



Department of
Children's Services



Client's Rights Handbook

Tennessee Department of Children's Services | Policy and Procedures | Dec. 2016



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A Note About this Handbook

The information inside is very important. It spells out how the Department of Children's Services (DCS) process works in Tennessee. It describes what happens when DCS gets called, what we will seek to do and how we work to keep a child's best interests at heart.

We know that this can be very hard on families and very hard on children. But we also know that when we remember to do what is best for the children, we are often very successful in making this a positive turning point in a child's life.

DCS works closely with the courts; there are specific laws that describe how we do what we do. For many people, these laws and procedures are long and confusing. This handbook is designed to help you understand better.

DCS staff will also work with clients and families to accommodate special needs as listed below, including but not limited to:

- Bilingual personnel or translators or arrange for the use of communication technology;
- Sign language needs;
- Methods for the hearing impaired clients and persons;
- Communication assistance for persons with special needs who have difficulty making their service needs known, and
- Consideration of literacy levels of clients and family.

A Case Worker will review all of these rights and expectations with you in person and will be happy to go back over it with you if you wish. If you require any special accommodations as listed above, please let the Case Worker know your specific needs.

Still, many families find it useful to have it all in writing so they can review it later. If you need help understanding anything here, please ask for help. Feel free to go through it with your lawyer or someone you trust.

Contact Information

DCS Staff	Name	Telephone Number
DCS Case Worker		() -
Team Leader/Lead Investigator		() -
Team Coordinator/Investigations Coordinator		() -
Regional Administrator/Regional Investigations Director		() -

DCS hours of operation are 8:00 a.m. – 4:30 p.m. If you have an emergency after hours, please contact:

Telephone Number: _____

The Tennessee Child Abuse Hotline, 1-877-237-0004, is available twenty-four (24) hours per day, seven (7) day per week.

Rights and Responsibilities

You Have the Right to:

- Available services, regardless of your age, race, ethnicity, gender, religious or political affiliation, sexual orientation, sexual identity, physical or mental disability, or infectious disease, and the right to referral, as appropriate, to other service providers.
- Competent professional services, including an individualized written treatment or service plan, services based on the plan, periodic review and assessment of needs, and revisions to the plan including a description of services that may be needed for follow-up.
- Ongoing participation in the planning of services and in the development and periodic revision of the treatment or service plan, including the right to an explanation of all aspects of one's own condition and treatment.
- Refuse services and/or treatment in accordance with State and Federal laws.
- Appeal adverse actions (delays, denials, reductions, suspensions, or terminations) of TennCare services (if you are TennCare eligible).

- Services and treatment under conditions that support your personal liberty, and restrict such liberty only as necessary, to comply with treatment needs, including the right to freedom from restraint or seclusion.
- Confidentiality of your records and protected health information.
- Review, upon request, your own records.
- Information regarding client's rights including a copy of this document and/or an explanation of client's rights in a language of your choice, to the extent possible, and access to an advocate to understand, exercise, and protect your rights.
- Assert complaints with respect to infringement of these rights, including the right to have such complaints considered in a fair, timely and impartial procedure. You may contact the DCS Customer Relations Unit at 1-800-861-1935 Monday through Friday between the hours of 8:00 a.m. – 4:00 p.m. CST, or by email at: dcscustsrv@tn.gov.

Your Responsibilities are:

- To provide all relevant information to DCS.
- Inform your Case Worker and court, if applicable, of any special needs. This includes current or chronic health conditions, information about school and education and any family customs or cultural practices important to your family or your child.
- Attend all Court hearings and team meetings.
- Cooperate with your Case Worker.
- Participate in developing your child's permanency plan.
- Participate in the services that are offered and work on your child's permanency plan, including all activities and services the Court may order you and other family members to complete.
- Attend health and medical appointments with your child when feasible. Consent to medical treatment for your child. Attend family therapy when prescribed and participate in your child's treatment plan.
- Stay in touch with your Case Worker. Be sure that the worker always has your current address and telephone number.
- Provide your child's Case Worker with information about your progress towards the goals stated in your child's permanency plan and any changes in your life.
- Visit and communicate with your child as agreed upon.
- Communicate any concerns that you have to the Case Worker or to your lawyer.
- Pay child support if ordered by the court.

