

00074034
M^cLEOD
03-14-00

FAMILY ASSESSMENT



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
CPS CLASSIFICATION SCREENING

331
4

REPORT NO. 00074034	REPORT DATE 03/14/00	FAMILY NAME (LAST, FIRST) PARSONS
CASE WORKER RHONDA WHITNEY	SCREENING FILE # 27089	ASSIGNED TO KATHY GLOVER
		WORKING FILE # 28237

I. INVESTIGATION RESPONSE

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	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Child Injury (565.020, 565.021, 565.023, 565.024)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Sexual Abuse (566.030, 566.060, 567.050, 568.020, 568.060, 568.090, 573.025, 573.035, 566.030, 566.060)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Serious Physical Abuse (565.030, 568.045, 568.050, 568.060)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Serious Neglect (568.030, 568.045, 568.050)
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Alleged perpetrator is not a member of the family/household

ATTACHMENT SHEET STATEMENT OF ALLEGATIONS

II. OTHER INFORMATION

When contact with others is necessary to determine what response is needed, complete this section.

CONTACT MADE	CONTACT METHOD	NOT POSSIBLE	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Law Enforcement
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Physician/medical professional
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Prior history of CAN reports (AUG check of prior and/or review of written reports, if available)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Reporter
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other

ATTACHMENT SHEET STATEMENT OF INFORMATION ON FAMILY AND HOW THIS INFORMATION EFFECTED THE RESPONSE DECISION

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 the response decision. Make note in the investigation response whether such an assessment response shall be provided below and on the CPS Screening Classification Screen (A111).

YES	NO	
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Children under the age of five and/or unable to protect self
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Two or more prior referrals received for similar CAN behavior
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Indication of caretaker's intent to harm child
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Likelihood of child being placed in out-of-home care with the need/request for evidentiary/investigative response
<input type="checkbox"/>	<input checked="" type="checkbox"/>	Other

CPS CLASSIFICATION COMMENT

IV. RESPONSE DECISION

INVESTIGATION IN (SEE SECTION I FOR INFORMATION) ASSESSMENT IN

INITIATOR: **Rhonda Whitney**

V. RESPONSE CHANGE

FROM: NO YES

IF YES, describe the change and the reason for the change in the response (e.g., change in the response due to new information, change in the response due to a change in the child's status, etc.)

INITIATOR:

DATE:

FINAL CA/N-1

PCAI952-01 REV: NOV 99

INC NO. 00074034
EMERGENCY N

06/27/00 03:05 PM PAGE 1

INC DATE ASSIGN CO CR REP RPT DATE/TIME(A/P) CRU WORKER NUMBER/NAME
03/14/00 145 TO 03/14/00 10:15 A 15595 LEIVIAN GAIL E

INITIAL INV INV SUP DELAYED HARASS RISK DELAYED CONCL:
DATE TIME(A/P) WORKER ID CONTACT MENT ASSMNT CONCL DATE
03/14/00 01:25 PM 28237 27089 . 06/27/00

FAMILY FAMILY SERVICES FCS ASSESS CASE MKR FCS REOPEN LAST UPDATES
SIZE CHARS NEEDED STATUS ID CASE NO FCS
04 A O P Q E A A/R 06/27/00

COMMENTS:

HOUSEHOLD INFO

HELD CO: 145 HELD PHONE NO: 417-451-5238

ADDRESSES: LINE 1, LINE 2 CITY ST ZIP CODE
H 914 N LINCOLN NEOSHO MO 64850
I 914 N LINCOLN NEOSHO MO 64850

REPORTER

PART NAME OCCUP ACTION REPORT DATE/TIME
NO ADDRESS COUNTY WORK PHONE HOME PHONE
[REDACTED] [REDACTED] 03/14/00 10:15 A

VICTIM/CHILD

PART NO DCN NAME R/S DOB SSN
A [REDACTED]
DATE OF DEATH: MANNER OF DEATH:
SAFE NUMBER: MEDICAL EXAM:
ROWAN FORD U U 04/11/1998

PART REPORTER REL CODES DRUG
NO EM DESCRIPTIONS R 1 2 3 4 5 6 EXPOS CATEGORY AN WORKER FINDING SEV CONCL
A N LL O P C P C 2 M

PARENT/SUBSTITUTE

PART NO DCN NAME R/S DOB SSN
1 [REDACTED] COLLEEN MCLROD 1 F 07/28/1963 [REDACTED]
2 [REDACTED] ADAM CHICHANOWSKI O M U



**DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
FAMILY ASSESSMENT**

I. FAMILY INFORMATION			
INCIDENT NUMBER (FOR FAMILY ASSESSMENT CONDUCTED DUE TO CAR REPORT) 00074034		WORKER/COUNTY Glover/145	
HEAD OF HOUSEHOLD NAME McLEOD, Colleen		DATE ASSIGNED March 14, 2000	
ADDRESS 914 N. Lincoln Neosho MO 64850		TELEPHONE (417)451-5238	
DIRECTIONS TO ABOVE ADDRESS			
HOW WAS THE SAFETY DETERMINED WITHIN 24 HOURS? EXPLAIN: Child seen in home.			
PARENTS			
MOTHER'S NAME <input type="checkbox"/> CUSTODIAL <input checked="" type="checkbox"/> NON-CUSTODIAL Colleen McLeod	DOB 07-28-1963	FATHER'S NAME <input type="checkbox"/> CUSTODIAL <input checked="" type="checkbox"/> NON-CUSTODIAL Adam Chichenowski	DOB
ADDRESS (IF DIFFERENT FROM ABOVE)	DOB	ADDRESS (IF DIFFERENT FROM ABOVE)	DOB
HHLD			
TELEPHONE		TELEPHONE	
CHILDREN			
NAME	DOB	NAME	DOB
[REDACTED]	[REDACTED]		
Rowan Ford	04-11-1998		
OTHER HOUSEHOLD MEMBERS/SIGNIFICANT OTHERS			
NAME	RELATIONSHIP TO CHILDREN	TELEPHONE/ADDRESS	

II. REPORTED CONCERN

[REDACTED]

Colleen and Adam do not own a car that runs. Adam walks to school to get [REDACTED] when she is not home. [REDACTED] says Adam has to walk three miles to Dollar General Store to get diapers for Rowan.

[REDACTED]

[REDACTED]

[REDACTED]

Adam also has body odor.

Reporter suspects HHLI could have hygiene problems.

Reporter said parents use dog shampoo to treat head lice.

Additional information from reporter or other sources (include any pertinent information regarding prior reports of child abuse/neglect)

Colleen works at Talbot. Adam is unemployed and the primary caregiver.

Reporter feels family is not intentionally neglectful.

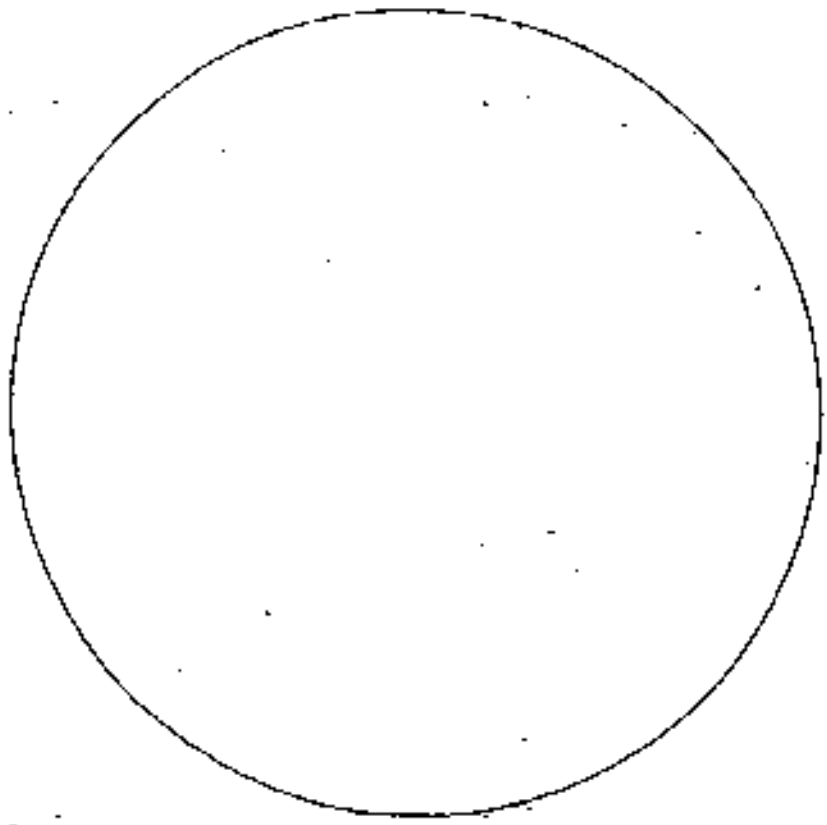
Also, feels family's expectations of child may be unrealistic.

