



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Intake

Intake ID: [REDACTED]
 Intake Taken By: [REDACTED] Intake Date/Time: 03/31/2014 04:30 PM [REDACTED]
 Track Assigned: Investigation Priority Assigned: 1
 Screened By: [REDACTED]
 Date Screened: 03/31/2014

Investigation

Investigation ID: [REDACTED]
 First County/Region: [REDACTED]
 Date/Time Assigned : 04/01/2014 09:53 AM
 First Team Leader Assigned: [REDACTED] Date/Time 04/01/2014 12:00 AM
 First Case Manager [REDACTED] Date/Time 04/01/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	11 Mos	Neglect Death	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Referent(s)

Referent Name: [REDACTED] Role to Alleged Victim(s): [REDACTED]
 Referent Address:
 Referent Phone Number: [REDACTED]
 Type of Contact: I-3 Phone
 Notification: None
 Narrative: TFACTS: Yes
 Family Case ID: [REDACTED]
 Open Court Custody/FSS/FCIP: No
 Closed Court Custody: No
 Open CPS: No
 Substantiated: No
 Death: No



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Screened out: No

History (not listed above):

11-10-10 / # [REDACTED] / DEC / Services Recommended & Accepted

County: [REDACTED]

Notification: None

School/ Daycare: Unknown

Native American Descent: No

Directions: None given

Reporters name/relationship: [REDACTED]

Reporter states: The child is not in DCS custody.

[REDACTED] (4 months) resided with his mother, [REDACTED] (16). [REDACTED] resides with her mother, [REDACTED]. There may be other children in the home, but the reporter is not sure.

[REDACTED] is the father of [REDACTED]

On Sunday, March 30, 2014, [REDACTED] and [REDACTED] brought [REDACTED] to [REDACTED] Room at 3:02 am. It was reported at that time that the infant had stopped breathing.

The family stated [REDACTED] was seen at [REDACTED] at 5:30 pm on Saturday, March 29, 2014. The family stated the infant was diagnosed with an ear infection and a stomach virus. The mother, [REDACTED] stated the doctor (unknown) at [REDACTED] gave the infant medication prior to leaving the clinic on Saturday. It is unknown what medication the child received.

It was reported that the infant slept from about 8:00 pm Saturday night until 2:00 am Sunday morning. [REDACTED] stated the infants skin felt ice cold to the touch. She stated she checked the infants temperature and it was 97 degrees at that time. The grandmother, [REDACTED] stated she heard the infant fussing more than usual, but it is not known if she attempted to check on the child.

It was reported that while [REDACTED] was holding the infant he stopped breathing. [REDACTED] stated she breathed in the infants face and he immediately started breathing again. The family stated they put the infant in his car seat and decided to take him to [REDACTED]. It was reported that at some point the infant stopped breathing again while in route to the hospital. It was reported that [REDACTED] blew in the infants face again and he started breathing.

By the time the family arrived at [REDACTED] the infant was unresponsive. Medical personnel attempted to revive the infant but the attempts were unsuccessful. The medical examiner pronounced the infant deceased. There was an autopsy performed, but the results will not be ready until eight to twelve weeks. The reporter is not aware if the infant had any medical conditions, but the family mentioned a possible heart murmur.

Detectives investigated on Sunday but DCS had not been contacted. The local DCS office was contacted today to follow-up, and the county stated they were not aware of the infants death.

The home environment was observed, and it was deemed clean, and appropriate.

The reporter is not aware of any prior history with law enforcement.

Detectives were last at the familys home yesterday March 30, 14.

PER SDM: Investigation/P1-child death-[REDACTED], Team Leader, 03/31/14 @ 5:40 pm

EI-DCS Child Death or Preliminary Near Death Alert group notified via email



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

RA [REDACTED] notified

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	03-31-14 17:54:08	---	mobile phone	Left Message
03-31-14	17:54:08	---	mobile	Answering Machine
03-31-14	17:54:08	---	work email	Email Sent
03-31-14	17:59:09	---	mobile phone	Answering Machine
03-31-14	17:59:09	---	mobile	Answering Machine
03-31-14	18:04:09	03-31-14 18:05:03	mobile phone	Received
03-31-14	18:04:09	---	mobile	Answering Machine



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Participant(s)

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:** White **Age:** 20 Yrs

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: Unknown Participant [REDACTED] Unknown

Gender:

Date of Birth:

Participant ID: [REDACTED]

SSN: [REDACTED] **Race:**

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Female

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: White Age: 17 Yrs

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Name: [REDACTED]

Gender: Female

Date of Birth:

Partipant ID: [REDACTED]

