



**State of Tennessee**  
**Department of Children's Services**

**Administrative Policies and Procedures: 14.6**

<b>Subject:</b>	<b>Child Protective Services Case Tasks and Responsibilities</b>
<b>Authority:</b>	TCA 37-1-401 et seq; 37-1-601et seq; 37-5-105 (3); 37-5-106; 37-5-107; 37-1-413; 39-13-301; 39-13-309; 37-1-413
<b>Standards:</b>	<b>COA:</b> PA-CFS 2.02, PA-CFS 3, PA-CFS 5, PA-CFS 6, PA-CFS 7, PA-CFS 8, PA-CFS 9, PA-CFS 10, PA-CFS 11, PA-CFS 12, PA-CFS 33.10
<b>Application:</b>	All Department of Children's Services Child Protective Services Employees and Special Investigations Unit Employees

**Policy Statement:**

A Child Protective Services (CPS) investigation case must be classified within thirty (30) calendar days of the Child Abuse Hotline (CAH) receiving a report. An investigation is concluded within sixty (60) calendar days with a decision to close the case, provide or refer to community services or transition to a Family Service Case Manager (FSW) prior to day 60 for investigation track or day 90 for assessment track.

**Purpose:**

To ensure that CPS cases are properly classified and closed by completing critical investigative tasks, maximizing resources, and making consistent decisions to ensure the safety of the child.

**Procedures:**

<b>A. Investigative responsibilities</b>	<p>The following investigative responsibilities are completed within timeframes in DCS Policy <a href="#"><u>14.5, Child Protective Services Multiple Response System</u></a> from the CAH receiving the report and prior to case closure (refer to <a href="#"><u>Child Protective Services Tasks Manual</u></a>).</p> <p><b>1. Required Contacts:</b></p> <p>a) Make contact with the hospital within twenty-four (24) hours of the intake if alleged child victim (ACV) is hospitalized per the <a href="#"><u>Protocol for Working with Hospitals</u></a>.</p> <p>b) Meet priority response within the assigned timeframe (refer to Section D of DCS Policy <a href="#"><u>14.2, Screening, Priority Response and Assignment of Child Protective Services Cases</u></a>). The CPS investigator conducts the required Good Faith Efforts (GFE) to locate the ACV and family and document those efforts in <b>TFACTS</b> (refer to DCS Policy <a href="#"><u>14.4, CPS: Locating the Child and Family</u></a>).</p> <p><b>Note:</b> When DCS is unable to locate a child/family through GFE and there is a reason to believe that the child/family has relocated to another country, refer to</p>
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[Safety Notice: International Assistance Locating Children or Families](#) for additional options.

- c) Convene the Child Protective Investigative Team (CPIT) (refer to Section B of DCS Policy [14.7, Multi-Disciplinary Team: Child Protection Investigation Team](#)) when:
  - ◆ The CAH identifies the allegation to be severe abuse.
  - ◆ Additional information is gathered during the investigation to identify the allegation(s) as severe abuse.
- d) Review DCS history for all listed participants and other external historical and case relevant documents, as available. A discussion of the history impacting the current case should be noted in the Administrative Review and does not require a list of all prior case numbers/dates.
- e) Refer to [Safety Notice: Conducting an Efficient and Effective History Search](#) for additional information. CPS Case Manager enters a case recording regarding information pertinent to the current case.

## 2. Conduct interviews:

- a) Interview/observation of the ACV: a minimum of one (1) face to face contact with the ACV is required each calendar month.
  - ◆ All ACV contacts must be entered in the system within 10 business days of the contact.
- b) Interview with non-offending parent or caregiver;
- c) Interview/observe all other children with custodian permission, who reside in the home;
- d) Interview/observe all other persons living in the home;
- e) Interview the Alleged Perpetrator (AP), even if the ACV does not disclose abuse/neglect,
- f) Interview/contact any potential witnesses to the incident/concerns;
- g) Interview/contact any collateral contacts for the children/family; and
- h) Interview the non-custodial parent, at minimum via phone, or document efforts to locate.
  - ◆ When conducting interviews, refer to [Safety Notice: Beyond the Minimal Facts Interview](#) and [Safety Notice: Domestic Violence: Facts and Strategies for Response](#), for additional information.
- i) Follow protocols for notification of all relevant entities and licensing facilities of case initiation and closure is this pertaining to SIU.

