

CPS Case Name: _____

(Enter case name here so that the name appears on subsequent pages)

1. CPS Case Name: _____ <div style="text-align: center;">First Last</div>	2. CPS Intake Date: _____ <div style="text-align: center;">(MM/DD/YYYY)</div>
3. CPS Case Mgr: _____ <div style="text-align: center;">First Last</div>	4. CPS Assignment Date: _____ <div style="text-align: center;">(MM/DD/YYYY)</div>
5. CPIT Convened Date: _____ <div style="text-align: center;">(MM/DD/YYYY)</div>	6. Child Advocacy Center: _____
7. CPIT Staffing Date: _____	8. County of Assignment: _____

9. Victim's Name: _____		
First	Middle	Last
10. Date of Birth: _____		
(MM/DD/YYYY)		
11. Social Security Number: _____		
12. Biological Sex (Gender): <input type="checkbox"/> M <input type="checkbox"/> F 13. Gender Identity/Sexual Expression _____		
14. Race: <input type="checkbox"/> WH <input type="checkbox"/> BL <input type="checkbox"/> AS <input type="checkbox"/> HP <input type="checkbox"/> AA <input type="checkbox"/> UD 15. Ethnicity: _____		
16. Victim's Street Address: _____		
City	State	Zip Code

17. Alleged Perpetrator A's Name: _____		
First	Middle	Last
18. Date of Birth: _____		
(MM/DD/YYYY)		
19. Social Security Number: _____		
20. Biological Sex (Gender): <input type="checkbox"/> M <input type="checkbox"/> F 21. Gender Identity/Sexual Expression _____		
22. Race: <input type="checkbox"/> WH <input type="checkbox"/> BL <input type="checkbox"/> AS <input type="checkbox"/> HP <input type="checkbox"/> AA <input type="checkbox"/> UD 23. Ethnicity: _____		
24. Relationship to Victim: _____		
(Select from Relationships Table in Instructions)		
25. Alleged Perpetrator's Street Address: _____		
City	State	Zip Code

26. CPS Allegation: _____	
(Select CPS Allegation Code from Table in Instructions)	
27a. CPS Classification Decision: _____	
(Select CPS Classification Code from Table in Instructions)	
27b. CPIT Classification Majority Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No	
If "no", Regional Director's Classification Decision: _____	
(Select Classification Code from Table in Instructions)	(MM/DD/YYYY)

28. Alleged Perpetrator B's Name: _____		
First	Middle	Last
29. Date of Birth: _____		
(MM/DD/YYYY)		
30. Social Security Number: _____		
31. Biological Sex (Gender): <input type="checkbox"/> M <input type="checkbox"/> F 32. Gender Identity/Sexual Expression _____		
33. Race: <input type="checkbox"/> WH <input type="checkbox"/> BL <input type="checkbox"/> AS <input type="checkbox"/> HP <input type="checkbox"/> AA <input type="checkbox"/> UD 34. Ethnicity: _____		
35. Relationship to Victim: _____		
(Select from Relationships Table in Instructions)		
36. Alleged Perpetrator's Street Address: _____		
City	State	Zip Code

