



<p>State of Tennessee Department of Children's Services <b>Protocol for Child Protective Services Case Tasks and Responsibilities</b></p>
<p><b>Supplemental to DCS Policy: <a href="#">14.6, Child Protective Services Case Tasks and Responsibilities</a></b></p>

This protocol outlines the case tasks and responsibilities for all Child Protective Services (CPS) staff during the course of child abuse/neglect investigations.

All child fatality cases will be assigned to the Special Investigations Unit and follow the requirements listed in DCS policy [14.6, Child Protective Services Case Tasks and Responsibilities](#) and this protocol.

The CPS worker is required to complete the following investigative tasks during the life of an active child abuse/neglect investigation:

**A. Required Contacts**

1. Convene the Child Protective Investigative Team (CPIT), as per to Section B of DCS policy [14.7, Multi-Disciplinary Team: Child Protective Investigative Team](#), when:
  - a) The Child Abuse Hotline (CAH) identifies the allegation to be severe abuse.
  - b) Additional information is gathered during the investigation to identify the allegation(s) as severe abuse.
2. DCS history for all listed participants will be reviewed, as well as other external historical and case relevant documents, as available. A discussion of the history impacting the current case should be noted in the Administrative Review and does not require a list of all prior case numbers/dates.
  - a) Refer to [Safety Notice: Conducting an Efficient and Effective History Search](#) for additional information. The CPS worker enters a case recording regarding information pertinent to the current case.

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3. It is expected the CPS worker will make initial priority response with the ACV within the assigned timeframe; however; if unable to do so, the CPS worker will conduct the required Good Faith Efforts (GFE) to locate the ACV and family, as per DCS policy [14.4, CPS: Locating the Child and Family](#).
  - a) These efforts will be documented in the Electronic Records System.
4. When DCS is unable to locate a child/family through GFEs, and there is a reason to believe that the child/family has relocated to another country, refer to Safety Notice: International Assistance Locating Children or Families for additional options.
5. If the ACV is hospitalized upon receipt of the intake, the CPS worker will make contact with the hospital within 24 (twenty-four) hours, as per the [Protocol for Working with Hospitals](#).
6. When DCS is unable to locate a child/family through GFE and there is a reason to believe that the child/family has relocated to another country, refer to [Safety Notice: International Assistance Locating Children or Families](#) for additional options.
7. Follow the guidelines for notification of all relevant entities and licensing facilities (when a child is placed at a licensed facility) of case initiation and closure, as per the [Child Protective Services Tasks Guide](#).

### **B. Conduct Interviews**

1. Interview/Observation of the ACV: a minimum of one (1) in-home face-to-face contact with the ACV is required each calendar month.
  - a) All ACV contacts must be entered in the Electronic Record System, as per DCS policy [31.14, Case Documentation Requirements](#).
2. Interview with the non-offending parent or caregiver.
3. Interview/Observe all other children with custodian permission, who reside in the home.
4. Interview/Observe all other persons living in the home.
5. Interview the Alleged Perpetrator (AP), even if the ACV does not disclose abuse/neglect.

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6. Interview/Contact any potential witnesses to the incident/concerns.
7. Interview/Contact any collateral contacts for the children/family.
8. Interview the non-custodial parent, at minimum via phone, or document efforts to locate.

**Note:** When conducting interviews, refer to [\*\*Safety Notice: Beyond the Minimal Facts Interview\*\*](#) and [\*\*Safety Notice: Domestic Violence: Facts and Strategies for Response\*\*](#) for additional information.