## 3. Conduct Case Tasks:

- a) Conduct an initial home visit.
- b) Conduct home visits one (1) time per month.
- c) Assigned Case Manager should document notification of case assignment to the local Juvenile Court for case assignment and closure, per local practice.
- d) Document notice to District Attorney/Law Enforcement per local practice for severe abuse cases.
- e) Conduct **required** background checks on all household members:
  - ◆ [National Sex Offender Registry](#)
  - ◆ [Tennessee Sex Offender Registry](#)
  - ◆ DCS history search (refer to [Safety Notice: Conducting an Efficient and Effective History Search](#)).
- f) Additional background checks that can be completed if information in the case indicates there is cause for concern:
  - ◆ [Felony Offender Registry](#)
  - ◆ [Department of Health Abuse Registry](#)
  - ◆ [Drug Offender Registry](#)
  - ◆ Local Criminal History
- g) Complete assessment tools per timeframes in [Protocol for Completion of the Family Advocacy and Support Tool \(FAST\)](#).
- h) Contact referent, when identified.
- i) Request and arrange medical exams or psychological evaluations, if applicable.
- j) Administrative Reviews (refer to DCS Policy [4.4 Performance and Case Supervision Practice Guidelines and Criteria](#)).
- k) Complete other CPS investigative activities or tasks, as necessary.
- l) Consult with Regional General Counsel (RGC) when required (refer to DCS Policy [14.13, Non-Custodial Immediate Protection Agreements](#) and DCS Policy [14.14, Removal: Safety and Permanency Considerations](#));
- m) Conduct Child and Family Team Meeting (CFTM) (refer to the [DCS Child and Family Team Meeting Guide](#));
- n) Develop service plans, such as the Family Permanency Plan (FPP) or Plan of Safe Care;
  - ◆ Maintain regular contact, at least once a month, with community partners or service providers for status updates (refer to the [Protocol for Working with Hospitals](#)).

	<p>o) Complete <b>required</b> forms:</p> <ul style="list-style-type: none"> <li>◆ <a href="#"><u>CS-0050, Case Intake Packet Documents and Native American Heritage Verification</u></a></li> <li>◆ <a href="#"><u>CS-0789, Release of information TennCare Eligibility Authorization</u></a> (one per child in the home and one for each parent/adult, if they have TennCare).</li> </ul> <p>p) Complete <b>optional</b> forms as needed:</p> <ul style="list-style-type: none"> <li>◆ <b>CS-0559, Authorization for Release of Information and HIPAA Protected Health Information To or From DCS and Notification of Release</b> (one (1) for each client and provider);</li> <li>◆ <b>CS-0701, Immediate Protection Agreement</b> (at least three (3) copies, for DCS, placement and parent)</li> <li>◆ <b>CS-0774, Contact Sheet for Genogram</b></li> <li>◆ <b>CS-1209, Safe Sleep Assessment</b> (if child is under one (1) year)</li> <li>◆ <b>CS-0827, Non-Custodial Consent for Transportation</b></li> </ul> <p>q) Refer to the Tennessee Early Intervention Services (TEIS) for substantiated cases involving children ages three (3) and under. Children under the age of three (3) who are involved in all other cases may be referred to TEIS.</p> <ul style="list-style-type: none"> <li>◆ <a href="https://stateoftennessee-cvlyz.formstack.com/forms/teis_referral"><u>https://stateoftennessee-cvlyz.formstack.com/forms/teis_referral</u></a></li> </ul> <p><b>Note:</b> If one (1) or more investigative responsibilities cannot be completed within the established times and prior to case closure, justification detailing why the responsibility could not be completed must be documented in TFACTS as an Administrative Review and Team Leader approval must be provided.</p> <p>r) Documentation of tasks and uploading of documents are to be entered per DCS Policy <a href="#"><u>14.11, Child Protective Services Case File Organization, Documentation and Disposition</u></a> and the <a href="#"><u>OCS Quality Documentation Guide</u></a>, prior to case closure.</p>
<p><b>B. New Referrals on Open Cases</b></p>	<p>When an additional allegation(s) has been reported and added to an already open case the CPS Case Manager conducts investigative activities in accordance with this policy in an effort to address the additional concerns. The CPS Case Manager documents the addition of the new allegation(s) in <b>TFACTS</b> and consults with the Team Leader (TL) regarding next steps (refer to DCS Policy <a href="#"><u>14.2, Screening, Priority Response and Assignment of Child Protective Services Cases</u></a>).</p>
<p><b>C. Classification</b></p>	<p>Within thirty (30) calendar days from the intake date, allegations as defined in <a href="#"><u>Work Aid 1: CPS Categories and Definitions of Abuse/Neglect</u></a>, are classified at the discretion of DCS according to one of the following options:</p> <p><b>1. CPS Investigative Track Classifications</b></p> <p>Exceptions to classifying cases within thirty (30) calendar days may include child death investigations awaiting an autopsy report and CPS investigations which are marked as “severe” and they cannot be classified by day 30 due to outstanding investigative tasks which would impact the classification.</p>