DATE

IV. FAMILY ASSESSMENT TOOLS

A. PATTERN OF BEHAVIOR

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




NOTES:

Family is working diligently to rectify problem

DATE


B. GENOGRAM

Diagramming Relationships:

intimate 

intense-outoff 

conflictual 

distanced 

distanced-outoff 

intense-conflictual 

NOTES:

Family recently relocated from California. Extended family in Eastern part of the US i.e., Michigan, New York, Pennsylvania

DATE

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

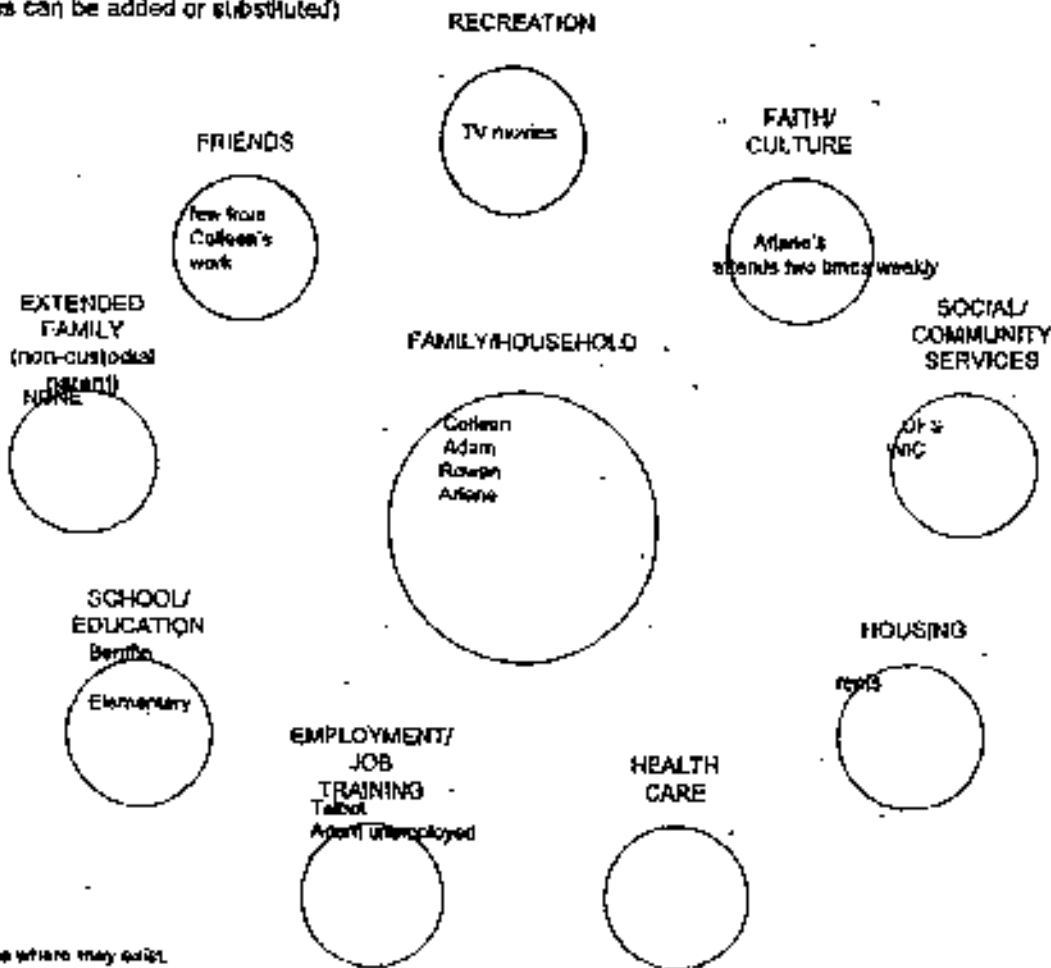
NOTES:

--

DATE

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:

Family new to area, still establishing support system.

Colleen's oldest daughter planning to move to area from New York state within the week.

NOTES:

F. 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 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 March 14, 2000 (date)
- for re-assessment of the 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.
2. Yes No Caretaker has recently caused moderate or serious harm to the child or another child, the child has moderate or 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 immediate concern.
3. Yes No Caretaker has recently made plausible threats of moderate/serious harm to the child or other children within the 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 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 expectations.
6. Yes No Caretaker has not, will not, or is unable to provide sufficient supervision to protect the child from potentially 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.
8. Yes No Caretaker has chronically neglected the child despite numerous interventions and the resulting accumulated harm that places the child in danger.
9. Yes No Caretaker has not, will not, or is unable to meet child's immediate medical care needs, which may result in moderate or serious harm if left untreated.
10. Yes No Child is fearful of people living in or frequenting the home.
11. Yes No Child sexual abuse is suspected and circumstances suggest that child safety may be an immediate concern.
12. Yes No Caretaker's observed drug or alcohol use may place a child in immediate danger of moderate or serious harm.
13. Yes No Caretaker's observed mental illness or developmental disability may place the child in immediate danger of 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 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.
16. Yes No An individual who has regular contact with the family has provided a plausible concern about the immediate safety of the child.
17. Yes No Other (specify):

DATE OF INITIAL SAFETY ASSESSMENT

WORKER'S INITIALS

V. 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).

[REDACTED]

Family's biggest obstacle has been lack of transportation.

Document factual information from your contacts with the child(ren), family, collateral's and your observations regarding child abuse/neglect (address the validity of the reported concern, as well as the existence 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).

Family does not appear to be intentionally neglectful; however, has a limited lack of resources and knowledge of existing services in the area.

Family has been more than cooperative in working with the school to remedy the problems. School officials feel family needs some assistance in receiving appropriate services.

Summary of Family Strength, 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 children). 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

- age
- development
- skill level
- mental/physical health
- social interaction
- respect for authority
- sexual behavior
- family attachment
- alcohol/drug use
- family interaction

PARENT/CARETAKER

- alcohol/drug use
- mental/physical health
- discipline
- expectations of child
- supervision
- nurturing and physical care
- social support
- cooperation with supports
- family interaction

ENVIRONMENT

- condition of home
- income/money management
- employment
- non-custodial parental support
- family violence
- nutrition
- medical care
- basic survival needs
- community safety

Family appears happy and appreciative of recent relocation to area. Family states cost of living much lower than previously accustomed to.

Family recently acquired transportation and feels this will relieve some of the burden and inconvenience previously experienced.

Adam would prefer to be employed, but family is unable to afford daycare and employment would have to be within walking distance as Adam does not have a valid driver's license.

No observed indicators of family violence. Colleen states she was previously involved in several abusive relationships.

Adam plans to adopt both [redacted] and Rowan after some time as neither biological father is involved, financially or emotionally.

