



Tennessee Department of Children's Services  
**Notice of Child Death/Near Death**

Case # 2014.078

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	05/19/2014
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> NEAR DEATH	Date of Death/Near Death:	05/19/2014	
Child's Name:	██████████	DOB:	██████████	Person ID:	██████████
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Other	
County/Region:	██████████				
Parents' Names:	Mother:	██████████	Father:	██████████	
Alleged Perpetrator's Name:	UNK			Relationship to Victim:	UNK
Child in custody at time of incident?	<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	Adjudication:	NA	
If child is in DCS custody, list placement type and name:	NA				

**Describe (in detail) circumstances surrounding death/near death:**

Two week old ██████████ was taken to ██████████ on 5/19/14 by her parents after they noticed the child was lethargic, having inconsistent breathing and not feeding well over the past 24 hours.

**If this is a near death certified by a physician, identify physician by name and provide contact information:**

Name of Physician:	██████████	Telephone #	██████████
Street Address:	██████████	City/State/Zip:	██████████

**Describe (in detail) interview with family:**

On 5/19/14, at approximately 7:00pm, ██████████ and ██████████ were interviewed by Child Protective Service Investigator (CPSI), ██████████ in their residence. ██████████ is a new mother and ██████████ reported to have two other children, ages 7, whom reside with their mother. The mother was distraught and could barely speak without crying. Both parents were equally upset and sat on the baby's bedroom floor during the interview.

██████████ stated, Saturday, 5/17/14, the baby started showing signs of not eating or sleeping well. On Sunday, 5/18/14, at approximately 4 or 5am, the mother called the child's nurse at ██████████ to get an assessment of the child's well-being. The mother was referred to bring the child to the doctor the following Monday during business hours. The baby last ate between 8:00am and 9:00am for approximately 10 minutes Sunday morning. ██████████ reported the baby had been eating every 3 hours for approximately 15 minutes per feeding before Sunday. When the baby would not nurse from her breast, she pumped into a bottle and attempted to feed the baby, but the baby was not receptive. The baby was irritable and would not sleep Sunday evening to Monday morning, 5/19/14. Mr. ██████████ reported, during the night of 5/18/14 to 5/19/14, the baby had outbursts of screams and he was unable to console the baby or get the baby to sleep. Mr. ██████████ aid the baby in the bassinette after midnight. Then at approximately 1:30 or 2:00am, he heard the baby cry so he rocked the bassinette that was sitting alongside their bed. Mr. ██████████ stated at 2:28am, Sunday, he heard the baby choking and when he put her on her back he saw she had drool on her face and it appeared to have a brown tint in color. Ms. ██████████ woke up at this time and held the baby. Mr. ██████████ continued to assess the baby's breathing and noticed she was taking short sudden breaths before she would pause in breathing. Mr. ██████████ then called his sister between 3:00 and 4:00am and reported his concerns and how he observed the child not breathing well. His sister told him to take the baby to the hospital. The parents then took the baby to the hospital immediately. The nurses at ██████████ immediately noticed the instability in the babies breathing and she was lethargic. The staff at ██████████ put a tube in her throat to assist in breathing and they attempted to put fluids in her. Mr. ██████████ reported her temperature was 94.6, her sugar was at 17% and her blood pressure was 64/24. The baby's veins began to collapse and the doctors could not find a vein to put a needle into. The hospital then attempted to use an ultrasound to locate a vein in her neck. The baby then began having seizures so she was transported, via ambulance, to ██████████ Hospital. The parents followed behind the ambulance. The child was reported deceased at 11:00am at ██████████ Hospital. The cause of death is unknown at this time; however, the parent's report they were told it was possibly a severe bacterial infection. The autopsy is scheduled for 5/20/14

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

Distribution: Child's Case File

CS-0635, Rev. 08/13

RDA 2993

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If child was hospitalized, describe (in detail) DCS involvement during hospitalization:

Describe disposition of body (Death): Body was already removed

Name of Medical Examiner/Coroner: Was autopsy requested?  No  Yes

Did CPS open an investigation on this Death/Near Death?  No  Yes

Was there DCS involvement at the time of Death/Near Death?  No  Yes

Type: NA Case #: NA

Describe law enforcement or court involvement, if applicable:  
 The family was interviewed by [REDACTED] and [REDACTED] law enforcement. CPSI has spoken to [REDACTED] [REDACTED] of [REDACTED] County and has requested his report ASAP.