a) **Allegation Substantiated, Perpetrator Substantiated**

This classification is applicable when there is a preponderance of evidence to validate an allegation occurred, occurred and the AP identified in the report is found to be responsible for the alleged acts.

b) **Allegation Substantiated, Perpetrator Unsubstantiated**

This classification is applicable when there is a preponderance of evidence to validate an allegation occurred, however, there is insufficient evidence to substantiate the identified AP.

c) **Allegation Substantiated, Perpetrator Unknown**

This classification is applicable when there is a preponderance of evidence to support that an allegation of abuse or neglect occurred, however, an AP cannot be identified.

d) **Allegation Unsubstantiated, Perpetrator Unsubstantiated**

This classification is applicable when there is not a preponderance of evidence to support the allegation occurred and the AP identified in the report was not found to be responsible for any abuse or neglect.

e) **Allegation Unsubstantiated, Child with Sexual Behavior Problems**

This classification is applicable when there is sufficient information and evidence which supports sexual contact did occur with the ACV, however the AP is twelve (12) years old or younger. This may also include children under age eighteen (18) who clinically function at an age of twelve (12) or younger (due to an intellectual or development disability).

**Note:** Approval to classify a case as unable to complete must be given by the Child Protective Services Director or designee.

**Note:** CPS staff are to consult with legal when the family has been located but is unwilling to cooperate for possible court action prior to using this classification.

**Note:** For all substantiated perpetrators, notification of due process will be sent upon classification per the ***Protocol for Notification of Substantiated Perpetrators***.

2. **CPS Assessment Track 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).

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. There is a minimum of one (1) face to face contact with the ACV each calendar month. There is a minimum of one (1) monthly contact with each parent/caretaker(s). It is at the discretion

of the Team Leader to determine if the case circumstances warrant increasing the face-to-face contacts.

- 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 services.

**Note:** If the family refuses the needed services, **and** after consult with a Team Leader 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/or court involvement is warranted.

- ◆ The Case Manager and Team Leader consult to determine risk/safety factors, service needs, FAST results, and consult with regional legal counsel (RGC)/ designee regarding what court involvement to pursue.
- ◆ Upon receipt of a verbal or written court order, face-to-face contact is made with the ACV within the first five (5) business days. There is a minimum of one (1) monthly contact with each parent/caretaker(s).
- ◆ 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.

**Note:** If an assessment case demonstrates that a preponderance of the evidence indicates that a child has been harmed, it is appropriate to consider changing the track of the case, substantiating an allegation and/or the perpetrator.

3. **Other Classifications-** *Both classifications below require review/approval from the Child Protective Services Regional Director/Designee.*

a) **Unable to Complete**

- ◆ This classification is applicable when the ACV or family are unable to be located after GFEs have been completed (refer to DCS Policy [14.4, CPS: Locating the Child and Family](#)); or
- ◆ 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). When there is sufficient evidence to formally classify the allegation, the CPS Case Manager refers to the appropriate finding above.

**Note:** CPS Case Managers are to consult with legal when the family has been located but is unwilling to cooperate for possible court action prior to using this classification.

4. **Administrative Closure** this should be section b) to match a) above as part of Section 3.