The home was sparsely furnished, but neat and clean.

Referrals were made to DFS for daycare assistance as well as re-certification for Food Stamps.

VI. 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 CAN report)
- CS-21a Mailed (for family assessment conducted due to CAN report)

FAMILY ASSESSMENT CONCLUSION (for family assessment conducted due to CAN 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 CAN report)

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

No case opened. Family referred for services.

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

WORKER'S SIGNATURE

[Handwritten Signature]

DATE

June 26, 2000

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

SUPERVISOR'S SIGNATURE

[Handwritten Signature]

DATE

June 27, 2000



MISSOURI
DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES

COUNTY OFFICE: NEWTON
PO BOX 757
NEOSHO 64850 MISSOURI
COUNTY DIRECTOR: Carolyn Million
PHONE: (417)455-5100
INC # 00074034

RELAY MISSOURI
for hearing and speech impaired
TEXT TELEPHONE
1-800-735-2954
VOICE
1-800-735-2464

July 6, 2000
DATE

Dear Ms. McLeod:

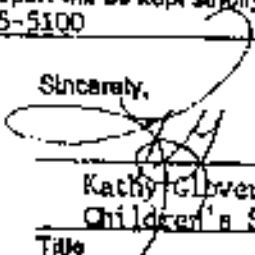
I am writing to follow up with you on my recent visit(s) with you and your family to discuss a concern about your family that was reported to the Division of Family Services. As you recall, we talked about whether your family could benefit from services from this agency or the community. The decision made with your family was that:

- A Family-centered Services case will be opened with the Division of Family Services so that we can assist you and your family with the concerns that we discussed.
- A Family-centered Services case with the Division of Family Services was already open at the time of the family assessment and will remain open.
- A Family-centered Services case will not be opened by the Division of Family Services because we agreed during our discussion that your family is not in need of services.
- A Family-centered Services case will not be opened by the Division of Family Services because we were able to work with you in getting services for your family through the community.
- A Family-centered Services case will not be opened through the Division of Family Services. Although we discussed that your family might be able to benefit from our support, we agreed that a case would not be opened because you indicated you did not wish to have our agency involved with your family.

I appreciate you allowing me to talk with you and your family. If it was decided that the Division of Family Services will not provide services to your family and you decide later that you are in need of assistance, please do not hesitate to contact our office. A social worker will be glad to talk to you about getting any available services that you may need.

The written report that is a summary of the contacts between you and the Division of Family Services is available for your review. This written report will be kept strictly confidential. If you have any questions about this report, please contact me at 455-5100

Sincerely,



Kathy Glover
Children's Service Worker II
Title

CS-21a
1/95

RG: jc

FINAL CA/N-1

FCAI952-01 REV: MAY 05

INC NO. 06018201
RESPONSE: 24 HOURS

02/10/06 10:35 AM PAGE 1

TRACK: ASSESSMENT

INC DATE ASSIGN CO CR REP RPT DATE/TIME(A/P) CRU WORKER NUMBER/NAME
01/18/06 145 TO 01/18/06 01:20 P. 34886 WARD ADRIANNE

INITIAL INV INV SUP DELAYED HARASS RISK DELAYED CONCL
DATE TIME (A/P) WORKER ID CONTACT MENT ASSMNT CONCL DATE
01/19/06 10:30 AM 12113 32572 M 02/08/06

FAMILY FAMILY SERVICES FCS ASSESS CASE MGR FCS REOPEN LAST UPDATES
SIZE CHARS NEEDED STATUS ID CASE NO FCS 02/10/06
04 B C D G A CA/N 02/10/06

COMMENTS:

----- HOUSEHOLD INFO -----

HOLD CO: 145 HHLD PHONE NO: 417-628-3147

ADDRESSES: LINE 1 LINE 2 CITY ST ZIP CODE
H 777 GROVE ST STELLA MO 64867-8217
E

----- REPORTER -----

PART NAME OCCUP ACTION REPORT DATE/TIME
NO ADDRESS COUNTY
R [REDACTED] [REDACTED] 01/18/06 01:20 P
HOME# [REDACTED] WORK# [REDACTED]
ALT# [REDACTED] CELL# [REDACTED]
PAGE# [REDACTED]

----- VICTIM/CHILD -----

PART DCN NAME R/S DOB SSN
A [REDACTED] ROWAN D FORD 1 F 04/11/1998 [REDACTED]
DATE OF DEATH: MANNER OF DEATH:
SAFE NUMBER: MEDICAL EXAM:

ALLEGED PERP INFO

PART NO NAME WORKER FINDINGS |CONC|SEV|
3 [REDACTED] DAVID W SPEARS CATEGORIES --> E
4 [REDACTED] COLLEEN MCLEOD CATEGORIES --> K

[REDACTED]

[REDACTED]

FINAL CA/N-1

FCRI952-01 REV: MAY 05

INC NO. 06018201

02/10/06 10:35 AM PAGE 2

PART NO	REPORTER	REL CODES	DRUG EXPOSURE
A	N LL	R 1 2 3 4 5 6 O F H H F	INPANT'S MOTHER'S Y Y

PARENT/SUBSTITUTE

PART NO	DCN	NAME	REL	R/S	DOB	SSN
1	[REDACTED]	COLLEEN	MCLEOD	1 F	07/28/1963	[REDACTED]
2	[REDACTED]	DAVID	W SPEARS	1 M	11/14/1982	[REDACTED]

PART NO	EMP	P/S REL	MAR STAT
1	2	A	B
2	2	A	B

ALLEGED PERPETRATOR

PART NO	DCN	NAME	REL	R/S	DOB	SSN
3	[REDACTED]	DAVID	W SPEARS	1 M	11/14/1982	[REDACTED]
4	[REDACTED]	COLLEEN	MCLEOD	1 F	07/28/1963	[REDACTED]

PART NO	PERP CHARS
3	T
4	T

SIGNIFICANT OTHER

PART NO	NAME	ADDRESS	PHONE

LAW ENFORCEMENT

CONTACTED DATE	TIME	INVOLVED	DENIAL LETTER TO ASSIST RECEIVED WITHIN 24 HOURS
/ /		N	

FINAL CA/N-1

FCAL952-01 REV: MAY 05

INC NO. 06018201

02/10/06 10:35 AM PAGE 3

TEMPORARY INFORMATION

NARRATIVE:

- A : ROWAN D FORD
- B : [REDACTED]
- 1 : COLLEEN MCLEOD
- 2 : DAVID SPEARS
- 3 : DAVID SPEARS
- 4 : COLLEEN MCLEOD
- R : [REDACTED]

QUESTION 9: HAS SPECIFIC PROBLEM BEEN REPORTED BEFORE TO THE HOTLINE? UNKNOWN QUESTION 10: OTHER AGENCIES NOTIFIED ABOUT SPECIFIC PROBLEM? NO QUESTION 11: PROBLEM YOU ARE CALLING ABOUT TODAY? CHRONIC LICE. SCHOOL AND DAYCARE INFORMATION: TRIWAY ELEM IN STELLA MO TARGETED CHILDREN IN THE HOUSEHOLD: NO TARGETED CHILDREN IDENTIFIED. CURRENT AND 24 HR. LOCATION OF CHILDREN: ROWAN D FORD - CHILD CURRENT - UNKNOWN UNKNOWN MO UNKNOWN ROWAN D FORD - CHILD NEXT 24 HOUR - 777 GROVE ST STELLA, MO 648678217 NEWTON [REDACTED] - CHILD CURRENT - UNKNOWN UNKNOWN MO UNKNOWN [REDACTED] - CHILD NEXT 24 HOUR - 777 GROVE ST STELLA, MO 648678217 NEWTON

SUPERVISOR: COOPER DIANE M



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 DIVISION OF FAMILY SERVICES
CHILD ABUSE/NEGLECT INVESTIGATION/FAMILY ASSESSMENT SUMMARY

I. CASE DATA INVESTIGATION ASSESSMENT

TRACK CHANGE DATE _____ INVESTIGATION ASSESSMENT

CASE NAME: **Colleen Spears** WORKER: **Teresa McNeil** COUNTY: **Newton** INCIDENT NO.: **08018201**

ADDRESS: **777 Grove Street, Stella, Mo. 64867** TELEPHONE NO.: **417-628-3147**

DATE/TIME OF REPORT: **01/16/06** DIRECTIONS TO ABOVE ADDRESS: _____

DATE ASSIGNED: **01/18/06**

PRIORITY RESPONSE

LEVEL 1 (3 HOURS)
 LEVEL 2 (24 HOURS)
 LEVEL 3 (72 HOURS)

DESCRIPTION/ACTION TAKEN FOR LEVEL: (INCLUDING CONTACT WITH POLICE, HOSPITAL, ETC.)

