Administrative Policies and Procedures: 14.21

Subject: DCS Response to Allegations Involving Drug Exposed Children

Authority: TCA 37-1-401 et seq.; 37-5-105 (3); 37-5-106; Comprehensive Addiction and Recovery Act (CARA)

Standards: DCS Practice Standards: 5-200; 11-100; 11-101; 11-102; 11-103; 11-300A; 11-301A
COA: PA-CFS 2.02-2.03, PA-CFS 5.03, PA-CFS-5.07, PA-CFS 10.01-10.03

Application: All Department of Children’s Services Child Protective Services, Child Abuse Hotline and Special Investigations Unit Employees

Policy Statement:
The Child Abuse Hotline screens and assigns allegations involving drug exposed children (DEC) and responds timely based on the severity of or potential for physical, mental or emotional harm to the child.

Purpose:
To assist the CAH in determining track and priority response for allegations of DEC and to provide CPS workers with guidance for classifying allegations.

Procedures:

A. Criteria for assignment

1. A referral meets the definition of DEC based on Work Aid 1, Categories and Definitions of Abuse/Neglect

2. A referral meets the criteria for the investigation track when one or more of the following applies:
   a) The alleged child victim (ACV) is under the age of two (2) years;
   b) The ACV has a positive drug screen for an illegal or unprescribed drug;
   c) The alleged perpetrator (AP) directly administers, provides, or uses legal or illegal drugs resulting in harm to the ACV;
   d) The parent/caregiver’s misuse of prescription medication has caused physical, mental, or emotional harm; or
   e) The referral involves the manufacturing of methamphetamine.

3. If the referral meets the screening definition for DEC (refer to Work Aid 1, Categories and Definitions of Abuse/Neglect), however, does not meet the criteria (2.a-2.e, above), the case is assigned to the assessment track.
### B. Responding to allegations of drug exposed child

The CAH assigns a priority response timeframe to reports of DEC based on the SDM Intake Assessment tool.

**1. Priority Response one (1)** is considered when one of the following circumstances is present:

- **a)** The ACV has been exposed to the use, manufacture or sale of drugs by the parent/caregiver who has recently caused or, without immediate response by CPS, is likely to cause physical, mental or emotional harm to the ACV and the ACV is in the care of the parent/caregiver at the time of the report. This includes infants born drug dependent as a result of the mother’s illegal use or misuse of legal prescription medication as well as infants who have been diagnosed with FASD and/or NAS.

- **b)** The parent/caregiver is unable to function, as a result of drug use or misuse of prescription medication, in a manner that is adequate to meet the ACV’s basic needs and the ACV is in the care of the parent/caregiver at the time of the report.

- **c)** The ACV has recently been exposed to the manufacturing of methamphetamine and/or there is a continued threat of exposure.

**Note:** When CPS staff respond to cases involving drug exposed children, refer to *Work Aid 4: Protocol for CPS Investigations Involving Methamphetamines* (Sections C, D and E) and *Safety Notice: Understanding Fentanyl and Avoiding Accidental Exposure*.

- **d)** The ACV has been administered or has ingested drugs (including legal medication not used as directed) which has recently caused or, without immediate response by CPS, is likely to cause physical, mental or emotional harm to the ACV and the ACV is in the care of the parent/caregiver at the time of the report.

- **e)** Postponing immediate response would compromise the ability to engage or contact the parent/caregiver or collect evidence.

- **f)** There is reason to believe the parent/caregiver will flee with the ACV.

**2. Priority Response two (2)** is considered when one of the following circumstances is present:

- **a)** The ACV is in a safe environment or with a protective parent/caregiver at the time of the report that is able to meet the child’s basic needs. However, there is a concern that within the next two (2) business days, the ACV will be exposed to the use, manufacture or sale of drugs.

- **b)** The alleged perpetrator (AP) does not have access to the ACV within the next two (2) business days (e.g., the ACV is admitted to a medical unit and remains there for an extended period of time such as the Neonatal Intensive Care Unit).

