



State of Tennessee

Department of Children's Services

Procedure Change Notice: Effective 09/08/14

Work Aid- 3 – Child Protective Services Investigative Tasks and Activities

Supplemental to DCS Policy: 14.5 Child Protective Services Planning, Locating Child/Family and Notification to External Agencies

CPS Investigative Tasks	CPS Investigative Activities
A. Interview with parent or guardian: ¹	<ol style="list-style-type: none">1. Initial contact with the parent/caregiver/family involved in the CPS report will include informing each person about the allegations under investigation and the CPS process, the focus/goal of the investigation, and their rights and responsibilities (<u>DCS Clients Rights Handbook</u>). The last page of the handbook contains form <u>CS-0835 Acknowledgment of Receipt of Clients Rights Handbook</u> that will be signed by parent(s)/guardian(s) acknowledging receipt of the handbook. During this first initial contact with the family, the caseworker will inquire if there is any Native American lineage or ancestry that might make the child/family eligible for membership in any Native American Tribe. If the family confirms that they do have Native American lineage, conduct the investigation according to CPS policy and follow instructions as outlined in DCS Policy <u>16.24, Children of Native American Heritage</u> to comply with the Indian Child Welfare Act of 1978 (ICWA) guidelines. Efforts to identify the tribe and notifications made to the Bureau of Indian Affairs must be documented in <u>TFACTS</u>. To document that an inquiry was made and that no Native American heritage exists, form <u>CS-0824, Native American Heritage Veto Verification</u> must be completed, as well as any other required forms.2. The caseworker or appropriate CPIT team member(s) will interview the parents or caretakers of the alleged child victim(s) individually. If a CPIT team member completes this interview, caseworker should attend as well. Caseworker must obtain from the interviewer or construct from the interviewer's records adequate documentation of the process and substance of the interview. If law enforcement does not provide access to their investigative information, the caseworker will

¹ During the first initial contact with the family, the caseworker will inquire if there is any Native American lineage that might make the child/family eligible for membership in any Native American Tribe.

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	<p>contact the CPS team leader, who will consult with appropriate regional legal counsel to determine what the legal options are. These consultations will be documented in TFACTS.</p> <ol style="list-style-type: none"> 3. It is highly recommended, that the interview with the parent/caretaker occur on the same day the child is interviewed. If this is not possible or appropriate, efforts should be made to document the reasons. The parent/caregiver interview must be fully documented in TFACTS. 4. When the parent/caretaker is not the alleged perpetrator, it is recommended that they be notified prior to the child interview. 5. In cases where the parent/caregiver is the alleged perpetrator, law enforcement will complete the parent/caregiver interview. If CPIT team member does not interview the alleged perpetrator, the caseworker must conduct this interview within the time frame for completing an investigation.. 6. If the parent/caretaker declines to participate in an interview, the caseworker must consult with their team leader to determine next steps and document in TFACTS the caseworker's attempts to obtain the parent/caretaker's participation.
<p>B. Interview/observation of the child victim within the Priority Time Frame to determine safety; Interview/observe other children in the home and/or interview other persons living in the home:²</p>	<ol style="list-style-type: none"> 1. All efforts must be made to notify parents/caretakers of the child interview/observation on the same day the interview occurs. If this is not possible or appropriate, efforts should be made to document the reasons. The parent/caregiver interview must be fully documented in TFACTS. 2. If a child's parent(s) refuses to allow him or her to be interviewed or observed, the caseworker will immediately notify the CPS team leader, who will immediately consult with appropriate regional legal counsel. These notifications and consultations must be documented in TFACTS. 3. The child interview or observation is a face-to-face contact with the alleged victim for the purpose of interviewing the child concerning the allegations and observing the child's physical/emotional condition. The interview and all observations will be documented in TFACTS. 4. If the child is non-verbal, the caseworker must observe the child's physical condition and behavior, relative to the allegations and best practice standards, specifically documenting these observations in TFACTS. 5. The interview must occur within the time frame required by the assigned response priority or within such time frame as the team determines in CPIT cases. Reasonable concerns about child's safety must outweigh any other consideration of the timing and location of an interview.

² Social Security numbers are required on all victims/clients in a CPS investigation and must be entered into TFACTS before an investigation can be closed.