### **C. Conduct Case Tasks**

1. Conduct an initial home visit.
2. Conduct home visits one (1) time per month.
3. Assigned CPS worker should document notification of case assignment to the local Juvenile Court for case assignment and closure, per local Juvenile Court practice.
4. Document notice to District Attorney/Law Enforcement in the Electronic Record System for severe abuse cases.
5. Conduct the following required background checks on all household members:
  - a) [\*\*National Sex Offender Registry\*\*](#)
  - b) [\*\*Tennessee Sex Offender Registry\*\*](#)
  - c) DCS history search (refer to [\*\*Safety Notice: Conducting an Efficient and Effective History Search\*\*](#))
6. Additional background checks that can be completed if information in the case indicates there is cause for concern are listed below:
  - a) [\*\*Felony Offender Registry\*\*](#)
  - b) [\*\*Department of Health Abuse Registry\*\*](#)
  - c) [\*\*Drug Offender Registry\*\*](#)

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7. Complete assessment tools, per timeframes in the [Protocol for Completion of the Family Advocacy and Support Tool \(FAST\)](#).
8. Contact referent, when identified.
9. Request and arrange medical exams or psychological evaluations, if applicable.
10. Administrative Reviews (refer to DCS policy [4.4 Performance and Case Supervision Practice Guidelines and Criteria](#)).
11. Complete other CPS investigative activities or tasks, as necessary.
  - a) Consult with the Regional General Counsel (RGC) when required (refer to DCS policy [14.13, Non-Custodial Immediate Protection Agreements](#) and DCS policy [14.14, Removal: Safety and Permanency Considerations](#)).
12. Conduct Child and Family Team Meetings (CFTM).
  - a) Refer to the [Child and Family Team Meeting Guide](#) for more information.
13. Develop service plans, such as the Family Permanency Plan (FPP) or Plan of Safe Care.
14. Maintain regular contact, at least once per month, with community partners or service providers for status updates (refer to the [Protocol for Working with Hospitals](#))
15. Complete the following required forms:
  - a) [CS-0050, Case Intake Packet Documents and Native American Heritage Verification](#)
  - b) [CS-0789, Release of information TennCare Eligibility Authorization](#) (one per child in the home and one for each parent/adult, if they have TennCare).
  - c) [CS-0559, Authorization for Release of Information and HIPAA Protected Health Information To or From DCS and Notification of Release](#) (if records are being requested and/or the family is receiving services).
  - d) [CS-0774, Contact Sheets for Genogram](#)
  - e) [CS-1209, Safe Sleep Assessment](#) (if child is under one (1) year of age).

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16. Complete the following optional forms, as needed:
  - a) [CS-0701, Immediate Protection Agreement](#) (at least three (3) copies, for DCS, placement and parent).
  - b) [CS-0827, Non-Custodial Consent for Transport](#)
17. For substantiated cases involving children ages three (3) and under, refer to the Tennessee Early Intervention Services (TEIS) at [https://stateoftennessee-cvlyz.formstack.com/forms/teis\\_referral](https://stateoftennessee-cvlyz.formstack.com/forms/teis_referral).
  - a) Children under the age of three (3) who are involved in all other cases may be referred to TEIS.

**Note:** If one (1) or more investigative responsibilities cannot be completed within the established times and prior to case closure, justification detailing why the responsibility could not be completed must be documented in the Electronic Records System as an Administrative Review and Team Leader approval must be provided.

**Note:** Documentation of tasks and uploading of documents are to be entered per DCS policy [31.14, Case Documentation Requirements](#), and [14.11, Child Protective Services Case File Organization, Documentation and Disposition](#). The [OCS Quality Documentation Guide](#) may also be utilized.

### **D. New Referrals on Open Cases**

1. When an additional allegation(s) has been reported and added to an already open case, the CPS worker conducts investigative activities in accordance with this policy in an effort to address the additional concerns.
2. The CPS worker documents the addition of the new allegation(s) in the Electronic Records System and consults with the Team Leader (TL) regarding next steps (refer to DCS policy [14.2, Screening, Priority Response and Assignment of Child Protective Services Cases](#)).

### **E. School Personnel as Alleged Perpetrators**

1. When a case involves school personnel, CPS staff consults with legal before notifying the Superintendent or designee assigned to the school district where the allegation occurred.