PARENTS

MOTHER'S NAME: **Colleen Spears** FATHER'S NAME: **David Spears**

ADDRESS: **777 Grove Street, Stella, Mo. 64867**

CUSTODIAL NON-CUSTODIAL DCN: [REDACTED] BIRTH DATE: **7/28/63**

CUSTODIAL NON-CUSTODIAL DCN: [REDACTED] BIRTH DATE: **11/14/82**

CHILDREN (IF REPORTED VICTIM TO OTHER CHILD IN HOME)

CHILD'S NAME	VO	DCN	DOB	DATE	TIME	LOCATION
Rowan Ford	v	[REDACTED]	04/11/88	01/10/06	10:30 AM	Triway Elementary
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

LIST CHILDREN WITH NATIVE AMERICAN HERITAGE. SPECIFY TRIBE.

OTHER HOUSEHOLD MEMBERS/SIGNIFICANT OTHERS

NAME	BIRTH DATE	RELATIONSHIP TO CHILD
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

REPORTED CONCERN

Rowan has had chronic head lice. She was sent home today due to head lice. Last five absences was due to head lice. It is a montly problem, parents do treat the problem. Reporters think that the parents are not cleaning the environment.

REPORTED CONCERN (CONTINUED)				
<input checked="" type="checkbox"/> REPORTER CONTACT	DATE 01/19/08	TIME 09:46 AM	WHO MADE CONTACT tm	<input checked="" type="checkbox"/> REPORTER MANDATED
<input checked="" type="checkbox"/> SCHOOL LIAISON CONTACTED	DATE 01/19/08	TIME 09:50 AM	<input type="checkbox"/> N/A (ALLEGED VICTIM(S) ARE NOT SCHOOL AGED)	
<input type="checkbox"/> LAW ENFORCEMENT CONTACTED	DATE	TIME	<input type="checkbox"/> INVESTIGATION <input checked="" type="checkbox"/> LAW ENFORCEMENT ASSISTED <input type="checkbox"/> N/A (FAMILY ASSESSMENT) <input type="checkbox"/> LAW ENFORCEMENT DID NOT CO-INVESTIGATE & WRITE UP DOCUMENTATION RECEIVED	
PRIOR HISTORY WITH CD				
Peet concerns with poor hygiene				
SAFETY ASSESSMENT				
SECTION 1: SAFETY FACTOR IDENTIFICATION				
PART A. SAFETY FACTORS				
DEFINITION: THE FOLLOWING FACTORS ARE BEHAVIOR OR CONDITIONS THAT MAY BE ASSOCIATED WITH A CHILD(REN) BEING IN IMMEDIATE DANGER OF SERIOUS HARM. IDENTIFY THE PRESENCE OR ABSENCE OF EACH FACTOR BY CHECKING EITHER "YES" OR "NO". NOTE: THE VULNERABILITY OF EACH CHILD(REN) IN THE HOUSEHOLD NEEDS TO BE CONSIDERED THROUGHOUT THE ASSESSMENT. CHILDREN UNDER EIGHT YEARS OF AGE CANNOT PROTECT THEMSELVES. FOR OLDER CHILDREN, ABILITY TO PROTECT THEMSELVES COULD BE AFFECTED BY DIMINISHED PHYSICAL, EMOTIONAL, OR COGNITIVE CAPACITY OR REPEATED VICTIMIZATION.				
1. CHILD(REN) IS IN DANGER BECAUSE PARENT/CARETAKER'S BEHAVIOR IS VIOLENT OR OUT OF CONTROL.				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
2. PARENT/CARETAKER DESCRIBES OR ACTS TOWARD CHILD(REN) IN PREDOMINATELY NEGATIVE TERMS OR HAS EXTREMELY UNREALISTIC EXPECTATIONS.				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
3. PARENT/CARETAKER CAUSED SERIOUS PHYSICAL HARM TO THE CHILD(REN) OR HAS MADE A PLAUSIBLE THREAT TO CAUSE SERIOUS PHYSICAL HARM.				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
4. THE PARENT/CARETAKER'S EXPLANATION OF AN INJURY TO A CHILD(REN) IS INCONSISTENT WITH THE NATURE OF THE INJURY AND/OR THERE ARE SIGNIFICANT DISCREPANCIES BETWEEN EXPLANATIONS GIVEN BY PARENT/CARETAKER, OTHER HOUSEHOLD MEMBERS, OR COLLATERAL CONTACTS.				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
5. PARENT/CARETAKER IS CURRENTLY REFUSING ACCESS TO CHILD(REN) OR HAS REFUSED ACCESS TO CHILD(REN) ON PRIOR INTERVENTIONS.				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
6. PARENT/CARETAKER IS UNWILLING OR IS UNABLE TO PROVIDE SUPERVISION NECESSARY TO PROTECT CHILD(REN) FROM POTENTIALLY SERIOUS HARM.				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF "YES," IS THE PARENT/CARETAKER'S LACK OF SUPERVISION DUE TO:				
<input type="checkbox"/> Alcohol or other drug use		<input type="checkbox"/> Physical, mental health or cognitive incapacity		
<input type="checkbox"/> Hospitalization		<input type="checkbox"/> Domestic Violence		
<input type="checkbox"/> Incarceration		<input type="checkbox"/> Other		
7. PARENT/CARETAKER IS UNWILLING, OR IS UNABLE, TO MEET THE CHILD(REN)'S IMMINENT NEEDS FOR FOOD, CLOTHING, SHELTER, AND/OR MEDICAL OR MENTAL HEALTH CARE.				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
IF "YES," ARE THE CHILD(REN)'S BASIC NEEDS UNMET BY THE PARENT/CARETAKER DUE TO:				
<input type="checkbox"/> Parent/caretaker's physical, mental health, or cognitive incapacity		<input type="checkbox"/> Child's physical, mental health, or cognitive incapacity		
<input type="checkbox"/> Alcohol or other drug use		<input type="checkbox"/> Hospitalization		
<input type="checkbox"/> Incarceration		<input type="checkbox"/> Other		
8. CHILD(REN) IS FEARFUL OF PARENT/CARETAKER, OTHER FAMILY MEMBERS, OR OTHER PEOPLE LIVING IN OR HAVING ACCESS TO THE HOME.				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
9. THE CHILD(REN)'S PHYSICAL LIVING CONDITIONS ARE HAZARDOUS AND IMMEDIATELY THREATENING.				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
10. CHILD(REN) SEXUAL ABUSE IS SUSPECTED AND CIRCUMSTANCES SUGGEST THAT CHILD(REN) SAFETY MAY BE AN IMMEDIATE CONCERN.				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
11. THE PARENT/CARETAKER'S MAJ TREATMENT HISTORY IS SIGNIFICANT TO THE CURRENT CIRCUMSTANCES, AND SUGGEST THAT THE CHILD(REN)'S SAFETY IS AN IMMEDIATE CONCERN.				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
12. OTHER				
<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes specify: _____				
IF ANY SAFETY FACTORS ARE PRESENT, COMPLETE CPS-1A "SAFETY ASSESSMENT: PART B"				
IF NO SAFETY FACTORS ARE PRESENT, GO TO SECTION 3: SAFETY DECISION OF THE CPS-1A				
<input checked="" type="checkbox"/> CPS-1A COMPLETED AND ATTACHED				