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

CS-0561, Rev. 10/24

37. CPS Allegation: _____		
(Select CPS Allegation Code from Table in Instructions)		
38a. CPS Classification Decision: _____		
(Select CPS Classification Code from Table in Instructions)		
38b. CPIT Classification Majority Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "no", Regional Director's Classification Decision: _____		
(Select Classification Code from Table in Instructions)		(MM/DD/YYYY)
39. Alleged Perpetrator C's Name: _____		
First	Middle	Last
40. Date of Birth: _____	41. Social Security Number: _____	
(MM/DD/YYYY)		
42. Biological Sex (Gender): <input type="checkbox"/> M <input type="checkbox"/> F	43. Gender Identity/Sexual Expression _____	
44. Race: <input type="checkbox"/> WH <input type="checkbox"/> BL <input type="checkbox"/> AS <input type="checkbox"/> HP <input type="checkbox"/> AA <input type="checkbox"/> UD	45. Ethnicity: _____	
46. Relationship to Victim: _____		
(Select from Relationships Table in Instructions)		
47. Alleged Perpetrator's Street Address: _____		
City	State	Zip Code
48. CPS Allegation: _____		
(Select CPS Allegation Code from Table in Instructions)		
49a. CPS Classification Decision: _____		
(Select CPS Classification Code from Table in Instructions)		
49b. CPIT Classification Majority Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "no", Regional Director's Classification Decision: _____		
(Select Classification Code from Table in Instructions)		(MM/DD/YYYY)
50. Alleged Perpetrator D's Name: _____		
First	Middle	Last
51. Date of Birth: _____	52. Social Security Number: _____	
(MM/DD/YYYY)		
53. Biological Sex (Gender): <input type="checkbox"/> M <input type="checkbox"/> F	54. Gender Identity/Sexual Expression _____	
55. Race: <input type="checkbox"/> WH <input type="checkbox"/> BL <input type="checkbox"/> AS <input type="checkbox"/> HP <input type="checkbox"/> AA <input type="checkbox"/> UD	56. Ethnicity: _____	
57. Relationship to Victim: _____		
(Select from Relationships Table in Instructions)		
58. Alleged Perpetrator's Street Address: _____		
City	State	Zip Code
59. CPS Allegation: _____		
(Select CPS Allegation Code from Table in Instructions)		
60a. CPS Classification Decision: _____		
(Select CPS Classification Code from Table in Instructions)		
60b. CPIT Classification Majority Agreement: <input type="checkbox"/> Yes <input type="checkbox"/> No		
If "no", Regional Director's Classification Decision: _____		
(Select Classification Code from Table in Instructions)		(MM/DD/YYYY)
61. If child was in custody prior to referral date, enter date of custody placement: _____		
(MM/DD/YYYY)		
62. If child entered custody on or after referral date, enter date of custody placement: _____		
(MM/DD/YYYY)		
63. If child left custody on or after referral date, enter end date of custody placement: _____		
(MM/DD/YYYY)		

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

CS-0561, Rev. 10/24

64. CPIT Classification/Staffing Date: _____
(MM/DD/YYYY)

65. CPIT Referred for Prosecution: ☐ **Yes** **Date:** _____
(MM/DD/YYYY)

☐ **No** State Reason: _____

66. Service Disposition: At time of classification staffing:

Unsubstantiated – closed – no services:	YES <input type="checkbox"/>
Unsubstantiated – closed – referred for non-custodial services:	<input type="checkbox"/>
Substantiated – referred for non-custodial services – no prosecution:	<input type="checkbox"/>
Substantiated – closed – no services:	<input type="checkbox"/>
Substantiated – referred for non-custodial services – referred for prosecution:	<input type="checkbox"/>

67. Team Members:	Date	Agree	or	Disagree	(with Classification Decision)
_____	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
DCS Team Member	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
Law Enforcement Team Member	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
District Attorney General Team Member	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
Juvenile Court Team Member	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
Mental Health Team Member (optional)	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
Child Advocacy Center Representative	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
Other	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____
Other	_____	<input type="checkbox"/>		<input type="checkbox"/>	_____

One team member from each discipline will sign and complete the above, checking "Agree" or "Disagree" with classification decision.

Comments:

The following data applies to CAC's only

<p>68. Initial Charges: (Check all that apply)</p> <p><input type="checkbox"/> Aggravated Assault</p> <p><input type="checkbox"/> Aggravated child Abuse and Neglect</p> <p><input type="checkbox"/> Aggravated Rape</p> <p><input type="checkbox"/> Aggravated Sexual Battery</p> <p><input type="checkbox"/> Assault</p> <p><input type="checkbox"/> Child Abuse and Neglect</p>	<p>Indictment Data</p> <p><input type="checkbox"/> Indecent Exposure</p> <p><input type="checkbox"/> Rape</p> <p><input type="checkbox"/> Rape of a Child</p> <p><input type="checkbox"/> Reckless Endangerment</p> <p><input type="checkbox"/> Sexual Battery</p> <p><input type="checkbox"/> Sexual Exploitation of a Minor</p>
---	--

Check the "Forms" Webpage for the current version and disregard previous versions. This form may not be altered without prior approval.

