State of Tennessee
Department of Children’s Services

Administrative Policies and Procedures: 14.26

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<th>Subject:</th>
<th>Child Protective Services Assessment Track</th>
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<tr>
<td>Authority:</td>
<td>TCA 37-5-105 (3); 37-5-106; 37-5-601, through 608</td>
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<td>Standards:</td>
<td>COA: PA-CFS 1, PA-CFS 2.02, PA-CFS 3, PA-CFS 4.03, PA-CFS 5, PA-CFS 6, PA-CFS 7-PA-CFS 12, PA-CFS 15.01-15.08; DCS Practice Model Standards: 12-300; 12-301</td>
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<td>Application:</td>
<td>To All Department of Children’s Services Child Protective Services Assessment Employees</td>
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Policy Statement:

Child Protective Services-Assessment (CPSA) workers assess risk and safety of children, and when appropriate, provide services to safeguard and enhance the welfare of children and preserve family life by strengthening the ability of families to parent their children while keeping the children safe from neglect and abuse.

Purpose:

To provide guidelines and timeframes to support and direct CPSA staff to investigate and assess allegations of abuse and neglect, complete assessment and investigative tasks, and render services to children and families, while producing fair and consistent decisions to ensure the safety of the child(ren).

Procedures:

A. Assessment Tasks

Assessment Tasks (tasks are completed within the first 30 calendar days unless otherwise stated):

The CPS worker:

a) Meets priority response within the assigned time frame (refer to Section B of DCS Policy 14.3, Screening, Priority Response and Assignment Of Child Protective Services Cases);

b) Conducts an initial Alleged Child Victim (ACV) Face to Face (F2F) contact or Good Faith Efforts (GFE); Reasonable concerns about the ACV’s safety must outweigh any other consideration of the timing and location of an interview. Every effort must be made for the interview and observation of the ACV to occur away from the AP. ACV should be interviewed in a private setting when possible.

Note: When a DCS child/family is unable to be located through GFE and there is a reason to believe that the child/family has relocated to another
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country, refer to **Safety Notice: International Assistance Locating Children and Families** for additional options.

c) Contacts each located parent/caretaker(s) and household members residing in the home;

d) Interviews/observes all children residing in the household of the ACV and document the interview/observations. Prior to interviewing any child who is not listed or identified as an ACV, obtain permission for the interview from the child’s parent/caregiver.

e) Establishes persons in TFACTS;

f) Completes and submits for approval, the Safety Assessment section of the FAST within five (5) business days of intake date (refer to **Protocol for the Completion of the Family Advocacy Support Tool (FAST)**);

g) Conducts background checks, DCS family history, and other external historical and case relevant documents, as applicable (refer to **Safety Notice: Conducting an Efficient and Effective History Search**);

h) Links the CPS Case to the Family Case;

i) Completes and submits for approval, the entire FAST within ten (10) business days from date of referral (refer to **Protocol for the Completion of the Family Advocacy Support Tool (FAST)**); If a child comes into custody, the Fast is completed within two (2) business day of entering custody.

j) Classifies the case. Any cases not classified by thirty (30) days require an administrative review, documented in TFACTS, detailing the reason for the delay.

B. Entry of Tasks into TFACTS

1. Each of the following tasks is entered into TFACTS as a separate case recording with the entry occurring within thirty (30) calendar days from the occurrence:

   a) Initial Alleged Child Victim (ACV) face-to-face contact;

   b) Two (2) GFEs for compliance if face-to-face attempts were unsuccessful;

   ♦ One of the efforts must be an attempted home visit

   c) Subsequent monthly face-to-face contacts with the ACV(s) to assess for safety; a face to face contact with the ACV is required each calendar month.

   d) Court Hearings; and

   e) Administrative Review.

2. Supervisors enter an administrative review to document the review of completed tasks and to provide direction to the worker with regards to next steps and case planning (refer to DCS Policy **4.4, Performance and Case Supervision Practice Guidelines and Criteria**).
3. The following tasks are completed in the designated areas in TFACTS and do not require a case recording:

- Case Classification
- FAST
- Case Service Request
- Child and Family Team Meetings
- Safety Assessment
- Family Permanency Plans

4. A Family Permanency Plan (FPP) is developed for families with informal assessments and/or FAST assessment outcomes that indicate a necessity to provide services or to continue services to address needs, safety or risks concerns to the child or family (also refer to Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture for additional safety information, if applicable).

The plan includes:

a) Agreed upon goals, desired outcomes, and timeframes for achieving them;
b) Services and supports to be provided, and by whom;
c) Timeframes for evaluating family progress; and

d) The signature of the parent(s) and the ACV, if age appropriate.

