



Administrative Policies and Procedures: 14.7

Subject:	Child Protective Services Investigation Track
Authority:	TCA 37-1-401 et seq; 37-1-601 et seq; 37-5-105 (3); 37-5-106; 37-5-107
Standards:	DCS Practice Standards: 11-300A; 11-301A; 11-302A; 11-303A; 11-304A; 11-309A
Application:	All Department of Children's Services Child Protective Services Employees and Special Investigations Unit Employees
Policy Statement:	
A Child Protective Services investigation case must be <u>classified</u> ¹ within thirty (30) days after receipt of report. An investigation will be closed within sixty (60) days with a decision to close the case, provide services, refer to community providers for ongoing services, or transition to a Family Service Worker at the closure of the CPS case.	
Purpose:	
To ensure that CPS cases are properly classified CPS Investigators will use empirically derived assessment processes and classification criteria in order to maximize resources and produce fair and consistent decisions affecting the child and family, the alleged perpetrator, and will also link children and families to needed services and resources in the community.	
Procedures:	
A. Classifying the case	A report of child abuse by the alleged perpetrator may be classified as "indicated" if there is preponderance of evidence, in light of the entire record, which indicates the individual committed physical, severe or child sexual abuse, as defined <i>TCA §§ 37-1-102 or 37-1-602</i> . Proof of one or more of the following factors, linking the abusive act(s) to the alleged perpetrator, may constitute preponderance of evidence: <ol style="list-style-type: none"> 1. Medical and/or psychological information from a licensed physician, medical center, or other treatment professional that substantiates that child abuse occurred; 2. An admission by the perpetrator; 3. The statement of a credible witness or witnesses to the abusive acts; 4. The child victim's statement that the abuse occurred. The following elements are typical of sexually abusive situations, and will be considered in assessing the weight to be given to the child's statement in cases where sexual abuse is alleged:

¹ Exceptions: Child fatality investigations awaiting an autopsy report; CPS investigations needing interpreting and translating services or other unique services such as sign language communication; CPS investigations which fall under the TCA statute 37-1-607 *Severe Child Abuse or Neglect*, the Federal Indian Child Welfare Act, and CPS investigations where the alleged perpetrator has no access to the child victim.

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Current Effective Date: 09/01/12

Supersedes: DCS 14.7, 03/15/11

CS-0001

RDA SW05

	<p>a) History of relationship</p> <ul style="list-style-type: none"> ◆ Multiple incidents occurring over a period of time. This situation is most common where the alleged perpetrator is a relative, friend, or caretaker of a victim. ◆ Progression of physical touching, from activities that appear acceptable at first, but become sexual in nature. <p>b) Details of Abuse</p> <ul style="list-style-type: none"> ◆ Explicit knowledge of sexual activity. The victim relates explicit details of the sexual experience. This is especially relevant where the details are beyond the knowledge typical of a child of the victim’s age. ◆ Specifics of details, such as a location and/or time, even if a specific date is not given, or other details of the environment. For a preschool age child, such detail is not expected. As a child’s developmental age increases, more detail is expected. ◆ Consistency. If the child is interviewed more than once, the responses and statements are generally consistent from one interview to the next. Parts of the story are corroborated by other circumstances and/or witnesses. <p>c) Secrecy. The child indicates that he/she was instructed, asked, and/or threatened to keep the abuse secret.</p> <p>d) Coercion. Elements of coercion, persuasion, or threats to get the child to engage in the activity.</p> <p>5. Circumstantial evidence linking the alleged perpetrator to the abusive act(s) (e.g., child was in care of the alleged perpetrator at the time the abuse occurred and no other reasonable explanation of the cause of the abuse exists in the record, etc.).</p>
<p>B. Investigative activities to classify the case</p>	<p>The following investigative tasks/activities MUST be completed to classify a case within thirty (30) days from receipt of the report: (Refer to Work Aid 2 for specific tasks requirements by allegation).</p> <ol style="list-style-type: none"> 1. Structured Decision Making (SDM) and other assessment tools as appropriate. 2. Classification at thirty (30) days from date of referral. Case may be continued for thirty (30) more days to the sixty (60) day point. 3. A Family Team Meeting by the 30th day from date of referral if services are needed or upon identification of services if after day 30². The CPS Investigator (CPSI) will acquire the needed services and will work the case to closure or transition. Participants at the FSTM will include caseworker, family and the family support team. Complete Family Permanency Plan. Refer to DCS policy 14.2 Family Permanency Planning for CPS Non-Custodial Cases for plans and goals.