Describe (in detail) action taken to ensure safety of other children (list names and ages of surviving children) and/or victim (Near Death) (attach safety plan, if applicable):  
 NA

Name: NA	Age: NA

Prior DCS involvement with the family. Include dates, type, case #s, allegations, victims, perpetrators (if applicable), and classifications/adjudications (if applicable):

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
01/05/2011	[REDACTED]	Environmental Neglect & Nutritional Neglect	[REDACTED]	[REDACTED]	No Services Needed & Services Accedpted
03/29/2005	[REDACTED]	YDC (Youth Detection Center)	[REDACTED]	NA	NA
/ /					
/ /					
/ /					
/ /					
/ /					

Any media inquiry or is attention expected?  No  Yes List organizations requesting information:

Contact Person/Phone Number(s) (include CM, TL, and TC):

Contact Person: [REDACTED] Telephone Number: [REDACTED]

Case Manager: [REDACTED] Telephone Number: [REDACTED]

Team Leader: [REDACTED] Telephone Number: [REDACTED]

Team Coordinator: [REDACTED], TC Telephone Number: [REDACTED]

ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice.  No  Yes

Intake #:

[REDACTED]

Investigation #:

[REDACTED]

Date of Referral:

05/20/2014

Case # 2014-078

Email to:

[REDACTED]

within forty-eight (48) hours of notification

Include subject line (in RED): **CHILD DEATH [secure email]** or  
**CHILD NEAR DEATH [secure email]**



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

**Intake**

Intake ID: [REDACTED]  
 Intake Taken By: [REDACTED] Intake Date/Time: 05/19/2014 04:49 PM CT  
 Track Assigned: Investigation Priority Assigned: 1  
 Screened By: [REDACTED]  
 Date Screened: 05/19/2014

**Investigation**

Investigation ID: [REDACTED]  
 First County/Region: [REDACTED]  
 Date/Time Assigned : 05/19/2014 08:33 PM  
 First Team Leader Assigned: [REDACTED] Date/Time 05/19/2014 12:00 AM  
 First Case Manager [REDACTED] Date/Time 05/19/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	1 Yr 2 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:  
 Family Case IDs [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 0

History (not listed above): None

County: [REDACTED]  
 Notification: None  
 School/Daycare: N/A  
 Native American Descent: Unknown  
 Directions: None

Reporter's name/relationship: [REDACTED], [REDACTED]

Reporter states: The child was not in DCS custody.

[REDACTED] (14 days old) was living with her mother, [REDACTED] (Unknown Age) and father, [REDACTED] (Unknown Age).

Law enforcement was contacted today about the child's death at [REDACTED] Hospital.

The referent was told that [REDACTED] was taken to [REDACTED] Hospital at 5:00 am this morning (5/19/2014), due to having a lack of appetite over the last 24 hours. [REDACTED] Hospital sent the family to [REDACTED] Hospital. It is unknown what time the family was sent to [REDACTED] Hospital, or why they were sent to [REDACTED] Hospital. [REDACTED] was pronounced dead at 11:00 am today, 5/19/2014, and the cause of death is unknown at this time. The referent reported that an autopsy is scheduled for tomorrow to determine the cause of death.

It is unknown if [REDACTED] or [REDACTED] abused [REDACTED]. It is unknown if the [REDACTED] had been taking to the hospital prior to today, or if she had any known medical problems. The referent is not sure if there are other children in the home, or if there is a history of abuse or neglect involving other children. The referent was told that [REDACTED] had a yellow tint to her skin and she had blood clots.

[REDACTED] and [REDACTED] were interviewed by [REDACTED] but not [REDACTED] office. [REDACTED] does not have a history with [REDACTED]. [REDACTED] has a history with [REDACTED] for aggravated assault and domestic violence. The referent does not know if anyone in the home has any drug/substance abuse issues.

[REDACTED] is going to interview [REDACTED] and [REDACTED] at their home this evening.

Special Needs or Disabilities: None reported

Child's current location/is the child safe at this time [REDACTED] Hospital

Perpetrator's location at this time: on their way home

Any other safety concerns for the child(ren) or worker who may respond: none at this time

Per SDM: Investigative Track, [REDACTED] Team Leader, 05/19/2014 @ 6:15 pm

EI DCS Child Death or Preliminary Near Death Alert; notified via email

Regional Administrator [REDACTED] notified via email

Recipients	Time Issued	Response Received	Devices	Responses
[REDACTED]	05-19-14 06:20:28 PM CDT	06:20:28 PM CDT	---	[REDACTED] Answering Machine
05-19-14	06:20:28 PM CDT	---	[REDACTED]	
Email Sent				
05-19-14	06:25:28 PM CDT	---	[REDACTED]	Answering Machine