Distribution:

CS-0561, Rev. 10/24



<input type="checkbox"/> Criminally Negligent Homicide <input type="checkbox"/> First Degree Murder <input type="checkbox"/> Incest	<input type="checkbox"/> Solicitation of a Minor <input type="checkbox"/> Statutory Rape <input type="checkbox"/> Other (specify): _____
69. County of Criminal Jurisdiction: _____	
70. Indictment Number: _____	
71. Indictment Date: _____ (MM/DD/YYYY)	72. Court of Criminal Jurisdiction: _____
Court Disposition:	
73. Convicted: <input type="checkbox"/> Yes <input type="checkbox"/> No Acquitted: <input type="checkbox"/> Yes <input type="checkbox"/> No	
74. Conviction/Acquittal Date: _____ (MM/DD/YYYY)	
75. Conviction charge: _____	
76. Sentence: _____	
77. Other Court Disposition: _____ Date: _____ (MM/DD/YYYY)	
78. Service Disposition: (If prosecuted)	
Substantiated – Services Provided – Prosecution, Acquittal: <input type="checkbox"/> Yes	
Substantiated – Services Provided – Prosecution, Conviction: <input type="checkbox"/> Yes	



INSTRUCTIONS FOR USE OF FORM CS-0561 Child Protective Investigative Team Review

Instructions for filling out the CPIT: Form [CS-0561, Child Protective Investigative Team Review](#), shall be completed for each child victim/perpetrator relationship with allegations of sexual abuse or severe child abuse or a child fatality. One form shall be completed for each allegation.

Case Name: Enter case name on the 1st line so that the name will appear at the top of the page on subsequent pages.

1. **CPS Case Name:** Enter the name of the primary caretaker at the time of the investigation in the space provided (first and last – No numeric should be entered).
2. **CPS Intake Date:** Enter the date of the referral from the intake form. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000
3. **CPS Case Manager:** Enter the CPS Investigator's name (please print first and last – No numeric should be entered)
4. **CPS Assignment Date:** Enter the date of the case assignment to CPS investigator. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000.
5. **CPIT Convened Date:** Enter date Child Protective Investigative Team (CPIT) was contacted to begin investigation.
6. **Child Advocacy Center:** Enter the name of the Child Advocacy Center compiling the information on this referral, if applicable.
7. **CPIT Staffing Date:** Enter the date of the initial CPIT staffing if applicable and different from the CPIT classification staffing date. Form should be filled in to the extent possible and brought to staffing. This is the first date when the CPIT members meet and review the information gathered. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000.
8. **County of Assignment:** Enter the county where the investigation is occurring.
9. **Victim's Name:** Enter the legal name of the child victim if you do not know the child's name; enter "male" or "female"(please print first, middle and last – No numeric should be entered).
10. **Date of Birth:** Enter the victim's date of birth. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000.



11. **Social Security Number:** Enter the victim's social security number (999-99-9999 format – only numeric should be entered).
12. **Biological Sex (Gender):** Enter the victim's gender. This should be entered by, checking the appropriate box for "M – male" or "F – female".
13. **Gender Identity/Sexual Expression:** Enter the victim's gender identification/sexual expression.
14. **Race:** Enter race code of the victim using TN Kids choices. (WH-White BL-African American/Black AS-Asian HP-Native Hawaiian/Other Pacific Islander AA-American Indian/Alaskan Native UD-Unable to determine)
15. **Ethnicity:** Click on the appropriate choice in the drop-down box.
16. **Victim's street address:** Enter the victim's address in the spaces provided. This should include street number, name, city, state and zip code. (At the time of the CPS referral)

Information to be provided by DCS or law enforcement:

17. **Alleged Perpetrator's Name:** Enter the legal name of the perpetrator. (Please print first, middle and last – No numeric should be entered)
18. **Date of Birth:** Enter the alleged perpetrator's date of birth. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000.
19. **Social Security Number:** Enter the alleged perpetrator's social security number (999-99-9999 format – only numeric should be entered).
20. **Biological Sex (Gender):** Enter the alleged perpetrator's gender. This should be entered by checking the appropriate box "M - male" or "F - female".
21. **Gender Identity/Sexual Expression:** Enter the perpetrator's gender identification/sexual expression.
22. **Race:** Enter race code of the alleged perpetrator. (WH-White BL-African American/Black AS-Asian HP-Native Hawaiian/Other Pacific Islander AA-American Indian/Alaskan Native UD-Unable to determine)
23. **Ethnicity:** Click on the appropriate choice in the drop-down box.
24. **Relationship to the victim:** Enter the relationship of the alleged perpetrator to the victim. Select from the choices included in the instructions. The choices are those found in TN Kids, **plus** Other Relative in Household, Other Relative Out-of-Household, Non-Relative in Household, Stranger, Teacher/Staff, Childcare Worker, Institutional Staff, Coach, Other, and Unknown.
25. **Alleged Perpetrator's street address:** Enter the perpetrator's address in the spaces provided. This should include street number, name, city, state and zip code (zip code should be validate).



