers state that Ms. Barnes attends confrences, etc.

Margie continues to be drug free, and is proud of her accomplishments. She stated she has little tolerance for "people who remind me of what I was." She states she may talk to an attorney to get a restraining order on Frank.

Mr. Thompson is supportive. He pays child support for Mark Jr. and helps with all 3 kids. The family home is clean, nicely furnished. The family appears to have several supports, and does not require further services at this time.

C

VII. FAMILY ASSESSMENT SIGNATURE PAGE

REFERRAL INFORMATION

- ☐ Safety Plan Completed with Family
- ☐ Community Services Referral Provided to Family
- ☐ Family Plan for Change Completed
- ☒ CS-24a Given (for family assessment conducted due to CA/N report) Date: 5-6-99
- ☒ CS-21a Mailed (for family assessment conducted due to CA/N report) Date: 5-29-99
- ☐ Final status of report shared with Public School District Liaison Date: _____
- ☐ Final status of report shared with Mandated reporter Date: _____
- ☐ Anonymous reporter
- ☐ Contact attempted, unable to reach reporter. (Attempts documented on page 4, Section IV)

FAMILY ASSESSMENT CONCLUSION (for family assessment conducted due to CA/N report)

- ☐ Court Adjudication
- ☐ Family Assessment-Services Needed
- ☐ Family Assessment-Services Needed-Family Declined
- ☐ Family Assessment-Services Needed-Linked Initial 30 Days
- ☒ Family Assessment-No Services Needed
- ☐ Family Assessment-Family Uncooperative-Child Safe
- ☐ Unable to Locate
- ☐ Located Out of State
- ☐ Home Schooling

FAMILY ASSESSMENT-DESCRIPTION OF CONCERNING INCIDENT OR CONDITION (for family assessment conducted due to CA/N report)

- ☐ Discipline
- ☐ Physical Environment
- ☐ Supervision
- ☐ Education
- ☐ Physical Health
- ☐ Emotional/Mental Health

I CERTIFY THAT ALL DOCUMENTATION PRESENTED IS BASED ON INFORMATION OBTAINED DURING THE ASSESSMENT AND ON MY BEST PROFESSIONAL JUDGMENT.

WORKER'S SIGNATURE	DATE
Albert Beeler	5-29-99

I CERTIFY THAT I HAVE REVIEWED THIS DOCUMENT AND CONCUR WITH ALL INFORMATION PRESENTED.

SUPERVISOR'S SIGNATURE	DATE
[illegible]	5-29-99

FAMILY-CENTERED SERVICES TREATMENT SUMMARY

SOCIAL WORKER'S RECOMMENDATIONS AND COMMENTS

1ST REASSESSMENT

INITIALS | DATE

2ND REASSESSMENT

INITIALS | DATE

3RD REASSESSMENT

INITIALS | DATE

4TH REASSESSMENT

INITIALS | DATE

SUPERVISOR'S RECOMMENDATIONS AND COMMENTS

1ST REASSESSMENT

☐ CLOSE CASE ☐ REMAIN OPEN/ REASSESS

INITIALS | DATE

2ND REASSESSMENT

☐ CLOSE CASE ☐ REMAIN OPEN/ REASSESS

INITIALS | DATE

3RD REASSESSMENT

☐ CLOSE CASE ☐ REMAIN OPEN/ REASSESS

INITIALS | DATE

4TH REASSESSMENT

☐ CLOSE CASE ☐ REMAIN OPEN/ REASSESS

INITIALS | DATE

CONTACT WITH FAMILY FOR TERMINATION OF SERVICES

BRIEFLY DISCUSS BEHAVIORAL CHANGES THAT HAVE OCCURRED WITHIN THE FAMILY TO REDUCE RISK AND ANY SERVICES/SUPPORT REMAINING IN PLACE THAT WILL MAINTAIN POSITIVE CHANGES.

SS-63 CLOSE DATE

MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

SAFETY PLAN

(Complete with the family in immediate response to identified safety factors.)

A. To ensure child safety, what needs to happen at this time?

_____

_____

_____

B. What activities will occur to ensure child safety?

_____

_____

_____

_____

C. When will this happen (Specify date and time)?

D. Who will be involved in activities to ensure child safety?

_____

_____

E. This plan will be in effect until (Specify date and time)?

F. What activities will take place to ensure the safety of the child beyond the date specified?

_____

_____

_____

G. Who will be responsible for ensuring the safety of the child beyond the date specified?

_____

Social Worker verified implementation of safety plan on _____ (date).

