



Tennessee Department of Children's Services

Work Aid 3: Child Abuse Hotline Tasks and Responsibilities for Referrals Concerning a Child Death and Preliminary Near Death

Supplemental to DCS Policy [14.1, Child Abuse Hotline](#)

	Tasks and Responsibilities
A. Supervisory Screeners	<p>Upon receipt of a referral regarding a child death or preliminary near death (PND), the screener:</p> <ol style="list-style-type: none">1. Reviews the intake and ensures that the narrative is detailed, clear, concise and free of grammatical errors;2. Ensures that the necessary questions/answers have been documented in the narrative including, but not limited to:<ol style="list-style-type: none">a) Does the death/PND involve a custodial child?b) Was immediate assistance requested?c) Was there a suspicion of abuse and/or neglect?d) Was an explanation given by the parent/caregiver?3. Verifies the documented history is accurate by completing a history search;<ol style="list-style-type: none">a) Historical search per Policy 14.1, Child Abuse Hotline.b) Documented history is only for history found within the past five (5) years.4. Ensures the correct template was used to document the history;5. Ensures that all identified participants have been cleared defined in the narrative and established in the Participants tab of the Intake Screen in TFACTS;6. Ensures that the correct allegations have been chosen and are marked "severe";7. Ensures that the correct alleged child victim (ACV) and alleged perpetrator (AP),if known, has been identified and established in the intake;

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	<ol style="list-style-type: none"> 8. Ensures that the PND Indicator on the Basic Tab of the Intake Screens of TFACTS has been selected for the ACV for referrals concerning a preliminary near death; or that that the ACV has been marked as Deceased with date of death. 9. Ensures that the CPS Investigations or CPS Special Investigations Unit (SIU) track has been selected; 10. Ensures that the correct Priority Response has been selected; 11. Ensures that the correct county of jurisdiction has been selected; 12. Notifies the regional staff timely when immediate assistance has been requested by the referent; 13. Obtains approval from the CAH Director/designee, prior to submission of the intake, to the region and notifying the Child Death Group. This approval can be by phone or email.
B. Notifications	<p>The Supervisor:</p> <ol style="list-style-type: none"> 1. Informs the CAH Director, by email, that a child death/PND has been reported. The email must contain: <ol style="list-style-type: none"> a) The entire intake narrative, including historical information; b) The referent's name and relationship; and c) The referent's profession, title and agency (if applicable). 2. Sends the completed notification email to the Director for approval prior to notifying the Child Death email group; 3. Calls or texts the CAH Director after business hours, in addition to sending the email, to ensure proper notification has been made; 4. Notifies the Child Death email group upon approval by the CAH Director; 5. Notifies the regional staff immediately when the referent requests immediate assistance. This notification can occur prior to approval from the Director but must notate that the screening decision is pending upon approval from the CAH Director.

<p>C. Referrals of Child Death/PND on Open Cases</p>	<p><u>Open CPS Investigations</u></p> <p>If a DCS staff person reports that an ACV dies as a result of an incident/allegation that is already being investigated in an open CPS investigation, a new intake will not be created.</p> <ol style="list-style-type: none"> 1. The CAH Intake staff: <ol style="list-style-type: none"> a) Documents the CPSI Case Manager's name, title, county/region, intake and case ID and the additional information for the child/incident; b) Emails the information to the Supervisor on shift. 2. The Supervisor contacts the CAH Director (by email or phone) and emails the Child Death email group upon approval from CAH Director. 3. The CPSI Case Manager adds the new Child Death allegation to their open case. <p>If an incident in an open CPS Investigation is deemed a Preliminary Near Death during the investigative process (after the CAH has already submitted the intake to the region for assignment), a new intake will not be created.</p> <ol style="list-style-type: none"> 1. The CAH Intake staff: <ol style="list-style-type: none"> a) Documents the CPSI Case Manager's name, title, county/region, intake and case ID and the additional information for the child/incident; b) Emails the information to the Supervisor on shift. 2. The Supervisor contacts the CAH Director (by email or phone) and emails the Child Death email group upon approval from CAH Director. 3. The CAH Director adds the PND indicator to the open case on the next business day after the open case worker has established the ACV within the case.
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	<p>If a Child Death/PND is reported by an external referent (non-DCS staff) and there is an open CPS Investigation (that is related to the incident reported) and a new intake was created; a Supervisor can screen-out the new intake. The Supervisor:</p> <ol style="list-style-type: none"> 1. Emails the screened-out intake to the CPS Investigator and Supervisor assigned to the open case; 2. Contacts the CAH Director (by email or phone) and emails the Child Death email group upon approval from CAH Director. <p>If a child death/PND occurs during an open CPS Investigation and the incident is unrelated to the open case, a new intake is created and goes through the CAH Supervisory review and CAH Director approval process.</p> <p><u>Open CPS Assessments</u></p> <p>A new intake is always created for Child Death/PND referrals on open CPS Assessment cases.</p>
D. Referrals of Custodial Child Death/PND	<ol style="list-style-type: none"> 1. All reports of child death/PND of a custodial child are assigned to the Special Investigations Unit (SIU) for investigation, regardless of the child's current placement status (e.g. trial home visit, runaway, etc.) The screener ensures that the correct CPS track has been selected prior to assignment and notification to the CAH Director. 2. Reports which do not meet the criteria for abuse or neglect are screened out and justifications are documented in TFACTS. The CAH Director, or designee, then: <ol style="list-style-type: none"> a) Re-enters the referral in TFACTS, b) Assigns it to SIU for tracking purposes, c) Notifies the Child Death/PND email distribution group using the following disclaimer in the body of the email: <p><i>The incident does not meet the definition of abuse or neglect as established by Tennessee Law and Rules. An investigation is being opened solely for the purpose of capturing data related to the death in the Child Death/ Near Death Application, which requires an Investigation ID for every death to be present in TFACTS. Once this information is successfully captured, the investigation will be closed with a classification of Unable to Complete due to the absence of an abuse or neglect allegation.</i></p>