- a) This classification is applicable when a courtesy interview(s) has been conducted (refer to [Work Aid 5: CPS Courtesy Requests](#)); or

	<p>b) There are other circumstances which are approved at the discretion of the Child Protective Services Director, or designee.</p> <p><b>Note:</b> Cases classified as Unable to Complete or Administrative Closure that are marked severe, must be presented to CPIT, signing the <b>CS-0561</b>, prior to closure and have a completed Safety Assessment based on the information in the referral.</p>
<b>D. Case Transition</b>	<p>Case transition occurs when it is determined that a service need is identified for a non-custodial case, services are court ordered, or when custodial services are required (refer to <a href="#">Child Protective Services Tasks Manual</a>).</p> <p>♦ Complete form: <b>CS-0498, Family Intervention Services Application</b> and submit via email to the FSS Team Leader.</p>
<b>E. Case Closure</b>	<p>To close a CPS investigation, all CPS investigative responsibilities referred to in section A of this policy must be completed, in addition to the following tasks within established timeframes:</p> <ul style="list-style-type: none"> <li>a) Case recordings must be entered within thirty (30) calendar days of completing the investigative activity, unless otherwise directed by policy, or before case closure, whichever is sooner.</li> <li>b) Complete a FAST re-assessment <u>OR</u> closure FAST as applicable. (Refer to <a href="#">Protocol for Completion of the Family Advocacy and Support Tool (FAST)</a>).</li> <li>c) CPS Case Manager or Team Leader documents case closure notification is made to the local Juvenile Court/District Attorney/Law Enforcement by local practice, in the case notes.</li> <li>d) Form <b>CS-0740, Child Protective Services Case Summary and Classification Decision of Child Abuse/Neglect Referrals</b>, must be completed for all case closures, regardless of classification.</li> <li>e) Upload all documents in TFACTS. <i>For each ACV who has a severe abuse allegation, there must be one <b>CS-0561, Child Protective Investigative Team Review</b> - CPIT review document uploaded under their name.</i></li> <li>f) Closing case summary in <b>TFACTS</b> (maybe the 740) as directed in Policy <a href="#">14.11, Child Protective Services Case File Organization, Documentation and Disposition</a>.</li> </ul> <p>For child death/near death cases refer to DCS Policy <a href="#">20.27, Child Death/Near Death Rapid Response</a>.</p>
<b>F. Local protocols/procedures</b>	<p>All requirements for local procedures or protocols (i.e. court, CPIT), as documented on <b>CS-0251, Local Administrative Procedures and Protocols</b>, are followed.</p>
<b>G. False Allegations</b>	<p>1. At the conclusion of a CPS case, the CPS Case Manager consults with the RGC/designee to discuss whether:</p>



	<ul style="list-style-type: none"> <li>a) The reporter's allegation was false.</li> <li>b) It was more likely than not that the reporter knew, at the time of making the allegation, that the allegation was false.</li> <li>c) The reporter has knowingly made a false allegation about the same ACV or AP.</li> <li>d) The reporter's address is known or reasonably available.</li> </ul> <p>2. After a determination has been made whether malicious false allegations of abuse or neglect have been reported, the CPS Case Manager or RGC may refer to the local District Attorney's office.</p>
<p><b>H. Abbreviated CPS Cases</b></p>	<ul style="list-style-type: none"> <li>1. A CPS case may be abbreviated in the following situations with Team Leader approval: <ul style="list-style-type: none"> <li>a) There is no evidence to support the conditions, circumstances or injuries described in the referral and no additional safety concerns exist; and/or</li> <li>b) The child has left the state and there is no further involvement needed with the family.</li> </ul> </li> <li>2. An Abbreviated CPS case shall not occur when the CPS case includes any of the following allegations: <ul style="list-style-type: none"> <li>◆ Sexual Abuse</li> <li>◆ Preliminary Near Death; and/or</li> <li>◆ Child Death</li> </ul> </li> <li>3. Case tasks for an Abbreviated CPS case include: <ul style="list-style-type: none"> <li>a) <u>Child interview and/or observation</u>: The CPS employee conducts an initial interview (or observation when applicable) with the alleged child victim (ACV) within the designated priority response time. The CPS employee interviews/observes all other children in the home.</li> <li>b) <u>Parent/Caregiver interview</u>: The parent/caregiver is interviewed and informed of the allegation and of the child's interview.</li> <li>c) <u>Home visit</u>: The CPS employee observes the home.</li> <li>d) <u>Referent</u>: When applicable, the reporter is contacted to confirm the reporter's knowledge of the situation and obtain any additional information.</li> <li>e) <u>Collateral Contacts</u>: If someone with information relevant to the allegations has been identified in the referral or through the course of the investigation or assessment, they are interviewed.</li> </ul> </li> <li>4. The following information, instead of standard documentation, is required in an abbreviated CPS investigation/assessment: <ul style="list-style-type: none"> <li>a) Initial ACV Interview in case recordings (details shall be included on form <b>CS-0740</b>);</li> </ul> </li> </ul>



