



Administrative Policies and Procedures: 14.7

Subject:	Classification of a Child Protective Services Investigation Case
Authority:	TCA 37-1-401 et seq; 37-1-601 et seq; 37-5-105; 37-5-106; 37-5-107
Standards:	COA: CPS 5.07
Application:	All Department of Children's Services Child Protective Services Employees and Special Investigations Unit Employees
Policy Statement:	
A Child Protective Services investigation case must be <u>classified</u> ¹ within thirty (30) days after receipt of report and a determination made to close the case, provide services, refer to community providers for on-going services, or transitioned to a Family Service Worker.	
Purpose:	
To ensure that CPS cases are properly classified CPS Investigators will use empirically derived assessment processes and classification criteria in order to maximize resources and produce fair and consistent decisions affecting the child and family, the alleged perpetrator and refer children and families for assessment of needed services or link to resources in the community.	
Procedures:	
A. Classifying the case	<p>A report of child abuse by the alleged perpetrator may be classified as "indicated" if there is preponderance of evidence, in light of the entire record, which indicates the individual committed physical, severe or child sexual abuse, as defined TCA §§ 37-1-102 or 37-1-602. Proof of one or more of the following factors, linking the abusive act(s) to the alleged perpetrator, may constitute preponderance of evidence:</p> <ol style="list-style-type: none"> 1. Medical and/or psychological information from a licensed physician, medical center, or other treatment professional that substantiates that child abuse occurred; 2. An admission by the perpetrator; 3. The statement of a credible witness or witnesses to the abusive acts; 4. The child victim's statement that the abuse occurred. The following elements are typical of sexually abusive situations, and should be considered in assessing the weight to be given to the child's statement in cases where sexual abuse is alleged:

¹ Exceptions: Child fatality investigations awaiting an autopsy report; CPS investigations needing interpreting and translating services or other unique services such as sign language communication; CPS investigations which fall under the TCA statute 37-1-607 *Severe Child Abuse or Neglect*, the Federal Indian Child Welfare Act, and CPS investigations where the alleged perpetrator has no access to the child victim.

Original Effective Date: DCS 14.7, 04/01/01

Current Effective Date: 03/15/11

Supersedes: DCS 14.7, 09/10/10

CS-0001

RDA S1615

	<p>a) History of relationship</p> <ul style="list-style-type: none"> ◆ Multiple incidents occurring over a period of time. This situation is most common where the alleged perpetrator is a relative, friend, or caretaker of a victim. ◆ Progression of physical touching, from activities that appear acceptable at first, but become sexual in nature. <p>b) Details of Abuse</p> <ul style="list-style-type: none"> ◆ Explicit knowledge of sexual activity. The victim relates explicit details of the sexual experience. This is especially relevant where the details are beyond the knowledge typical of a child of the victim's age. ◆ Specifics of details, such as a location and/or time, even if a specific date is not given, or other details of the environment. For a preschool age child, such detail is not expected. As a child's developmental age increases, more detail is expected. ◆ Consistency. If the child is interviewed more than once, the responses and statements are generally consistent from one interview to the next. Parts of the story are corroborated by other circumstances and/or witnesses. <p>c) Secrecy. The child indicates that he/she was instructed, asked, and/or threatened to keep the abuse secret.</p> <p>d) Coercion. Elements of coercion, persuasion, or threats to get the child to engage in the activity.</p> <p>5. Circumstantial evidence linking the alleged perpetrator to the abusive act(s) (e.g., child was in care of the alleged perpetrator at the time the abuse occurred and no other reasonable explanation of the cause of the abuse exists in the record).</p>
<p>B. Investigative tasks/ activities to perform to classify case</p>	<p>The following investigative tasks/activities MUST be completed (but not specific to the order listed) to classify a case within thirty (30) days from receipt of the report:</p> <ol style="list-style-type: none"> 1. Interview/observation of the child victim within the Priority Time Frame; 2. Interview of parent or guardian and alleged perpetrator; 3. Interview/observation of other children in the home and/or interview with other persons living in the home; 4. Interview of referent; 5. Utilize Forensic Interviewers in jurisdictions where CAC's exist; 6. Notification to Juvenile Court Judge of abuse/neglect report; 7. Review of prior records; 8. Make home visit where the alleged abuse occurred; 9. Make other site visits, as appropriate, where the alleged abuse occurred if not in the home; 10. If sexual abuse or severe abuse/neglect, convene the Child Protective

Investigative Team (CPIT):

a) Preparation for the CPIT meeting will include:

- ◆ Completion of the CPIT form. The CPSI will ensure that all relevant portions of form **CS-0561, Child Protective Investigative Team Review** are completed, including a classification recommendation approved and signed by the Team Leader or on the appropriate screens in **TFACTS**.
- ◆ Each member of CPIT will arrive with their position regarding the classification based on the information currently available to their respective discipline.

b) The final classification decision will be at the discretion of the Department.