Case Worker's Responsibilities

- Contact you for more information and to ask you some questions.
- Visit you and your child regularly.
- Help you understand the problems that brought you and your child to Court.
- Schedule a Child and Family Team Meeting (CFTM) to develop a plan which lists the steps you must take to have your child returned to you. This meeting should happen within thirty (30) days after your child is removed from you.
- Assist you in obtaining the services that are listed in the permanency plan. This is called "**reasonable efforts.**" Reasonable efforts may include assisting you in obtaining counseling, parenting classes, transportation and/or other services that are necessary.
- Inform you of health and medical appointments and assist with attendance and transportation when feasible.

Resolution of Grievances

If you are dissatisfied with an action taken by DCS you should discuss the situation with your case worker. If the action is one taken by DCS pursuant to a court order or one which is the subject of pending judicial proceedings, DCS is obligated to follow the court's decision and cannot change the decision without going back to court. In such a situation, you should contact your attorney to discuss your concerns.

Grievances should first be addressed through the Child and Family Team Meeting (CFTM) process. If the issue cannot be resolved by through a CFTM, you can contact the DCS Customer Relations Hotline:

- By e-mail at DCS.Custserv@tn.gov,
- By phone at 1-800-861-1935, or
- By mail at Department of Children's Services

**DCS Customer Relations Unit
315 Deaderick St.
10th Floor, UBS Building
Nashville, TN 37243**

A customer relations representative who has not been involved in your case can review your case and help work through grievances.

Indian Child Welfare Act (ICWA)

Indian tribes have jurisdiction over Indian child custody proceedings. If your child is either (a) a member of an Indian tribe, or (b) is eligible for membership in an Indian tribe and is the biological child of a member of an Indian tribe, you must inform your DCS Case Worker.

Confidential Child Specific Information

All information created or collected, directly or indirectly, in any medium, which identifies you and/or your child, shall be kept confidential in order to protect your privacy, and will not be shared except as provided for by law. Child case files and related information are official records which have been designated as confidential by law.

Equal Access to Programs

You will receive notification of your right to equal access to services (Form ***Notification of Equal Access to Programs and Services and Grievance Procedures***, CS-0158) and will be asked to sign a form indicating you received that notification. If you do not receive notification of your right to equal access, please notify your caseworker.

Child Abuse Hotline

At the Tennessee Department of Children's Services, we are serious about keeping kids safe. We receive about 150,000 calls to our Child Abuse Hotline annually. *To report child abuse or neglect in Tennessee call the state **Child Abuse Hotline at 877-237-0004**. Reports also can be made online through a form found on our secure site (<https://apps.tn.gov/carat/>).*

Our experienced staff members will guide Hotline callers through a series of questions. It's OK if callers don't know all of the details. The staff uses the information you provide to determine the severity of the situation and how best to intervene.

Abuse and Neglect Allegations

The Department utilizes a Multiple Response System for allegations of child abuse and neglect. This approach assists the Department in:

- ensuring children are safe;
- working in partnership with parents to identify the family's strengths and needs; and
- asserting that families are the experts at solving their own problems.

The Multiple Response System begins when the Department receives an allegation of child abuse or neglect through the Child Abuse Hotline. Allegations may be received by way of telephone, fax, web, or in person. The Child Abuse Hotline guides concerned citizens through the referral process, gathering important information to assist in making a determination regarding DCS involvement. Possible levels of involvement include connecting families to resources, opening an assessment case, or opening an investigation.

What to Expect During an Investigation

If the allegation meets criteria for investigation, a Child Protection Services investigator will be assigned to investigate the allegation(s). This investigator will inform you of your rights and responsibilities, the allegation(s) being investigated, and outline investigative process. This process may involve the assistance of Child Advocacy Centers, Law Enforcement, Medical Personnel, Juvenile Court, and/or Prosecutors to ensure the safety and wellbeing of your child.

At the onset of the investigation, the investigator will hold an initial interview with your child to determine their immediate safety. This interview will take place away from the alleged abuser either at home, school or in another safe location. Your consent is not required for an interview to take place.

During the initial interview the investigator may identify the need for a:

- Forensic Interview- a second interview which takes place at a Child Advocacy Center.
- Medical evaluation to assess any injuries.
- Mental health evaluation.

If any of the above services are needed, the investigator will accompany your child or follow up with you to ensure completion of the interview or evaluation(s). The investigator will consult with a DCS attorney to determine how to proceed if any of the above services are refused, which could lead to court involvement.