Questions 26- 60 are repeated fields to capture information if there are multiple alleged perpetrators.

59. **CPS Allegation: Enter the specific CPS allegation for this referral**

PHA	Physical Abuse	ABD	Abuse Death
ENN	Environmental Neglect	NGD	Neglect Death
NUN	Nutritional Neglect	DEC	Drug Exposed Child
LOS	Lack of Supervision	DEI	Drug Exposed Infant
ABN	Abandonment	PYA	Psychological Harm
MDM	Medical Maltreatment	EDN	Educational Neglect
SAE	Sexual Abuse		

60a. **CPS Classification Decision:**
Enter the specific CPS

classification decision

ASPS	Allegation Substantiated and Perpetrator Substantiated	ASPK	Allegation Substantiated and Perpetrator Unknown
AU/CSBP	Allegation Unsubstantiated/Child with Sexual Behavior Problems	ASPU	Allegation Substantiated and Perpetrator Unsubstantiated
AUPU	Allegation Unsubstantiated and Perpetrator Unsubstantiated	UABC	Unable to Complete

60b. **CPIT Staffing Majority Agreement:** Check yes or no. This refers to classification decision. If CPIT cannot agree by a majority, check **no** and forward case file and all investigative information from the team to the Regional Director/Designee for a classification decision. Enter classification decision by Director and date.

Questions 61-63 apply only to the placement of the child during the investigation

61. **If the child was in DCS custody prior to referral date, enter the date of custody placement:** Enter the date the victim entered into state custody. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000.
62. **If the child entered DCS custody on or after CPS Intake date, enter the date of custody placement:** Enter the date the victim entered into state custody. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000.
63. **If the child left DCS custody on or after CPS Intake date, enter end date of custody placement:** Enter the date the victim left state custody. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000. (Only during the time frame of the investigation)



64. **CPIT Classification/Staffing Date:** Enter the date of the CPIT classification staffing. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000.
65. **CPIT Referred for Prosecution:** If CPIT teams refer for prosecution, check "yes" and enter date of referral. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000. If no referral was made for prosecution, check "no" and enter reason why in space provided.
66. **Service Disposition at time of classification staffing:** Check the box of the appropriate service disposition at the time the classification staffing occurs.
67. **CPIT Members' Decisions:** Obtain signature and classification vote from one member of each CPIT discipline. If members vote but do not sign, the CPS member will enter the name and check the appropriate box for those who voted verbally.

Data in items 68-72 will be collected by Child Advocacy Centers where applicable.

68. **Initial Charges:** Check all that apply to the initial charges. If you chose "other" please enter actual charge. Taken from the judgment form.
69. **County of Criminal Jurisdiction:** Enter the name of the county which has criminal jurisdiction
70. **Indictment Number:** Enter the indictment number from the judgment form in the space provided
71. **Indictment Date:** Enter the date of the indictment from the judgment form of the alleged perpetrator in the space provided. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000.
72. **Court of Criminal Jurisdiction:** Please enter the name of the court that has jurisdiction over this case. If perpetrator is a minor and charged, enter Juvenile court name.

(Child Advocacy Centers will complete this section after the disposition of prosecution has been made.)

73. **Convicted or Acquitted:** Check only one box (check the box that applies).
74. **Conviction/Acquittal Date:** Enter the date of the conviction/acquittal in the space provided. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000.
75. **Conviction Charge:** Enter the charge of the perpetrator for this conviction.
76. **Sentence:** Enter the sentence issued for this crime.



77. **Other Court Disposition and Date:** Enter any other court disposition information and date in the space provided. This date should be entered as two digits each month, day and four-digit year. For example: 05-09-2000.

78. **Service Disposition, if prosecution:** Check the appropriate service disposition.