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	<ol style="list-style-type: none"> 6. Every effort must be made for the interview and observation of alleged victims to occur apart from the alleged perpetrator. 7. Interviews involving sexual abuse allegations must be conducted in a neutral, safe environment, such as a CAC. 8. The caseworker will interview/observe all children residing in the household of the victim and document TFACTS. 9. If the alleged perpetrator resides in a different household from that of the victim, the child(ren) residing in the alleged perpetrator's home will be interviewed as possible victims or collaterals. 10. Forensic interviews may be conducted in other types of cases, if appropriate. 11. If child is alleged to have physical injuries or observable conditions, the caseworker will make a direct observation and provide a written description of observed conditions and/or injuries in TFACTS. At a minimum, the documentation will describe details of location, color, length, shape, and size of any injury. 12. Photographs must be taken or drawings will be made to supplement the written description. The caseworker will also photograph any objects allegedly used to abuse a child. All photographs must be labeled with the child's name, date and time taken, location where the photograph was taken, and name of person taking the photograph. Photographs of objects will be labeled with the name of the object in addition to the information listed above. 13. Within 72 hours of the face-to-face interview/observation of a child, each caseworker will complete an SDM Safety Assessment. If there are no immediate harm factors present, then the caseworker will make a determination regarding the child's safety. 14. If one or more immediate harm factors are present, a safety intervention must be considered. Form <u>CS-0701, Immediate Protection Agreement</u> (IPA) must be completed for each immediate harm factor, unless <u>protective custody</u> is immediately necessary. (See DCS policy <u>14.9 Child Protective Services Immediate Protection Agreements.</u>) 19. The IPA must be discussed with, and approved by the Team Leader in consultation with appropriate regional legal counsel. In no case will a child be left at risk while these discussions are being held.
<p>C. The caseworker must also interview all other persons living in the home.</p>	<p>Other persons living in the home will be interviewed in an effort to determine additional information as well as to assist in the assessment of risk and safety.</p>

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<p>D. Interview of alleged perpetrator if other than the parents/caretaker: (Note: The alleged perpetrator must be interviewed even when the alleged victim does not disclose.)</p>	<ol style="list-style-type: none"> 1. The caseworker, or appropriate CPIT member(s), will separately interview each person alleged in the report to be a perpetrator. 2. When the alleged perpetrator declines to participate in an interview, the caseworker must consult with team leader and document in TFACTS the caseworker's attempts to obtain the alleged perpetrator's participation. 3. When the alleged perpetrator is a minor child, DCS will consult with team leader and obtain the verbal consent of the parent, custodian or legal guardian before interviewing the minor child. 4. If the alleged perpetrator is a child in DCS custody, the caseworker will contact the team leader who will consult appropriate regional legal counsel to determine if DCS will interview the child. These consultations will be documented in TFACTS.
<p>E. Convene CPIT</p>	<p>Child Protective Investigative Team (CPIT) must be convened <u>immediately</u> when a report of child sexual or severe physical abuse has been received:</p> <ol style="list-style-type: none"> 1. To convene CPIT, DCS or another member of CPIT will contact CPIT members according to local protocols. The CPS caseworker must verbally contact the District Attorney or his/her designee and give verbal notification of a report of child sexual or severe physical abuse. Please note that convening CPIT does not, within itself, meet the time frame for face-to-face contact with the child. As noted above, reasonable concerns about child's safety must outweigh any other consideration of the timing and location of an interview and if response times are not met, CPIT decisions will be documented in TFACTS. 2. All CPIT notifications must be documented in the case recordings and will include full names and titles of parties contacted. (Refer to DCS policy <u>14.6 Child Protective Investigative Team-CPIT</u>). 3. In all investigations involving CPIT, the interview of an alleged perpetrator must be coordinated with the other CPIT members. 4. When a CPIT member other than the caseworker assumes responsibility for the interview of an alleged perpetrator, DCS will make every effort to access adequate documentation of the substance of the interview. 5. When a CPIT member other than the caseworker assumes responsibility for interviewing an alleged perpetrator but fails to conduct an interview within forty-five (45) days of the date of the report, the caseworker will proceed to conduct the interview, after notifying the CPIT member.