² Note: Additional FSTM's may be held at any point during the life of the case as circumstances dictate.

	<p>4. A Family Functional Assessment (FFA) is initiated by the 30th day from date of referral, if services are needed.</p> <p>5. Family Advocacy Support Tool (FAST) completed thirty (30) days from date of referral if services are needed. An updated FAST must be re-administered prior to case closure, unless the previous FAST was completed within the last thirty (30) days. The FAST results are used to determine if the safety and risk factors of the child and family have been reduced to safely close the case. (Refer to DCS FAST Case Protocol.)</p> <p>6. Regular contact with service providers. Contact may be by telephone, e-mail or face-to-face.</p>
<p>C. Investigative activities to classify case</p>	<p>Each allegation will be classified according to one of the following options:</p> <p>1. <u>Allegation Indicated, Perpetrator Indicated.</u></p> <p>a) This classification is appropriate when there is sufficient information and evidence to support the opinion that:</p> <ul style="list-style-type: none"> ◆ The alleged incident occurred or harmful situation existed, and ◆ The alleged perpetrator classified in the report was found to be responsible for the child's condition. <p>b) To indicate the allegations and perpetrator, the case must have been based on one of the following allegations:</p> <ul style="list-style-type: none"> ◆ Any report of harm that constituted severe child abuse as <u>defined</u> in <u>Work Aid 1 - Categories and Definitions of Child Abuse/Neglect.</u> ◆ Any report of child sexual abuse; ◆ Any report of the following injuries per <i>TCA 37-1-406</i>: <ul style="list-style-type: none"> i. Head trauma; ii. Broken bones; iii. Inflicted burns; iv. Organic functional impairment (injury to internal organs) as defined by the department; v. Broken skin; vi. Shaken baby syndrome; vii. Defensive injuries; viii. Injuries related to physical confinement; or ix. Infants exposed to illegal narcotics, including methamphetamine. <p>c) Any report of harm of the following types of neglect per <i>TCA 37-1-406</i>:</p> <ul style="list-style-type: none"> ◆ A child left without supervision in a dangerous environment; ◆ Lack of food or nurturance resulting in failure to thrive;

- ◆ Abandonment of a child under the age of eight (8);
 - ◆ Lack of care that results in a life-threatening condition or hospitalization; and
 - ◆ Inaction of the parent resulting in serious physical injury.
- d) Any report that:
- ◆ Results in the removal of a child from the home if the removal is due to abuse or neglect. (**Note:** a removal does not always require an indication. Regional Legal Counsel will be consulted on the need to indicate.)
 - ◆ Involves a caretaker at any institution, including but not limited to any licensed daycare center, public or private school, or hospital.
 - ◆ Results in any other class of injury.
2. **Allegation Indicated, Perpetrator Unfounded.** This classification is appropriate when there is sufficient information and evidence to support the opinion that:
- a) The alleged incident occurred or harmful situation existed, but
 - b) The alleged perpetrator classified in the report was not found to be responsible for the child's condition, or
 - c) There is insufficient information and evidence to indicate the alleged perpetrator as the abuser.
3. **Allegation Indicated, Perpetrator Unknown**
This classification is appropriate when there is sufficient information and evidence to support the opinion that:
- a) The alleged incident occurred or harmful situation existed, but
 - b) No alleged perpetrator was classified in the report or identified through the investigation.
4. **Allegation Unfounded, Perpetrator Unfounded.** This classification is appropriate when:
- a) There is insufficient information and evidence to support the opinion that the alleged incident occurred or harmful situation existed, and
 - b) The alleged perpetrator classified in the report was not found to be responsible for the reported maltreatment, or
 - c) There is insufficient information and evidence to indicate the alleged perpetrator as the abuser.
5. **Allegation Unfounded, Children with Sexual Behavior Problems.** This classification is appropriate when:
- a) There is sufficient information and evidence to support the opinion that sexual contact did occur, but

