



Administrative Policies and Procedures: 14.2

Subject:	Screening, Priority Response and Assignment of Child Protective Services Cases
Authority:	TCA 37-1-401 et seq.; 37-5-105 (3); 37-5-106; 37-5-107; 37-1-601 et seq
Standards:	COA: PA CFS 4.01-4.02, PA CFS 4.04-4.06, PA-CFS 5.01, PA-CFS 5.03, PA-CFS 5.09 5.10 ACF-IM-16-05
Application:	All Department of Children's Services (DCS) Child Protective Services (CPS) Child Abuse Hotline (CAH), and Special Investigation Unit (SIU) Employees
Policy Statement:	
The Child Abuse Hotline receives reports of suspected abuse and neglect. These reports are screened to determine the need for a timely investigation, assessment, or resource linkage case within the appropriate jurisdiction.	
Purpose:	
To ensure reports of abuse and/or neglect are consistently processed for accurate screening decisions, track assignment and timely response.	
Procedures:	
A. Screening and Assignment	<p>Using the <u>Structured Decision Making (SDM) Child Abuse/Neglect Intake Assessment Tool</u>, Child Abuse Hotline staff determines if the information reported meets the criteria for abuse and/or neglect per TCA within twenty-four (24) hours.</p> <ol style="list-style-type: none">1. Reports which meet the criteria for abuse or neglect and the Alleged Child Victim (ACV) resides in Tennessee are "screened in" and assigned to the appropriate program area and county.<ol style="list-style-type: none">a) New allegation(s) on a CPS case open for thirty (30) days or more, or less than thirty (30) days when the open CPS case has an approved classification, is screened in as a new CPS case and assigned according to the SDM screening decision for track and priority response.b) When an additional report with any other non-severe allegations is received, it is assigned to the current Case Manager.c) If the new allegation is a death or preliminary near death but not related to the incident that initiated the already open CPS case, a new case is opened, regardless of the timeframe of the already open case.

