



State of Tennessee
Department of Children's Services

Work Aid 3: Child Protective Services Investigative Tasks and Activities

Supplemental to DCS Policy: 14.7 Child Protective Services Investigation Track

CPS Investigative Tasks	CPS Investigative Activities
A. Meeting Priority Response	<ol style="list-style-type: none">1. Refer to Section C of DCS Policy 14.3 Screening, Priority Response and Assignment of Child Protective Services Cases for detailed explanation of requirements on meeting the priority response on an assigned investigation.2. Refer to Protocol: Priority Response Definitions/Examples.3. In the case the Child Protective Services Investigator (CPSI) cannot locate the child or family, the CPSI conducts at least two (2) good faith efforts (GFE's) which are defined as multiple, persistent, relevant attempts to locate the child within the identified response time. The CPSI, at a minimum makes one (1) or more visits to the alleged child victim's (ACV) residence, and goes to the school, childcare center or babysitter's home, or contacts one or more witness for additional information (refer to DCS Policy 14.5, CPS: Locating the Child and Family).4. If the alleged child victim is hospitalized, the CPS worker or supervisor will contact the hospital within twenty-four (24) hours of the CPS intake.

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<p>B. Convening the Child Protective Investigative Team (CPIT) and Conducting the Alleged Perpetrator Interview</p>	<ol style="list-style-type: none"> 1. The Child Protective Investigative Team (CPIT) must be convened immediately when a report of severe abuse/neglect (including child sexual abuse) has been received: 2. To convene CPIT, DCS contacts CPIT members including the District Attorney or his/her designee according to local protocols and gives notification of a report of child sexual abuse or severe abuse. Note that convening CPIT does not meet the priority response timeframe assigned to the case. 3. CPIT decisions are documented in TFACTS. 4. All CPIT notifications must be documented in the case recordings and include full names and titles of parties contacted (refer to DCS Policy 14.6 Child Protective Investigative Team). 5. In all investigations involving CPIT, the interview of an alleged perpetrator (AP) must be coordinated with law enforcement per regional protocol. 6. When law enforcement assumes responsibility for interviewing an AP but fails to conduct an interview within forty-five (45) days of the date of the report, the CPSI proceeds to conduct the interview, after notifying the law enforcement officer responsible. The CPSI documents this notification and interview in TFACTS. 7. When law enforcement assumes responsibility for the interview of an AP, the CPSI makes every effort to access adequate documentation of the content of the interview. 8. When law enforcement does not provide access to their investigative information, the CPSI contacts the Lead Investigator (LI), to determine if there should be an additional interview with the AP. The CPSI should communicate with Law Enforcement on any additional steps they must take. These consultations are documented in TFACTS. 9. Upon identification of possible human trafficking, refer to Work Aid 9, Conducting Investigations on the Commercial Exploitation of a Minor (CSEM) for immediate notification and assessment of all ACV's identified as experiencing CSEM.
<p>C. Documenting the Opening Case Summary</p>	<p>The content of the summary should include the assigned priority response, reason for opening the investigation (specific allegations of abuse and/or neglect), date and time of the referral, name of the ACV and the AP, review of DCS history, and any other relevant information listed within the initial referral.</p>
<p>D. Conducting Interviews</p>	<ol style="list-style-type: none"> 1. Interviewing or Observing the Alleged Child Victim <ol style="list-style-type: none"> a) The initial ACV interview must occur within the timeframe required by the assigned priority

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response or within such timeframe as determined by CPIT. Reasonable concerns about the ACV's safety must outweigh any other consideration of the timing and location of an interview.