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	<p>The caseworker will document this interview in TFACTS.</p> <p>6. When law enforcement does not provide access to their investigative information, the caseworker will contact the CPS team leader, who will consult appropriate regional legal counsel to determine if there should be an additional interview with the alleged perpetrator. These consultations will be documented in TFACTS.</p>
F. Home visit	<p>1. The caseworker will observe the child's home environment, including all areas related to the allegations in the report and in compliance with standards of best practice,.</p> <p>2. The overall environment must be described in TFACTS, with details of any conditions that appear to pose a risk to the child's safety.</p> <p>3. The caseworker may provide additional documentation through photographs and video. The caseworker will note the date, address, and person taking the photographs on the photographs.</p>
G. Other site visit to location of the incident(s)	<p>If the report or investigation suggests that the alleged abuse occurred in a setting other than the home, (e.g., a day care center, park, school, etc.), the caseworker will visit the site to observe the setting and assess conditions that pose a risk to the child, and other potential victims.</p>
H. Completion of assessment tools	<p>1. Assessment of Safety</p> <ul style="list-style-type: none"> ◆ The caseworker will complete the SDM Safety Assessment on all initial CPS investigations, including new investigations on existing cases. ◆ The safety assessment is used to determine immediate danger of serious harm and to determine what, if any intervention is necessary to provide appropriate protection. <p>2. Family Advocacy and Support Tool (FAST) will be completed within thirty (30) days of the referral in cases where services have been provided, recommended or required.</p> <ul style="list-style-type: none"> ◆ The FAST will be used to assess the strengths and needs of non-custodial children and their families. ◆ The FAST will be used to determine the need for and level of services for a child and family.
I. Contact referent	<p>1. If the referent's name and address or telephone number are available, the caseworker will make diligent efforts to contact referent to verify information in the report, and to obtain additional information if necessary.</p> <p>2. Regional staff or designee will send a Confidential Notification Letter for Reporter when the referral is assigned. Documentation will be documented in TFACTS that this notification has been</p>

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	completed. Central Intake will send will send a Confidential Notification Letter for Reporter when the referral is screened out.
J. Review of DCS History and Background	<p>The caseworker will review the following types of information when applicable and available:</p> <ol style="list-style-type: none"> 1. DCS History Check (e.g., TFACTS, SSMS): 2. Other records review: <ul style="list-style-type: none"> ◆ Court records ◆ Police records ◆ Public records (utilities, rental information) ◆ Sex Offender Registry ◆ Meth Offender Registry 3. When appropriate, the following records should be obtained and reviewed: <ul style="list-style-type: none"> ◆ Medical Records ◆ Educational Records ◆ Mental Health Records ◆ Community or Other Social Service Agencies ◆ Any other available and applicable records
K. Medical exams	<p>There are two (2) types of medical exams in CPS:</p> <ol style="list-style-type: none"> 1. <u>Medical treatment</u>: The purpose of medical treatment is to provide care for a child who is ill or injured. <ul style="list-style-type: none"> ◆ If the caseworker conducting an investigation encounters a child who needs medical treatment, the caseworker will ask the parents/ caretakers to identify the child's physician, to make arrangements for the child to receive medical treatment, and to ensure that the child has transportation to the appointment. 2. <u>Forensic medical exam</u>: The purpose of the forensic medical exam is to assess the child's medical condition, obtain a diagnosis, determine if the child needs treatment, to assess the child's risk of further harm, or to aid in making a classification decision.

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	<ul style="list-style-type: none"> ◆ The caseworker will obtain a forensic medical exam by a competent practitioner with expertise necessary to assess the medical condition in all situations that involve obvious severe injury/conditions, or when a medical opinion is needed to evaluate the injuries. This may include the consistency of the explanation with the injuries. ◆ To the extent possible, the caseworker will work with the parents to arrange this treatment or exam. The caseworker in coordination with the team leader and CPIT team members, if applicable, will identify the appropriate practitioner to perform this exam, regardless of insurance coverage or TennCare eligibility. ◆ The practitioner who performs the forensic medical exam may or may not be the child's physician. If the parents refuse to pay, or have no insurance coverage, or there is no TennCare provided, the cost for the medical exam can be covered by DCS. Form <u>CS-0533, Medical Services Authorization for Non-TennCare Eligible Children</u> must be completed for certain non-TennCare eligible children. ◆ If the parents are unable to transport the child, the caseworker may transport the child and the child's parent(s) to the appointment. ◆ The caseworker will not transport an otherwise unaccompanied child to a medical appointment without the written permission of the parent(s). ◆ If parents transport the child, the caseworker may meet the family at the physician's office or clinic. ◆ If the caseworker is unable to attend the medical appointment, then he/she will contact the physician prior to the appointment to describe the CPS concerns and follow up with a discussion with the doctor after the child is treated. ◆ The caseworker will obtain a written copy of the medical report upon completion of the exam. The caseworker will file the copy in the case record and enter the date received accompanied with a brief description in the appropriate screens or case recording in TFACTS.
L. Team Leader Staffing	<p>Each caseworker will staff all investigations periodically with a Team Leader. Staffings will be documented in TFACTS. Every effort will be made to conduct an initial Team Leader staffing within the first seventy-two (72) hours of case assignment and then periodically thereafter. Case staffings will be held no less often than on a monthly basis.</p>