	<p>b) The dominant figure in that contact was a child twelve (12) years old and under.</p> <p>6. Unable to Complete. This classification is appropriate when:</p> <p>a) The CPSI is unable to locate the alleged victim and his or her family after a diligent search and good faith attempt to locate. Refer to DCS Policy 14.5 <u>Child Protective Services Planning, Initiation and Assessment of Safety and Protection</u> for documentation procedures.</p> <p>b) The incident occurred in another state and DCS participated in investigative activities or offered services, but has no ability or authority to formally identify a perpetrator.</p> <p>7. Determination of severe abuse</p> <p>a) The CPSI will determine if each indicated allegation meets the criteria for severe child abuse.</p> <p>b) The determination will be approved by the Team Leader and documented on form CS-0740, CPS Investigation Summary and Classification Decision of Child Abuse/Neglect Referral and/or in the appropriate screens in TFACTS.</p> <p>c) If sexual abuse or severe abuse/neglect, convene CPIT. Preparation for the CPIT meeting will include:</p> <ul style="list-style-type: none"> ◆ Completion of the CPIT form. The CPSI will ensure that all relevant portions of form CS-0561, Child Protective Investigative Team Review are completed, including a classification recommendation approved and signed by the Team Leader or on the appropriate screens in TFACTS. ◆ CPIT members will be prepared to discuss their position regarding the classification based on the information currently available to their respective discipline. <p>8. The final classification decision will be at the discretion of the Department.</p>
<p>D. Case transition and closure</p>	<p>1. If services are needed beyond sixty (60) calendar days, the CPS caseworker will schedule a transfer Child and Family Team Meeting (CFTM) with the family, the Family Service Worker (FSW), any providers working with the family, and any support persons identified by the family to transition the case.</p> <p>a) At the transfer CFTM, the Family Permanency Plan will be reviewed and revised with input from all participants to ensure that any safety issues are addressed in the plan. A supervisor will be present at this transfer CFTM.</p> <p>b) The CFTM case transition meeting will be documented in the case conference section of the family case in TFACTS.</p> <p>c) A copy of the CPS case file must be provided to the FSW at transfer. The updated FFA must be given to the FSW within five (5) days of case transfer.</p> <p>d) Refer to <u>A Caseworker's Guide to Opening and Transitioning Cases</u> that outlines the time frames/documentation and pertinent information</p>