- b) A minimum of one monthly face to face contact is required with each ACV for the duration of the open CPS case.
- c) When necessary, the CPSI notifies the non-offending parent/caregiver of the ACV's interview prior to the interview or, if not possible, immediately following the ACV's interview. If the parent/caregiver cannot be notified, or if it is not appropriate, efforts and/or reasons should be documented in **TFACTS**.
- d) The ACV's interview or observation is a face-to-face contact with the ACV for the purpose of asking questions concerning the allegations and observing the ACV's physical/emotional condition. The content of the interview and all observations are documented in **TFACTS**.
- e) If the ACV does not communicate verbally and when communication is not possible with the CPSI, the CPSI must observe the child's physical condition and behavior, relative to the allegations and best practice standards, and specifically document these observations in **TFACTS**.
- f) Every effort must be made for the interview and observation of the ACV to occur away from the AP.
- g) When possible, all minimal facts interviews must be conducted in a neutral, safe environment (separate from where the alleged abuse occurred).
- h) Forensic interviews should be utilized in sexual abuse allegations and, if appropriate, may be conducted in other types of cases. All forensic interviews should be conducted by a trained forensic interviewer.
- i) If the ACV is alleged to have physical injuries or other observable conditions, the CPSI makes a direct observation and provides a written description of observed conditions and/or injuries, or the lack thereof, in **TFACTS**. At a minimum, the documentation describes details of location, color, length, shape, and size of any injury.
- j) Photographs must be taken or drawings are made to supplement the written description. The CPSI also photographs any objects allegedly used to abuse a child. All photographs must be labeled with the ACV's name, date and time taken, location where the photograph was taken, and name of person taking the photograph. Photographs of objects are labeled with the name of the object in addition to the information listed above.

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- k) If immediate harm factors are present, as determined by Department safety assessments, a safety intervention must be considered, including the use of an Immediate Protection Agreement (IPA). The Immediate Protection Agreement (IPA) must be discussed with and approved by the LI in consultation with the appropriate RGC. In no case is a child left at risk while these discussions are being held. Form **CS-0701, Immediate Protection Agreement** must be completed and each immediate harm factor identified, unless protective custody is immediately necessary (see DCS Policy **14.9 Child Protective Services Immediate Protection Agreements**).
 - l) If the ACV's parent/caregiver refuses to allow him or her to be interviewed or observed, the CPSI immediately notifies the LI, who immediately consults with appropriate RGC. These notifications and consultations (without providing the content of consultations) must be documented in **TFACTS**.
2. Interviewing the Non-Offending Parent or Caregiver
- a) It is highly recommended, that the interview with the non-offending parent/caregiver occur on the same day the ACV is interviewed. If this is not possible, or appropriate, efforts and/or reasons should be documented. The parent/caregiver interview must be fully documented in **TFACTS**.
 - b) The CPSI or appropriate CPIT member(s) interviews the ACV's non-offending parents or caregiver. If a CPIT member conducts this interview, the CPSI should also be in attendance. The CPSI must obtain information from the interviewer to construct adequate documentation of the process and content of the interview.
 - c) During the initial contact with the parent/caregiver/family involved in the CPS report the CPSI informs each non-offending parent/caregiver of the allegations under investigation and the CPS process, as well as their rights and responsibilities (**DCS Clients Rights Handbook**). Form **CS-0050 Case Intake Packet Documents Verification** is signed by the parent/caregiver acknowledging receipt of the handbook.
 - d) The CPSI should also work to gather information about relatives, friends, and significant kin that could provide resources or potential placement opportunities. This information should be documented in TFACTS.
 - e) During the initial contact, the CPSI also inquires 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

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investigation according to DCS policy [14.7, Child Protective Investigation Track](#), and follow instructions as outlined in DCS Policy [16.24, Children of Native American Heritage](#) 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 **TFACTS**. To document that an inquiry was made and that no Native American heritage exists, **CS-0050 Case Intake Packet Documents Verification** must be completed, as well as any other required forms.