Social Worker will meet with family again on _____ (date) to re-assess child safety.

WORKER SIGNATURE/DATE

FAMILY SIGNATURES/DATE

_____

_____

_____

OTHER'S SIGNATURES (COMMUNITY, EXTENDED FAMILY NATURAL HELPERS)/DATE

_____

MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

FAMILY PLAN FOR CHANGE

DATE

(Complete with the family when it is indicated that change is needed in the family to reduce risk of CA/N or to address issues of safety that require services/support for the family that must be sustained over time to impact change.

What will each member of the family be doing differently when the child is safe or risk is reduced? (Refer to Pattern of Behavior)

How does each member of your family see themselves accomplishing these changes? (Indicate time frames)

What family strengths/support can you utilize or build upon to accomplish these changes?

What support/services from outside your family do you need to accomplish the changes?

Who will provide the support/services?

Who will be responsible for arranging services? (Indicate time frames)

FAMILY SIGNATURES/DATE

WORKER SIGNATURE/DATE	SUPERVISOR SIGNATURE/DATE

OTHER'S SIGNATURES (COMMUNITY, EXTENDED FAMILY, NATURAL HELPERS)/DATE

THIS PLAN RESULTED FROM ASSESSMENT/RE-ASSESSMENT THAT BEGAN ON (date) _____	ASSESSMENT PERIOD _____ (1st, 2nd, 3rd, 4th)

SOCIAL WORKER WILL MEET WITH THE FAMILY TO RE-ASSESS THIS PLAN ON _____ (date).

MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

CHILD ABUSE/NEGLECT INVESTIGATION SUMMARY

I. CASE DATA

CASE NAME	INVESTIGATION WORKER/COUNTY	INCIDENT NO.
Baker, Kimberly	Best / 011	99310615

ADDRESS	TELEPHONE #
1120 NE 12th Terr, Hattisville, MO 62105	575-222-1570

DATE OF REPORT: 11-7-99

DATE ASSIGNED: 11-7-99

DIRECTIONS TO ABOVE ADDRESS: South on Main to 12th, East on NE 12th terrace, 4th house on left. White with carport, red shutters

IMMEDIACY OF SITUATION (CHECK)

☒ EMERGENCY
☐ NON-EMERGENCY
(NO IMMEDIATE DANGER)

EXPLAIN: Sexual Abuse

☐ EMERGENCY
☒ ACTION TAKEN
(INCLUDING CONTACT WITH POLICE, HOSPITALS, ETC.)

Police were contacted unable to co-investigate, went to household

PARENTS

MOTHER'S NAME	FATHER'S NAME
Kimberly Baker	Ronnie Baker
ADDRESS: 1120 NE 12th Terr, Hattisville	ADDRESS: 202 N. Noelson, Hattisville
☒ CUSTODIAL ☐ NON-CUSTODIAL	☐ CUSTODIAL ☒ NON-CUSTODIAL
DATE OF BIRTH: 5-31-67	DATE OF BIRTH: 7-7-66

CHILDREN

CHILD'S NAME	SUBJECT	DATE OF BIRTH	CHILD'S NAME	SUBJECT	DATE OF BIRTH
Candy Lou Baker	✓	10-10-84			

OTHER HOUSEHOLD MEMBERS/SIGNIFICANT OTHERS

NAME	DATE OF BIRTH	RELATIONSHIP TO CHILD
Jason Billson	8-9-75	NONE

II. STATEMENT OF REPORTER'S DESCRIPTION

Reporter says since 5-98, to past weekend Candy (Age 15) has been sexually assaulted by Mr. Billson, the mother's paramour. Candy has genital herpes. Candy has told friends that she has had multiple sexual assaults by Mr. Billson. Mr. Billson carries guns and has had multiple Felony Charges. Candy has discussed this with her mother, Ms. Baker. Mr. Billson was out of the home, but recently returned.