	<p>d) If the alleged child victim is hospitalized, a notation will be inserted into the referral that indicates the CPS worker or supervisor will contact the hospital within twenty-four (24) hours of the intake. The Child Abuse Hotline (CAH) will page the county on weekends and holidays to ensure timely notification is provided regarding drug exposed child referrals with a P1 response.</p> <p>2. Reports which do not meet the criteria for abuse or neglect are screened out and documented in TFACTS (Refer to Work Aid 1: CPS Categories and Definitions of Child Abuse/Neglect).</p> <p>a) Duplicate reports containing the same information, regardless of the reporter are screened out and processed. Notification is sent to the assigned CPS worker via email and documented on the intake narrative box in TFACTS.</p> <p>b) New allegation(s) in a CPS case open for less than thirty (30) days (without an approved classification) is screened out and processed when the open CPS case is the same track assignment as the new allegations, as determined by the SDM tool. The assigned worker documents the information from the screened out report and adds the new allegation(s) to the open CPS case in TFACTS. Face to face contact with the ACV is completed based on the suggested priority response of the screened out report unless waived by the CPS supervisor due to recent contact or other mitigating factors which must be documented in TFACTS.</p> <p>◆ Notification of the new allegation(s) and suggested priority response-is sent to the appropriate CPS supervisor and assigned worker via email and documented by the CAH on the intake narrative box in TFACTS.</p> <p>c) If the abuse and/or neglect occurred in Tennessee and the ACV resides outside of Tennessee or will not return within the timeframe to complete a CPS case or offer services to the child, regardless of the alleged perpetrators' access to the ACV, allegations are screened out. The allegations are referred to local law enforcement and the child welfare agency where the child is located.</p> <p>d) If a report is screened out, but involves other investigative or licensure agencies (e.g., law enforcement, DHS daycare, DMH/DIDD licensed facilities, DCS licensure) Hotline staff notifies the appropriate agency no later than the next business day. The name of the agency notified is documented on the appropriate screens in TFACTS.</p> <p>e) When a report is screened out but a new request is made by law enforcement/hospital personnel for immediate assistance, the CAH uses the SDM to determine the appropriate CPS track assignment if the report had been screened in. The CAH will then email or page the responsible county for a Case Manager to contact the referent.</p> <p>Note: If the worker obtains information that would require the referral to be screened in, they must contact the CAH with the information so the original referral can be re-entered into TFACTS with the new information. The referral is then assigned to the responsible county.</p>
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B. Priority Response	<p>Priority responses are assigned to reports to determine the timeframe in which the ACV must be seen.</p> <ul style="list-style-type: none"> ◆ Priority response for all reports begins at intake creation date/time. <p><i>Central Time Zone vs. Eastern Time Zone: The responding case worker records the response time in TFACTS using <u>local time</u> regardless of the Time Zone to which the report is assigned.</i></p> <ol style="list-style-type: none"> 1. Priority-1 (P-1): Cases assigned this priority are initiated by a face-to-face contact with the ACV no later than twenty-four (24) hours, but immediately if the CPS supervisor deems it necessary. Priority 1 reports allege that children may be in imminent danger. 2. Priority-2 (P-2): Cases assigned this priority are initiated by face-to-face contact with the ACV within two (2) business days. Priority-2 reports allege injuries or risk of injuries that are not imminent, life threatening or do not require immediate medical care where a two (2) business day delay will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child. 3. Priority-3 (P-3): Cases assigned this priority are initiated by face-to-face contact with the ACV within three (3) business days. Priority-3 reports allege situations/incidents considered to pose low risk of harm to the child where three (3) business days will not compromise the investigative effort or reduce the chances for identifying the level of risk to the child. 4. When a report is determined to be a P-1, Hotline staff notifies the CPS supervisor by e-mail, page, or phone of the emergency report.
C. Reconsideration Procedures	<p>Track and priority response assignments may be reconsidered for alternate assignments (refer to Policy <u>14.3, Child Protective Services Intake Analyst Responsibilities</u>).</p> <ul style="list-style-type: none"> ◆ During the priority response process, the original priority response must be met if the reconsideration is denied by the CAH. ◆ After hours P-1 reconsideration requests to the CAH are sent via email to the Hotline Supervisory Email group.
D. Case Assignment Based on Jurisdiction	<ol style="list-style-type: none"> 1. Reports alleging severe abuse are assigned as follows: <ol style="list-style-type: none"> a) To an Case Manager in the county where the alleged abuse occurred; or b) To an Case Manager in the county where the child resides if it is not clear where the alleged abuse occurred. 2. Reports alleging non-severe abuse are assigned to the county where the child resides. <p>Note: See definition of Residence of Child at bottom, especially if youth is not at their residence at the time of report.</p> 3. If the report involves abuse or neglect that allegedly occurred in another state, including allegations of severe abuse or neglect, and the alleged victim is physically present in the state of Tennessee at the time the report is received,