MISSOURI DEPARTMENT OF SOCIAL SERVICES
DIVISION OF FAMILY SERVICES
SAFETY ASSESSMENT (PART B)

PART B. SAFETY FACTOR

DESCRIPTION: DESCRIBE HOW EACH SAFETY FACTOR WHICH WAS IDENTIFIED "YES" IN CPS-1 OR CPS-1A SAFETY ASSESSMENT SECTION 1 (NOTE THE APPLICABLE CPS-1/FACTOR NUMBER AND THEN BRIEFLY DESCRIBE THE SPECIFIC INDIVIDUALS, BEHAVIORS, CONDITIONS AND/OR CIRCUMSTANCES ASSOCIATED WITH THAT PARTICULAR SAFETY FACTOR.

SECTION 2: SAFETY RESPONSE & INTERVENTIONS (Complete this section only if factors were identified in CPS-1 Safety Assessment, Safety Factor Identification)

FOR EACH SAFETY FACTOR IDENTIFIED, DESCRIBE THE RESOURCES AVAILABLE IN THE FAMILY AND THE COMMUNITY THAT BEST HELP TO KEEP THE CHILD(REN) SAFE. CHECK EACH RESPONSE TAKEN TO PROTECT THE CHILD(REN) AND EXPLAIN BELOW. DESCRIBE ALL SAFETY INTERVENTIONS TAKEN OR IMMEDIATELY PLANNED BY YOU OR ANYONE ELSE AND EXPLAIN HOW EACH INTERVENTION PROTECTS (OR PROTECTED) EACH CHILD(REN). NOTE: IF ANY CHILD(REN) IS BEING REMOVED FROM THE HOME, MARK AS ONLY.

- 1. Direct family intervention by CPS worker as a safety resource.
- 2. Use family, neighbors, or other individuals in the community as safety resources.
- 3. Use community agencies or services as safety resources.
- 4. Have the alleged offender leave the home, either voluntarily or in response to legal action.
- 5. Have the non-offending parent/caretaker move to a safe environment with the child(ren).
- 6. Parent/caretaker places the child(ren) outside the home.
- 7. Other _____
- 8. Legal action must be taken to place the child(ren) outside the home. (Note: child(ren) is considered unsafe in the home; it is contrary to child's welfare to remain in the home.)

FOR EACH INTERVENTION 1-7 CHECKED ABOVE, DESCRIBE THE SERVICES THAT WILL BE USED TO PROTECT THE CHILD(REN). IF 8 IS CHECKED AND THE AGENCY IS INITIATING LEGAL ACTION TO PLACE A CHILD(REN): 1) EXPLAIN WHY RESPONSES 1-7 COULD NOT BE USED TO KEEP THE CHILD(REN) SAFE; AND 2) DESCRIBE YOUR DISCUSSION WITH THE PARENT(S)/CARETAKER(S) REGARDING THE PLACEMENT.

SECTION 3: SAFETY DECISION

DIRECTIONS: IDENTIFY YOUR SAFETY DECISION BY CHECKING THE APPROPRIATE LINE BELOW. CHECK ONE LINE ONLY. THIS DECISION SHOULD BE BASED ON THE ASSESSMENT OF ALL SAFETY FACTORS AS IT RELATES TO THE MOST VULNERABLE CHILD, AND ANY OTHER INFORMATION KNOWN ABOUT THIS CASE.

- A. Safe: There are no children likely to be in immediate danger of serious harm (no safety factors were identified.)
- B. Conditionally Safe: One or more safety factors were identified, however, controlling safety interventions have been taken since the report was received, and those interventions have resolved the unsafe situation for the present time.
- C. Unsafe: One or more safety factors were identified, and one or more children will be in immediate danger of serious harm. Remove child(ren) from the home. (Note: check this decision if safety intervention #8 above was used.)

LIST ALL CHILDREN WHO ARE BEING PROTECTIVELY PLACED

CHILD 1	CHILD 4
CHILD 2	CHILD 5
CHILD 3	CHILD 6

FAMILY'S SIGNATURE	DATE
WORKER'S SIGNATURE <i>Teressa McMillan SSW/TF</i>	DATE 1-19-06
CHIEF INVESTIGATOR'S SIGNATURE <i>Dele</i>	DATE 1-19-06
SAFETY REASSESSMENT TO BE COMPLETED BY WORKER	DUE DATE

CONTACT SHEET (Include all individuals who appear in this report whose names and addresses are not found on the face sheet)			
NAME Shelia Gulrut		NAME Nick Nicholas	
ADDRESS P.O. Box 208		ADDRESS P.O. Box 208	
CITY Stella	STATE Mo	CITY Stella	STATE Mo
TELEPHONE 417-628-3227	TITLE Collateral	TELEPHONE 417-628-3227	TITLE School Liaison
NAME		NAME	
ADDRESS		ADDRESS	
CITY	STATE	CITY	STATE
TELEPHONE	TITLE	TELEPHONE	TITLE
NAME		NAME	
ADDRESS		ADDRESS	
CITY	STATE	CITY	STATE
TELEPHONE	TITLE	TELEPHONE	TITLE
NAME		NAME	
ADDRESS		ADDRESS	
CITY	STATE	CITY	STATE
TELEPHONE	TITLE	TELEPHONE	TITLE
NAME		NAME	
ADDRESS		ADDRESS	
CITY	STATE	CITY	STATE
TELEPHONE	TITLE	TELEPHONE	TITLE
NAME		NAME	
ADDRESS		ADDRESS	
CITY	STATE	CITY	STATE
TELEPHONE	TITLE	TELEPHONE	TITLE
NAME		NAME	
ADDRESS		ADDRESS	
CITY	STATE	CITY	STATE
TELEPHONE	TITLE	TELEPHONE	TITLE
NAME		NAME	
ADDRESS		ADDRESS	
CITY	STATE	CITY	STATE
TELEPHONE	TITLE	TELEPHONE	TITLE

CHRONOLOGICAL NARRATIVE

INCLUDE NAME(S), DATE/TIME AND WHETHER CONTACT WAS IN PERSON (I), BY PHONE (P) OR AN ATTEMPT (A) ON ALL CONTACTS.

The child abuse/neglect was received on 01/18/06 at 01:20 PM. The alleged allegations are Poor Hygiene. The report of concern is as follows: Rowan has had chronic head lice. She was sent home today due to head lice. Last five absences was due to head lice. It is a monthly problem, parents do treat the problem. Reporters think that the parents are not cleaning the environment.

01/19/06 Phone call to Reporter at 09:46 AM- I spoke with the reporter who stated this family has chronic head lice problems but they usually get this fix and the children are back in school the next day. Reporter said the little girl goes to Trivay Elementary and the 16 year old goes to High School. I thanked the reporter and hung up the phone.

01/19/06 Phone call to Mr. Nicholas, school itason, at 09:50 AM- I spoke with Mr. Nicholas about Rowan Ford and he stated: he knew of this and it is a constant problem. He stated the child has no behavioral problems that he can think of and she is back in school today. He asked if I wanted to speak with the nurse as she handles all of this and I told him I was in the area and I would stop by and speak with her and see the child. He said OK and hung up the phone.