If during the investigation, the investigator determines there is no immediate risk of harm, your family may be offered services before the closure of the case. However, if the investigator determines there is an immediate risk of harm to your child, the investigator may:

- Engage you in a voluntary Immediate Protection Agreement, placing the child with a temporary caregiver; or
- Remove the child into the Department's custody.

If the investigator engages you in a voluntary Immediate Protection Agreement, you and the investigator will agree to who the temporary caregiver is and where the caregiver(s) and/or child will reside and any restrictions involving contact with the caregiver or others. In addition to these agreements, a Family Permanency Plan will be developed. The Family Permanency Plan outlines the actions to be completed by the child, caregiver(s), and/or the investigator prior to the child returning home and/or the closing of the investigation.

In addition to interviewing your child and determining their immediate safety needs, the investigator will:

- Interview the alleged abuser;
- Interview anyone who may be able to provide additional information about the abuse;
- Interview you and other caregivers in the home;
- Interview siblings, if applicable;
- Make a visit to your home; and
- Make a visit to the location where the abuse occurred, if it differs from the home.

After all interviews are conducted and other evidence is collected, the investigator will evaluate the information and make a determination to substantiate or unsubstantiate the allegations. This process is called classifying the case. A classification of substantiated means there was enough evidence to say the child was abused or neglected. If the classification is unsubstantiated, this means there was not enough evidence to say the child was abused or neglected.

In addition to determining the classification, the investigator may also recommend or require services for the family prior to closing the case.

Appeal Rights

For CPS Investigations, if the alleged abuser is substantiated they will receive a letter notifying him or her of the substantiation and their appeal rights. The abuser has the right to request a review of the substantiation by the DCS Commissioner, or designee. This review will determine if the investigation was properly classified. Written notice of the request for review must be received by the Commissioner, or designee, within twenty (20) business days of the date noted on the letter.

What to Expect During an Assessment Case

If the allegation meets criteria for an Assessment case, a Child Protection Services Assessment worker will be assigned to work with your family. This Assessment worker will inform you of your rights and responsibilities, the allegation(s) that brought your family to the attention of DCS, and outline the service delivery process. This process may involve the assistance of Child Advocacy Centers, Law Enforcement, Medical Personnel and/or Prosecutors to ensure the safety and wellbeing of your child.

At the onset of the Assessment case, the Assessment worker will hold an initial interview with your child to determine their immediate safety. This interview will take place away from the alleged abuser either at home, school or in another safe location. Your consent is not required for an interview to take place.

In addition to interviewing your child and determining their immediate safety needs, the Assessment worker will:

- Interview the alleged abuser;
- Interview anyone who may be able to provide additional information about the abuse;
- Interview you and other caregivers in the home;
- Interview siblings, if applicable;
- Make a visit to your home; and
- Make a visit to the location where the abuse occurred, if it differs from the home.

If during the case, the Assessment worker determines there is no immediate risk of harm, but that services may benefit your family before the closure of the case, the Assessment worker will work with you and your family to identify the supports and services needed to eliminate the concerns and potential safety risks to your child.

After all interviews are conducted and other evidence is collected, the Assessment worker will evaluate the information and make a determination to classify the allegations as 1) No Services Needed, 2) Services Recommended or 3) Services Required. A classification of Services Required means there was enough evidence to say the child was at risk. At this point, the family must comply with services, or the department can seek a court order to ensure the services are completed. If the services were recommended, then the family can choose whether or not they wish to accept services and support from DCS.

However, if the Assessment worker determines there is an immediate risk of harm to your child, the Assessment worker may:

- Engage you in a voluntary Immediate Protection Agreement, placing the child with a temporary caregiver of your choosing; or
- Remove the child into the Department's custody.

Non-Custodial Interventions

Family Crisis Intervention Program (FCIP) and Family Support Services (FSS)

A **Family Crisis Intervention Program (FCIP)** is a brief intervention with families who have unruly children at risk for state custody. The intervention is designed to help the family and child through the present crisis period so they can access less intrusive community services without requiring further Court intervention and/or custodial care from the Department of Children's Services.

A **Family Support Services (FSS)** case is one that is transferred to a social services case worker after Child Protective Services has determined there is a need for ongoing services with the family that would extend beyond CPS's limited timeframes.