11. Request health records, forensic medical exams and/or psychological evaluations/exams;
12. Complete a background check;
13. Request law enforcement records/reports; request copy of forensic interviews;
14. Photographs may be taken to document both the well being of children and/or potential harm to children. Photographs will be taken if there are visible injuries to the victim(s).
15. Interview any witnesses or collaterals; and
16. Complete appropriate Structured Decision Making (SDM) and other assessment tools.
17. Case must be classified at thirty (30) days from date of referral, and the case may be continued for thirty (30) more days to the sixty (60) day point.
18. A Family Service Team Meeting (FSTM) must be held by the 30th day from date of referral if **services are needed**². The CPSI will acquire the needed services and will work the case to closure or transition. Participants at the FSTM should include Case Worker, Family and the family support team. Complete **Family Permanency Plan**.
19. If services are needed after day thirty (30) from the referral date, an FSTM will be held upon identification of services and create a plan. Complete a new/revised **Family Permanency Plan**.
20. A Family Functional Assessment (FFA) must be initiated by the 30th day from date of referral if services are needed.
21. FAST will be completed thirty (30) days from date of referral if services are needed. (Refer to DCS **FAST Case Protocol**.)
22. Additional Face-to-Face contact with the alleged child victim is required at case closure if the child has not been seen within the last ten (10) business days. The TL may waive this requirement after reviewing and declaring that there are no safety/risk concerns and CPS is no longer warranted. The TL will document the reason for the waiver in TFACTS.

² Note: Additional FSTM's may be held at any point during the life of the case as circumstances dictate.

	<p>23. The CPSI must have regular contact with service providers. Contact may be by telephone, e-mail or face-to-face.</p> <p>24. If services need to continue beyond sixty (60) days, an FSTM will be convened by the CPSI with the family, FSW, FSTL, and CPSTL. A Family Permanency Plan will be completed by the FSW. An FSTM will be convened ten (10) days prior to sixty (60) day closure.</p> <p>25. A CFTM must be held prior to filing a petition for state custody to explore all options, unless it is an emergency. The CFTM must be held prior to the seventy-two (72) hour preliminary hearing when an emergency removal has taken place. Each region must establish a written local protocol to consult MSW's in the removal process. Team coordinator (TC) and DCS Regional Legal Counsel must approve decision to petition for custody. Team Leader (TL) must attend CFTM. (Refer to Policy 31.7, Building, Preparing and maintaining Child and Family Teams.)</p>
<p>C. Assessment referral received on open investigation</p>	<p>1. If during the investigation, an assessment referral on the family is received from Central Intake, the CPS investigator will consult with the Supervisor and address the additional concerns while continuing to conduct the investigation.</p> <p>2. If multiple reports with additional allegations are received on an open case within thirty (30) days of the initial report, these multiple reports may be linked to the open case.</p>
<p>D. Classification of allegation</p>	<p>Each allegation will be classified according to one of the following options:</p> <p>1. <u>Allegation Indicated, Perpetrator Indicated.</u> This classification is appropriate when there is sufficient information and evidence to support the opinion that:</p> <ul style="list-style-type: none"> a) The alleged incident occurred or harmful situation existed, and b) The alleged perpetrator classified in the report was found to be responsible for the child's condition. c) To indicate the allegations and perpetrator, the case must have been based on one of the following allegations: <ul style="list-style-type: none"> ◆ Any report of harm that constituted severe child abuse as <u>defined</u> in Work Aid 1 - Categories and Definitions of Child Abuse/Neglect. ◆ Any report of child sexual abuse; ◆ Any report of the following physical injuries: <ul style="list-style-type: none"> a. Head trauma b. Broken bones c. Inflicted burns d. Organic functional impairment (injury to internal organs) e. Broken skin f. Shaken baby syndrome g. Defensive injuries