- f) If the parent/caregiver declines to participate in an interview, the CPSI must consult with their LI to determine next steps and document in **TFACTS** the CPSI's attempts to obtain the parent/caregiver's participation.
3. Interviewing or Observing other Children in the Home and/or Interviewing Other Persons Living in the Home
- a) The CPSI interviews/observes all children residing in the household of the ACV and document the interview/observations in **TFACTS**.
 - b) If the AP resides in a different household from that of the ACV, the child(ren) residing in the AP's home are interviewed as possible victims or witnesses.
 - c) Other persons living in the home are interviewed in an effort to gather additional information as well as to assist in the assessment of risk and safety.
4. Interviewing the AP if they differ from the Parent/Caregiver (Note: The AP must be interviewed even when the ACV does not disclose)
- a) Law enforcement and DCS work collaboratively to interview the AP, when applicable.
 - b) If there is more than one AP, interviews are conducted separately.
 - c) If the AP declines to participate in an interview, the CPSI must consult with the LI and document in **TFACTS** the CPSI's attempts to obtain the AP's participation.
 - d) If the AP is a minor child, the CPSI consults with the LI and obtains and documents the verbal consent of the parent, custodian or legal guardian before interviewing the minor child. The CPSI will also document the name and address of the parent, custodial, or legal guardian in the Person's Tab of TFACTS under the "in care of" field.
 - e) If the AP is a child in DCS custody, the CPSI contacts the LI who consults appropriate regional legal counsel to determine if DCS interviews the child. The occurrence of these consultations is documented in **TFACTS**.

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	<p>5. Interviewing the Witness(es)</p> <ul style="list-style-type: none"> ♦ The CPSI interviews all other persons who may have witnessed the abuse or neglect or have relevant information regarding the circumstances of the ACV and family, including referents, other adults in the home or community, professionals, or staff of other agencies.
E. Notifying all Judicial Entities and Licensing Facilities of Case Initiation and Closure	<ol style="list-style-type: none"> 1. Each region must work with the local juvenile court judges and District Attorneys to establish local protocols of notification for every child abuse and neglect referral and the summary of the results of the investigation. 2. If an investigation involves other agencies with investigative and/or licensure responsibilities (e.g., law enforcement, DMHSA licensed facilities, DHS daycare, DIDD, or DCS licensure), the appropriate agency is notified, by the CPSI, no later than the next business day after consultation with the LI. The name of the agency and person notified is documented on the appropriate screens in TFACTS.
F. Conducting Home Visits	<ol style="list-style-type: none"> 1. The CPSI observes the home environment of the ACV (including second homes, if the ACV resides in two (2) locations), including all areas related to the allegations in the report and in compliance with standards of best practice. 2. The overall environment must be described in TFACTS, with details of any conditions that appear to pose a risk to the ACV's safety. 3. The CPSI may provide additional documentation through photographs and video. The CPSI documents on the photograph the ACV's name, the date and time, address or location, and person taking the photographs. In addition the CPSI documents this information in TFACTS. <p>Note: The CPSI must obtain permission to enter the home.</p>
G. Conducting other site visits or 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 CPSI also visits the site to observe the setting and assess conditions that pose a risk to the ACV, and other potential victims.</p>
H. Completing assessment tools	<ol style="list-style-type: none"> 1. Family Advocacy and Support Tool (FAST) 2.0 or subsequent updates to this tool: <ul style="list-style-type: none"> ♦ The CPSI refers to the Family Advocacy and Support Tool Manual (FAST 2.0) for timeframes and practice requirements.