Juvenile Probation

Juvenile probation is court-ordered and includes supervision of the youth and treatment services to address the problems the youth is encountering. Probation may be used at the "front end" of the juvenile justice system for first-time, low-risk offenders or at the "back end" as an alternative to institutional confinement for more serious offenders. In some cases probation may be

voluntary, in which the youth agrees to comply with a period of informal probation in lieu of formal adjudication. More often, once adjudicated and formally ordered to a term of probation, the juvenile must submit to the probation conditions established by the court. Among the services provided, youth on probation can expect to follow a curfew, announced and unannounced home and school visits from the DCS worker, as well as random drug screening when applicable.

If Your Child Enters DCS Custody

There are three (3) main paths to state custody called a “committal status” under which a child can be placed into the legal and physical custody of DCS:

- If the child is found to be **neglected or abused**;
- If the child is found to be **delinquent**, also referred to as a juvenile justice child who has been found by the Court to have committed an offense which would be considered a crime if it had been committed by an adult; or
- The child is **unruly**, which refers to a child who is in need of treatment or rehabilitation and who habitually, and without justification, is truant from school; is habitually disobedient to the degree that his or her health and safety is endangered; and/or is a runaway.

The protocols set out here apply to all children committed to DCS, no matter their committal status.

If your child has been committed to the department, DCS will be completing various assessments on your child to identify the areas that the child and the family need to address in order to obtain permanency for your child. DCS honors your role as parent and will make every effort to involve you in the decision making process involving the care of your child. You can expect the following to occur during your child’s placement with the department:

The intake process usually occurs in Court following the Judge’s decision. Basic information will be gathered such as family information, address and telephone numbers. You will be asked to sign releases of information to enable DCS to obtain items such as school records, medical records, insurance or TennCare information. DCS will request that you provide basic health information about your child and provide a copy of your child’s Social Security card and health insurance card.

A home visit will be scheduled. The purpose of the home visit is to obtain information for the functional assessment of the child and family. You can expect this visit to last approximately one (1) hour and at least one (1) parent or guardian needs to be present.

An initial child and family team meeting (CFTM) will be held (within 7 days of commitment) and will include the parents and/or guardians, DCS staff, the child, attorneys and any others who may have a significant influence in the child’s life. Within thirty (30) days, an initial permanency planning CFTM will be held. In this meeting, concerns, risks, and goals for the child and/or family will be identified and a permanency plan created. Everyone’s responsibilities will be outlined in that document. The responsibilities will be reasonably related to the goal, to remedy the conditions which necessitated foster care, and must be in the best interests of the child. The plan will then be sent to the Court for ratification and will then become a legal document.

The DCS Case Worker will maintain contact with you to ensure all needs are being met. Either the Court or a Foster Care review board will review your child’s case at least every six (6) months.

Your child will be released from custody when ordered by the Court. The release date depends on the circumstances at the home that the child will be returning to and progress of the parents or guardians toward their plan.

Foster Care

When children are not able to stay safely in their own homes and there isn’t a relative who can take them in, they often have to come into state custody.

In Tennessee, we place a strong emphasis on keeping children in a family-like setting. The Tennessee Department of Children’s Services strives to keep sibling groups together and our staff does everything it can to keep kids as close to their home communities as possible.

DCS recruits foster families to provide safe and supportive homes in which the children’s emotional, physical and social needs can be met.

Foster care is a temporary service until the family and in some cases, the child, can address the problems which made placement necessary.

When parents cannot, or will not, make their home safe for the child's return, other permanent options are sought. These include adoption, Permanent Guardianship or, for older youth, independent living arrangements.

Kinship Foster Care

We at DCS believe strongly that children who must leave their homes do the best when they are able to live with people they already know or have an established relationship or connection. Kinship care refers to cases in which the children are placed in the legal custody of the State by a judge, and DCS then places the children with grandparents or other kin (strong relationship, not necessarily relatives).

In these situations, DCS, acting on behalf of the State, has legal custody and must answer to the court, but the kin have physical custody. DCS, in collaboration with the family, makes the legal decisions about the children, including deciding where they live. DCS is also responsible for ensuring that the children receive medical care and attend school. If the court has approved visitation with parents, DCS is responsible for making sure that the visits occur between parents and children. In kinship care, the child's relative caregivers have rights and responsibilities similar to those of nonrelative foster parents.

All relative caregivers must complete Foster Parent training (TN KEY) and the home study process within 120 days of a child/children being placed in their home. It is only after this training is complete that DCS can provide regular financial support through foster care board contracts.

Juvenile Justice

In Tennessee, young people who are adjudicated delinquent after breaking the law are placed with DCS. Many of them have been victims of trauma, abuse and neglect themselves. DCS offers a range of mental-health services, treatment programs, in addition to- highly effective educational programs and vocational training.