SSN: [REDACTED] Race: [REDACTED] Age: [REDACTED]

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
Tennessee Child Abuse Hotline Summary**

Name: [REDACTED]

Gender: Male

Date of Birth: [REDACTED]

Partipant ID: [REDACTED]

SSN:

Race: White

Age: 11 Mos

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:



**Tennessee Department of Children's Services
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral**

A. Investigation

Case Name: [REDACTED]
Referral Date: 03/31/2014
Street Address:
City/State/Zip:

Investigation ID: [REDACTED]
Assignment Date: 04/01/2014

B. Allegation

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			Classified Date
1	[REDACTED]	[REDACTED]	Neglect Death	Unknown, Unknown	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 04/10/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case is being classified as (Allegation Unfounded/Perpetrator Unfounded) due to policy 14.7 this classification is appropriate due to there being insufficient information and evidence to support the opinion that Neglect Death existed and the alleged perpetrators named in the report was not found to be responsible for the reported maltreatment. It was reported [REDACTED] lower intestines was an issue and may be the cause of his death, there were abuse or neglect reported concerning this case.

D. Case Workers

Case Worker: [REDACTED]
Team Leader: [REDACTED]

Date: 04/10/2014
Date: 04/10/2014

E. Investigation Summary

Instruction: Condense the finding rationale for each allegation relative to the child victim(s). Be sure to identify the facts that provided for the classification decision.

Summarize the key points and dates of the child or children's statements and/or the observation of the child or children's physical state or home environment:

[REDACTED] died on 3/31/14, due to medical issues.

Summarize professional, medical or psychological findings or opinions: What is the collateral's oral or written finding/opinion of the incident(s)/allegation(s)?

CPSI [REDACTED] met with Department of Health [REDACTED] she reported that she has worked with this family before [REDACTED] was born and really enjoys [REDACTED] parent. [REDACTED] reported that she has gathered Grief counseling information for the family and plans to speak with them about it after they complete all services for [REDACTED] She reported that she had just completed [REDACTED] 4 month development assessment and



**Tennessee Department of Children's Services
Child Protective Service Investigation Summary
and Classification Decision of Child Abuse/Neglect Referral**

Case Name : [REDACTED]

Investigation ID: [REDACTED]

he was all smile. [REDACTED] reported that the parents was great parents and they asked all questions to make sure that they were doing everything right for [REDACTED] CPSI [REDACTED] requested that she attend the next meeting with [REDACTED] and discuss the grief information on that date. [REDACTED] reported that she could continue to work with this family 6 months after the child death.

Summarize alleged perpetrator's statement or admission: What is the perpetrator's explanation of the incident(s)/allegation(s)?

n/a

Summarize witnesses' descriptions of what they saw and what they believe indicates child abuse/neglect:

n/a

Summarize any other evidence or factors that support the investigative finding(s) for the allegation(s) of abuse/neglect:

n/a

Distribution Copies: Juvenile Court in All Cases
District Attorney in Severe Child Abuse Cases
Regional Supervising Attorney



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/10/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/10/2014

Completed date: 06/10/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/10/2014 10:47 AM Entered By: [REDACTED]

CPSI [REDACTED] received records from Office of the Medical Examiner on this date and [REDACTED] manner of death was natural cause.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 05/27/2014 Contact Method:
 Contact Time: 12:25 PM Contact Duration: Less than 05
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 05/29/2014
 Completed date: 05/29/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 05/29/2014 02:34 PM Entered By: [REDACTED]
 Waiting on Autopsy report



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/23/2014 Contact Method:
 Contact Time: 12:25 PM Contact Duration: Less than 15
 Entered By: [REDACTED] Recorded For:
 Location: Created Date: 04/23/2014
 Completed date: 04/23/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Administrative Review
 Contact Sub Type:

Children Concerning**Participant(s)**

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/23/2014 12:08 PM Entered By: [REDACTED]

Child Death-

CPSI has interview all parties and found no concerns. The medical staff and detective (who observed the autopsy) reported that the ACV small intestines stop function. CPSI staff the case with CPIT on 04/09/2014 and the case was classified as AUPU. CPSI is currently waiting on the Autopsy report.
 The parents had no other children.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/21/2014

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/21/2014

Completed date: 04/21/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/21/2014 02:06 PM Entered By: [REDACTED]

CPSI [REDACTED] received medical records for [REDACTED] from [REDACTED] and [REDACTED].