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	<p>2. Family Functional Assessment (FFA):</p> <ul style="list-style-type: none"> ♦ The FFA is initiated within thirty (30) calendar days from the date of the referral if services are needed, upon initiating an IPA, or court action (refer to DCS Policy 14.9 Child Protective Services Immediate Protection Agreements). <p>3. Special Investigations Unit (SIU) –Form <u>CS-0825, CPS-SIU Safety and Risk Assessment</u>:</p> <ul style="list-style-type: none"> ♦ Within seventy-two (72) hours of the face-to-face interview/observation of the ACV, each SIU Investigator completes <u>CS-0825, CPS-SIU Safety and Risk Assessment</u>.
I. Contacting the referent, when identified	<p>1. If the referent's name, address or telephone number are available, the CPSI makes sufficient efforts to contact him or her to verify information in the report and to obtain additional relevant information.</p> <p>2. The assigned CPSI reviews the notification section on the assigned referral, or search the intake screen in the referent tab in <i>TFACTS</i>, to determine if they must send a <u>Confidential Notification Letter for Reporter</u>. The CPSI is responsible for mailing the referent a letter when requested and noted on the referral.</p> <p>3. The CPSI must return phone calls promptly from the referent as the CPSI's phone number is available in the Child Abuse Reporting and Tracking (CARAT) system.</p>
J. Reviewing DCS family history and other external historical and case relevant documents, as available	<p>The CPSI reviews the following types of information when applicable and available:</p> <ul style="list-style-type: none"> a) DCS History b) Court records c) Police records d) Public records (utilities, rental information) e) Sex Offender Registries <ul style="list-style-type: none"> ♦ State Sex Offender Registry: https://www.tn.gov/tbi/general-information/redirect-tennessee-sex-offender-registry-search/sex-offender-registry-search.html ♦ National Sex Offender Registry: https://www.nsopw.gov/?AspxAutoDetectCookieSupport=1

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	<p>f) Drug Offender Registry: https://apps.tn.gov/methor/</p> <p>g) Medical Records</p> <ul style="list-style-type: none"> ◆ For infants born with and identified as being affected by substance abuse or experiencing signs of withdrawal, these records are required in order to address the health and substance use disorder treatment needs of the infant and in determining appropriate service referrals. <p>h) Educational Records</p> <p>i) Mental Health Records</p> <p>j) Community or Other Social Service Agencies</p> <p>k) Any other available and applicable records</p>
<p>K. Requesting and arranging medical exams, if applicable</p>	<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 CPSI conducting an investigation encounters an ACV who needs medical treatment, the CPSI asks the non-offending parent/caregiver to identify the ACV's physician, to make arrangements for the ACV to receive medical treatment, and ensure that the ACV has transportation to the appointment. 2. <u>Forensic medical exam</u>: The purpose of the forensic medical exam is to assess the ACV's medical condition, obtain a diagnosis, determine if the ACV needs treatment, assess the ACV's risk of further harm, or aid in making a classification decision. The forensic medical evaluation is conducted by a competent practitioner with expertise necessary to assess the medical condition. <ol style="list-style-type: none"> a) When there is an allegation of sexual abuse and one (1) or more of the following are present, the CPSI must refer the child for a forensic medical evaluation. These circumstances include an ACV who: <ul style="list-style-type: none"> ◆ Has pain or bleeding; ◆ Has symptoms of a sexually transmitted infection (STI); ◆ Is under the age of five (5) and there is an allegation of penetration; ◆ Is delayed or has limited communication skills and there is an allegation of penetration; or

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- ◆ Is ten (10) or younger and there is a disclosure of penetration.
- b) When there is an allegation of sexual abuse and one (1) or more of the following are present, it is recommended that the CPSI consult with their LI to determine the need for a forensic medical evaluation:
 - ◆ Any child who is delayed or non-verbal;
 - ◆ Any child under five (5); or
 - ◆ Other special circumstances based on the investigator's judgement, at the request of the family, or if there is a conflict with any other recommendations or guidelines from a Child Advocacy Center, medical facility, or any other person or agency that provides forensic medical examinations.
- c) For non-sexual abuse cases, the CPSI obtains a forensic medical evaluation when the case involves obvious severe injury/conditions, or when a medical opinion is needed to evaluate the injuries and the consistency of the explanation with the injury.
- d) To the extent possible, the CPSI works with the non-offending parent/caregiver to arrange this treatment or exam. The CPSI, in coordination with the LI and CPIT members, if applicable, identifies the appropriate practitioner to perform this exam, regardless of insurance coverage or TennCare eligibility.
- e) The practitioner who performs the forensic medical exam may or may not be the ACV'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 **CS-0533, Health Services Authorization for Non-TennCare Eligible** must be completed for certain non-TennCare eligible children.
- f) If the parents are unable to transport the ACV, the CPSI may transport the ACV and the ACV's parent(s) to the appointment.
- g) The CPSI will not transport an ACV to a medical appointment without the written permission (**CS 0827 Non-Custodial Consent for Transportation**) of the parent/caregiver.
- h) If the parent/caregiver transports the ACV, the CPSI may meet the family at the practitioners' office or clinic.