(Report Time 8:40Am 11-7-99)

III. INDIVIDUALS INTERVIEWED [IN PERSON (I), BY PHONE (P), ATTEMPTED CONTACTS (A)]

METHOD I	METHOD P	METHOD A	NAME / ADDRESS	TELEPHONE	IDENTITY	DATE	TIME
	✓		TC with Reporter			11-7	9:10A
	✓		TC with Det. Walsh Hattisville, P.D.	555-1234 x16	Police	11-7	9:20A
✓			Ms. Baker 1120 NE 12th Terr.	222-1510	Mother	11-7	10:00A
✓			Candy Baker 1120 NE 12th Terr.		Victim	11-7	10:00A
	✓		TC with Ronnie Baker 202 N. Noelson	222-8250	Father	11-7	3:00p
	✓		TC with Cindy Martain 615 Clay, Hattisville	555-2192	Friend	11-7	3:30p
	✓		TC with Mrs. Mitchel	555-6921	Mother of alleged perp.	11-7	4:30p
	✓		TC to Manager North Hills Bowling	555-0202		11-8	9:00A
	✓		TC to Grand Clinic 4411 Grand, Hattisville	555-5432		11-8	9:30A
	✓		TC with Ms. Baker		Mother	11-8	10:00A
	✓		Ben Trust, Counselor Ellis Middle School	555-2030		11-9	9:00A
	✓		Mrs. Mitchel	555-6921		11-14	11:00A

III. INDIVIDUALS INTERVIEWED [IN PERSON (I), BY PHONE (P), ATTEMPTED CONTACTS (A)] (CONTINUED)

METHOD I	METHOD P	METHOD A	NAME / ADDRESS	TELEPHONE	IDENTITY	DATE	TIME
	√		Mrs. Sharp North Hills Bowling			11-14	1:00p
	√		Dr. Freely Grand Clinic		Doctor	11-14	1:30p
	√		Ms. Baker		Mother	11-14	1:45p

IV. DOCUMENTATION/EVIDENCE

DESCRIPTION	OBTAINED FROM	LOCATION	DATE
SAFE Medical Exam	Dr. Freely	investigation file	not yet received

V. CHRONOLOGICAL NARRATIVE

I telephoned Reporter who explained that they had received this information from a third party. They believed it was probably true, but had not discussed it with the child, Candy Baker, or the Mother, Ms. Baker.

I called Det. Walsh, Hattisville P.D. He was unable to co-investigate, but asked me to contact him if his intervention was needed. Det. Walsh knew of Mr. Billson, but stated he was not aware of any weapons, or of any violence. He said Mr. Billson was "a drinker" with a few related charges.

I interviewed Ms. Baker and her daughter, Candy, on 11-7-99 in their home. It is a modest, well kept two bedroom home. Ms. Baker was folding laundry when I arrived. Candy was watching television. I explained my reason for visiting their home, and gave Ms. Baker a CS-24. According to Mrs. Baker, they are the only individuals who live there, and I saw no other

evidence in the household that would suggest a third person/male resided there. Ms. Baker and Candy haved lived here for 9 months. As I explained the allegations of the report to Ms. Baker, Candy sat on the couch and hung her head. Ms. Baker stated that Mr. Billson does not presently, nor has he ever, lived with her. Last year, Ms. Baker and Candy resided with a friend, Cindy Martin, and it was Cindy Martin who had a relationship with Mr. Billson. She said, that Cindy Martin lives at 615 Clay, and as far as she knows Ms. Martin and Mr. Billson still live there. She hadn't seen either in many months until a few days ago when he stopped by her home. According to Ms. Baker, Mr. Billson was there to see her daughter's friend, Kristen Smith. Kristen did not want to see him, and he left. She said she thought it was odd he would want to see a 15 year old girl.

Ms. Baker said her daughter had been infatuated with Mr. Billson when they lived with Ms. Martin. Ms. Baker had heard rumors and confronted her daughter who admitted she had made up the entire story. Ms. Baker said she knew nothing of Genital Herpes. She asked Candy, in my presence if this was true. Candy replied "NO", and Ms. Baker said she would take her daughter to a doctor to be checked. I told her that a SAFE exam would be recommended. I also explained that a medical exam would be able to verify if Candy had herpes. However, it may not be able to show if she had been with Mr. Billson. I reminded her that her daughter could have contracted herpes in a sexual encounter with someone her own age. Ms. Baker said she understood and agreed to the exam. Candy quickly chimed in, "I'm not having sex with anyone, and I don't have herpes!" I agreed to set up an appointment for this week. I asked Ms. Baker where I could talk with Candy alone and she directed us to Candy's bedroom. I confirmed with

V. CHRONOLOGICAL NARRATIVE (CONTINUED)

Candy said she had a crush on Mr. Billson while she and her mom lived with Ms. Martain. She stated that Mr. Billson talked to her, and listened, but never made any sexual remarks. She told several girls at school she had sex with Mr. Billson to try to get them to accept her. I asked Candy if she was sexually active, and she said, "I am a virgin".