Telephone contact with Medical Examiner to check on the final report for [REDACTED] case. It was reported that it was still pending.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/15/2014 Contact Method:
 Contact Time: 10:00 AM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: DCS Office Created Date: 04/15/2014
 Completed date: 04/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): Case Summary
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 11:29 AM Entered By: [REDACTED]

CPSI observed:

Document: A picture from the [REDACTED] was of the child was placed in the chart. The visitation for [REDACTED] is scheduled Thursday 4/3/14 and the family will have a private service on 4/4/14.

1. Interactions between mother/father and child: The family was interviewed at the home locations. A home visit occurred on 3/31/14 and 4/8/14. [REDACTED] and her family were in stable condition, due to the tragic death of baby [REDACTED] CPSI [REDACTED] completed a home visit on 3/31/14 at [REDACTED] home both parents were available [REDACTED] and [REDACTED]. There address is [REDACTED].

Collateral Contact: [REDACTED]: The family reported that [REDACTED] was a great lost to the family and they enjoyed the little time they had with him. It was also reported by the [REDACTED] that [REDACTED] and [REDACTED] were great parents.

2. Observation and presentation CPSI [REDACTED] observed [REDACTED] and her family on these dates. There were no concerns with this household and the home conditions.

3. Observation of interactions between mother/father and other children in home: [REDACTED] and her two siblings are in the home and all children interaction well with mother, [REDACTED].

4. Observation of physical environment (inside and outside) This CPSI made a home visit on this date and the home was very good. No safety concerns.

IPA: note restrictions and visitation plans
 None at this time

Next Steps:

CPSI [REDACTED] will prepare to close this case the medical reported that the baby death was a medical issue and no sign of abuse.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Summary

Date: 04/15/14

Time:

On 3/31/14 at 4:30 p.m., a P (1) referral was called into Central Intake. The referral was screened into [REDACTED], with allegations of Neglect Death. The alleged perpetrator was Unknown Participant. The alleged victim is [REDACTED], and his parents [REDACTED] and [REDACTED]. The referral was assessed and assigned by TL [REDACTED] on 3/31/14 to CPSI [REDACTED]. Response is due 03/31/14. On 3/31/14 it was reported that [REDACTED] (4 months) resided with his mother, [REDACTED] (16). [REDACTED] resides with her mother, [REDACTED]. There may be other children in the home, but the reporter is not sure [REDACTED] is the father of [REDACTED]. On Sunday, March 30, 2014, [REDACTED] and [REDACTED] brought [REDACTED] to [REDACTED] Emergency Room at 3:02 am. It was reported at that time that the infant had stopped breathing. The family stated [REDACTED] was seen at [REDACTED] at 5:30 pm on Saturday, March 29, 2014. The family stated the infant was diagnosed with an ear infection and a stomach virus. The mother, [REDACTED] stated the doctor (unknown) at [REDACTED] gave the infant medication prior to leaving the clinic on Saturday. It is unknown what medication the child received.

It was reported that the infant slept from about 8:00 pm Saturday night until 2:00 am Sunday morning. [REDACTED] stated the infants skin felt ice cold to the touch. She stated she checked the infants temperature and it was 97 degrees at that time. The grandmother, [REDACTED] stated she heard the infant fussing more than usual, but it is not known if she attempted to check on the child.

It was reported that while [REDACTED] was holding the infant he stopped breathing. [REDACTED] stated she breathed in the infants face and he immediately started breathing again. The family stated they put the infant in his car seat and decided to take him to [REDACTED]. It was reported that at some point the infant stopped breathing again while in route to the hospital. It was reported that [REDACTED] blew in the infants face again and he started breathing.

By the time the family arrived at [REDACTED] the infant was unresponsive. Medical personnel attempted to revive the infant but the attempts were unsuccessful. The medical examiner pronounced the infant deceased. There was an autopsy performed, but the results will not be ready until eight to twelve weeks. The reporter is not aware if the infant had any medical conditions, but the family mentioned a possible heart murmur.

Detectives investigated on Sunday but DCS had not been contacted. The local DCS office was contacted today to follow-up, and the county stated they were not aware of the infants death.

The home environment was observed, and it was deemed clean, and appropriate.

The referent was [REDACTED] and CPSI spoke with him on 4/1/14 and he reported the same information on the referral.

Case History

The following TNKIDS/TFACTS search revealed the following for [REDACTED] HERE:

11-10-10 / # [REDACTED] / DEC / Services Recommended & Accepted

The following TNKIDS/TFACTS search revealed the following for [REDACTED] HERE:

No Prior TFACTS history.