**3. Priority Response three (3)** is considered when the ACV is able to self-protect, or is visible in the community, and one of the following apply:

- **a)** The ACV is in a safe environment at the time of the report and there are no concerns that the AP will have access to the ACV within the next three
C. Addressing concerns of drug exposed children on open CPS assessment cases

1. If, during an open CPS assessment case, the CPS worker becomes aware of new allegations of a DEC he/she consults with the assigned assessment supervisor to determine if the allegation can be addressed within the existing open case. If the CPS assessment worker and assigned assessment supervisor determine the allegations cannot be addressed in the current case, the assessments supervisor and the lead investigator meet to discuss the information gathered from the open case in order determine next steps. Refer to Policy 14.3 Screening, Priority Response and Assignment of Child Protective Services Cases for time frame requirements.

2. If during an open CPS assessment case, the allegation(s) meets the level of severe abuse, the assigned assessment supervisor confers with the lead investigator to discuss the information gathered during the open assessment case to determine if the case is transferred to investigations or if the track is changed to investigation and remains with the current case worker. Factors to consider include the remaining investigative tasks and timeframe to case closure (refer to DCS Policies 14.6 Child Protective Investigation Team and 14.7 Child Protective Services Investigation Track).

   Note: If the assessment case has already been classified, the track assignment can be changed by request through the Field Customer Care Representative (FCCR) and remain with the assessment worker or transferred to investigations.

3. A case open for less than thirty (30) days may be transferred to investigations in cases where ACV’s age limits the ability to self-protect or reduces the visibility by others, and one of the following exists:

   a) The parent/caregiver has a positive drug screen for illegal drugs or non-prescribed legal medications, and the use of illegal drugs or non-prescribed legal medications impairs the parent/caregiver’s ability to meet child-care responsibilities resulting in the child being unsafe causing physical, mental, or emotional harm.

   b) The child has a positive drug screen for illegal drugs or non-prescribed legal medications.

   c) It is discovered that the child is exposed to or living within close physical proximity to where illegal drugs or non-prescribed legal medications are manufactured.

   d) A parent/caregiver refuses to submit to a drug screen, and the parent/caregiver’s ability to meet child-care responsibilities is impaired, and there is circumstantial evidence of illegal drugs or non-prescribed legal medications.
### D. Classifying allegations of drug exposed children in investigation cases

For investigation cases, the following information is considered when substantiating allegations of DEC:

1. A positive drug screen for the parent/caregiver and other evidence that indicates the parent/caregiver is unable to function in a manner that is adequate to meet the ACV’s basic needs (e.g., there is a lack of food, housing, medical care, supervision or proper hygiene).

2. A positive drug screen for a newborn infant or the infant is born drug dependent as a result of the mother’s use of illegal drugs or misuse of legally prescribed medication during her pregnancy. This includes, but is not limited to, a validated diagnosis of Fetal Alcohol Spectrum Disorder (FASD) and/or Neonatal Abstinence Syndrome (NAS).

3. Evidence collected, such as a positive drug screen, indicating the ACV was administered or ingested illegal drugs or prescription medications that were not prescribed to the ACV or used in a manner other than as directed and caused or was likely to cause physical, mental or emotional harm.

4. Evidence shows that the ACV was living in or exposed to an environment where the use, manufacture or sale of drugs took place. The manufacturing of methamphetamine in the same structure as an ACV is always considered severe abuse.

5. An admission of the use, manufacture or sale of illegal drugs or the misuse or sale of legal prescription medication when the ACV is present or placed in a dangerous environment as the result of the activity.

6. Assessments or evaluations indicating that as a result of the use, manufacture or sale of drugs or misuse of prescription medication by a parent/caregiver, the ACV has experienced physical, mental or emotional harm.

7. Any and all evidence collected during the investigation relevant to the allegation, including evidence that suggests the parent/caregiver’s ability to function in a manner adequate to meet the ACV’s basic needs, was impacted by the use, manufacture or sale of drugs or misuse of prescription medication.