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- a) CPS staff notifies the District Attorney and Juvenile Court within 24 (twenty-four) hours of case assignment for all cases assigned as severe abuse.
  - ◆ **For School Personnel Only:** Instances in which an emergency risk review determines the school personnel/alleged perpetrator poses a risk to the safety of children/youth, the assigned Team Coordinator, or designee, will provide notification to the Chief Officer of the local educational entity (e.g., Superintendent, Principal, or Headmaster) and State Board of Education via certified letter using the Pre-Substantiation Emergency Risk Notice (Letter Pre-3), found on the "O" drive. This notification will also be provided via email to the Director of the Due Process Procedures Unit.

### **F. Classification**

Within 45 (forty-five) calendar days from the intake date, investigation allegations, as defined in the [Protocol for CPS Categories and Definitions of Abuse/Neglect](#), are classified at the discretion of DCS according to one of the following options:

#### **1. CPS Investigative Track Classifications**

Exceptions to classifying cases within 45 (forty-five) calendar days may include child death investigations awaiting an autopsy report, and CPS investigations which are marked as "severe" and cannot be classified by day 45 (forty-five) due to outstanding investigative tasks which would impact the classification.

##### **a) Allegation Substantiated, Perpetrator Substantiated**

This classification is applicable when there is a preponderance of evidence to validate an allegation occurred, and the AP identified in the report is found to be responsible for the alleged acts.

##### **b) Allegation Substantiated, Perpetrator Unsubstantiated**

This classification is applicable when there is a preponderance of evidence to validate an allegation occurred, however, there is insufficient evidence to substantiate the identified AP.

##### **c) Allegation Substantiated, Perpetrator Unknown**

This classification is applicable when there is a preponderance of evidence to support that an allegation of abuse or neglect occurred, but an AP cannot be identified.

##### **d) Allegation Unsubstantiated, Perpetrator Unsubstantiated**

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This classification is applicable when there is not a preponderance of evidence to support the allegation occurred or that the AP identified in the report was not found to be responsible for the alleged abuse or neglect.

### **e) Allegation Unsubstantiated, Child with Sexual Behavior Problems**

This classification is applicable when there is sufficient information and evidence which supports sexual contact did occur with the ACV, however, the AP is 12 (twelve) years old or younger. This may also include children under age 18 (eighteen) who clinically function at an age of 12 (twelve) or younger, due to an intellectual or development disability.

**Note:** Approval to classify a case as Unable to Complete must be given by the Regional Director or designee.

**Note:** CPS staff are to consult with legal when the family has been located, but is unwilling to cooperate, for possible court action prior to using this classification.

**Note:** For all substantiated perpetrators, notification of due process will be sent upon classification, per the [Protocol for Notification of Substantiated Perpetrators](#).

## **2. CPS Assessment Track Classifications**

- a) **No Services Needed-** An assessment is completed, and no risk or service needs are identified. There are no concerns regarding the safety of the child(ren).
- b) **Services Recommended-** There is a need for services, but there is no immediate threat of harm to the safety of the child or family. These encouraged and voluntary services may be new services or existing services the family is recommended to continue. There is a minimum of one (1) face-to-face contact with the ACV each calendar month. There is a minimum of one (1) monthly contact with each parent/caretaker(s). It is at the discretion of the Team Leader to determine if the case circumstances warrant increasing the face-to-face contacts.
- c) **Services Needed-** There is an immediate threat of harm, and, without services, the safety of the child or family is at question. Safety issues and future risk of harm are so great that the agency provides services.  
  
**Note:** If the family refuses the needed services, **and**, after consult with a Team Leader and Regional Legal Counsel (RGC)/designee, it is determined the concern of safety or risk does not warrant court involvement, no further action to seek service compliance is necessary. The case should then be prepared for closure with documentation to reflect the decision.
- d) **Services Needed, Court Ordered-** There is an immediate threat of harm, a need of services, and/or court involvement is warranted. The CPS worker and Team Leader consult

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to determine risk/safety factors, service needs, FAST results, and consult with Regional Legal Counsel (RGC)/ designee regarding what court involvement to pursue.

- ◆ Upon receipt of a verbal or written court order, face-to-face contact is made with the ACV within the first five (5) business days. There is a minimum of one (1) monthly contact with each parent/caretaker(s).
- ◆ If the court does not support the recommendation and services are not ordered, there is consultation with the TL and RGC or designee to consider other options before closure.