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E. Screen-Outs for Non-Custodial Child Death/PND	<p>1. Only the CAH Director (or designee) can make the initial decision to screen-out a non-custodial child death/PND. Once this initial decision has been made, the CAH Director (or designee) requests the official screen-out approval from the Office of Child Safety Deputy Commissioner (or designee). The only person authorized to approve a screen-out on a child death/PND is the OCS Deputy Commissioner (or designee) or DCS Commissioner. Once approved, notification to the Child Death email group is not necessary. The Supervisory screener documents the reason for the screen-out and the approval from the CAH Director, OCS Deputy Commissioner (or designee) and/or DCS Commissioner.</p> <p>2. If the child death/PND has been submitted and assigned to the region but the regional staff gathers additional information that would support a screen-out, the CAH Director requests a screen-out from the OCS Deputy Commissioner (or designee). If approved, the CAH Supervisory Screener for the intake notifies the Child Death email group of the change in screening decision. The email notification template must be in the following format:</p> <p><i>“Intake ID (insert number), copied below, is now being screened-out per approval by the Office of Child Safety Deputy Commissioner (insert name). This intake is being screened-out due to (insert reason).”</i></p>
F. Mentions of Child Death/PND	<p>1. If an intake is received that only “mentions” a Child Death and is not the purpose of the call, CAH Intake staff are to adhere to the following:</p> <ul style="list-style-type: none"> a) Intake staff are to ask additional questions to determine the circumstances surrounding the death such as timeframe of death, location of death, and suspected cause of death. b) If the death was allegedly caused by caretaker abuse or neglect, occurred in TN, and there is identifying and locating information for the child/family, CAH Intake staff will proceed with the CAH Child Death referral protocol and send to a CAH Supervisor for review. c) If the death has already been previously investigated, then no email notification to the CAH Director is needed. Document the previously investigated death case for notation purposes on the intake. d) If the death was not due to caretaker abuse or neglect, CAH Intake staff will not proceed with the Child Death protocol. Intake staff will process and screen the referral per standard screening policies. e) If it is unknown if abuse or neglect was the cause of death, or the referent is unable to provide the name (demographics), when and where the death occurred, Intake staff will consult with CAH supervision for guidance on how to proceed.

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	<p>2. For any potential Preliminary Near Death “mentions”, the PND protocol will only apply if the child currently has the serious injury/condition that is potentially life threatening at the time of the intake and there is a likelihood that the child will not survive.</p> <p>a) The standards for PND criteria still applies whether the PND is only a mention or the purpose of the call.</p> <p>b) If the PND mention is a past occurrence and not a current injury or condition for the child, CAH Intake staff will not proceed with the PND protocol. Intake staff will process and screen the referral per standard screening policies.</p>
G. Child Death/PND Intake Tracking	<p>1. The CAH Director logs all received Child Death/PND intakes received regardless of screening decision.</p> <p>a) CAH Director maintains the Child Death/PND spreadsheets on the CAH designated shared drive.</p> <p>b) CAH Supervision will review the spreadsheets to locate previously reported Child Deaths/PNDs when applicable.</p> <p>2. The CAH Director sends all screened out Child Death intakes to the OCS Director of Critical Incident Support for reporting purposes.</p>