	<p>b) Good Faith Efforts documented in <b><i>TFACTS</i></b>;</p> <p>c) Form <b><i>CS-0740, Child Protective Services Summary and Classification Decision of Child Abuse/Neglect Referral</i></b> must include:</p> <ul style="list-style-type: none"> <li>• Interviews for the ACV, parent/caregiver, referent, and collateral contacts and/or witness interviews when applicable;</li> <li>• Observation of the home environment;</li> <li>• Summary of all notifications completed to include: <ul style="list-style-type: none"> <li>○ Juvenile Court Notification</li> <li>○ For severe abuse allegations, convening and recommendations of CPIT and notification to the District Attorney General.</li> </ul> </li> </ul> <p>d) The <b><i>CS-0050, Case Intake Packet Documents and Native American Heritage Verification</i></b> and <b><i>CS-0789, Authorization for Release of Information to DCS: TennCare Eligibility and Authorization for DCS to Release Information to TennCare</i></b> form must be included in the electronic file.</p>
<b>I. Reduction of Case Tasks</b>	<p>The Deputy Commissioner for the Office of Child Safety/designee may authorize a further reduction to core case management tasks when a critical state of affairs takes place including:</p> <ul style="list-style-type: none"> <li>◆ Natural disasters (floods, wildfires, tornados, etc.),</li> <li>◆ Pandemic</li> <li>◆ Severe Case Manager shortages</li> </ul>
<b>J. Safety Considerations</b>	<p>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:</p> <ul style="list-style-type: none"> <li>a) <a href="#"><u><b>Safety Notice: Significance and Supports for Interviewing Children</b></u></a></li> <li>b) <a href="#"><u><b>Safety Notice: Domestic Violence: Facts and Strategies for Response</b></u></a></li> <li>c) <a href="#"><u><b>Safety Notice: Understanding the Difference between Subutex and Suboxone</b></u></a></li> <li>d) <a href="#"><u><b>Safety Notice: Utilizing Medical Records as part of Substance Abuse Assessment</b></u></a></li> <li>e) <a href="#"><u><b>Safety Notice: Assessing a Newborn's Drug Exposure</b></u></a></li> <li>f) <a href="#"><u><b>Safety Notice: Creating Safe Environments for Youth Survivors of Exploitation</b></u></a></li> <li>g) <a href="#"><u><b>Safety Notice: International Assistance Locating Children or Families</b></u></a></li> <li>h) <a href="#"><u><b>Safety Notice: Understanding Fentanyl and Avoiding Accidental Exposure</b></u></a></li> <li>i) <a href="#"><u><b>Safety Notice: Environmental Safety: Firearm and Medication Storage in Family Homes</b></u></a></li> </ul>