**Note:** For non-custodial and custodial cases, services are documented in TFACTS on the Family Permanency Plan and/or CFTM Summary (refer to DCS policies 14.2, Family Permanency Planning for Child Protective Services Non-Custodial Cases and 31.1, Family Permanency Plans.

5. Signatures on required forms are obtained and scanned into TFACTS, along with other supporting documents gathered from external sources.

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C. CPS Classifications & contacts

During the course of a CPSA case, the evidence and circumstances determines the classification of the allegations.

**CPS Assessment Classifications:**

a) **No Services Needed** – An assessment is completed and no risk or service needs are identified. There are no concerns regarding the safety of the child(ren).

- Cases are classified as “no services needed” by thirty (30) calendar days from the date of referral, and the case is closed immediately following classification approval.
- There is a minimum of one (1) face to face contact with the victim each calendar month. There is a minimum of one (1) monthly contact with each parent/caretaker(s). It is at the discretion of the supervisor to
determine if the case circumstances warrant increasing the face-to-face contacts.

b) **Services Recommended**: There is a need for services, but there is no immediate threat of harm to the safety of the child or family. These encouraged and voluntary services may be new services or existing services the family is recommended to continue (also refer to **Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture** for additional safety information, if applicable). There is a minimum of one (1) face to face contact with the victim each calendar month. There is a minimum of one (1) monthly contact with each parent/caretaker(s). It is at the discretion of the supervisor to determine if the case circumstances warrant increasing the face-to-face contacts.

- Upon initiation of services, CPS makes monthly contact with service providers for the life of the CPS case. Contact may be made by telephone, e-mail or face-to-face.
- If the alleged child victim is under age three (3) and there are any concerns the child may be experiencing any type of disability or medical condition, a referral to Tennessee Early Intervention System (TEIS) is recommended.

**Note**: If the family refuses the recommended services, and after consult with a supervisor, it is determined there is no concern of safety or risk, no further action to seek service compliance is necessary, and the case should be prepared for closure with documentation to reflect the decision.

c) **Services Needed**: There is an immediate threat of harm, and without services, the safety of the child or family is at question. Safety issues and future risk of harm are so great that the agency provides voluntary services.

- There is a minimum of one (1) face to face contact with the victim each calendar month. There is a minimum of one (1) monthly contact with each parent/caretaker(s). It is at the discretion of the supervisor to determine if the case circumstances warrant increasing the face-to-face contacts.
- Upon initiation of services, CPS makes monthly contact with service providers for the life of the case. Contact may be made by telephone, e-mail or face-to-face.
- If an ACV is under age three (3), a referral is made to TEIS.

**Note**: If the family refuses the needed services, and after consult with a supervisor and regional legal counsel (RGC)/ designee, it is determined the concern of safety or risk, does not warrant court involvement, no further action to seek service compliance is necessary, and the case
should be prepared for closure with documentation to reflect the decision.

d) **Services Needed, Court Ordered** - There is an immediate threat of harm, a need of services, and court involvement is warranted.

   - The caseworker and supervisor consult to determine risk/safety factors, service needs, FAST results, and what court involvement to pursue.

   - Upon receipt of a court order, face-to-face contact is made with the victim within the first five (5) business days, followed by a minimum of one (1) face to face contact with the victim each calendar month. There is a minimum of one (1) monthly contact with each parent/caretaker(s). It is at the discretion of the supervisor to determine if the case circumstances warrant increasing the face to face contacts.

   - If the Court does not support the recommendation and services are not ordered, there is consultation with the TL and RGC or designee to consider other options before closure.

      - If an assessment case demonstrates that a preponderance of the evidence indicates that a child has been harmed, it is appropriate to consider substantiating an allegation and/or the perpetrator. (Refer to DCS Policy 14.7, Child Protective Services Investigation Track and Work Aid 8, Child Protective Services Requests for Reconsideration).

   - If an ACV is under age three (3), a referral is made to TEIS.

D. Unable to complete and administrative closure

1. **Unable to Complete** - This classification is appropriate when:

   a) The ACV or family is unable to be located after GFEs have been completed (refer to DCS Policy 14.5, CPS: Locating the Child and Family).

   **Note:** These cases are recommended for closure within thirty (30) calendar days once GFE’s have been exhausted.

   b) The incident occurred in another state and DCS participated in investigative activities or offered services, but was unable to gather sufficient evidence to formally classify the allegation(s).

2. **Administrative Closure** - This classification is appropriate when:

   a) Other circumstances, at the discretion and approval of a Team Coordinator/designee, warrant the closure of a case that does not meet criteria for any of the above listed classification options.

   b) Cases are received and worked as Courtesy Interviews.