I observed Candy to be a pleasant 15 year old, who appeared immature, both physically and emotionally. She seemed fearful, by tearing eyes, nervously playing with her hands and avoiding eye contact. I asked, "Why are you afraid?" She said her mom would be "so mad" and "I'll be grounded for life."

I then met with Ms. Baker and Candy. I told Ms. Baker that Candy was afraid she was in trouble. Ms. Baker replied that Candy had gotten in trouble a few months ago when she had confronted Candy with the rumors. Her father, Ronnie Baker, canceled a trip he was going to take Candy on to teach her not to lie. Ms. Baker stated just "rehashing" this now was enough punishment. I advised Ms. Baker that I am required to notify Mr. Baker of the allegations as well. She provided me with Mr. Baker's information, and stated she would call him to let him know I would be contacting him. I asked Ms. Baker if she had ever considered counseling for Candy since she's told these untruths and had school problems. She stated the homebound teacher had suggested this also, but she didn't know if she could afford it. We discussed services that could be provided and Ms. Baker agreed.

Ms. Baker told me she works for her mother's company which does computer work for a large auto supply company. This allows her to work at home. She says Candy's father visits occasionally, but they no longer get along.

V. CHRONOLOGICAL NARRATIVE (CONTINUED)

Ms. Baker provided me with Ms. Martain's phone #.

I phoned Mr. Baker to inform him of the report, he stated that Ms. Baker had told him I would be calling. Mr. Baker stated he did not know why Candy was acting this way, but she was probably upset due to he and Ms. Baker not getting along. He stated he would not be able to meet with me, but he would support Candy however he can.

I spoke with Ms. Martain later in the day also. According to her, Mr. Billson no longer lives there because he stole cash from her. Ms. Martain thinks Mr. Billson lives with his mother, Martha Mitchel, phone #555-6921.

I called Mrs. Mitchel who said her son doesn't live there. She stated she didn't know where her son lives. She thinks he works as a custodian at North Hills Bowling.

The following day, I spoke to Penny Sharp, Mgr. of the bowling alley. She verified that Mr. Billson had been missing work, and hadn't called in for 3 days. She said she planned to give him his last pay check and fire him. I asked her to have him call me if he came in.

I telephoned Ms. Baker to advise her of the exam appointment. She said, that was fine. I agreed to follow-up with her after the exam results were in.

On 11-9-99, I called Ellis Middle School where Candy is enrolled in the 8th grade. The counselor verified that Candy is in the homebound program due to adjustment problems. He hopes she can soon return to class. He described Ms. Baker as supportive. School liasion notified.

On 11-14-99, I called Ms. Mitchel as an attempt to locate Jason Billson. She hadn't seen him, I left my number with her.

V. CHRONOLOGICAL NARRATIVE (CONTINUED)

I called the bowling alley, and learned from Ms. Sharp that Mr. Billson picked up his last pay check and told her he was going to Texas to drive a truck.

I contacted Dr. Freely at the SAFE clinic regarding results of Candy's exam. Dr. Freely stated results were negative for herpes and there were no physical signs of sexual abuse. Candy appears to be a normal, healthy 15 year old. He will be sending his written report.

I contacted Ms. Baker and advised her of the exam results. She agreed again to services and I advised her I would open her case.

V. CHRONOLOGICAL NARRATIVE (CONTINUED)

Candy that her bedroom was a comfortable place for us to talk. I asked Candy were she went to school. She told me she was being homeschooled because she "had troubles" in the classroom. She explained, when asked, that she has no friends and everyone makes fun of her. A home bound teacher comes to the house two mornings a week. Candy said she makes C's and D's, she did not know how much longer she would be home schooled.