**Note:** If an assessment case demonstrates that a preponderance of the evidence indicates that a child has been harmed, it is appropriate to consider changing the track of the case, substantiating an allegation, and/or the perpetrator.

### **3. Other Classifications - Both classifications below require review/approval from the Regional Director/Designee.**

- a) **Unable to Complete**- This classification is applicable when the ACV or family are unable to be located after GFEs have been completed (refer to DCS policy [14.4, CPS: Locating the Child and Family](#)), the incident occurred in another state, and DCS participated in investigative activities or offered services but was unable to gather sufficient evidence to formally classify the allegation(s). When there is sufficient evidence to formally classify the allegation, the CPS worker refers to the appropriate finding above.

**Note:** CPS workers are to consult with DCS Legal when the family has been located but is unwilling to cooperate for possible court action prior to using this classification.

- b) **Administrative Closure** – This classification is applicable when a courtesy interview(s) has been conducted (refer to [Work Aid 5: CPS Courtesy Requests](#)); or there are other circumstances, which are approved at the discretion of the Regional Director or designee.

**Note:** Cases classified as Unable to Complete or Administrative Closure that are marked severe must be presented to CPIT, have a signed [CS-0561, Child Protective Investigative Team Review](#) prior to closure, and have a completed Safety Assessment based on the information in the referral.

- c) **Prison Rape Elimination Act (PREA)** - PREA requirements, safety concerns and zero tolerance guidelines are addressed in DCS policy [18.8, Zero-Tolerance Standards and Guidelines for Sexual Abuse and Sexual Harassment Incidents and Prison Rape Elimination Act \(PREA\)](#).

## **G. Case Transition**

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1. Case transition occurs when it is determined that a service need is identified for a non-custodial case, services are court ordered, or when custodial services are required (refer to [Child Protective Services Tasks Guide](#)).
2. Complete [CS-0498, Non-Custodial Services Application](#) and submit via email to the FSS Team Leader.
3. See the [Protocol for Family Support Services](#) for more information.

### **H. Case Closure**

1. To close a CPS investigation, all CPS investigative responsibilities referred to in section A of this policy must be completed in addition to the following tasks within established timeframes:
  - a) Case recordings must be entered within the timeframe noted in DCS policy [31.14, Case Documentation Requirements](#).
  - b) Complete a FAST re-assessment OR closure FAST as applicable. (Refer to [Protocol for Completion of the Family Advocacy and Support Tool {FAST}](#)).
  - c) CPS worker or CPS Team Leader documents that a case closure notification is made to the local Juvenile Court/District Attorney/Law Enforcement by local practice, in the case notes.
  - d) Form [CS-0740, Child Protective Services Case Summary and Classification Decision of Child Abuse/Neglect Referrals](#), must be completed for all case closures, regardless of classification.
  - e) Upload all documents into the Electronic Records System. *For each ACV who has a severe abuse allegation, there must be one [CS-0561, Child Protective Investigative Team Review](#) document uploaded under their name.*
  - f) Upload closing case summary form [CS-0740, Child Protective Services Case Summary and Classification Decision of Child Abuse/Neglect Referral](#) in the Electronic Records System as directed in Policy [14.11, Child Protective Services Case File Organization, Documentation and Disposition](#).
  - g) For child death/near death cases, refer to DCS policy [20.28, Child Death-Near Death Response and Review](#).

### **I. Re-Opening of a Closed Investigation**

- 1) Cases may be subject to reopening for further investigation under any of the following circumstances:
  - a) Upon request by the Internal Affairs Division (IAD).
  - b) Upon receipt of new evidence that may materially affect the classification of the case.
  - c) At the direction of the Commissioner or Deputy Commissioner.

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- 2) Any time a case is re-opened the following verbiage shall be noted in an Admin Review:
  - a) Due to subsequent information being received, this case was administratively reviewed for quality to ensure alignment with DCS policies and procedures, and has been determined to need further investigation or case work.