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	<ul style="list-style-type: none"> i) If the CPSI is unable to attend the medical appointment, then he/she contacts the practitioner prior to the appointment to describe the CPS concerns and conducts a follow up discussion with the practitioner after the ACV is treated. j) The CPSI obtains a written copy of the medical report upon completion of the exam. The relevant parts of the report should be uploaded into TFACTS and summarized within case recordings. Records that cannot be uploaded into TFACTS should be maintained in a supplemental hard copy file.
L. Conducting Case Consultations	<p>CPSI workers conduct regular case consultations as required by policy and needs of the investigations. Case consultations are conducted:</p> <ol style="list-style-type: none"> 1. On all investigations with the LI periodically. Case consultations are documented in TFACTS as an Administrative Review. Every effort is made to conduct an initial case consultation within the first seventy-two (72) hours of case assignment and then periodically thereafter. Case consultations are held no less than one (1) time per month. 2. With regional legal counsel when required (refer to DCS Policy <u>14.9, Child Protective Services Immediate Protection Agreements</u> and DCS Policy <u>14.12, Removal: Safety and Permanency Considerations</u>). The CPSI should document that the consultation occurred but specific details of the consultation are not to be included. 3. With the regional Safety Nurse for children with complex or serious medical needs when required. The CPSI should document the consultation in TFACTS.

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M. Completing other CPS investigative activities/tasks as necessary

1. The CPSI must establish, in TFACTS, all case participants to include the ACV, parent/caretaker, siblings, and other relevant household members.
 2. When appropriate, the CPSI facilitates Child and Family Team Meetings (CFTM)
 - a) The CFTM is the model utilized by CPS at any time during the critical decision making phase and is scheduled prior to any ACV entering custody unless the ACV's immediate safety would be compromised (refer to DCS Policy [14.4 Engaging Families- Family Functional Assessment and CFTMs](#) and [31.7, Child and Family Team Meeting Process](#)).
 - b) The CPSI engages families and involves key community members and professionals in the decision making process to reach consensus, when possible, in developing a plan that protects the children and preserves the family
 3. The CPSI arranges for psychological and/or medical evaluation services
 - a) The CPSI obtains a psychological or medical evaluation of ACVs, parent/caregivers, or APs 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 an ACV or is otherwise relevant to the investigation. The cost of the psychological or medical evaluation can be covered by DCS by completing form [CS-0533, Health Services Authorization for Non-TennCare Eligible](#). This same procedure may be used for children and/or their parents.
 - b) If the parent/caregiver refuses to allow an ACV to participate in this evaluation, or refuses to participate him/herself, the CPSI contacts the LI who consults with appropriate RGC regarding the possibility of acquiring an investigative order for an evaluation. These consultations are documented on the appropriate screens in **TFACTS**.
 4. A Family Permanency Plan (FPP), which may include a Plan of Safe Care, is developed for each family in need of services, based on an assessment, that includes:
 - a) Agreed upon goals, desired outcomes, and timeframes for achieving them;
 - b) Services and supports to be provided, and by whom;
 - c) Timeframes for evaluating family progress; and
 - d) The signature of the parent(s) and the ACV, if age appropriate.
- Note:** For non-custodial and custodial cases, services are documented in **TFACTS** on the Family Permanency Plan and/or CFTM Summary (refer to DCS Policies [14.2 Family Permanency Planning for CPS Non-Custodial Cases](#) and [31.1 Family Permanency Plans](#)).