Relationships			
Relationship Name	Gender	Relationship Name	Gender
Brother	M	Paramour	
Sister	F	Other Non-Relative	
Foster Brother	M	Other Relative	
Foster Sister	F	Other Relative H/H	
Stepbrother	M	Other Relative Out H/H	
Stepsister	F	Non-Relative in H/H	
Stepmother	F	Stranger	
Stepfather	M	Teacher/Staff	
Half Brother	M	Childcare Worker	
Adoptive Brother	M	Other	
Adoptive Sister	F	Institutional Staff	
Foster Mother	F	Legitimated Father	M
Foster Father	M	Son	M
Husband	M	Daughter	F
Wife	F	Son-in-Law	M
Aunt	F	Daughter-in-Law	F
Uncle	M	Father-in-Law	M
Grandmother	F	Mother-in-Law	F
Grandfather	M	Legal Father	M
First Cousin		Birth Father	M
Adoptive Mother	F	Birth Mother	F
Adoptive Father	M	Putative Father	M
Niece	F	Unknown	



Nephew	M		
Great Grandfather	M		
Great Grandmother	F		
Great Great Grandfather	M		
Great Great Grandmother	F		

County Codes		
County Name	Region Name	DCS County Code
ANDERSON	East Tennessee	1
BEDFORD	South Central	2
BENTON	Northwest	3
BLEDSON	Tennessee Valley	4
BLOUNT	Smoky Mountain	5
BRADLEY	Tennessee Valley	6
CAMPBELL	East Tennessee	7
CANNON	Upper Cumberland	8
CARROLL	Northwest	9
CARTER	Northeast	10
CHEATHAM	Mid Cumberland	11
CHESTER	Southwest	12
CLAIBORNE	Smoky Mountain	13
CLAY	Upper Cumberland	14
COCKE	Smoky Mountain	15
COFFEE	South Central	16
CROCKETT	Northwest	17
CUMBERLAND	Upper Cumberland	18
DAVIDSON	Davidson	19
DECATUR	Southwest	20
DEKALB	Upper Cumberland	21
DICKSON	Northwest	22
DYER	Northwest	23
FAYETTE	Southwest	24
FENTRESS	Upper Cumberland	25
FRANKLIN	Tennessee Valley	26
GIBSON	Northwest	27
GILES	South Central	28
GRAINGER	Smoky Mountain	29
GREENE	Northeast	30
GRUNDY	Tennessee Valley	31
HAMBLETON	Smoky Mountain	32
HAMILTON	Tennessee Valley	33

County Codes		
HANCOCK	Northeast	34
HARDEMAN	Southwest	35
HARDIN	Southwest	36
HAWKINS	Northeast	37
HAYWOOD	Southwest	38
HENDERSON	Southwest	39
HENRY	Northwest	40
HICKMAN	South Central	41
HOUSTON	Northwest	42
HUMPHREYS	Northwest	43
JACKSON	Upper Cumberland	44
JEFFERSON	Smoky Mountain	45
JOHNSON	Northeast	46
KNOX	Knox	47
LAKE	Northwest	48
LAUDERDALE	Southwest	49
LAWRENCE	South Central	50
LEWIS	South Central	51
LINCOLN	South Central	52
LOUDON	East Tennessee	53
MCMINN	Tennessee Valley	54
MCNAIRY	Southwest	55
MACON	Upper Cumberland	56
MADISON	Southwest	57
MARION	Tennessee Valley	58
MARSHALL	South Central	59
MAURY	South Central	60
MEIGS	Tennessee Valley	61
MONROE	East Tennessee	62
MONTGOMERY	Mid Cumberland	63
MOORE	South Central	64
MORGAN	East Tennessee	65
OBION	Northwest	66
OVERTON	Upper Cumberland	67
PERRY	South Central	68

County Codes		
PICKETT	Upper Cumberland	69
POLK	Tennessee Valley	70
PUTNAM	Upper Cumberland	71
RHEA	Tennessee Valley	72
ROANE	East Tennessee	73
ROBERTSON	Mid Cumberland	74
RUTHERFORD	Mid Cumberland	75
SCOTT	East Tennessee	76
SEQUATCHIE	Tennessee Valley	77
SEVIER	Smoky Mountain	78
SHELBY	Shelby	79
SMITH	Upper Cumberland	80
STEWART	Mid Cumberland	81
SULLIVAN	Northeast	82
SUMNER	Mid Cumberland	83
TIPTON	Southwest	84
TROUSDALE	Mid Cumberland	85
UNICOI	Northeast	86
UNION	East Tennessee	87
VAN BUREN	Upper Cumberland	88
WARREN	Upper Cumberland	89
WASHINGTON	Northeast	90
WAYNE	South Central	91
WEAKLEY	Northwest	92
WHITE	Upper Cumberland	93
WILLIAMSON	Mid Cumberland	94
WILSON	Mid Cumberland	95