DCS is required to place these youth in the least restrictive setting possible. Many of our students participate in programs that are operated by our network of private providers. These populations of young people often have mental-health issues and substance-abuse problems that department staff and providers work to address.

Those with more serious crimes on their records — generally at least two felonies or crimes against a person - are housed at one of our secure-care facilities. Tennessee operates one youth development center (YDC). They operate as year-round schools and offer a wide range of case management and therapeutic services, but unlike other schools, they are hardware-secure facilities. The students' movements are largely managed by children's services officers, and the grounds are surrounded by tall anti-climb fences.

If a youth's behavior becomes out of control at the YDC and he is at risk of harming himself or others, staff may use Restrictive Behavior Management techniques to protect the youth and others from harm. Restrictive Behavior Management includes methods such as physical restraint, handcuffs, leg shackles, or placing a youth in confinement. These methods are only used in emergency situations. As soon as the youth calms down and is no longer a threat to himself or others, he will be released from confinement and/or the restraints. You will be notified within 24 hours if any of these methods are used with your child.

It is DCS's job to try to get these young people back on track. Each student has a case worker who follows his or her progress. Regular child and family team meetings are held so that parents and guardians can discuss concerns and monitor a student's progress.

Often, these students are far behind their peers in school. Our education specialists determine each student's needs and get them back on track for educational success.

Permanency Planning

Permanency plans are created to ensure that you and your child's needs are met while he or she is temporarily in the custody of DCS and that he or she is safely and permanently placed back in the care of a family/relative/kin in a timely manner. The plan

shall include all necessary actions to be completed by the parents, child and/or DCS to facilitate the child achieving his or her permanency goal.

Permanency plans will be developed during a CFTM and, to the extent possible, will reflect the consensus of the meeting's participants while still meeting DCS' responsibility to ensure safety, permanency and well-being for your child. Unless parental rights have been terminated, all known parents, including legal, biological, and alleged fathers shall be included in the permanency planning process. Your child's participation will be requested if he or she is 6-years-old and capable and required at age 12 and older.

You may identify and invite outside resources, such as extended family members or other support persons, to help develop the plan and to support you throughout your involvement with DCS.

If your child will temporarily live in a foster home, or receives residential treatment, this will be discussed and determined at the CFTM. You will be a part of this decision making process.

If your child is on TennCare you have a right to appeal decisions made about TennCare funded services provided by DCS. You will be provided a notice of appeal rights, called a *Notice of Action*, and a TennCare Medical Appeal form at the CFTM. The permanency plan can be revised when new issues that hinder accomplishment of the permanency goal arise, when there is a change in the time frame for meeting the goals, or when there is a need for changes in services or treatment for you or your child, but never less often than annually. The permanency plan can also be revised when accomplishments and successes are occurring that will aid in achieving permanency sooner. A Permanency Plan review Child and Family Team Meeting should occur at least every three months.

The permanency plan must be approved by the Juvenile Court.

If you do not agree with the plan or the revised plan, you have the right to present your concerns at the court during the hearing for approval of the plan.

Informed Consent

As indicated in the parent responsibilities section, a child's parent, unless or until parental rights are terminated, has the legal right and responsibility to consent to medical treatment for his/her child in most circumstances. DCS will have the child's parent sign an Authorization for Routine Health Services for Minors form at the time the child enters state custody or no later than the initial CFTM. The form allows for the child to receive general medical treatment and Early Periodic Screening, Diagnosis and Treatment (EPSD&T) and follow-up. DCS is authorized by virtue of the Court's order granting DCS legal custody to consent to ordinary and/or necessary medical care and/or treatment and may provide consent without parental permission if absolutely necessary. Further treatment or psychotropic medication require a separate informed consent once the parent or legal guardian has received sufficient information about the risks and benefits of taking and not taking a prescribed or recommended treatment by the health care provider.

If the parent refuses to consent to medical treatment or procedures, DCS will consult with the prescribing health care provider. If it is determined that the treatment is "ordinary and necessary" to protect the child from harm and receiving the treatment is in the best interest of the child, DCS will give consent for the treatment. If the treatment is determined to be necessary but beyond the scope of authority outlined by the Court then DCS will ask the Court to decide what should be done.