Forms:	<p><a href="#"><u>CS-0050, Case Intake Packet Documents and Native American Heritage Verification</u></a></p> <p><a href="#"><u>CS-0158, Notification of Equal Access to Programs and Services and Grievance Procedures</u></a></p> <p><a href="#"><u>CS-0251, Local Administrative Procedures and Protocols</u></a></p> <p><a href="#"><u>CS-0559, Authorization for Release of Information and HIPAA Protected Health Information TO or FROM the Department of Children's Services and Notification of Release</u></a></p> <p><a href="#"><u>CS-0699, Notices of Privacy Practices</u></a></p> <p><a href="#"><u>CS-0726, Child Protective Services/Non-Custodial Case File Documentation and Organization Checklist</u></a></p> <p><a href="#"><u>CS-0789, Authorization for Release of Information to DCS: TennCare Eligibility and Authorization for DCS to Release information to TennCare</u></a></p> <p><a href="#"><u>CS-0740, Child Protective Services Case Summary and Classification Decision of Child Abuse/Neglect Referral</u></a></p> <p><a href="#"><u>CS-0827, Non-Custodial Consent for Transportation</u></a></p> <p><a href="#"><u>CS-1031, CPS Case Transition Checklist</u></a></p> <p><a href="#"><u>CS-0498, Family Intervention Services Application</u></a></p> <p><a href="#"><u>CS-0561, Child Protective Investigative Team Review</u></a></p> <p><a href="#"><u>CS-0701, Immediate Protection Agreement</u></a></p> <p><a href="#"><u>CS-0774, Contact Sheets for Genogram</u></a></p> <p><a href="#"><u>CS-1209, Safe Sleep Assessment</u></a></p>
Collateral Documents:	<p><a href="#"><u>14.2, Screening, Response Priority and Assignment of Child Protective Services Cases</u></a></p> <p><a href="#"><u>14.4, CPS: Locating the Child and Family</u></a></p> <p><a href="#"><u>14.5, Child Protective Services Multiple Response System</u></a></p> <p><a href="#"><u>14.7, Multi-Disciplinary Team: Child Protection Investigation Team</u></a></p> <p><a href="#"><u>14.11, Child Protective Services Case File Organization, Documentation and Disposition</u></a></p> <p><a href="#"><u>14.13, Non-Custodial Immediate Protection Agreements</u></a></p> <p><a href="#"><u>14.14, Removal: Safety and Permanency Considerations</u></a></p> <p><a href="#"><u>20.27, Child Death/Near Death Rapid Response</u></a></p> <p><a href="#"><u>Work Aid 1: CPS Categories and Definitions of Abuse/ Neglect</u></a></p>

	<a href="#"><u>Work Aid 5: CPS Courtesy Requests</u></a> <a href="#"><u>Child Protective Services Tasks Manual</u></a> <a href="#"><u>OCS Quality Documentation Guide</u></a> <a href="#"><u>Protocol for Completion of the Family Advocacy and Support Tool (FAST)</u></a> <a href="#"><u>Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture</u></a> <a href="#"><u>Protocol for Working with Hospitals</u></a> <a href="#"><u>Protocol for Medical Evaluations for Runaways or Commercial Sexual Exploitation of Minor (CSEM)</u></a> <a href="#"><u>Protocol for Notification to Substantiated Perpetrators</u></a> <a href="#"><u>Protocol for Health Services for Trafficked Youth</u></a> <a href="#"><u>Protocol for Child Death/Preliminary/Near Death Assignment and Review</u></a> <a href="#"><u>Safety Notice: Significance and Supports for Interviewing Children</u></a> <a href="#"><u>Safety Notice: Domestic Violence: Facts and Strategies for Response</u></a> <a href="#"><u>Safety Notice: Understanding the Difference between Subutex and Suboxone</u></a> <a href="#"><u>Safety Notice: Utilizing Medical Records as part of Substance Abuse Assessment</u></a> <a href="#"><u>Safety Notice: Assessing a Newborn's Drug Exposure</u></a> <a href="#"><u>Safety Notice: Beyond the Minimal Facts Interview</u></a> <a href="#"><u>Safety Notice: Conducting an Efficient and Effective History Search</u></a> <a href="#"><u>Safety Notice: Creating Safe Environments for Youth Survivors of Exploitation</u></a>
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<b>Glossary:</b>	
<b>Term</b>	<b>Definition</b>
<b>Classify/Classification Decision (CPS):</b>	The decision whether child maltreatment has occurred and who is responsible.
<b>Preponderance of evidence:</b>	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.
<b>Children with Sexual Behavior Problems:</b>	Sexual behavior problems in children twelve (12) years and under which are developmentally inappropriate or intrusive acts of a sexual nature that typically involve

	coercion or distress. This may also include children under eighteen (18) who clinically function at an age of twelve (12) or younger (due to an intellectual or developmental disability).
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