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	<p>6. Complete required forms.</p> <p>All required forms are completed and documents are reviewed with the family as applicable (see the list of required forms and documents in the <i>Forms</i> and <i>Collateral Documents</i> sections of CPS chapter 14 policies and procedures).</p> <p>7. Maintain regular contact with community partners and service providers. Document follow-up conversations regarding any additional tasks to be completed or progress/barriers with service delivery.</p> <p>8. Referral to TEIS for substantiated cases involving children ages three (3) and under:</p> <p>a) The CPSI calls 1-800-852-7157, a toll free telephone number dedicated by the Department of Education (DOE) for this type of referral, and completes DCS form <u>CS-0811 Tennessee Early Intervention Services Referral</u> to provide the requested information below:</p> <ul style="list-style-type: none"> ◆ The ACV's name, date of birth and contact information; ◆ The biological and/or custodial parent's name and contact information; ◆ The foster parent's name and contact information, when applicable; and ◆ The CPSI's name and contact information. <p>b) The CPSI notifies the ACV's parents/non-custodial caregiver or foster parents of the referral and documents in TFACS that the referral was made.</p>
<p>N. Receiving Additional Referrals on Open Investigations</p>	<p>When an additional allegation(s) has been reported and added to an already open investigation, the CPSI conducts investigative activities in accordance with this Work Aid in an effort to address the additional concerns. The CPSI documents the addition of the new allegation(s) in TFACS and consults with the LI.</p> <p>1. Additional allegations may be added to an already open investigation when:</p> <p>a) The additional allegations would be assigned to the investigation track; and</p> <p>b) The already open investigation has been open for less than thirty (30) days without an approved classification; or</p>

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	<ul style="list-style-type: none"> c) The investigation has been open for more than 30 days and the classification has not been approved. <p>2. If an Assessment case is opened that involves the ACV or family on an already open Investigation, the LI may agree to add the allegations to the already open investigation when:</p> <ul style="list-style-type: none"> a) The already open case has been opened for less than thirty (30) days, b) The classification has not been approved, and c) There is agreement between both the LI and the Team Leader (TL) responsible for the Assessment case.
O. Classifying Allegations	<p>Allegations that are not identified as severe will be classified within thirty (30) calendar days from the receipt of the report. Allegations that are identified as severe will be classified within sixty (60) calendar days from the receipt of the report unless there are extenuating circumstances that prevent a classification decision from being made (i.e., results of an autopsy outstanding, at the request of law enforcement, etc.) . Each allegation is classified at the discretion of DCS according to one of the following categories (refer to DCS Policy <u>14.7, Child Protective Services Investigations Track</u>):</p> <ul style="list-style-type: none"> a) Allegation Substantiated, Perpetrator Substantiated; b) Allegation Substantiated, Perpetrator Unsubstantiated; c) Allegation Substantiated, Perpetrator Unknown; d) Allegation Unsubstantiated, Perpetrator Unsubstantiated; e) Allegation Unsubstantiated, Children with Sexual Behavior Problems; f) Unable to Complete; or g) Administrative Closure. <p>An allegation may be substantiated based on a preponderance of evidence and on proof of one or more of the following factors, linking the abusive or neglectful act(s) to the AP (refer to DCS Policy <u>14.7, Child Protective Services Investigations Track</u>):</p> <ul style="list-style-type: none"> 1. The ACV's statement that the abuse or neglect occurred. The following elements are typical in situations of sexual abuse, and shall be considered in assessing the weight to be given to the ACV's statement: <ul style="list-style-type: none"> a) History of relationship