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

05-19-14 06:26:08 PM CDT

05-19-14 06:26:31 PM CDT



Received



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

**Participant(s)**

**Name:** [REDACTED]

**Gender:** Female

**Date of Birth:** [REDACTED]

**Participant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** Unable to      **Age:** 1 Yr 2 Mos

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** No

**Contact:**

**Contact Type:** UNKNOWN

**Contact Comments:**

**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:

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**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:

Participant ID: [REDACTED]

SSN:

Race: White

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**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:

Participant ID: [REDACTED]

SSN:

Race: Black/African

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**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:

Participant ID: [REDACTED]

SSN:

Race: White

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

**External History Search Results:**

**DCS History Search Results:**

**DCS Intake Search Results:**



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

**Name:** Unknown Participant [REDACTED], Unknown

**Gender:**

**Date of Birth:**

**Partipant ID:** [REDACTED]

**SSN:**

**Race:** Unable to

**Age:**

**Address:**

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** Yes

**DCS Foster Child:** No

**Contact:**

**Contact Type:** UNKNOWN

**Contact Comments:**

**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]

Investigation ID: [REDACTED]

Referral Date: 05/19/2014

Assignment Date: 02/02/2015

Street Address:

City/State/Zip:

**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 Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 08/18/2014

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: AUPU

**D. Case Workers**

Case Worker: [REDACTED]

Date: 08/18/2014

Team Leader: [REDACTED]

Date: 08/19/2014

**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:**

CPSI was unable to observe the infant as she was already removed from the hospital for an autopsy.

CPSI completed a walk-through of the residence and found the baby's room to be clean, appropriately furnished with a crib, clothing, diaper and wipes. The baby's bassinet was paced next to the parent's bed in their bedroom. The home was well-organized, clean, and CPSI observed no safety concerns.

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

The family was interviewed by [REDACTED] and [REDACTED] County law enforcement. CPSI spoke to [REDACTED] of [REDACTED] County and has requested his report ASAP.

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



**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]

AP Unknown

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

The mother was distraught and could barely speak without crying. Both parents were equally upset and sat on the baby's bedroom floor during the interview.

The family reported the child began showing signs of discomfort and a decrease in feeding a couple days prior. They consulted their physician and were instructed to take the child to their primary doctor the following day. The following day, the parents then took the baby to the hospital immediately. The nurses at [REDACTED] immediately noticed the instability in the baby's breathing and she was lethargic. The staff at [REDACTED] put a tube in her throat to assist in breathing and they attempted to put fluids in her. The hospital attempted to use an ultrasound to locate a vein in her neck. The baby then began having seizures so she was transported, via ambulance, to [REDACTED] Hospital. The parents followed behind the ambulance. The child was reported deceased at 11:00am at [REDACTED] Hospital. The cause of death is unknown at this time; however, the parent's report they were told it was possibly a severe bacterial infection. The autopsy is scheduled for 5/20/14

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

The child's death was deemed to be accidental. The child contracted a virus from the mother during childbirth and subsequently died from this illness.

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: 07/09/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/09/2015

Completed date: 07/09/2015

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: 07/09/2015 09:41 AM      Entered By: [REDACTED]

CPSI sent case to LI [REDACTED] for approval.



**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: 06/29/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/09/2015

Completed date: 07/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original

Entry Date/Time: 07/09/2015 09:39 AM

Entered By: [REDACTED]

Case still pending approval.



**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: 05/28/2015

Contact Method:

Contact Time: 05:00 PM

Contact Duration:

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 07/09/2015

Completed date: 07/09/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/09/2015 09:37 AM      Entered By: [REDACTED]

LI [REDACTED] sent case back to CPSI to reroute to LI [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: 04/26/2015

Contact Method:

Contact Time: 11:10 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/26/2015

Completed date: 04/26/2015

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 04/26/2015 07:43 PM      Entered By: [REDACTED]

This case is being reviewed for closure.



**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:	03/10/2015	Contact Method:	
Contact Time:	04:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/10/2015
Completed date:	03/15/2015	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Service Planning, Well Being		
Contact Type(s):	Case Summary		
Contact Sub Type:			

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

Narrative Type: Original Entry Date/Time: 03/10/2015 05:01 PM Entered By: [REDACTED]

Closing Summary for Child Death Investigation

[REDACTED]

The Department of Children's Services (DCS) received a referral on 5/19/14, with an allegation of Child Neglect Death regarding child [REDACTED]. [REDACTED] was brought to the attention of the department on 5/19/14 due to her death at [REDACTED] Hospital. The referral stated the child was brought into the hospital around 5am on 5/19/14, due to lack of appetite. The child had been seen at [REDACTED] Hospital and was sent to [REDACTED] Hospital. The child was pronounced dead at 11am on 5/19/14. At the time of the referral it was unknown of the cause of death.