### **J. False Allegations**

1. At the conclusion of a CPS case, the CPS worker consults with the RGC/designee to discuss whether:
  - a) The reporter's allegation was false.
  - b) It was more likely than not that the reporter knew at the time of making the allegation that the allegation was false.
  - c) The reporter has knowingly made a false allegation about the same ACV or AP.
  - d) The reporter's address is known or reasonably available.
2. After a determination has been made whether malicious false allegations of abuse or neglect have been reported, the CPS worker or RGC may refer to the local District Attorney's office.

### **K. Abbreviated CPS Cases**

1. A CPS case may be abbreviated in the following situations with Team Leader approval:
  - a) There is no evidence to support the conditions, circumstances, or injuries described in the referral and no additional safety concerns exist; and/or
  - b) The child has left the state and there is no further involvement needed with the family.
2. An Abbreviated CPS case shall not occur when the CPS case includes any of the following allegations:
  - a) Sexual Abuse
  - b) Preliminary Near Death; and/or
  - c) Child Death
3. Case tasks for an Abbreviated CPS case include:

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- a) Child interview and/or observation: The CPS worker conducts an initial interview (or observation when applicable) with the alleged child victim (ACV) within the designated priority response time. The CPS employee interviews/observes all other children in the home.
  - b) If the case is open for 30 (thirty) days or longer a face-to-face visit with the child is required.
  - c) Parent/Caregiver interview: The parent/caregiver is interviewed and informed of the allegation and of the child's interview.
  - d) Home visit: The CPS worker observes the home.
  - e) Referent: When applicable, the reporter is contacted to confirm the reporter's knowledge of the situation and obtain any additional information.
  - f) Collateral Contacts: If someone with information relevant to the allegations has been identified in the referral or through the course of the investigation or assessment, they are interviewed.
4. The following information, instead of standard documentation, is required in an abbreviated CPS investigation/assessment:
- a) Initial ACV Interview in case recordings (details shall be included on form [CS-0740, Child Protective Services Summary and Classification Decision of Child Abuse/Neglect Referral](#));
  - b) Good Faith Efforts documented in the Electronic Records System;
  - c) Form [CS-0740, Child Protective Services Summary and Classification Decision of Child Abuse/Neglect Referral](#), must include:
    - ◆ Interviews for the ACV, parent/caregiver, referent, and collateral contacts and/or witness interviews when applicable.
    - ◆ Observation of the home environment.
    - ◆ Summary of all notifications completed to include: Juvenile Court Notification
    - ◆ For severe abuse allegations, convening and recommendations of CPIT and notification to the District Attorney General
5. The [CS-0050, Case Intake Packet Documents and Native American Heritage Verification](#) and [CS-0789, Authorization for Release of Information to DCS: TennCare Eligibility and Authorization for DCS to Release Information to TennCare](#) form must be included in the electronic file.

### **L. Reduction of Case Tasks**

1. The DCS Commissioner may authorize a further reduction to core case management tasks when a critical state of affairs takes place including:

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- a) Natural disasters (floods, wildfires, tornados, etc.),
- b) Pandemic
- c) Severe Case Manager shortages

### **M. Safety Considerations**

1. Accurately and expediently assessing immediate safety and the potential for unsafe recurrences are a primary function of CPS' work with families. The following are Safety Notices designed to support knowledge in specific safety-related domains:

- a) [\*\*Safety Notice: Significance and Supports for Interviewing Children\*\*](#)
- b) [\*\*Safety Notice: Domestic Violence: Facts and Strategies for Response\*\*](#)
- c) [\*\*Safety Notice: Understanding the Difference between Subutex and Suboxone\*\*](#)
- d) [\*\*Safety Notice: Utilizing Medical Records as part of Substance Abuse Assessment\*\*](#)
- e) [\*\*Safety Notice: Assessing a Newborn's Drug Exposure\*\*](#)
- f) [\*\*Safety Notice: Creating Safe Environments for Youth Survivors of Exploitation\*\*](#)
- g) [\*\*Safety Notice: International Assistance Locating Children or Families\*\*](#)
- h) [\*\*Safety Notice: Understanding Fentanyl and Avoiding Accidental Exposure\*\*](#)
- i) [\*\*Safety Notice: Environmental Safety: Firearm and Medication Storage in Family Homes\*\*](#)