VI. SUMMARY OF INVESTIGATION AND CONCLUSION

I am unsubstantiating with preventive services indicated the report of sexual abuse by Mr. Jason Billson on Candy Baker because:

1) Candy admitted she had lied about a sexual relationship with Mr. Billson several months ago.
2) Ms. Baker confronted her daughter about the rumor at the time and delt with it.
3) Candy appeared to be remorseful of the lie
4) Ms. Baker was cooperative regarding a medical exam and dealing with Candy's school problems.
5) Mr. Billson did not have access to the child. Attempts were made to contact him. We have reason to believe he has left the state.
6) Child is safe, however there are areas of concern.
7) Conversation with SAFE physician, Dr. Freely, stating tests were negative for genital herpes, and there w
8) Check of CA/N system showed no previous involvement with DFS.
9) Family is requesting services.

VII. SERVICES PROVIDED DURING INVESTIGATION AND STEPS TAKEN TO PREVENT PLACEMENT, IF APPLICABLE

N/A

VIII. DOCUMENTATION OF FAMILY PRESERVATION SERVICES (FPS) SCREEN/REFERRAL

WAS THERE A PRELIMINARY SCREENING FOR FPS? ☐ YES ☐ NO
DISCUSS FACTORS CONSIDERED THROUGH THE SCREENING PROCESS.

N/A

WAS THE FAMILY REFERRED TO FPS? ☐ YES ☐ NO
IF THE FAMILY WAS REFERRED TO FPS, WERE THEY ACCEPTED INTO THE PROGRAM? ☐ YES ☐ NO
IF THE FAMILY WAS NOT ACCEPTED INTO FPS, DOCUMENT THE REASONS FOR THE REJECTION.

IX. DOCUMENTATION OF DOMESTIC VIOLENCE SCREENING

DOCUMENT ANY INDICATORS OF DOMESTIC VIOLENCE.

None indicated

IF DOMESTIC VIOLENCE IS INDICATED, DESCRIBE ACTIONS TO HELP FAMILY DEAL WITH THE SITUATION.

X. RESULTS OF INVESTIGATION

CATEGORY OF ABUSE/NEGLECT

☐ NEGLECT ☐ MEDICAL NEGLECT ☐ SEXUAL MALTREATMENT ☐ NONE/HOME SCHOOLING
☐ EMOTIONAL MALTREATMENT ☐ EDUCATIONAL NEGLECT ☐ PHYSICAL ABUSE ☒ NONE

CONCLUSION

☐ COURT ADJUDICATED ☐ UNSUBSTANTIATED ☐ INAPPROPRIATE REPORT ☐ REFERRAL TO ANOTHER AGENCY
☐ PROBABLE CAUSE ☐ UNABLE TO LOCATE ☐ LOCATED OUT-OF-STATE
☒ UNSUBSTANTIATED - PREVENTIVE SERVICES INDICATED
RISK ASSESSMENT COMPLETED ☒ YES ☐ NO

XI. RISK ASSESSMENT

FACTORS

Consider the elements of each factor as described in the Risk Assessment categories of No/Low, Intermediate and High. Using professional judgment based on documented observations and evidence, choose the risk category that best describes the family. Focus on appropriate elements in the chosen category, as all elements may not be present.

FACTORS	NO RISK/ LOW RISK	INTERMEDIATE RISK	HIGH RISK
CHILD'S PHYSICAL AND MENTAL ABILITIES ☐ N/A	☒ Child cares for and able to protect self without or with limited adult assistance; no physical or mental handicaps/limitations.	☐ Child requires adult assistance to care for and protect self; emotionally withdrawn; minor physical illness/mental handicap; mild to moderately impaired development.	☐ Child unable to care for or protect self without adult assistance; severe physical illness/mental handicap; overactive; is difficult or provocative; severely impaired development.
SEVERITY AND/OR FREQUENCY OF ABUSE ☐ N/A	☒ No injury or minor injury; no medical attention required; no discernable effect on child; isolated incident.	☐ Minor/moderate physical injury or has an unexplained injury requiring some form of medical treatment/diagnosis; ongoing history or pattern of punishment/discipline resulting in minor/moderate physical injury to the child.	☐ Child requires immediate medical treatment and/or hospitalization; abuse of a sibling that resulted in death or permanent dysfunction of organ/limbs; ongoing history or pattern of harsh punishment/discipline to the child; child at severe risk of harm; any sexual maltreatment.
SEVERITY AND/OR FREQUENCY OF NEGLECT ☒ N/A	☐ No discernable effect on child; isolated incident.	☐ Caretaker suspected of failing to meet minimum medical, food and/or shelter needs of child; unconfirmed history or pattern of leaving child unsupervised.	☐ Caretaker is unwilling to meet minimal medical, food and/or shelter needs of child; confirmed history or pattern of leaving child unsupervised or unprotected for excessive periods of time; or child at severe risk of harm.
LOCATION OF INJURY ☒ N/A	☐ Bony body parts; knee, elbows, and buttocks.	☐ Upper torso; shoulder-blades.	☐ Head, neck, face or genitals; area around liver; heart; lower abdomen; lower back; stomach; solar plexus
CARETAKER'S PHYSICAL, INTELLECTUAL, OR EMOTIONAL ABILITIES/ CONTROL ☐ N/A	☒ No intellectual/physical limitation; realistic expectations of child; in full control of mental faculties.	☐ May be physically/emotionally handicapped; moderate intellectual limitations; past criminal/mental health record/history; poor reasoning abilities, needs planning assistance to protect child.	☐ Severely handicapped; poor conception of reality; unrealistic expectations/perceptions o child's behavior; severe intellectual limitations; incapacity due to alcohol/drug intoxication.
CARETAKER'S LEVEL OF COOPERATION ☐ N/A	☒ Demonstrated willingness and ability to work with agency to resolve problem and protect child.	☐ Overly compliant with investigator; presence/ability of non-perpetrating adult to assure minimal cooperation with agency.	☐ Doesn't believe there is a problem; refuses to cooperate uninterested or evasive.