Tennessee law presumes that a child age fourteen (14) and older has the maturity to consent to medical treatment, but it must be determined on a case-by-case basis by the prescribing health care provider. Because of that presumption, some providers may require both parental consent and the consent of the older minor.

The decision by a mature fourteen (14) year old or older child to refuse medical treatment or tests shall not be overridden by DCS or a parent giving consent for refused treatment if the provider has determined the child is mature enough to make the decision.

Children with serious emotional disturbances or mental illness who are sixteen (16) years old or older have the same rights as adults with respect to outpatient and inpatient mental health treatment, medication decisions, confidential information and participation in conflict resolution procedures.

If a child fourteen (14) years old or older refuses to consent to medical treatment or procedures, DCS will consult with the prescribing health care provider. If it is determined that the treatment is necessary to protect the child from harm and having the treatment is in the best interest of the child, DCS will ask the Court to decide what should be done. .

Your child has the right to practice the religion of his or her choice within reason and will be provided opportunities to do so.

Behavior Management and Restrictive Interventions for Children in Custody

DCS requires that all DCS staff and all facilities serving children in state custody use positive behavior management techniques that provide positive incentives for good behavior and minimize reliance on intrusive and restrictive disciplinary measures. DCS policy prohibits the use of any form of corporal punishment on any child in custody.

DCS seeks to prevent and eliminate the use of physical restraint and to protect the child/youth's health and safety while preserving his or her dignity. Restrictive interventions such as physical restraint will be used only in circumstances in which a child or youth poses an imminent risk of harm to self or others.

Restrictive interventions will never be used as a means of punishment, discipline, coercion, and absence of treatment or programming, or due to staff convenience or retaliation by staff.

TennCare Appeals

If your child needs a health screening, or a prescribed health service, and there is a delay, denial, reduction, termination or suspension of that service, you have the right to file an appeal regarding this determination (adverse action). DCS Case Workers and DCS Child Health staff will assist you in accessing TennCare services for your child and in filing an appeal if there is an adverse action.

As indicated above, if DCS is responsible to provide a TennCare funded placement service, you have the right to appeal that determination (adverse action). If a placement decision is made involving a TennCare funded placement, a Notice of Action and TennCare Medical Appeal form will be provided at the CFTM or mailed to you if you did not attend the CFTM.

Credit Checks & Independent Living

All youth who enter custody and are 14+ years of age will have an annual credit history check completed on Transunion, Experian and Equifax to address any inaccuracies in their credit report. Youth will be engaged in this process in order to learn valuable independent living skills regarding credit and credit reporting. If any inaccuracies are found in your child's credit report, your case worker will be sure to address those with you.

Termination of Parental Rights: Voluntary & Involuntary

You may voluntarily surrender your parental rights by appearing before the Judge of Chancery, Circuit or Juvenile Court and signing a voluntary surrender form. If you decide that you would like to surrender your rights, you should discuss it with your Family Service Worker. DCS can refuse to accept the surrender of a child. Birth parents can access counseling and legal assistance if they are considering surrendering their parental rights. Please contact your Family Service Worker for more information.

Parental rights may be terminated involuntarily if the Judge of a Chancery, Circuit or Juvenile Court finds on the basis of a petition alleging that statutory grounds for termination have been established and that termination is in the child's best interest. You will be appointed an attorney to represent you in the court proceedings, if the Court determines you cannot afford to hire your own attorney. Conditions that can justify termination of parental rights against a parent include: abandonment, wanton disregard, lack of concern, substantial non-compliance with the permanency plan, conditions which led to removal have not been remedied or other conditions prevent return, severe child abuse, ten-year prison sentence and/or mental incompetence. Birth parents can request a referral for counseling and support to cope with voluntary and involuntary termination of parental rights, grief, separation, loss, and the life-long implication of placing a child for adoption when appropriate.

If a parent's parental rights have been terminated (either voluntarily or involuntarily), it means that the parents are no longer legally responsible for that child. He and/or she cannot make medical, educational, or any other type of decisions regarding the

care of the child. The parent will not be notified of any future legal proceedings for the child. Once all parents' rights are terminated on a child, that child becomes eligible for adoption.

"Open adoption" typically refers to an adoption in which the birth parent maintains some legal rights to visit and obtain information about the child after the adoption is finalized. The State of Tennessee does **not** have an "open adoption". However, there are times when an adoptive parent is willing to work with the birth parent to maintain contact and/or visits. DCS can facilitate these conversations, but it is the decision of the adoptive parent whether contact with the birth parent is allowed.