01/19/06 Visit with Mrs. Glunn, Collateral/ School Nurse; Rowan Ford, child/victim; at Trivay Elementary; at 10:30 AM- I went and visited with the Nurse and she stated Rowan has come to her every month with head lice problems. She said she sends her home and she is right back the next day. She stated Rowan is in 2nd grade and she started at Trivay Elementary around the 9th of September. She said she has went over everything with mom and mom assures them she is doing everything she can to fix the problem. She called for Ms. Ford to come to the nurses office. Ms. Ford came and sat down. I observed her to be quite and shy. She explained where she lived in Stella and said her mom has fix her head lice problem. She told me who her mother was and that she worked at Wal-Mart. I asked if she had a sister and she said yes, but she is at home today. I thanked her for the information and she went back to class. I observed this little girl to be dressed appropriately to the weather conditions outside. She seemed to be polite and attentive towards the questions I asked. I spoke a little more with Mrs. Glunn and she stated she keeps in contact with the school nurse at the high school.

01/19/06 Home visit with Colleen and David Spears, parents; A [redacted] other child in the home; at residence; at 10:45 PM- I arrived at the home and was invited inside. Mrs. Spears appolizgled for the way the house looked. Mr. Spears asked what this was about and I told him head lice. He stated he was very upset about the situation and that they take care of it when it becomes a problem. We discussed the process in which they use in order to control the head lice. I gave them a sheet from the Health Department that stated ways to get rid of them. Mrs. Spears stated they treated the girls hair with Nix. I asked if I could look at [redacted] hair and they stated yes. I looked through and did find nits. I told them that these will have to be picked out even though they treated her hair. She stated that was what the school nurse said that they had planned on doing this today. Mrs. Spears started going through her daughter's hair and picking out the nits while I was there at the home.

[redacted] I asked for a collateral and Mrs. Spears stated the school nurse, Mrs. Glunn. I told her I had already spoken to her and that I could use her as the collateral. She said she was going back to her today as soon as she gets the nits picked out of [redacted] hair. She stated she would call me to let me know what the nurse said. I told her OK. She stated Mr. Spears and her are off today and have to go back to work tomorrow. She said they work at Wal-Mart in Jane and said it is a good job. I told her that was fine and Mr. Spears stated they used to live in Anderson, out in the country and they found this place. He said he got a good offer on it and moved into this place. He talked about fixin up old cars and how his wife helps him out with it. I left the home and told them to contact me if they had any questions. They stated OK and I left the home.

01/19/06 Phone call from Mrs. Spears, mother, at 01:20 PM- Mrs. Spears stated she took her daughter back to Trivay School and let the nurse look through her hair. She stated this nurse gave her the OK to send her back to school the following day. I thanked her for letting me know and we hung up the phone.

A case will not be opened at this time due to the family addressing the problem at this time.

STRENGTHS/NEEDS ASSESSMENT (Initials of informant(s) with the information described below, observed, family reported, or staff reported or DFS			
BASIC NEEDS			
FOOD			
<input checked="" type="checkbox"/> Observed adequate food	<input type="checkbox"/> Currently little or no food	<input type="checkbox"/> Indications of chronic lack of adequate food	<input type="checkbox"/> Unknown
CLOTHING			
<input checked="" type="checkbox"/> Observed appropriate clothing	<input type="checkbox"/> Observed inappropriate clothing	<input type="checkbox"/> Indications of chronic lack of appropriate clothing	
FINANCES			
<input checked="" type="checkbox"/> Family reports adequate finances	<input type="checkbox"/> Family reports inadequate finances	<input type="checkbox"/> Family reports chronic financial problems	<input type="checkbox"/> Unknown
HYGIENE/CLEAN CLOTHING			
<input checked="" type="checkbox"/> Children observed to be clean	<input type="checkbox"/> Report of poor hygiene/dirty clothes	<input type="checkbox"/> History or reports indicate chronically poor hygiene	
COMMENTS			
LIVING CONDITIONS			
SHELTER			
<input checked="" type="checkbox"/> Observed living conditions free from health/safety hazards	<input type="checkbox"/> Needs improvement	<input type="checkbox"/> Inadequate or lack of shelter (explain below)	
LIVING CONDITIONS			
<input checked="" type="checkbox"/> Clean/Orderly/sanitary	<input type="checkbox"/> Disorderly/lacks cleanliness (not health threatening)	<input type="checkbox"/> Health threatening/un sanitary (explain below)	
VERMIN/PESTICATIONS			
<input checked="" type="checkbox"/> No observed infestations	<input type="checkbox"/> Observed minor infestation	<input type="checkbox"/> Serious vermin infestation (health threatening or detrimental to functioning)	
HEAT AND OTHER UTILITIES			
<input checked="" type="checkbox"/> Observed heat/utilities on	<input type="checkbox"/> Family reports utilities sporadically turned off	<input type="checkbox"/> No utilities	
<input checked="" type="checkbox"/> Operable plumbing	<input checked="" type="checkbox"/> Hot water	<input checked="" type="checkbox"/> Refrigerator is operable	
COMMENTS			
SUPPORT SYSTEM			
IMMEDIATE FAMILY			
<input checked="" type="checkbox"/> Positive Support	<input type="checkbox"/> No Support	<input type="checkbox"/> Hostile/negative relationship	
EXTENDED FAMILY			
<input checked="" type="checkbox"/> Positive Support	<input type="checkbox"/> No Support	<input type="checkbox"/> Hostile/negative relationship	
NEIGHBORS AND FRIENDS			
<input checked="" type="checkbox"/> Positive Support	<input type="checkbox"/> No Support	<input type="checkbox"/> Hostile/negative relationship	
CHURCH/SCHOOL/OTHER INSTITUTION			
<input checked="" type="checkbox"/> Positive Support	<input type="checkbox"/> No Support	<input type="checkbox"/> Hostile/negative relationship	
NON-CUSTODIAL PARENT			
<input type="checkbox"/> Positive Support	<input type="checkbox"/> No Support	<input checked="" type="checkbox"/> Hostile/negative relationship	<input checked="" type="checkbox"/> Not applicable
AVAILABLE CHILD CARE			
<input type="checkbox"/> Available	<input checked="" type="checkbox"/> Available, but not appropriate	<input type="checkbox"/> Not Reliable	<input type="checkbox"/> No available child care
COMMENTS			
HEALTH/EDUCATION (child or the caretaker)			
MEDICAL/PHYSICAL NEEDS			
<input type="checkbox"/> Preventive care is practiced	<input checked="" type="checkbox"/> Medical needs are being met	<input type="checkbox"/> Medical needs impair functioning	<input type="checkbox"/> Medical needs severely impair functioning
DENTAL NEEDS			
<input type="checkbox"/> Preventive care is practiced	<input checked="" type="checkbox"/> Dental needs are being met	<input type="checkbox"/> Dental needs impair functioning	<input type="checkbox"/> Dental needs severely impair functioning
MENTAL HEALTH NEEDS			
<input type="checkbox"/> No known mental health needs	<input checked="" type="checkbox"/> Mental Health needs being met	<input type="checkbox"/> Mental Health needs impair functioning	
<input type="checkbox"/> Mental health needs severely impair functioning			
EDUCATIONAL NEEDS			
<input checked="" type="checkbox"/> Educational needs are met	<input type="checkbox"/> Educational needs not met (injury)	<input type="checkbox"/> Educational needs not met (neglect)	<input type="checkbox"/> Victim(s) are not school aged
COMMENTS			

FAMILY INTERACTION

ADULT/ADULT INTERACTION
 Nurturing Adequate Strained Harmful

CHILD/CHILD INTERACTION
 Nurturing Adequate Strained Harmful

ADULT/CHILD INTERACTION
 Nurturing Adequate Strained Harmful

DISCIPLINE
 Nurturing/Effective Adequate Inappropriate/Ineffective Hostile/Negative/Abusive (Explain below)

COMMENTS

INTENSIVE IN-HOME (IS) SERVICES SCREEN/REFERRAL

IS PRELIMINARY SCREENING? YES NO

FAMILY REFERRED TO IS? YES NO

IF REFERRED WERE THEY ACCEPTED? YES NO

DISCUSS IN CHRONOLOGICAL NARRATIVE FACTORS IN IS SCREENING AND REASONS FOR ACCEPTANCE OR REJECTION.