### E. Classifying allegations of drug exposed children in assessment cases

For assessment cases, the following information is considered when determining the recommendation or requirement for services:

a) Parent/caregivers who have positive drug screens;

b) Parent/caregivers who have admitted to the use of illegal drugs or misuse of legal prescription medication;

c) Other information, such as interviews with collateral contacts or health care providers, which indicates the probable use of drugs or misuse of prescription medication by the parent/caregiver;

d) The refusal of the parent/caregiver to submit to a drug screen when there is evidence to suggest recent drug use and there is a reason to believe this impacts the parent’s ability to provide care;
### F. Plans of Safe Care

Referrals received for infants (age 0 up to 12 months of age) born with and identified as being affected by substance abuse or withdrawal symptoms resulting from prenatal exposure from the use of illegal drugs or the misuse of legal drugs or chemical substances, diagnosed with Neonatal Abstinence Syndrome or Fetal Alcohol Spectrum Disorder will be identified as a CARA case and must have a Plan of Safe Care to include services that ensure the safety and well-being of infants (refer to DCS policy [14.2 Family Permanency Planning for CPS Non-Custody Cases](#)).

### G. CPS Investigation and assessment tasks

Refer to DCS policies [14.7 Child Protective Services Investigation Track](#), [14.26 Child Protective Services Assessment Track](#) and associated Work Aids referred to in those policies for a complete list of all the tasks associated with conducting CPS investigations and assessments including those specifically addressing allegations of drug exposed child.

### Forms:

- CS-0680, Child Protective Services Intake
- CS-0050, Case Intake Documents Verification
### Collateral documents:
- Work Aid-1 – Categories and Definitions of Abuse-Neglect
- Work Aid -2-Child Protective Services Tasks by Allegation
- Work Aid- 3 – Child Protective Services Investigative Tasks and Activities
- Work Aid 4 - Protocol for CPS Investigations Involving Methamphetamines
- 14.2 Family Permanency Planning for CPS Non-Custody Cases
- Policy 14.3-Screening Priority Response and Assignment
- Policy 14.6 Child Protective Investigative Team
- Policy 14.7 Child Protective Services Investigation Track
- Policy 14.26 Child Protective Services Assessment Track
- Safety Notice: Understanding Fentanyl and Avoiding Accidental Exposure
- Controlled Substance and Medication Work Aid

### Glossary:

<table>
<thead>
<tr>
<th>Terms</th>
<th>Definitions</th>
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<tr>
<td><strong>Fetal Alcohol Spectrum Disorder (FASD)</strong></td>
<td>Fetal Alcohol Spectrum disorders are a group of conditions that can occur in a person whose mother drank alcohol during pregnancy. These effects can include physical problems and problems with behavior and learning. Often a person with FASD has a mix of these problems.</td>
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<td><strong>Neonatal Abstinence Syndrome (NAS):</strong></td>
<td>Neonatal Abstinence Syndrome is a condition in which a baby has withdrawal symptoms after being exposed to certain substances. Many times, the baby is exposed when the mother uses substances such as medications or illicit drugs during pregnancy and after the baby is born (and separated from the mother's body), the baby goes through withdrawal because it is no longer receiving the substances. Less commonly, very sick babies may receive medications after birth to help control pain or agitation, and once those medications are stopped, the baby may go through withdrawal. Medications that may cause withdrawal include those known as opioids (painkillers) or benzodiazepines (which help with anxiety or sleep). Illegal drugs such as cocaine may also cause withdrawal. Withdrawal can occur when a mother is using a medication as prescribed, (e.g., a mother who is receiving legally prescribed medication for pain or addiction); when a mother is misusing a prescription medication (e.g., using the medication too much or too often and/or taking a medication not prescribed to her); or the use of illegal drugs (Reference Tennessee Department of Health: <a href="https://www.tn.gov/health/nas.html">https://www.tn.gov/health/nas.html</a>).</td>
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<td><strong>Self-Protect</strong></td>
<td>The degrees to which a child can avoid, negate, or modify the impact of safety threats.</td>
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<td><strong>Visibility</strong></td>
<td>Reference to the child's ability to be seen by others outside the care of the alleged perpetrator.</td>
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<tr>
<td><strong>Vulnerability</strong></td>
<td>Reference to the child's capacity to self-protect as related to age, disability, susceptibility to maltreatment, and visibility by others.</td>
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