E. Removals/Potential removals

Whenever there is an imminent risk of a child(ren) coming into custody, a CFTM with a skilled facilitator is convened to explore all alternatives to placing the child into custody.

1. When an emergency removal takes place before a CFTM can be convened, the CFTM occurs prior to the preliminary hearing. In any event, a CFTM occurs no later than seven (7) calendar days after the date of custody. Team
Coordinators (TC) or Investigative Coordinators (IC) and Regional General Counsel (RGC) or designee approves the decision to petition for custody. The Team Leader (TL) attends the CFTM.

2. Each region establishes a written local protocol to consult with a Master-of-Social Work (MSW) or an individual with an advanced clinical degree in the removal process.

**Note:** A removal does not always require substantiation. Program staff and RGC or designee discusses the program’s classification and any circumstances that may warrant substantiation for non-severe cases.

### F. Case Transition and closure

1. **Transitioning a case from CPS to Family Support Services (FSS)** - refer to DCS Policy [14.29, Family Support Service Worker (FSSW) Responsibilities](#).

2. **Case Closure** - To properly close a CPS case, all CPS tasks, tools, decisions and notifications are completed, documented, and approved within ninety (90) calendar days. The final task for case closure includes:
   a) A face to face contact with the ACV is required each calendar month including the month of closure.
   b) Complete a FAST re-assessment OR closure FAST as applicable. (Refer to [Protocol for the Completion of the Family Advocacy Support Tool (FAST)](#).
   c) A closing summary is created to include all the applicable elements of documentation:
      - A narrative description of the reason for opening;
      - Referent contact;
      - Contacts with parent/caretaker, siblings, collaterals, witnesses etc.;
      - Alleged Perpetrator (AP) Interview/statement;
      - Consultation with legal;
      - Relevant medical and/or psychological information;
      - Court involvement/interaction;
      - Involvement of hospital staff in the planning, decision making and discharge process for alleged ACVs hospitalized at intake or any point during the CPS A case (refer to [Protocol for Working with Hospitals](#));
      - Documentation of services in place or referred at time of closure;
      - Notification to any service providers of CPS case closure; and
      - Current safety, risk and well-being status of child and family;
   d) Complete form [CS-0740, Child Protective Services Case Summary and Classification Decision of Child Abuse/Neglect Referral](#).
   e) If a CPS case goes beyond the timeframe for closure, the supervisor documents in TFACTS an explanation for the delay, including the next steps to complete the case and estimated date of closure.
## G. New Referrals on open CPS cases
Refer to Work Aid 8 – Child Protective Services Requests for Reconsiderations and DCS Policy 14.3, Screening, Priority Response and Assignment of Child Protective Services Cases.

## H. Notifications
Each region must work with local juvenile court judges to establish local protocols to notify juvenile court of every child abuse and neglect referral and summary of the results of every child abuse and neglect case.

## I. Safety considerations
Accurately and expediently assessing immediate safety and the potential for unsafe recurrences are a primary function of CPS’ work with families. The following are Safety Notices designed to support knowledge in specific safety-related domains:

- **Safety Notice: International Assistance Locating Children and Families**
- **Safety Notice: Domestic Violence- Facts and Strategies for Response**
- **Safety Notice: Significance and Supports for Interviewing Children**
- **Safety Notice: Understanding the Difference between Subutex and Suboxone**
- **Safety Notice: Understanding Fentanyl and Avoiding Accidental Exposure**
- **Safety Notice: Utilizing Medical Records as part of Substance Abuse Assessment**
- **Safety Notice: Assessing a Newborn’s Drug Exposure**
- **Safety Notice: Environmental Safety: Firearm and Medication Storage in Family Homes**

## Forms:
- **CS-0158, Notification of Equal Access to Programs and Services and Grievance Procedures**
- **CS-0050, Case Intake Packet Documents and Native American Heritage Verification**
- **CS-0559, Authorization for Release of Information of HIPAA Protected Health Information TO and FROM the Department of Children’s Services and Notification of Release**
- **CS-0699, Notices of Privacy Practices**
- **CS-0726, Child Protective Services/Non-Custodial Case File Documentation and Organization Checklist**
- **CS-0740, Child Protective Services Case Summary and Classification Decision of Child Abuse/Neglect Referral**
- **CS-0827, Non-Custodial Consent for Transportation**
- **CS-1031 CPS Case Transition Checklist**
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<td>Pamphlet – The Multiple Response Approach to Child Maltreatment Concerns</td>
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<td>Priority Response Definitions-Examples</td>
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<td>Family Permanency Plan</td>
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<td>Controlled Substance and Medication Work Aid</td>
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