	<p>h. Injuries related to physical confinement, or</p> <p>i. Infants exposed to illegal narcotics, including methamphetamine.</p> <p>d) Any report of harm of the following types of neglect:</p> <ul style="list-style-type: none"> ◆ A child left without supervision in a dangerous environment; ◆ Lack of food or nurturance resulting in failure to thrive; ◆ Abandonment of a child under the age of eight (8); ◆ Lack of care that results in a life-threatening condition or hospitalization; ◆ Inaction of the parent resulting in serious physical injury <p>e) Any report that:</p> <ul style="list-style-type: none"> ◆ Results in the removal of a child from the home. ◆ Involves a caretaker at any institution, including but not limited to any licensed daycare center, public or private school, or hospital. ◆ Results in any other class of injury. <p>2. <u>Allegation Indicated, Perpetrator Unfounded.</u> This classification is appropriate when there is sufficient information and evidence to support the opinion that:</p> <p>a) The alleged incident occurred or harmful situation existed, but</p> <p>b) The alleged perpetrator classified in the report was not found to be responsible for the child's condition</p> <p>3. <u>Allegation Indicated, Perpetrator Unknown</u></p> <p>This classification is appropriate when there is sufficient information and evidence to support the opinion that:</p> <p>a) The alleged incident occurred or harmful situation existed, but</p> <p>b) No alleged perpetrator was classified in the report or identified through the investigation.</p> <p>c) If the case involves a removal prior to classifying, CPSIs will confer with regional legal staff to ensure that all resources have been exhausted to reach a conclusion regarding the identity of the alleged perpetrator(s). Additional support services may be obtained through central office.</p> <p>4. <u>Allegation Unfounded, Perpetrator Unfounded.</u> This classification is appropriate when:</p> <p>a) There is insufficient information and evidence to support the opinion that the alleged incident occurred or harmful situation existed, and</p> <p>b) The alleged perpetrator classified in the report was not found to be responsible for the reported maltreatment.</p> <p>5. <u>Allegation Indicated, Sexually Reactive Child.</u> This classification is appropriate when:</p> <p>a) There is sufficient information and evidence to support the opinion that sexual contact did occur, but</p> <p>b) The dominant figure in that contact was a child under the age of ten (10)</p>
--	--

	<p>years.</p> <p>6. Unable to Complete. This classification is appropriate when:</p> <p>a) The CPSI is unable to locate the alleged victim and his or her family after a diligent search and good faith attempt to locate. Refer to DCS Policy 14.5 Child Protective Services Planning, Initiation and Assessment of Safety and Protection for documentation procedures.</p> <p>b) The incident occurred in another state and DCS participated in investigative activities or offered services, but has no ability or authority to formally identify a perpetrator.</p> <p>7. Determination of severe abuse</p> <p>The CPSI will determine if each indicated allegation meets the criteria for severe child abuse.</p> <p>8. The determination will be approved by the Team Leader and documented for each indicated allegation on form CS-0740, CPS Investigation Summary and Classification Decision of Child Abuse/Neglect Referral and in the appropriate screens in TFACTS.</p>
<p>E. Documentation of classification decisions</p>	<p>The CPSI will document the classification decision and supporting information on the form CS-0740, CPS Investigation Summary and Classification Decision of Child Abuse/Neglect Referral and/or in the appropriate screens in TFACTS.</p>
<p>F. Notifications</p>	<p>1. Each region must work with local juvenile court judges to <u>establish local protocols</u> to notify juvenile court of every child abuse and neglect referral.</p> <p>2. Each region must work with local juvenile court judges to establish <u>written local protocols</u> to notify juvenile court with a summary of the results of every child abuse and neglect case.</p>
<p>G. Notification of indicated perpetrator’s right to file review</p>	<p>1. In every investigation that results in a classification of “allegation indicated, perpetrator indicated”, the person classified as the indicated perpetrator must be notified of his or her right to a formal file review as outlined in DCS Policy 14.10, Child Protective Services Formal File Review Process and outlines:</p> <p>a) Rights of all perpetrators;</p> <p>b) Case File Review Process;</p> <p>c) Due Process; and</p> <p>d) Emergency Due Process.</p> <p>2. The CPSI will follow DCS Policy 14.11, CPS Due Process Rights and Reviews when the person classified as the indicated perpetrator has access to children through his or her employment or volunteer activity.</p>

<p>H. Referral to early intervention services</p>	<ol style="list-style-type: none"> 1. In every investigation that results in a classification of “allegation indicated” on a child under the age of three (3), the CPSI will make a referral for screening and eligibility determination to the Tennessee Early Intervention Services (TEIS) program through the Tennessee Department of Education (DOE). The CPSI will call 1-800-852-7157, a toll free telephone number dedicated by DOE for this type of referral, and complete form CS-0811 Tennessee Early Intervention Services Referral to provide the requested information below: <ol style="list-style-type: none"> a) The child’s name, date of birth and contact information; b) The biological and/or custodial parent’s name and contact information; c) The foster parent’s name and contact information, when applicable; and d) The CPSI’s name and contact information. 2. The CPSI will notify the child’s parents/foster parents of the referral and will document this in TFACTS that the referral was made. 3. After the child is approved and receiving services, three (3) to nine (9) months before the child’s 3rd birthday, the TEIS service coordinator will work with the family to discuss options for when the child turns three (3) years of age and exits TEIS.
--	--

<p>Forms:</p>	<p><u>CS-0561, Child Protective Investigative Team Review</u> <u>CS-0740, Child Protective Services Investigation Summary and Classification Decision of Child Abuse/Neglect Referral</u> <u>CS-0811 Tennessee Early Intervention Services Referral</u></p>
----------------------	---

<p>Collateral documents:</p>	<p><u>CPS Case Closure Protocol</u> <u>FAST Case Protocol</u> Family Permanency Plan – (In TFACTS)</p>
-------------------------------------	---

Glossary:	
Term	Definition
Preponderance of evidence:	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.