FACTORS	NO RISK/ LOW RISK	INTERMEDIATE RISK	HIGH RISK
CARETAKER'S PARENTING SKILLS AND/OR KNOWLEDGE ☐ N/A	☒ Caretaker exhibits appropriate parenting skills and knowledge pertaining to child rearing techniques or responsibilities.	☐ Inconsistent display of the necessary parenting skills and/or knowledge required to provide a minimal level of child care.	☐ Caretaker is unwilling/incapable of providing the necessary parenting skills and/or knowledge needed to assure a minimal level of child care.
PERPETRATOR'S ACCESS TO CHILD ☐ N/A	☒ Out of home, no access to child.	☐ In home, access to child is difficult; child is under constant supervision of other adult in the house.	☐ In home, complete access to child; uncertainty if other adult will deny access to child.
PRESENCE OF A PARAMOUR OR PARENT SUBSTITUTE IN THE HOME ☐ N/A	☒ No paramour or parent substitute in the home; ~~paramour/parent substitute in the home is viewed as supportive/stabilizing influence.~~	☐ Paramour or parent substitute is in the home on an infrequent basis and assumes only minimal caretaker responsibility for the child.	☐ Paramour or parent substitute resides with the family and is the alleged perpetrator.
PREVIOUS HISTORY OF ABUSE/NEGLECT ☐ N/A	☒ No previous reported history of abuse/neglect.	☐ Previous indicated report of abuse/neglect; no protective services provided to the child, family, or perpetrator; parental childhood history of CA/N.	☐ Pending child abuse/neglect investigation; previous indicated abuse/neglect report of a serious nature; multiple reports of abuse/neglect involving the child, family, or perpetrator.
ENVIRONMENTAL CONDITION OF THE HOME ☐ N/A	☒ Home is relatively clean with no apparent safety or health hazards.	☐ Trash and garbage not disposed; water and/or electricity inoperative; infestation of ants, roaches, or other vermin; utilities inoperative in non-severe weather.	☐ Living in condemned and/or structurally unsound residence; exposed wiring and/or other potential fire/safety hazards present; Utilities inoperative in severe weather; unhealthy sanitation.
STRENGTH OF FAMILY SUPPORT SYSTEMS ☐ N/A	☐ Family, neighbors, or friends available and committed to help; membership in church, community, or social group.	☒ ~~Family supportive but not in geographic area;~~ some support from friends and neighbors; limited community services available.	☐ Caretaker/family has no relatives or friends and is geographically isolated from community services; no phone or means of transportation available.
STRESSES ☐ N/A	☒ Stable family; steady employment or income; means of transportation available; strong relationship with relatives.	☐ Pregnancy or recent birth of a child; insufficient income and/or food; inadequate home management skills/knowledge; relationship with relatives characterized by mutual hostility.	☐ Death of a spouse; recent change in marital or relationship status, acute psychiatric episodes; spouse abuse/marital conflict; drugs/alcohol dependence; chaotic lifestyle.
OTHER ☐ N/A	☐	☐	☐

SUMMARY OF RISK ASSESSMENT

RISK ASSESSMENT

Select an overall level of risk to the child(ren) using professional judgment based on documented observations and evidence. A No/Low, Intermediate, or High factor in an individual category does not necessarily imply an overall level of risk. Consideration should be given to clusters of factors at a given risk level.