Investigation:

ACV: [REDACTED]

Allegation: Neglect Death

AP: Unknown Participant

Classification: Allegation Unsubstantiated / Perpetrator Unsubstantiated

Internet Check:



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

The following internet checks were completed on [REDACTED] and [REDACTED]:

Methamphetamine Offender Registry Clearance. n/a

Sexual Offender Registry Clearance. n/a

National Sexual Offender Registry Clearance. n/a

Abuse Registry Clearance. n/a

Household Composition

The family address is: [REDACTED]

Phone number: [REDACTED]

[REDACTED] father_

Address: [REDACTED]

Phone Number: [REDACTED]

[REDACTED] (victim)
 [REDACTED] (mother)
 [REDACTED] (maternal grandmother)
 [REDACTED] (brother)
 [REDACTED] (brother)

Income and Employment

[REDACTED] works with [REDACTED] in [REDACTED] TN.

[REDACTED] is a student at [REDACTED].

SDM

The initial SDM Safety Assessment was completed on (03/19/14). The Safety assessment score is conditionally safe.

The closing SDM Safety Assessment was completed on (04/15/14). The Safety assessment score is safe.

Classification

This case is being classified as (Allegation Unfounded/Perpetrator Unfounded) due to policy 14.7 this classification is appropriate due to there being insufficient information and evidence to support the opinion that Neglect Death existed and the alleged perpetrators named in the report was not found to be responsible for the reported maltreatment. It was reported [REDACTED] lower intestines was an issue and may be the cause of his death, there were abuse or neglect reported concerning this case.

A copy of the 740 was sent to the Judge. A copy of the 740 was sent to the DA (if indicated severe abuse).

Child Protective Services Investigator [REDACTED] (CPSI) entered the classification into the classification tab in TFACTS.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	04/15/2014	Contact Method:	Phone Call
Contact Time:	09:00 AM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/15/2014
Completed date:	04/15/2014	Completed By:	[REDACTED]
Purpose(s):	Permanency,Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 12:28 PM Entered By: [REDACTED]

Collateral Contact: [REDACTED] father) [REDACTED] reported that [REDACTED] and [REDACTED] were doing better than the grandparents. He reported that he was very angry with [REDACTED] and did not understand why he took that precious little boy. [REDACTED] reported that he did not understand; how a child could go to the doctor and 12 hours later he is dead. He blames [REDACTED] for not diagnosing his grandson with the correct medical issues and reported he would not have died, if they did their job. [REDACTED] reported that [REDACTED] and [REDACTED] did everything right and there are some teenager out drinking, using drugs and dont care for their babies, but his [REDACTED] was a great mother, doing all the right things, never partying or using drugs. [REDACTED] closed by saying that DCS was wrong for going to his grandson parents after his death and if DCS had come to his home they would never got in. He was respectful to CPSI [REDACTED] and understood, just doing her job.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/11/2014

Contact Method: Face To Face

Contact Time: 01:30 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: School

Created Date: 04/15/2014

Completed date: 04/15/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): ACV Interview/Observation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 12:13 PM Entered By: [REDACTED]

4/11/14 School Visit contact with [REDACTED] she reported that everything was going well she was getting adjusted back to her normal routine at school.

Collateral Contact [REDACTED]: School Personnel reported that [REDACTED] was an excellent student and never gets into trouble. The school was very sorry for her lost and she did not have to make up any missed assignments or will be counted absent that week from school. CPSI [REDACTED] received a copy of [REDACTED] school records for the file.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2014

Contact Method: Correspondence

Contact Time: 08:30 AM

Contact Duration: Less than 02 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 04/15/2014

Completed date: 04/15/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): CPIT (Child Protective Investigative Team)

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 12:10 PM Entered By: [REDACTED]

4/9/14 CPIT the team was all in agreement to close this case as Unsubstantiated/closed/no services.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 04/08/2014 Contact Method: Face To Face
 Contact Time: 04:00 PM Contact Duration: Less than 01 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/15/2014
 Completed date: 04/15/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation
 Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 11:57 AM Entered By: [REDACTED]

4/8/14 (Home visit). The visit was rescheduled for 4/8/14. CPSI [REDACTED] and Ms. [REDACTED] met at the familys home and everyone appeared to be coping well at this time. [REDACTED] reported that the services for [REDACTED] was great and so many people came to show there respect. She stated that he got so many flowers and they were very glad of the support showed to them at the time of her sons death. Ms. [REDACTED] provided [REDACTED] and [REDACTED] with grief counseling information also a website they could participate on line. Both [REDACTED] and [REDACTED] reported that they were doing well and know that it will be a long process dealing with [REDACTED] death, but plans to work together to get through this difficult time. [REDACTED] attends [REDACTED] a junior and reported that she plans to focus on school and she did not want to have another child until she was older. [REDACTED] works full-time with [REDACTED]



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/02/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/04/2014

Completed date: 04/04/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/04/2014 10:55 AM Entered By: [REDACTED]

CPSI [REDACTED] requested medical records for [REDACTED] from [REDACTED] and the Medical Examiner on this date.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/02/2014

Contact Method: Face To Face

Contact Time: 09:30 AM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/15/2014

Completed date: 04/15/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 11:52 AM Entered By: [REDACTED]

4/2/14 Detective [REDACTED] CPSI [REDACTED] was provided with a copy of the police report that is enclosed in the file.