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	<ul style="list-style-type: none"> ◆ Progression of physical touching, from activities that appear acceptable at first, but over time become sexual in nature (typically referred to as grooming). ◆ Multiple incidents occurring over a period of time with the same ACV and AP, however a one-time instance could be sufficient for substantiation. <p>b) Details of Abuse</p> <ul style="list-style-type: none"> ◆ Explicit knowledge of sexual activity. The ACV 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 or developmental capacity. ◆ Specific details of the incident(s), such as a location and/or time. If a specific location/date is not given, the ACV is able to provide other details of the environment. Expected detail should correspond with the child's age and developmental abilities. ◆ Consistency in the ACV's story. If the child is interviewed more than once, the responses and statements are generally consistent from one interview to the next. When statements do not align, the investigator needs to look at other pieces of evidence for corroboration . ◆ Parts of the story are corroborated by other circumstances and/or witnesses. <p>c) The ACV indicates that he/she was instructed, asked, and/or threatened to keep the abuse secret.</p> <p>d) Elements of coercion, persuasion, or threats to get the ACV to engage in the activity are evident.</p> <ol style="list-style-type: none"> 2. Medical and/or psychological information from a licensed physician, or other treatment professional that corroborates that the child abuse or neglect occurred; 3. An admission by the AP; 4. Information (written or verbal) gathered from witness(es) and/or collaterals regarding the abusive or neglectful acts; 5. Circumstantial evidence linking the AP to the abusive or neglectful act(s), including the opportunity for the alleged abuse to have occurred (e.g., ACV was in the care of the AP at the time the abuse occurred and no other reasonable explanation of the cause of the abuse exists in the record, etc.).
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P. Transitioning Cases

Case transition occurs when it is determined that services continue to be needed beyond sixty (60) calendar days for a non-custodial case or when custodial services are required.

1. Non-Custodial Case Transfer:

- a) By the forty-fifth (45) day from case assignment the CPSI and the LI shall confer to determine if services need to continue.
 - ◆ If continuation of services is needed, the CPSI schedules a pre-conference with the Family Service Worker (FSW) to be assigned to the case. The pre-conference should focus on:
 - Sharing information related to the reason for involvement including safety concerns and risk factors;
 - The level of cooperation from the family; and
 - Any results from the formal and informal assessments.
 - Interventions attempted and the effectiveness of those interventions;
- b) The CPSI shall schedule a transfer CFTM to be held prior to day sixty (60) of case assignment.
 - ◆ The transfer CFTM should include the family, FSW, CPSI, LI or designee, providers, and any support persons identified by the family, as applicable (Note: a skilled facilitator is not required for this meeting).
 - ◆ Families and agency partners should be notified of the date and time of the meeting no less than ten (10) calendar days in advance, in writing, or no less than seven (7) calendar days in advance, by telephone, email, or face-to-face. The method of notification for each invitee shall be documented in **TFACTS** in the CFTM section of the family case.
- c) Prior to the transition CFTM and before final case transfer, the CPSI must complete the following activities from form CS-0638, CPS Case Transition Checklist,:
 - ◆ The Non-Custodial Family Permanency Plan;
 - ◆ Initiate and update the FAST; and
 - ◆ Update the direct purchase authority (DBA) for purchased services which are to continue.