In the State of Tennessee, birth parents have the following rights after their child has been adopted:

- Once an adopted child reaches the age of twenty-one (21), eligible parties (including birth parents) can request access to the child's adoption record if that child gives written consent. **T.C.A. 36-1-127.**
- The state can release non-identifying information to a birth parent without the consent of the adopted child. **T.C.A. 36-1-133.**
- The Contact Veto Registry is available to a parent that voluntarily surrenders their parental rights. This Registry allows parents, siblings, spouses, grandchildren and legal representatives of the adopted child to maintain a record of their contact information. If an adopted child wants to make contact with a person on the registry after they turn 21, they will have access to this information if they request it. **T.C.A. 36-1-128** through **36-1-129.**

You may call 615-253-4676 and ask to speak with someone regarding the Contact Veto Registry.

You may also mail requests for information to:

Department of Children's Services
Attn: Access to Sealed Records
315 Deaderick St.
10th Floor UBS Building
Nashville, TN 37243

Once an adoption has been finalized, the foster care and adoption record is sealed and cannot be accessed except in the situation described above. Parents' confidentiality is maintained as described in the "Confidentiality" Section of this handbook.

Birth parents have the right to participate in the CFTM until their parental rights have been terminated. These meetings can include discussions regarding DCS plans on filing a petition to terminate a parent's rights, adoption placement, TPR process, assistance available to parents, the child's progress, and any other concerns. DCS encourages all parents to participate in CFTM's so they can provide input regarding their child.

When Your Child Exits Custody

If your child is returning to your care, you have the right to information about their reapplication for TennCare benefits, which can be done at your local Department of Human Services (DHS) office. Your Family Service Worker should provide this information.

Glossary

Adjudication: The outcome of the Court's process to determine the validity of allegations made in a petition or complaint. The process consists of the presentation of witnesses and evidence by oral testimony or written statements, and arguments by counsel or the parties. The court decides the case based on the proof presented by the parties and their arguments. For example, the court determines whether or not a child is dependent and neglected and then makes a disposition of the child either immediately or at a later date. (See Disposition Hearing).

Allegation: A charge or claim of fact in a report of child abuse or neglect or in a petition. It must be proven if the report or petition is to be found true. The abuse report lists specific events, injuries, or threats (such as cuts, bruises, welts, or medical neglect) referred to as the report allegations. The report also suggests the type of allegation (such as physical abuse, neglect, sexual abuse, or emotional abuse) as an introduction to the report's specific allegations.

Child's Attorney: The attorney appointed by the Court, or retained by the child or his/her family to represent the wishes of the child. The child's attorney differs from the Guardian ad Litem in that the Guardian ad Litem represents the child's best interests to the Court even if the child's best interests differ from what the child wants. Under most circumstances when a child is alleged

to be unruly or delinquent, that child is entitled to an attorney prior to adjudication and disposition as long as that constitutional right is not waived. However, in a dependent, neglected or abused allegation, a Guardian ad Litem must be appointed by the Court for that child.

Caretaker: Person responsible for a child's care, whether that person is a parent, legal guardian, or an adult temporarily in a parent's role, as in institutional or out-of-home settings.

Classification Staffing: A meeting called for the purpose of discussing diagnostic data, identifying problems and strengths, formulating recommendations and deciding a youth's placement.

Custody: The control of actual physical care of the child and includes the right and responsibility to provide for the physical, mental and morale well-being of the child TCA 37-1-102 (b) (8).

Child and Family Team Meeting: This meeting is called for the purpose of making decisions and planning regarding safety, permanency and well-being of children. This meeting includes the parents/caretaker, child (if age appropriate), and DCS staff. The family helps decide who is invited to the CFTM by identifying informal supports and relatives who can be part of the team. Foster parents, attorneys and other specialists might also be a part of this team if applicable. The Department of Children's Services believes in partnering with families to create plans that meet the goals and priorities important to that family. Families are the experts on themselves and are crucial in the planning and decision-making process.

Child Support: Court ordered or voluntary money payments made to or on behalf of a child by the parent(s) (legal or natural parent(s) who admit(s) paternity). Child support paid while a child is in the custody of the Department of Children's Services may be used to reimburse the State for the child's board payment and other costs of care in compliance with applicable state and federal laws and regulations.