It is determined that Candy is at low risk at this time. She has no contact with alleged perpetrator, she is safe.

LEVEL OF RISK

☐ HIGH ☐ INTERMEDIATE ☒ LOW ☐ NO

XII. NOTIFICATION

☒ CS-24 GIVEN/SENT

DATE	NAME(S) OF RECIPIENT(S)
11-7 given	Ms. Baker
11-22 sent	Mr. Baker

☒ CS-21 SENT

DATE	NAME(S) OF RECIPIENT(S)
11-22	Ms. Baker
11-22	Mr. Baker
	No letter sent to alleged perpetrator,
	Jason Billson, as we were unable to
	locate him, and believe he has left
	the state.

XIII. SIGNATURES

I HEREBY CERTIFY THAT ALL ACTIVITIES IDENTIFIED IN THIS REPORT DID OCCUR. I FURTHER CERTIFY THAT THE FINDINGS ARE BASED ON FACTS AND EVIDENCE OBTAINED DURING THE INVESTIGATION AND THE BEST PROFESSIONAL JUDGMENT BASED ON THOSE FACTS.

		DATE
SIGNATURE OF INVESTIGATIVE WORKER ▶	Barbie Best	11-20-99

I CERTIFY THAT I HAVE REVIEWED THIS DOCUMENT AND CONCUR WITH THE CONCLUSION.

		DATE
SIGNATURE OF SUPERVISOR ▶	Joe Don Pickel	11-22-99

☐ TRANSFERRED OR ASSIGNED TO TREATMENT WORKER

PRIORITY STATUS

☐ HIGH (WITHIN 1 WORKING DAY) ☐ INTERMEDIATE (WITHIN 5 WORKING DAYS)
☐ LOW (WITHIN 10 WORKING DAYS) ☐ NO N/A

MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

AUTHORIZATION TO PROVIDE ALTERNATIVE CARE

☐ JUVENILE OFFICER ☐ LAW ENFORCEMENT OFFICIAL ☐ PHYSICIAN

INSTRUCTIONS

A juvenile officer, law enforcement official, or a physician may complete this form.
After checking the appropriate box in the upper right hand corner, complete the sections below.

I. IDENTIFYING INFORMATION

OFFICER/OFFICIAL/PHYSICIAN NAME	CITY, COUNTY OF JURISDICTION OR PHYSICIAN PRACTICE
NAME OF CHILD TAKEN INTO PROTECTIVE CUSTODY	DATE AND TIME CHILD TAKEN IN PROTECTIVE CUSTODY
PARENT(S)/CARETAKER(S) NAME	TELEPHONE
ADDRESS	

II. REASON(S) FOR PROTECTIVE CUSTODY

III. REASON COURT ORDER NOT OBTAINED

IV. PLACEMENT AUTHORIZATION

LAW ENFORCEMENT OFFICIAL/PHYSICIAN:
Pursuant to Section 210.125 RSMo and Supreme Court Rules 111.01 and 111.11, I request the Division of Family Services provide alternative care for a period not to exceed 12 hours from the time I took the child into emergency protective custody (as shown above). I understand that I must file a written statement with the juvenile officer not later than 12 hours from the time the child was taken into protective custody.

JUVENILE OFFICER:
Pursuant to Section 210.125 RSMo and Supreme Court Rules 111.01, 111.02, and 111.12, I request that the Division of Family Services provide alternative care for a period not to exceed 24 hours from the time I took the child into emergency protective custody (as shown above).

DFS ALTERNATIVE CARE PLACEMENT BEGINS		DFS ALTERNATIVE CARE PLACEMENT ENDS	
DATE	TIME	DATE	TIME

OFFICER/OFFICIAL/PHYSICIAN SIGNATURE	TITLE	DATE

DISTRIBUTION: WHITE - DFS FILE GREEN - LAW ENFORCEMENT AGENCY/PHYSICIAN CANARY - COURT PINK - FOSTER PARENT GOLDENROD - PARENT