DOMESTIC VIOLENCE SCREENING

INDICATORS OF DOMESTIC VIOLENCE? YES NO

IF INDICATED DOCUMENT ACTIONS TO HELP FAMILY DEAL WITH THE SITUATION IN THE CHRONOLOGICAL NARRATIVE.

FAMILY RISK ASSESSMENT

NEGLECT	SCORE	ABUSE	SCORE
N1. CURRENT REPORT IS FOR NEGLECT a. No.....0 b. Yes.....1	1	A1. CURRENT REPORT IS FOR ABUSE a. No.....0 b. Yes.....1	0
N2. PRIOR INVESTIGATION/ASSESSMENTS (ASSIGN HIGHEST SCORE THAT APPLIED) a. None.....0 b. One or more adults only.....1 c. One or two for neglect.....2 d. Three or more for neglect.....3	1	A2. NUMBER OF PRIOR ABUSE INVESTIGATIONS/ASSESSMENTS (if 1) a. None.....0 b. One.....1 c. Two or more.....2	1
N3. HOUSEHOLD HAS PREVIOUSLY RECEIVED SERVICES AS THE RESULT OF A CAN INVESTIGATION/ASSESSMENT a. No.....0 b. Yes.....1	0	A3. HOUSEHOLD HAS PREVIOUSLY RECEIVED SERVICES AS A RESULT OF A CAN INVESTIGATION/ASSESSMENT a. No.....0 b. Yes.....1	0
N4. NUMBER OF CHILDREN INVOLVED IN THE CAN INCIDENT a. One, Two or Three.....0 b. Four or more.....1	0	A4. PRIOR INJURY TO A CHILD AS DETERMINED BY PRIOR FAMILY ASSESSMENT/INVESTIGATION a. No.....0 b. Yes.....1	0
N5. AGE OF YOUNGEST CHILD IN THE HOUSEHOLD a. Two or older.....0 b. Under Two.....1	0	A5. PRIMARY CARETAKER'S ASSESSMENT OF INCIDENT (CHECK APPLICABLE ITEMS AND ADD SCORE) a. Not applicable.....0 b. <input type="checkbox"/> Bodily child.....1 c. <input type="checkbox"/> Juvenile maltreatment of a child.....2	0
N6. PRIMARY CARETAKER PROVIDES PHYSICAL CARE INCONSISTENT WITH CHILD NEEDS a. No.....0 b. Yes.....1	0	A6. DOMESTIC VIOLENCE (TWO OR MORE INCIDENTS) IN THE HOUSEHOLD IN THE PAST YEAR a. No.....0 b. Yes.....2	0
N7. PRIMARY CARETAKER HAS A PAST OR CURRENT MENTAL HEALTH PROBLEM a. No.....0 b. Yes.....1	0	A7. PRIMARY CARETAKER CHARACTERISTICS (CHECK APPLICABLE ITEMS AND ADD FOR SCORE) a. Not applicable.....0 b. <input type="checkbox"/> Provides insufficient emotional/psychological support.....1 c. <input type="checkbox"/> Shows inconsistent/variable discipline.....1 d. <input type="checkbox"/> Dominating parent.....1	0
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. <input type="checkbox"/> Alcohol (current or historic).....1 c. <input type="checkbox"/> Drug (current or historic).....1	0	A8. PRIMARY CARETAKER HAS A HISTORY OF ABUSE OR NEGLECT AS A CHILD a. No.....0 b. Yes.....1	0
N9. CHARACTERISTICS OF CHILDREN IN THE HOUSEHOLD (CHECK APPLICABLE ITEMS AND ADD FOR SCORE) a. Not applicable.....0 b. <input type="checkbox"/> Medically fragile/illness to thrive.....1 c. <input type="checkbox"/> Developmental or physical disability.....1 d. <input type="checkbox"/> Positive Trauma screen at HHS.....1	0	A9. SECONDARY CARETAKER HAS A 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 <input type="checkbox"/> Alcohol <input type="checkbox"/> Drug	0
N10. HOMEINGS (CHECK APPLICABLE ITEMS AND ADD FOR SCORE) a. Not applicable.....0 b. <input type="checkbox"/> Current housing is physically unsafe.....1 c. <input type="checkbox"/> Homeless at time of investigation.....2	0	A10. CHARACTERISTICS OF CHILDREN IN HOUSEHOLD (CHECK APPLICABLE ITEMS AND ADD FOR SCORE) a. Not applicable.....0 b. <input type="checkbox"/> Delinquency history.....1 c. <input type="checkbox"/> Developmental disability.....1 d. Mental health/behavioral.....1	0
TOTAL NEGLECT SCORE	2	TOTAL ABUSE SCORE	1

INITIAL RISK LEVEL (Assign scores risk level based on the highest score on either index, using the following chart)

NEGLECT SCORE: 0-1 (low) 2-4 (mod) 5-6 (high) 7+ (very high)

ABUSE SCORE: 0-1 (low) 2-4 (mod) 5-6 (high) 7+ (very high)

SCORED RISK LEVEL: Low Moderate High 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
 5. _____

SUPERVISOR'S INITIALS _____

FINAL RISK LEVEL (AFTER OVERRIDES)
 Low Moderate High Very High

CASE STATUS
 1. Case will not be opened - reason code: 01 Reason Codes 01 - Final risk level supports open/close decision 03 - Other
 2. Case will be opened - reason code: _____ 02 - Court-ordered

WORKER _____

SUPERVISOR *De La Torre* *Sharon McNeil SSW* DATE *2-8-06*
 DATE *2-9-06*

DESCRIPTION	OBTAINED FROM	LOCATION	DATE

RESULTS OF CAIN REPORT INVESTIGATION

COURT ADJUDICATED PREPONDERANCE OF EVIDENCE UNABLE TO LOCATE
 UNSUBSTANTIATED INAPPROPRIATE REPORT
 UNSUBSTANTIATED - PREVENTIVE SERVICES INDICATED LOCATED OUT OF STATE
 HOME SCHOOLING

FAMILY ASSESSMENT

SERVICES NEEDED NO SERVICES NEEDED
 FAMILY UNCOOPERATIVE CHILD SAFE SERVICES NEEDED - FAMILY DECLINED
 SERVICES LINKED-INITIAL 30 DAYS

SUMMARY AND CONCLUSION

On 01/18/05, the Department of Social Services-Children's Division received a CAIN report stating the Rowan Ford had chronic head lice problems.

On 01/18/06 I met with the family, Mr. and Mrs. Spears and with the children Rowan Ford and ~~Rowan Ford~~. I found out that the family is addressing the head lice issues and had shampooed the girls hair with Nix. I found out that ~~Rowan Ford~~ still had nits and the mother did pick them out in my presence. Ms. Parsons was allowed back in school the next day. Parents usually address the problems and the children usually don't miss much school in the past, due to statement of collateral.

Observed family strengths: Family was bonded to each other. Good communication skills were observed. Parents work to bring home an income to meet the needs of the family. Children are in school and are age appropriate to developmental stages. Home was adequate to meet the basic needs of the children.

Risk level is moderate and a case will not be opened due to the family already addressing the head lice problem.