Disposition Hearing: A juvenile Court hearing during which arguments are made as to what should be done with a child already adjudicated to have been abused, neglected, unruly, or delinquent. This hearing is often combined with the adjudicatory hearing, but it may be scheduled up to 15 days later if the child is in custody (or 90 days if the child is not in custody). Further evidence is presented at this time to determine if the child will be placed in foster care, will remain in foster care or some other placement, or will remain with the parents.

Early Periodic, Screening, Diagnostic and Treatment Services (EPSD&T): A Medicaid entitlement program for children under the age of 21. In Tennessee, EPSD&T benefits are provided by TennCare, the State's Medicaid agency. EPSD&T includes periodic screenings to provide preventive (early) health care for children and youth, as well as any medically necessary care even if the service is something that would not be covered for an adult on TennCare.

Ex Parte Review: A chance for a Judge to hear only one party's side at that time. However, a Judge will set a later time for all parties to be included. While fairness and the law dictate that all sides get an equal hearing before a Judge, this isn't always possible. For example, if parents who pose a risk to a child are threatening to flee, a Judge may hold an ex parte review to hear Family Service Workers' concerns without alerting the people who are threatening to leave with the child.

Family Crisis Intervention Program (FCIP): A brief intervention with families who have unruly children at risk for state custody. The intervention is designed to help the family and child through the present crisis period so they can access less intrusive community services without requiring further Court intervention and/or custodial care from the Department of Children's Services. TCA 37-1-168

Foster Care Review Board (FCRB): An advisory body appointed by the Juvenile Court Judge, which reviews the status of each child's care in DCS custody at least once within the first ninety (90) days of initial placement and least every six (6) months thereafter.

Family Service Worker: A DCS employee responsible for providing case management services to children under the State's supervision, in State custody, or at risk of State custody and their families.

Guardian: Parents are natural guardians of a child. The Court may appoint a guardian for a child whose parent(s) is (are) deceased. The Court may give guardianship to DCS following a termination of parental rights. DCS may, pursuant to TCA, act as

guardian when there is no natural guardian or when a minor has been abandoned. The guardian of a child, if appointed by the Court or if acting under statute, has all the duties of a parent to provide for the child's support, education, and medical care, subject only to the parent's, if any, remaining rights.

Guardian ad Litem (GAL): The attorney appointed to represent the best interests of the child in Court proceedings. The Guardian Ad Litem's role differs from that of an attorney for the child, in that the child's attorney is bound to do what the child, his client, directs, while the Guardian Ad Litem must represent the child's best interests to the Court, even if the child's best interests differ from what the child wants. The Guardian Ad Litem represents the child in litigation only but is not responsible for the child's care on a daily basis.

Group Home: A home operated by any person, agency, corporation, or institution or any group which receives 7 to 12 children under 17 years of age for full-time care outside their own homes in facilities owned or rented and operated by the organization.

Informed Consent: The agreement to treatment given after the patient, legal custodian, and/or legal guardian has received sufficient information about the risks and benefits of taking and not taking a prescribed or recommended treatment.

Interpreter: A person who translates orally for parties conversing in different languages.

Juvenile Court: A Court with jurisdiction under Tennessee statutes to hear and decide matters pertaining to children.

Permanency Planning: The process of intervention and decisive casework on the part of the case manager. Such intervention focuses on choosing the least restrictive permanent outcome for the child, i.e., return to parent, relative placement, adoption, independent living or permanent foster care, in a timely manner.

Petition: A formal written application to the Court requesting judicial action on a certain matter.

Reasonable Efforts: The department's obligation under state and federal law and as a part of sound casework practice, to attempt risk reduction services prior to removing children from their homes and subsequent to removal, to make it safe for the child to return home. If DCS must remove the child, the Court's disposition order must include documentation of the reasonable efforts that DCS exhausted in order to prevent foster care or to prove that services could not reasonably be expected to protect the child.

Magistrate: An attorney appointed by the Juvenile Court Judge to hear cases. A magistrate serves at the pleasure of the appointing Judge and has the same authority as the Juvenile Court Judge to issue any and all process. In the conduct of the proceedings, the magistrate has the powers of a trial Judge. Most findings made by a magistrate are appealable to the Juvenile Court Judge upon a motion by any party. For more specific information, see T.C.A. § 37-1-107.

Restitution: A legal action serving to make good of, or give back an equivalent for some injury or deed.

Staffing: A team composed of at least three (3) professional personnel and the youth who meet for the purpose of discussing diagnostic data, identifying problems and strengths, and formulating recommendations including the youth's placement(s).