	<p>the case is assigned in the county where the child is visiting/residing in Tennessee.</p> <ol style="list-style-type: none"> 4. Requests for courtesy response by an out of state agency are processed by the CAH and assigned to the appropriate jurisdiction. CAH staff obtains the child's name, address and all information relative to the request for courtesy case work activities. Courtesy case responses are documented in TFACTS. 5. Allegations of child abuse or neglect involving non-custodial children under the supervision or care of an individual or individuals functioning in an official employment or volunteer capacity at the time of the incident are assigned to SIU. Examples include but are not limited to: <ol style="list-style-type: none"> a) Licensed day care facilities b) Licensed child care agencies c) Unlicensed daycare facilities that should be licensed (such as a daycare with more than four (4) children unrelated to the daycare provider) d) Schools e) Religious Organizations f) Youth Groups <ul style="list-style-type: none"> ◆ SIU investigates allegations of child abuse or neglect of biological, foster, or adoptive children residing in a foster home. Reports to SIU are handled as outlined in DCS Policy <u>14.10, Special Investigations Unit Child Protective Services Investigations</u>. ◆ SIU investigates allegations of abuse and/or neglect of children where the DCS employee is named as the alleged perpetrator or the alleged perpetrator resides in a home of the DCS employee. At the discretion of the Director of Investigations and the General Counsel, or their designees, a SIU investigator and legal counsel may be used from another region to conduct the investigation. 6. Regional CPS is responsible for investigating allegations when the alleged abuse or neglect was committed by an alleged perpetrator who was not functioning in their official or volunteer capacity. Examples include: <ol style="list-style-type: none"> a) When a teacher/daycare employee abuses their biological child; b) The custodial child is on a home visit when the alleged abuse and/or neglect occurred and the alleged perpetrator is not in an official capacity; c) The custodial child is in a trial home placement when the alleged abuse and/or neglect occurred and the alleged perpetrator is not in an official capacity; d) The custodial child is on runaway; or e) The abuse/neglect occurred prior to the child entering custody. <p>Exception: The Special Investigations Unit (SIU) investigates all child death and near death allegations involving custodial children.</p>
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E. Allegations of Sexual Abuse Only Involving Children	<ol style="list-style-type: none"> Assigned allegations of sexual abuse involving two or more children who are twelve (12) years old or under and are from different families are separated by family with each child listed as an Alleged Child Victim and the alleged perpetrator listed as unknown in companion referrals. <ol style="list-style-type: none"> Children twelve (12) years old or under who are alleged to have used force, threat or coercion during the incident, or attempted to prevent communication of the incident may be identified as an alleged perpetrator. A child who is thirteen (13) or older and has a developmental or intellectual disability should not be initially identified as an alleged perpetrator until further information is collected regarding their disability. The CAH includes any information that suggests a child as an aggressor in the reported allegation. <ul style="list-style-type: none"> During the course of an investigation, a child may be identified as an alleged perpetrator based on information collected.
F. Companion Referrals	<ol style="list-style-type: none"> When a referral that meets criteria for assignment has more than one ACV and those ACVs have different mothers or custodial caretakers (if mother is deceased), a companion referral is to be created to separate the ACVs and their families. Companion referrals are screened individually per SDM and can have different tracks, priority responses, and jurisdiction. SIU referrals will not be split into companion intakes. All ACVs will remain together on the same assigned intake. <ul style="list-style-type: none"> Exception is Custodial Child Deaths and Preliminary Near Deaths. Each custodial ACV must have their own separate Child Death or Preliminary Near-Death intake. Unless ACVs are a sibling group. Referrals that do not meet criteria for assignment remain as one intake.

Forms:	<u>CS-0680, Child Protective Services Intake</u>
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Collateral Documents:	<u>14.3, Child Protective Services Intake Analyst Responsibilities</u> <u>14.4, CPS: Locating Child and Family</u> <u>14.10, Special Investigations Unit Child Protective Services Investigations</u> <u>20.27, Child Death-Near Death Rapid Response</u> <u>Work Aid 1: CPS Categories and Definitions of Child Abuse/Neglect</u> <u>Work Aid 3: Child Abuse Hotline Tasks and Responsibilities for Referrals</u>
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	<u>Concerning a Child Death and Preliminary Near Death</u>
	<u>Protocol for Working with Hospitals</u>

Glossary:	
Term	Definition
Initiated	The act of contacting or meeting with the victim or family for a face-to-face interview (CPS).
Multiple Reports	New allegations received by the CAH on open CPS cases.
Priority Response	Priority response is assigned to reports of alleged abuse/neglect to determine the timeframe in which an investigation or assessment is initiated. (See <i>Section B</i> above for definitions and time requirements for initiating a face-to-face contact with the alleged victim.)
Structured Decision Making (SDM) Child Abuse/Neglect Screening Criteria	The SDM Intake Assessment Tool guides CAH staff on making a determination of whether a report meets DCS policy for a child abuse/neglect investigation, assessment or resource linkage and the timeframe in which to respond to those reports that are assigned as an investigation or assessment. Decisions are made immediately upon receipt of all available information pertaining to a report, but no later than within twenty-four (24) hours of receipt of a report, unless the CAH Director or Team Coordinator decides that more time is needed to gather information.
Residence of the Child	The location of the primary caretaker. If the family is homeless, there is a joint custody arrangement between the parents, or the primary residence cannot be determined, the residence may be the last known location of the child, the current location at the time the report was made, or a temporary living arrangement (e.g. hotel, or motel).