### **Glossary:**

- ◆ Preponderance of Evidence:
  - Standard of proof met when the available evidence makes a fact or conclusion more likely true than not. Even a slight tipping of the scales toward one side is sufficient.
- ◆ Children with Sexual Behavior Problems:
  - Sexual behavior problems in children 12 (twelve) years and under which are developmentally inappropriate or intrusive acts of a sexual nature that typically involve coercion or distress. This may also include children under 18 (eighteen) who clinically function at an age of 12 (twelve) or younger (due to an intellectual or developmental disability).

### **Forms:**

[\*\*CS-0050, Case Intake Packet Documents and Native American Heritage Verification\*\*](#)

[\*\*CS-0158, Notification of Equal Access to Programs and Services and Grievance Procedures\*\*](#)

[\*\*CS-0559, Authorization for Release of Information and HIPAA Protected Health Information TO or FROM the Department of Children's Services and Notification of Release\*\*](#)

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[CS-0699, Notices of Privacy Practices](#)

[CS-0726, Child Protective Services/Non-Custodial Case File Documentation and Organization Checklist](#)

[CS-0789, Authorization for Release of Information to DCS: TennCare Eligibility and Authorization for DCS to Release information to TennCare](#)

[CS-0740, Child Protective Services Case Summary and Classification Decision of Child Abuse/Neglect Referral](#)

[CS-0827, Non-Custodial Consent for Transport](#)

[CS-1031, CPS Case Transition Checklist](#)

[CS-0498, Non-Custodial Services Application](#)

[CS-0561, Child Protective Investigative Team Review](#)

[CS-0701, Immediate Protection Agreement](#)

[CS-0774, Contact Sheets for Genogram](#)

[CS-1209, Safe Sleep Assessment](#)

### **Collateral Documents:**

[14.2, Screening, Response Priority and Assignment of Child Protective Services Cases](#)

[14.4, CPS: Locating the Child and Family](#)

[14.5, Child Protective Services Multiple Response System](#)

[14.7, Multi-Disciplinary Team: Child Protection Investigation Team](#)

[14.11, Child Protective Services Case File Organization, Documentation and Disposition](#)

[14.13, Non-Custodial Immediate Protection Agreements](#)

[14.14, Removal: Safety and Permanency Considerations](#)

[20.28, Child Death/Near-Death Response and Review](#)

[Protocol for CPS Categories and Definitions of Abuse/ Neglect](#)

[Work Aid 5: CPS Courtesy Requests](#)

[Child Protective Services Tasks Guide](#)

[OCS Quality Documentation Guide](#)

[Protocol for Completion of the Family Advocacy and Support Tool \(FAST\)](#)

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***[Protocol for Safe Sleep Education and Delivery of Safe Sleep Furniture](#)***

***[Protocol for Working with Hospitals](#)***

***[Protocol for Medical Evaluations for Runaways or Commercial Sexual Exploitation of Minor \(CSEM\)](#)***

***[Protocol for Notification to Substantiated Perpetrators](#)***

***[Protocol for Health Services for Trafficked Youth](#)***

***[Protocol for Child Death/Near Death Response and Review](#)***

***[Safety Notice: Significance and Supports for Interviewing Children](#)***

***[Safety Notice: Domestic Violence: Facts and Strategies for Response](#)***

***[Safety Notice: Understanding the Difference between Subutex and Suboxone](#)***

***[Safety Notice: Utilizing Medical Records as part of Substance Abuse Assessment](#)***

***[Safety Notice: Assessing a Newborn's Drug Exposure](#)***

***[Safety Notice: Beyond the Minimal Facts Interview](#)***

***[Safety Notice: Conducting an Efficient and Effective History Search](#)***

***[Safety Notice: Creating Safe Environments for Youth Survivors of Exploitation](#)***