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M. Classification, Case Transfer and Closure	Refer to DCS policies <u>14.7 Child Protective Services Investigative Track</u> , <u>14.8 Child Protective Services Case Transition or Closure</u> , <u>14.26 Child Protective Services Assessment Track</u> , and <u>14.29 In-Home Family Service Worker Responsibilities</u> .
N. Other CPS investigative activities/tasks may include, but are not limited to:	<ol style="list-style-type: none"> 1. Conducting Child and Family Team Meetings <ul style="list-style-type: none"> ◆ The caseworker will engage families and involve key community members and professionals in the decision making process to reach consensus in developing a plan that protects children and preserves the family when possible. ◆ The Child and Family Team Meeting (CFTM) will be the model utilized by CPS at any time during the <u>critical decision</u> making phase and will be scheduled prior to any child entering custody unless the child's immediate safety would be compromised. (Refer to DCS policies <u>14.4 Engaging Families- Family Functional Assessment and CFTMs</u> and <u>31.7, Building, Preparing and Maintaining Child and Family Teams.</u>) 2. Arrangements for medical, psychological evaluation services <ul style="list-style-type: none"> ◆ The caseworker will obtain a psychological evaluation of child victims, parent/caretakers, or alleged perpetrators to evaluate the existence and/or extent of psychological harm or impairment, if such evaluation may be useful in assessing potential risk of harm to a child or is otherwise relevant to the investigation. The cost of the psychological evaluation can be covered by DCS by completing form <u>CS-0533, Medical Services Authorization for Non-TennCare Eligible Children</u>. This same procedure may be used for children and/or their parents. ◆ If the parent/caretaker refuses to allow a child to participate in this evaluation, or refuses to participate him/herself, the caseworker will contact the team leader who will consult with appropriate regional legal counsel regarding the possibility of acquiring an investigative order for a psychological evaluation. These consultations will be documented on the appropriate screens in TFACTS. 3. Collateral interviews <ul style="list-style-type: none"> ◆ The caseworker will interview, in person or by telephone, all other persons who may have witnessed the abuse or neglect or have relevant information regarding the circumstances of the child and family, including referents, other adults in the home or community, professionals, or staff of other agencies.

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	<p>4. Development of Service Plans</p> <p>A service plan will be developed for each family in need of services based on an assessment that includes:</p> <ul style="list-style-type: none"> ◆ Agreed upon goals, desired outcomes, and timeframes for achieving them; ◆ Services and supports to be provided, and by whom; ◆ Timeframes for evaluating family progress; and ◆ The signature of the parent(s) and the child/youth, if age appropriate. <p>For non-custodial and custodial cases, services will be documented on the <i>Family Permanency Plan</i> or Child and Family Team Meeting Summary. See DCS policies <u>14.2 Family Permanency Planning for CPS Non-Custodial Cases</u> and <u>31.1 Family Permanency Plans</u>.</p>
	<p>5. Required Forms</p> <p>All required forms will be completed and documents reviewed with family/client as applicable. (See list of required forms and documents in the <i>Forms</i> and <i>Collateral Documents</i> sections of CPS policies and procedures.)</p>
O. Contacts	<p>Caseworkers must have contact with the child, family and service providers to:</p> <ol style="list-style-type: none"> 1. Assess safety and well-being; 2. Establish an effective working relationship with child and family; 3. Monitor service delivery; contact may be by telephone, e-mail or face-to-face; and 4. Support the achievement of agreed upon goals.