	<p>required to be met by the FSW or applicable staff serving the family.</p> <ol style="list-style-type: none"> 2. Complete appropriate Structured Decision Making (SDM), form CS-0740 CPS Investigation Summary and Classification Decision of Child Abuse/Neglect Referral, assessment tools and FAST as appropriate. (Refer to DCS FAST Case Protocol.) Documentation will be entered into TFACTS and completed as appropriate. 3. Additional face-to-face contact with the alleged child victim at case closure if the child has not been seen within the last ten (10) business days. If a supervisor has reviewed and declared that there are no safety/risk concerns, no follow up visit is required. 4. An Initial CFTM with a skilled facilitator to explore all alternatives to placing the child into custody whenever there is an imminent risk of a child(ren) coming into custody. When an emergency removal takes place before a CFTM can be convened, the CFTM will occur <u>prior</u> to the preliminary hearing. In any event, a CFTM must occur no later than seven (7) days after the date of custody. 5. Each region must <u>establish a written local protocol</u> to consult with Master's in Social Work (MSW's) in the removal process. Team Coordinators (TC) and DCS Regional Legal Counsel must approve the decision to petition for custody. The Team Leader (TL) must attend CFTM. (Refer to DCS policy 31.7, Building, Preparing and Maintaining Child and Family Teams.)
<p>E. Assessment referral received on open investigation</p>	<ol style="list-style-type: none"> 1. If during the investigation, an assessment referral on the family is received from Central Intake, the CPS investigator will consult with the Supervisor and address the additional concerns while continuing to conduct the investigation. 2. If multiple reports with additional allegations are received on an open case within thirty (30) days of the initial report, the allegations may be added to the open case.
<p>F. Notifications</p>	<ol style="list-style-type: none"> 1. Each region must work with local juvenile court judges to <u>establish local protocols</u> to notify juvenile court of every child abuse and neglect referral. 2. Each region must work with local juvenile court judges to establish <u>written local protocols</u> to notify juvenile court with a summary of the results of every child abuse and neglect case.
<p>G. Notification of indicated perpetrator's right to file review</p>	<ol style="list-style-type: none"> 1. In every investigation that results in a classification of "allegation indicated, perpetrator indicated", the person classified as the indicated perpetrator must be notified of his or her right to a formal file review as outlined in DCS Policy 14.10, Child Protective Services Formal File Review Process. 2. The CPSI will follow DCS Policy 14.11, CPS Due Process Rights and Reviews when the person classified as the indicated perpetrator has access to children through his or her employment or volunteer activity.
<p>H. Referral to early intervention services</p>	<ol style="list-style-type: none"> 1. In every investigation that results in a classification of "allegation indicated" on a child under the age of three (3), the CPSI will make a referral for screening and

	<p>eligibility determination to the Tennessee Early Intervention Services (TEIS) program through the Tennessee Department of Education (DOE). The CPSI will call 1-800-852-7157, a toll free telephone number dedicated by DOE for this type of referral, and complete form CS-0811 Tennessee Early Intervention Services Referral to provide the requested information below:</p> <ol style="list-style-type: none"> a) The child's name, date of birth and contact information; b) The biological and/or custodial parent's name and contact information; c) The foster parent's name and contact information, when applicable; and d) The CPSI's name and contact information. <ol style="list-style-type: none"> 2. The CPSI will notify the child's parents/foster parents of the referral and will document this in TFACTS that the referral was made. 3. After the child is approved and receiving services, three (3) to nine (9) months before the child's 3rd birthday, the TEIS service coordinator will work with the family to discuss options for when the child turns three (3) years of age and exits TEIS.
<p>I. Local protocols/ procedures</p>	<p>All requirements for local procedures or protocols will be documented on form CS-0251 Local Administrative Procedures and Instructions.</p>

<p>Forms:</p>	<p><u>CS-0251 Local Administrative Procedures and Protocols</u> <u>CS-0561, Child Protective Investigative Team Review</u> <u>CS-0740, Child Protective Services Investigation Summary and Classification Decision of Child Abuse/Neglect Referral</u> <u>CS-0811 Tennessee Early Intervention Services Referral</u></p>
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<p>Collateral documents:</p>	<p><u>CPS Case Closure Protocol</u> <u>Family Advocacy Support Tool (FAST) Protocol</u> <i>Family Permanency Plan – (In TFACTS)</i> <u>Work Aid 2- Child Protective Services Tasks by Allegation</u></p>
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Glossary:	
Term	Definition
Preponderance of evidence:	The greater weight of the evidence required in a civil (non-criminal) lawsuit for the trier of fact (jury or judge without a jury) to decide in favor of one side or the other. This preponderance is based on the more convincing evidence and its probable truth or accuracy, and not on the amount of evidence. Thus, one clearly knowledgeable witness may provide a preponderance of evidence over a dozen witnesses with hazy testimony, or a signed agreement with definite terms may outweigh opinions or speculation about what the parties intended. Preponderance of the evidence is required in a civil case and is contrasted with "beyond a reasonable doubt," which is the more severe test of evidence required to convict in a criminal trial. No matter what the definition stated in various legal opinions, the meaning is somewhat subjective.