4/2/14 Collateral Contact: CPSI [REDACTED] spoke with Department of Health ([REDACTED]) she reported that she has worked with this family before [REDACTED] was born and really enjoys [REDACTED] parent. Ms. [REDACTED] reported that she has gathered Grief counseling information for the family and plans to speak with them about it after they complete all services for [REDACTED]. She reported that she had just completed [REDACTED] 4 month development assessment and he was all smile. Ms. [REDACTED] reported that the parents was great parents and they asked all questions to make sure that they were doing everything right for [REDACTED]. CPSI [REDACTED] requested that she attend the next meeting with Ms. [REDACTED] and discuss the grief information on that date. Ms. [REDACTED] reported that she could continue to work with this family 6 months after the child's death. CPSI and Ms. [REDACTED] plans to meet with family on 4/7/14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/01/2014

Contact Method: Phone Call

Contact Time: 09:30 AM

Contact Duration: Less than 45

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 04/15/2014

Completed date: 04/15/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Collateral Contact

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 04/15/2014 11:37 AM Entered By: [REDACTED]

4/1/14: Telephone Contact: Det. [REDACTED] CPSI requested a copy of the police report for the case file. Det. [REDACTED] reported that the autopsy was completed and [REDACTED] lower intestines was an issue and may be the cause of his death. He informed that [REDACTED] death was a medical issue and the examiners report could explain more details when available with the autopsy report.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED] Status: Completed
 Contact Date: 03/31/2014 Contact Method: Face To Face
 Contact Time: 07:30 PM Contact Duration: Less than 02 Hour
 Entered By: [REDACTED] Recorded For:
 Location: Family Home Created Date: 04/03/2014
 Completed date: 04/03/2014 Completed By: [REDACTED]
 Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being
 Contact Type(s): ACV Interview/Observation,Initial ACV Face To Face
 Contact Sub Type:

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 04/03/2014 11:24 AM Entered By: [REDACTED]

Child Protective Services Investigator [REDACTED] (CPSI) made a home visit/face to face to initiate the investigation to insure safety, well-being and permanency.

People present during this visit:

[REDACTED] (mother)
 [REDACTED] (father)
 [REDACTED] (Maternal grandmother)
 [REDACTED] (brother)

In order to engage the family, CPSI explained the current report made to the Tennessee Department of Childrens Services and the MRS/Assessment process. CPSI also provided the family with a brochure describing the Multiple Response Approach. CPSI explained all forms and engaged the family during the paperwork process. The custodian signed the Clients Rights Handbook Signature Page, Native American Heritage Veto Verification, Health Insurance Portability and Accountability Act (HIPAA) Acknowledgement form, Notice of Equal Access to Programs and Services, and the Release of Information. CPSI obtained signed acknowledgements of such and copies have been placed into the file.

Family Interview:

On 3/31/14, CPSI [REDACTED] went to meet with the family concerning the death of infant child [REDACTED]. It was reported that [REDACTED] and her son, [REDACTED] spent the week of Spring Break (3/24/14-3/28/14) with [REDACTED]. [REDACTED] (grandmother) and [REDACTED] younger siblings were out of town for spring break [REDACTED] reported that [REDACTED] was a little fussy during the week she was on Spring Break and was told by other family members that he was probably teething and that was normal for a baby.

The family reported to CPSI [REDACTED] on 3/29/14, [REDACTED] became sick and was running a fever of 99.6 and was taken to [REDACTED], seen by Nurse Practitioner, [REDACTED]. It was reported by the clinic that [REDACTED] had a



Tennessee Department of Children's Services

Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

double eye infection and a stomach virus. [REDACTED] was given Zofran 2 mg. and Tylenol 2.5 during the visit and prescribed antibiotic. The family reported that they were not able to get the prescription filled, due to Kmart pharmacy being closed. [REDACTED], grandmother, and [REDACTED], mother, reported that [REDACTED] went to sleep after getting home from his appointment at [REDACTED].