NOTIFICATION

"KNOW YOUR RIGHTS" INFORMATION REQUESTED AND GIVEN

SCHOOL LIAISON NOTIFICATION OF CONCLUSION

N/A

MANDATED REPORTER NOTIFICATION OF CONCLUSION

N/A

INVESTIGATION

CS 24 GIVEN/SENT

DATE

NAME(S) OF RECIPIENT(S)

CS 21 SENT

DATE

NAME(S) OF RECIPIENT(S)

FAMILY ASSESSMENT

CS 24A GIVEN/SENT

DATE

01/19/06

NAME(S) OF RECIPIENT(S)

David and Colleen Spears

CS 21A SENT

DATE

02/08/09

NAME(S) OF RECIPIENT(S)

David and Colleen Spears

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.

SIGNATURE OF INVESTIGATIVE WORKER

Jessie McNeil SSWA

DATE

2-8-06

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

SIGNATURE OF SUPERVISOR

D. Castle

DATE

2/9/07

**Missouri Department of Social Services
Children's Division
Maltreatment Summary**

Call#: 20080180201	Call Names:	COLLEEN MCLEOD	DAVID SPEARS
Call Type: CAN	Track Assignment: Assessment		
Response Priority: Level 2 - 24 hours	Flag: Regular Report		

Maltreatment Pathway	Status	Maltreatment Pathway	Status
Dirty-Inappropriate Clothing	CAN		

[View All Maltreatments](#)

[Print](#)

[Return](#)

Dirty-Inappropriate Clothing

- How did you learn about this?
ROWAN HAS HAD CHRONIC LICE HAD IT TODAY. DUE TO LICE ABSENCES. SOAYS
- Problems resulting from poor hygiene or inappropriate clothing? (Health, Educational, Social)
CHRONIC LICE. IT IS STARTING TO AFFECT EDU.
- Is parent/caretaker aware? - Yes
IT IS A MONTHLY PROBLEM, PARENTS DO TREAT THE PROB, R THINKS THAT THE PARENTS ARE NOT CLEANING THE ENVIRONMENT.
- Is parent/caretaker taking action? - Unknown

Additional Worker Comments:

Conditions for a CAN Report: Parent/caretaker has failed to meet a child(ren)'s basic needs for clothing and/or hygiene to the extent that the child(ren)'s functioning is impaired or there are medical indications such as sores, infection, physical illness, or serious harm such as hypothermia or frostbite

Alleged Perpetrator / Victim / Allegation

Alleged Perpetrator: COLLEEN MCLEOD

Victim Children / Allegations:
ROWAN D FORD
LL - Poor hygiene (health threatening)

Alleged Perpetrator: DAVID SPEARS

Victim Children / Allegations:
ROWAN D FORD
LL - Poor hygiene (health threatening)

[Top of Page](#)

[Print](#)

[Return](#)

ATRU 06018201

DATE: 01/18/06

CFS CLASSIFICATION REASSIGNMENT UPDATE SCREEN INITIAL
 COUNTY: 145 REPORT DATE: 01/18/06 INV WKR: 32113 SUPR ID: 22572 TRACK: A

- I. INVESTIGATION RESPONSE: CURRENT RESPONSE: 24 HOURS
 - 1. CHILD FATALITY
 - 2. SEXUAL ABUSE
 - 3. SERIOUS PHYSICAL ABUSE
 - 4. SERIOUS NEGLECT
 - 5. LAW ENF./PHYSICIAN TAKEN CUSTODY
 - 6. CHILD IN DANGER AT TIME OF REPORT AND LAW ENF. IS NEEDED
 - 7. NON-RELATIVE/NON-HOUSEHOLD MEMBER REPORT
- II. OTHER INFORMATION:
 - 8. LAW ENFORCEMENT
 - 9. PRIOR DFS INVOLVEMENT
 - 10. REPORTER CONTACT
 - 11. OTHER CONTACTS
- III. ADDITIONAL FACTORS:
 - 12. VIOLENT ACTIVITIES ON PART OF HOUSEHOLD MEMBERS
 - 13. 2 OR MORE PRIOR REFERRALS RECEIVED FOR SIMILAR CA/N BEHAVIOR
 - 14. SUBST. ABUSE AND/OR MENTAL ILLNESS RESULTING IN BIZARRE BEHAVIOR
 - 15. CHILDREN UNDER AGE 5 AND/OR UNABLE TO PROTECT SELF
 - 16. REFERRAL INDICATES INTENT OF HARM BY CARETAKER
 - 17. HIGH LIKELIHOOD OF CHILD NEEDING PLACEMENT

IV/V. DECISION/UPDATE, REASSIGNMENT:

TRACK	DATE	TRACK CHANGE CODE
A	01 / 18 / 06	

PF2=COMMENT/I PF3=COMMENT/II PF4=COMMENT/III PF5=COMMENT/IV/V PF11=UPDATE
 MESSAGE: UPDATE COMPLETE



MISSOURI
DEPARTMENT OF SOCIAL SERVICES
CHILDREN'S DIVISION
McDonald / Newton COUNTY OFFICE
PO Box 500
Anderson, Mo. 64831
Donald Gwley, CIRCUIT MANAGER
417-545-3010 Toll Free: 1-877-212-8720

SCHOOL LIAISON ALERT

DATE: 01/19/06

SCHOOL: Trway Elementary

WORKER: Teresa McNeil

PHONE: 417-455-5182

STUDENT/S:
Rowan Ford

REPORT DATE: 01/19/06

DOB: 04/11/99
DOB:
DOB:
DOB:

VICTIMS.

-
-
-
-

CARETAKER / PARENT NAME: Colleen McLeod

CHECKLIST OF NEEDED INFORMATION:

- Attendance Records
 - Statement of concerns from teacher/nurse
 - Other
 - Special Service Information
 - Phone call needed
- Urgent: Need By: _____
By _____ At _____ a.m. / p.m.

SCHOOL LIAISON CHECKLIST

ASSIGNED SCHOOL:

TEACHER:

GRADE:



**MISSOURI
DEPARTMENT OF SOCIAL SERVICES**
CHILDREN'S DIVISION
FAMILY ASSESSMENT STATUS

Donald Gorley
Circuit Manager

Newton
COUNTY OFFICE

417 455-5100
TELEPHONE

02/08/2006
DATE

201 N. Washington.

Neosho, Mo
ADDRESS

06018201
INCIDENT NUMBER

David and Colleen Spears :
777 Grove Street
Stella, Mo. 64887

Dear Mr. and Mrs. Spears

I am writing to follow up with you on my recent visit(s) with you and your family to discuss a concern about your family that was reported to the Children's Division (CD). As you recall, we talked about whether your family could benefit from services from this agency or the community. The decision made with your family was that:

- A Family-Centered Services case will be opened
 - During a Family Assessment it was determined that you would benefit from services.
 - There currently is a case opened and will remain open.
- A Family-Centered Services case will not be opened.
 - During a Family Assessment it was determined there was no need for services at this time.
 - You did not cooperate in completing a family assessment, but it was determined that your child(ren) was safe and there is no need for further intervention at this time.
 - During a Family Assessment it was determined that you would benefit from services. Your family was referred to services during the Family Assessment process.
 - During a Family Assessment it was determined that you would benefit from services, but you declined.

I appreciate you allowing me to talk with you and your family. If it was decided that the CD will not provide services to your family, and you decide later that you are in need of assistance, please do not hesitate to contact our office. A staff member will be glad to talk to you about available services that you may need.

If you disagree with this Family Assessment determination or are not satisfied with the services you have received, you may file a formal Service Delivery Grievance with CD WITHIN 30 DAYS of receiving this notice. The Service Delivery Grievance form (CS-131) and instructions can be obtained upon request from any local county or Regional CD office. You may ask a CD staff member, a friend, or family member to help you fill out the Service Delivery Grievance form. No CD staff member will take action against you if you file a grievance. The completed form should be filed with the county CD office that provided you services.

The written report of the contacts between you and CD is available for your review. This written report will be kept strictly confidential. If you have any questions about this report, please contact me at 465-5182.

Sincerely,

James McNeil
SS/ITA

Title