Everyone in Tennessee is a mandated reporter. Tennessee Code Annotated 37-1-403(i) (1) requires all persons to report suspected cases of child abuse or neglect. “Any person who has knowledge of or is called upon to render aid to any child who is suffering from or has sustained any wound, injury, disability, or physical or mental condition shall report such harm immediately if the harm is of such a nature as to reasonably indicate that it has been caused by brutality abuse, or neglect or that, on basis of available information, reasonably appears to have been caused by brutality, abuse, or neglect.”

Who and when should report child abuse?
The Child Abuse Hotline has a dedicated phone line for medical professionals:

1-877-237-0026

Note: Requirements for reporting any allegation of child abuse is the same.
Drug Exposed Child Allegation

- Drug Exposed Child:
  - This allegation pertains to a person under the age of 18 who:
    - Has been exposed to or experiencing withdrawal from the use, sale, or manufacture of a drug or chemical substance (including, but not limited to alcohol such as a diagnosis of Fetal Alcohol Syndrome, cannabis, hallucinogens, stimulants, sedatives, narcotics, methamphetamine, heroin, inhalants) that could adversely affect the child’s physical, mental, or emotional functioning as a result of the actions or behaviors of the parent/caregiver; or
    - Has a parent/caregiver that uses drugs or chemical substances that impacts their ability to adequately care for the child; or
    - Has a parent/caregiver that has current addiction issues that could adversely affect the child’s physical, mental, or emotional functioning.

Comprehensive Addiction and Recovery Act

The Comprehensive Addiction and Recovery Act states that infants born with and identified as being affected by prenatal exposure from the use of illegal drugs or the misuse of legal drugs or chemical substances, diagnosed with Neonatal Abstinence Syndrome (NAS) or Fetal Alcohol Spectrum Disorder must have a Plan of Safe Care for services that ensures the safety and well-being of the infant following the release from the care of health providers. This plan includes steps for addressing the health and substance use disorder treatment needs of the infant and affected family or caregivers.

Comprehensive Addiction and Recovery Act in Child Welfare

- Prenatal exposure of illegal drugs or the misuse of legal drugs should be reported to DCS.
- If the child is diagnosed with NAS, this constitutes a mandatory report to the child abuse hotline.
- Mothers who are receiving Medication Assisted Treatment (MAT) do not always constitute a referral to DCS.
  - For example, Mother is prescribed a legal medication, however the child is not diagnosed with NAS.
To investigate the allegation
- Obtain key evidence to support the case
- Take appropriate action
  - Immediate action
  - Long term planning/services
  - Court involvement
- Refer to services
- Take Court action

The purpose of this protocol:
- To ensure that hospital staff, who are involved with children and families supported by the Department, are considered team members and therefore, should be included in the planning and decision making process
- To ensure the protocol is utilized by all DCS Case Management staff
- Link to the protocol:

Child Protective Services worker will:
- Make Contact with the hospital within 24 hours of the report (See Hospital Protocol)
- Assess for immediate safety concerns of the child
- Interview all parties involved in the report
- Interview collateral hospital staff
- Involve other partners as necessary
  - DCS Legal team
  - Other Providers for caregiver assessments
  - Law Enforcement
  - Juvenile Courts
What to expect when DCS becomes involved

- Child and Family Team Meeting

- If the case involves drug exposure the worker will:
  - Engage the family and link them to community resources to address long term recovery
  - Develop a Plan of Safe Care to address the needs of the child, mother, father, and/or other caretakers

Plan of Safe Care

- A Plan of Safe Care is created in the context of a Child and Family Team Meeting (CFTM) and the worker must engage families in an on-going assessment of how their strengths and needs impact the safety, permanency and well-being of the infant involved.

- Specific tasks listed on the Plan of Safe Care include observable, measurable outcomes, as well as the names of the persons responsible for the completion of each task. This is to include responsibilities of the family, DCS and other community resources including the provision of services and monitoring progress.

Other Partners that may be involved:

- Child Protective Investigative Team
- Juvenile Court
- Law Enforcement
- DA
- Community Partners

Communication is the key!
The Child Abuse Hotline has a dedicated phone line for medical professionals:

1-877-237-0026

Note: Reporting requirements for child abuse is the same for all allegations.