[REDACTED] reported that the infant slept from about 8:00 pm Saturday night until 2:00 am Sunday morning. Around 10:30 pm, [REDACTED], father went home because the infant was asleep. [REDACTED] stated she went into check on the baby, due to concerns that he usually is up every 4-5 hours, and the infants skin felt ice cold to the touch. She stated she checked the infants temperature and it was 97 degrees at that time. The grandmother [REDACTED] stated she heard [REDACTED] fussing more than usual but she did not go to check on him due to [REDACTED] being awake and attending to him. [REDACTED] was holding the infant and he stopped breathing. [REDACTED] stated she breathed in the infants face and he immediately started breathing again. [REDACTED] went to get her mother who notified [REDACTED] that [REDACTED] needed to be transported to the Emergency Room. [REDACTED] got [REDACTED] ready while [REDACTED] got herself ready. [REDACTED] was at the family's home in about 10 minutes. (The father and mother live in separate homes approximately five minutes apart). [REDACTED] and [REDACTED] reported that when they arrived at [REDACTED] a nurse came to the car to meet them and [REDACTED] went in with the nurse while [REDACTED] got the diaper bag. [REDACTED] and [REDACTED] reported that they was in the waiting room and the doctor came out told them that the head nurse attempted to revive the infant but the attempts were unsuccessful. The doctor told them [REDACTED] probably would not come back.

CPSI engaged the family about any pervious medical conditions with [REDACTED] and the family reported that [REDACTED] had a possible heart murmur and was in the NICU unit for three days when he was born.

The home environment was observed, and it was deemed clean, and appropriate.

Narrative Type: Addendum 1 Entry Date/Time: 06/13/2014 12:46 PM Entered By: [REDACTED]

Family Interview's

People present during this visit:

[REDACTED] mother)
 [REDACTED] father)
 (Maternal grandmother [REDACTED] mother)
 [REDACTED] brother)
 [REDACTED] brother)

Family Interview:

On 3/31/14, CPSI [REDACTED] went to meet with the family concerning the death of infant child [REDACTED]. It was reported that [REDACTED] and her son, [REDACTED] spent the week of Spring Break (3/24/14-3/28/14) with [REDACTED] father [REDACTED] (grandmother) and [REDACTED] younger siblings were out of town for spring break [REDACTED]).

(Parent Interview :)

[REDACTED] mother of [REDACTED] reported that [REDACTED] was a little fussy during the week she was on Spring Break and was told by other family members that he was probably teething and that was normal for a baby. [REDACTED] became sick and was running a fever of 99.6 and was taken to [REDACTED], seen by Nurse Practitioner [REDACTED]. It was reported by the clinic that [REDACTED] had a double eye infection and a stomach virus. [REDACTED] was given Zofran 2 mg. and Tylenol 2.5 during the visit and prescribed antibiotic. [REDACTED] reported that they were not able to get the prescription filled, due to Kmart pharmacy being closed. [REDACTED] reported that the infant slept from about 8:00 pm Saturday night until 2:00 am Sunday morning. [REDACTED] stated she went into check on the baby, due to concerns that he usually is up every 4-5 hours, and the infants skin felt ice cold to the touch. She stated she checked the infants temperature and it was 97 degrees at that time.

[REDACTED] was holding the infant and he stopped breathing. [REDACTED] stated she breathed in the infants face and he immediately started breathing again. [REDACTED] went to get her mother who notified [REDACTED] that [REDACTED] needed to be transported to the Emergency Room. [REDACTED] got [REDACTED] ready while [REDACTED] got herself ready.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

[REDACTED] father)
 Around 10:30 pm, [REDACTED], father went home because the infant was asleep. He reported that he left the home at that time. [REDACTED] reported after he got a call from [REDACTED] he arrived at the family's home in about 10 minutes. (The father and mother live in separate homes approximately five minutes apart). [REDACTED] and [REDACTED] reported that when they arrived at [REDACTED] a nurse came to the car to meet them and [REDACTED] went in with the nurse while [REDACTED] got the diaper bag. [REDACTED] and [REDACTED] reported that they was in the waiting room and the doctor came out told them that the head nurse attempted to revive the infant but the attempts were unsuccessful. The doctor told them [REDACTED] probably would not come back.

CPSI engaged the family about any pervious medical conditions with [REDACTED] and the family reported that [REDACTED] had a possible heart murmur and was in the NICU unit for three days when he was born.

