

DEPARTMENT OF SOCIAL SERVICES

CHILDREN'S DIVISION

P. O. BOX 88

JEFFERSON CITY, MISSOURI

What's Inside:

Changes to Preventive
Service Referral Criteria

M E M O R A N D U M

TO: REGIONAL DIRECTORS, FIELD SUPPORT MANAGERS,
CIRCUIT MANAGERS AND SUPERVISORS

FROM: TIM DECKER, DIRECTOR

SUBJECT: ADDITION OF CRITERIA FOR PREVENTIVE SERVICE
REFERRALS FOR NEWBORNS

DISCUSSION:

The purpose of this memorandum is to introduce new criteria for the acceptance of preventive service referrals by the Child Abuse/Neglect Hotline Unit (CANHU). Currently Newborn Crisis Assessments are only taken when the concerns are reported by medical personnel. However, medical personnel may not be aware of a family's prior history with child protective service agencies.

The following is being added to the criteria of preventive service referrals that will be alerted to field personnel:

- Allegation from a non-medical reporter that a newborn was born within the last thirty (30) days to parents who have significant prior history with child protective services including, but not limited to, removal of other children that resulted in termination of parental rights.

In the above situation, staff should consider taking the following steps, in addition to those found in [Section 2, Chapter 1.2.1](#) of the Child Welfare Manual:

- CD staff may contact medical personnel to gather information on:
 - Complications related to the pregnancy and/or birth
 - Parent's self-report of prior parenting experience and/or history with child protective services
 - Concerns for the release of the infant to their parent(s)/caretaker(s)
 - Signs and symptoms of parental drug use or drug exposure at birth
 - Parent/caregiver behavior while hospitalized, or
 - Other concerns noted by the physician or health care provider which include:

- threats of danger to the infant
 - the child's specific vulnerabilities
 - the parent/caretaker's protective capacities
- CD staff may complete prior history checks in all states in which there is suspicion of prior child protective services involvement. CD staff should request any applicable records from states in which prior involvement is confirmed.
 - CD staff may complete face to face visits with the parents and/or other identified caretakers at the hospital, if the child is still hospitalized and in their home(s) if they are no longer hospitalized. Staff should assess the plans and abilities each parent/caretaker has with regard to caring for the infant upon release. Staff should complete home visits in every home the infant is going to reside and/or spend a significant amount of time, including the home of the parents and/or other familial caretakers. The following should be determined while interviewing the parents and/or other familial caretakers involved with the direct care of the infant:
 - Prenatal care
 - Pregnancy complications (i.e., premature labor)
 - Physical, emotional, intellectual functioning
 - Observation of attachment and bonding with the infant
 - Parenting skills (infant and other children)
 - Planning for birth/hospital discharge (i.e., infant's baby supplies, crib, bottles, formula)
 - Behavior associated with alcohol/drug use
 - Self-identifying problems associated with alcohol/drug use
 - Criminal history
 - Contact with other agencies involved with the family to determine and coordinate support, if appropriate.
 - If the worker feels an infant should not be released with the parents or other familial caretaker a referral to the juvenile court should be made.
 - CD staff may utilize the Newborn Crisis Assessment Tool (NCAT), CD-17, and CD-18, to document information gathered.

NECESSARY ACTION

1. Review this memorandum with all Children's Division staff.
2. Review revised Child Welfare Manual chapters as indicated below.
3. All questions should be cleared through normal supervisory channels and directed to:

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CHILD WELFARE MANUAL REVISIONS Section 2, Chapter 1.2.1	
FORMS AND INSTRUCTIONS N/A	
REFERENCE DOCUMENTS AND RESOURCES N/A	
RELATED STATUTE N/A	
ADMINISTRATIVE RULE N/A	
COUNCIL ON ACCREDITATION (COA) STANDARDS N/A	
CHILD AND FAMILY SERVICES REVIEW (CFSR) N/A	
PROTECTIVE FACTORS N/A	
FACES REQUIREMENTS N/A	