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	<ul style="list-style-type: none"> d) At the transfer CFTM, the Family Permanency Plan (FPP) is reviewed by the team and revised by the FSW, with input from all participants, to ensure that any safety issues are addressed in the plan. The FSW updates the FPP in TFACTS. e) The CPSI updates documentation in the appropriate sections of TFACTS to include details of the transfer CFTM, addresses, telephone numbers, and relationships in the family case for all case members. f) Refer to A Caseworker's Guide to Opening and Transitioning Cases that outlines the time frames/documentation and pertinent information required to be met by the FSW or applicable staff serving the family. <p>2. Custodial Case Transfers:</p> <ul style="list-style-type: none"> a) When a case is transitioned to custodial services, the CPSI is responsible for formally transitioning the case to a FSW. The CPSI updates TFACTS within five (5) business days of the case transition, and on-going as information is received (refer to DCS policy 14.13, Confidentiality of Child Protective Services Cases). b) The CPSI initiates a Family Functional Assessment (FFA) before transitioning the case. If there is an emergency removal, the FFA must be initiated within five (5) business days of the date of transition. c) In non-emergency removals, the CPSI contacts the FSW prior to placing the child into the state's custody to staff the case and share information. d) In emergency removals, the DPSI contacts the FSW or Custodial Supervisor, in accordance with local protocol dictating case assignment, to staff the case and share information. e) The CPSI attends the initial CFTM, when possible and applicable, in accordance with 31.7 Child and Family Team Meeting Protocol.
Q. Closing Cases	<p>To properly close a CPS investigation, all CPS investigative responsibilities referred to in section A of policy 14.7, Child Protective Services Investigation Track, must be completed in addition to the following tasks within sixty (60) calendar days:</p> <ul style="list-style-type: none"> 1. Complete case recordings that include the following for each contact: <ul style="list-style-type: none"> a) Required TFACTS fields including:

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	<ul style="list-style-type: none"> ◆ Date of contact; ◆ Time of contact; and ◆ Type of contact (i.e., home visit, office visit, telephone conversation, written correspondence). <p>b) A narrative detailing:</p> <ul style="list-style-type: none"> ◆ Name of the person(s) contacted and relationship(s) to victim; ◆ Name of the DCS employee making contact; ◆ Names of all persons present during contact; ◆ Purpose of the contact; ◆ Issues discussed and client's response to those issues; ◆ Summary of the substance of the contact, including; <ul style="list-style-type: none"> ○ Details of the interactions, discussions, agreements and/or decisions made. ○ Observations of safety and risk factors. ○ Observations of child and family including but not limited to specific observable behaviors witnessed, wellness of the children, intellectual or developmental concerns, and need for medical care. ◆ Corroborating evidence to support the classification; ◆ Additional issues and or activities identified; and ◆ Next steps to be taken with the child and family. <p>Note: Case recording narratives must contain case relevant information and must be written in clear and complete sentences. They should not contain slang language, subjective or personal value judgements. Case recordings may contain a summary of information provided in emails and emails may be uploaded into TFACTS.</p> <p>2. Refer to DCS Policy <u>20.27, Child Death/Near-Death Rapid Response</u> for child death/preliminary near death cases which require additional tasks.</p>
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	<ol style="list-style-type: none"> 3. Complete Form <u>CS-0740, Child Protective Services Investigation Summary and Classification Decision of Child Abuse/Neglect Referral</u> that documents the classification decision. 4. Document closing case summary in TFACTS. 5. Obtain the approval of the LI on the closure of the case. The LI's approval signifies that: <ol style="list-style-type: none"> a) All documentation is complete; b) All information and decisions have been reviewed; c) All collaborative service providers have been notified; and d) All notifications have been made. 6. If at the conclusion of an investigation, the CPSI feels that a person has either verbally or by written or printed communication knowingly and maliciously reported, or caused, encouraged, aided, counseled, or procured another to report, a false accusation of child sexual abuse or abuse/neglect that has resulted in a wound, injury, disability or physical or mental condition, the CPSI consults with the RGC. This consultation should include discussion surrounding whether the reporter's allegation was false, or it was more likely than not that the reporter knew, at the time of making the allegation, that the allegation was false. <ul style="list-style-type: none"> ◆ After a determination has been made concerning whether malicious false allegations have been reported, the CPSI or RGC can refer to the local District Attorney's office. 7. If an investigation goes beyond sixty (60) calendar days, the LI documents, an Administrative Review, that includes an explanation for the delay and a plan for completing the case. <p>Note: The CPSI ensures that all demographic information has been entered into <i>TFACTS</i> for all ACVs and APs. APs that have been substantiated must have an updated address for Due Process notification purposes.</p>
R. Following Local Protocols/Procedures	All requirements for local procedures and protocols as documented on <u>CS-0251, Local Administrative Procedures and Procedures</u> are followed.

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