[REDACTED] Maternal Grandparent Interview) [REDACTED] lives with her mother [REDACTED], grandmother, and [REDACTED]'s mother, reported that [REDACTED] went to sleep after getting home from his appointment at [REDACTED]. She reported that the infant slept from about 8:00 pm Saturday 3/30/14, night until 2:00 am Sunday 3/31/14 morning. The grandmother, [REDACTED] stated she heard [REDACTED] fussing more than usual but she did not go to check on him due to [REDACTED] being awake and attending to him [REDACTED] reported [REDACTED] was holding the infant and he stopped breathing. She stated [REDACTED] told her he stops breathing and [REDACTED] blew in the infants face and he immediately started breathing again. [REDACTED] notified [REDACTED] that [REDACTED] needed to be transported to the Emergency Room. [REDACTED] got [REDACTED] ready while [REDACTED] got herself ready.

Siblings Interview:

[REDACTED] brother). [REDACTED] brother)
 CPSI [REDACTED] attempted to interview [REDACTED] and [REDACTED] they did not want to speak to worker and their mother [REDACTED] did not want to put them through an interview. She reported that this is very hard for the family and did not want her children to talk unless they wanted to speak. No interview from siblings.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/31/2014	Contact Method:	
Contact Time:	04:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	[REDACTED]
Location:		Created Date:	06/16/2014
Completed date:	06/16/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Case Summary		
Contact Sub Type:			

Children Concerning**Participant(s)****Narrative Details**

Narrative Type: Original Entry Date/Time: 06/16/2014 11:23 AM Entered By: [REDACTED]

The following was received from the Child Abuse Hotline:

[REDACTED] (4 months) resided with his mother, [REDACTED] (16). [REDACTED] resides with her mother [REDACTED]. There may be other children in the home, but the reporter is not sure.

[REDACTED] is the father of [REDACTED]

On Sunday, March 30, 2014, [REDACTED] brought [REDACTED] to [REDACTED] Emergency Room at 3:02 am. It was reported at that time that the infant had stopped breathing.

The family stated [REDACTED] was seen at [REDACTED] at 5:30 pm on Saturday, March 29, 2014. The family stated the infant was diagnosed with an ear infection and a stomach virus. The mother, [REDACTED] stated the doctor (unknown) at [REDACTED] gave the infant medication prior to leaving the clinic on Saturday. It is unknown what medication the child received. It was reported that the infant slept from about 8:00 pm Saturday night until 2:00 am Sunday morning. [REDACTED] stated the infants skin felt ice cold to the touch. She stated she checked the infants temperature and it was 97 degrees at that time. The grandmother, [REDACTED] stated she heard the infant fussing more than usual, but it is not known if she attempted to check on the child.

It was reported that while [REDACTED] was holding the infant he stopped breathing. [REDACTED] stated she breathed in the infants face and he immediately started breathing again. The family stated they put the infant in his car seat and decided to take him to [REDACTED]. It was reported that at some point the infant stopped breathing again while in route to the hospital. It was reported that [REDACTED] blew in the infants face again and he started breathing.

By the time the family arrived at [REDACTED] the infant was unresponsive. Medical personnel attempted to revive the infant but the attempts were unsuccessful. The medical examiner pronounced the infant deceased. There was an autopsy performed, but the results will not be ready until eight to twelve weeks. The reporter is not aware if the infant had any medical conditions, but the family mentioned a possible heart murmur.

Detectives investigated on Sunday but DCS had not been contacted. The local DCS office was contacted today to



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

follow-up, and the county stated they were not aware of the infants death.

The home environment was observed, and it was deemed clean, and appropriate.

The reporter is not aware of any prior history with law enforcement.

Detectives were last at the familys home yesterday March 30, 14.



Tennessee Department of Children's Services
Case Recording Summary

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

Case Recording Details

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/28/2013

Contact Method:

Contact Time: 10:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 06/10/2014

Completed date: 06/10/2014

Completed By: [REDACTED]

Purpose(s): Permanency,Safety - Child/Community,Service Planning,Well Being

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

[REDACTED]

Participant(s)

[REDACTED]

Narrative Details

Narrative Type: Original Entry Date/Time: 06/10/2014 10:43 AM Entered By: [REDACTED]

CPSI [REDACTED] make weekly telephone contact with Medical Examiner to check on the final report for [REDACTED] case. It was reported that it was still pending.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 3/31/14 4:30 PM Date of Assessment: 4/1/14 12:00 AM
 Assessment Type: Initial Number of Children in the Household: 2

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
 - Death of a child due to abuse or neglect.
 - Care taker fears that s/he will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-affected infant/child.
 - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



Tennessee Department of Children's Services

SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): _____

Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
 - All children placed.
 - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____



Tennessee Department of Children's Services
SDM™ Safety Assessment

Assessment

Family Name: [REDACTED] TN DCS Intake ID #: [REDACTED]
 County: [REDACTED] Worker:
 Date of Referral: 3/31/14 4:30 PM Date of Assessment: 4/15/14 12:00 AM
 Assessment Type: Closing Number of Children in the Household: 1

Section 1: Immediate Harm Factors

Directions: The following factors are behaviors or conditions that may be associated with a child being in immediate danger of serious harm. Identify the presence of absence of each factor by making either "yes" or "no". Note: The vulnerability of each child needs to be considered throughout the assessment. Children ages zero through six cannot protect themselves. For older children, inability to protect themselves could result from diminished mental or physical capacity or repeated victimization.

Yes No

1. Caretaker caused serious physical harm to the child, or made a plausible threat to cause serious physical harm in the current investigation indicated by (check all that apply):
- Serious injury or abuse to child other than accidental.
 - Death of a child due to abuse or neglect.
 - Care taker fears that s/he will maltreat the child.
 - Threat to cause harm or retaliate against the child.
 - Excessive discipline or physical force.
 - Drug-affected infant/child.
 - Methamphetamine lab exposure.
2. Child sexual abuse is suspected, and circumstances suggest that the child's safety may be of immediate concern.
3. Caretaker fails to protect the child from serious harm or threatened harm by others. This may include physical abuse, sexual abuse, or neglect.
4. Caretaker's explanation for the injury to the child is questionable or inconsistent with the type of injury, and the nature of the injury suggests that the child's safety may be of immediate concern.
5. The family refuses access to the child, or there is reason to believe that the family is about to flee.
6. Caretaker does not meet the child's immediate needs for supervision, food, clothing, and/or medical or mental health care.
7. The physical living conditions are hazardous and immediately threatening to the health and/or safety of the child.
8. Caretaker's current substance abuse seriously impairs his/her ability to supervise, protect, or care for the child.
9. Domestic violence exists in the home and poses a risk of serious physical and/or emotional harm to the child.



Tennessee Department of Children's Services

SDM™ Safety Assessment

10. Caretaker describes the child in predominantly negative terms or acts toward the child in negative ways that result in the child being a danger to self or others, acting out aggressively, or being severely withdrawn and/or suicidal.
11. Caretaker's emotional stability, developmental status, or cognitive deficiency seriously impairs his/her current ability to supervise, protect, or care for the child.
12. There is a pattern of prior investigations and/or behavior that suggests an escalating threat to child safety.
13. Other (specify)

If no immediate harm factors are observed, proceed to Section 3

Section 2: Safety Interventions

If no immediate harm factors are present, go to Section 3. If one or more immediate harm factors are present, consider whether safety interventions one through eight will allow the child to remain in the home for the present time. Check the item number for all safety interventions that will be implemented. If there are no available safety interventions that would allow the child to remain in the home, indicate by checking item nine or ten, and follow procedures for initiating a voluntary agreement or taking the child into protective custody. Mark all that apply:

Non-Protective Custody Interventions:

1. Intervention or direct services by worker as part of a safety plan.
2. Use of family, neighbors, or other individuals in the community as safety resources.
3. Use of community agencies or services as immediate safety resources.
4. Have caretaker appropriately protect the victim from the alleged perpetrator.
5. Have the alleged perpetrator leave the home, either voluntarily or in response to legal action.
6. Have the non-offending caretaker move to a safe environment with the child.
7. Legal action planned or initiated - child remains in the home.
8. Other (Specify): _____

Protective Custody Interventions:

9. Caretaker signs a voluntary placement agreement that places the child in Department of Children Services (DCS) custody.
10. Child placed in protective custody pursuant to 37-1-113 and 37-1-117 because no interventions are available to adequately ensure the child's safety.



Tennessee Department of Children's Services
SDM™ Safety Assessment

Section 3: Safety Decision

Identify the safety decision. This decision should be based on the assessment of all immediate harm factors, safety interventions, and any other information known about the family. Mark only one.

- 1. **Safe.** No immediate harm factors were identified at this time. Based on currently available information, there are no children likely to be in immediate danger of serious harm.
- 2. **Conditionally Safe.** One or more immediate harm factors are present, and one or more protecting interventions #1-8 have been planned or taken. Based on protecting interventions, no protective custody action is necessary at this time.
- 3. **Unsafe.** One or more immediate harm factors are present, and placement is the only protecting intervention (#9 or #10) possible for one or more children. Without placement, one or more children will likely be in danger of immediate or serious harm.
 - All children placed.
 - One or more children being placed in protective custody, but others remain in the home. Complete the status of each child below only when one or more children are being removed, but others remain in the home:

Children Removed

Children Not Removed

Case Manager: _____

Date: _____

Team Leader: _____

Date: _____