On 5/19/14, at approximately 7:00pm, Ms. [REDACTED] and Mr. [REDACTED] were interviewed by Child Protective Service Investigator (CPSI), [REDACTED] in their residence. Ms. [REDACTED] is a new mother and Mr. [REDACTED] reported to have two other children, ages 7, which reside with their mother.

Ms. [REDACTED] stated, Saturday, 5/17/14, the baby started showing signs of not eating or sleeping well. On Sunday, 5/18/14, at approximately 4 or 5am, the mother called the child's nurse at [REDACTED] to get an assessment of the child's well-being. The mother was referred to bring the child to the doctor the following Monday during business hours. The baby last ate between 8:00am and 9:00am for approximately 10 minutes Sunday morning. Ms. [REDACTED] reported the baby had been eating every 3 hours for approximately 15 minutes per feeding before Sunday. When the baby would not nurse from her breast, she pumped into a bottle and attempted to feed the baby, but the baby was not receptive. The baby was irritable and would not sleep Sunday evening to Monday morning, 5/19/14. Mr. [REDACTED] reported, during the night of 5/18/14 to 5/19/14, the baby had outbursts of screams and he was unable to console the baby or get the baby to sleep. Mr. [REDACTED] laid the baby in the bassinette after midnight. Then at approximately 1:30 or 2:00am, he heard the baby cry so he rocked the bassinette that was sitting alongside their bed. Mr. [REDACTED] stated at 2:28am, Sunday, he heard the baby choking and when he put her on her back he saw she had drool on her face and it appeared to have a brown tint in color. Ms. [REDACTED] woke up at this time and held the baby. Mr. [REDACTED] continued to assess the baby's breathing and noticed she was taking short sudden breaths before she would pause in breathing. Mr. [REDACTED] then called his sister between 3:00 and 4:00am and reported his concerns and how he observed the child not breathing well. His sister told him to take the baby to the hospital. The parents then took the baby to the hospital immediately. The nurses at [REDACTED] immediately noticed the instability in the babies breathing and she was lethargic. The staff at [REDACTED] put a tube in her throat to assist in breathing and they attempted to put fluids in her. Mr. [REDACTED]



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

reported her temperature was 94.6, her sugar was at 17% and her blood pressure was 64/24. The baby's veins began to collapse and the doctors could not find a vein to put a needle into. The hospital then attempted to use an ultrasound to locate a vein in her neck. The baby then began having seizures so she was transported, via ambulance, to [REDACTED] Hospital. The parents followed behind the ambulance. The child was reported deceased at 11:00am at [REDACTED] Hospital. The cause of death is unknown at this time; however, the parent's report they were told it was possibly a severe bacterial infection. The autopsy is scheduled for 5/20/14.

On 7/17/14, CPSI made contact with the family to offer grievance/loss counseling.

The case was presented to the [REDACTED] County, Child Protective Investigative Team (CPIT) ([REDACTED]) on 8/6/14. The case was classified as Allegations Unsubstantiated Perpetrator Unsubstantiated. The CPIT members on 8/6/14 were [REDACTED] (DCS worker), [REDACTED] (DCS supervisor), [REDACTED] (Law Enforcement), [REDACTED] (District Attorney), [REDACTED] (Mental Health provider), [REDACTED] (Child Advocacy Center Representative), and in agreement with the classification. This case will not be prosecuted. The family was offered grief/loss counseling.

The Medical records were obtained from [REDACTED] on 7/17/14

A: Clinical diagnosis A: Sepsis, concerns for NAT, adrenal insuff.

B: Features requiring special attention:

adrenal heart, brain

C: Restrictions None

Signed by the physician on 5/19/14

Autopsy was received on 12/15/14. The Autopsy report # [REDACTED] states the cause of death is disseminated Herpes Simplex virus infection. The manner of death is natural.

Initial Safety Assessment was completed on 5/19/14

CPSI [REDACTED] completed the Initial Safety Assessment and the child is Safe. Copy attached to file.

Closing Safety Assessment was completed on 7/2/14.

CPSI [REDACTED] completed the Closing Safety Assessment and the child is Safe. Copy attached to file.

Classification Detail 8/18/14

Based on the investigation and assessments, this case will be classified as AUPU. Case should be classified & documented by 30th day per policy.

Allegation Unsubstantiated Perpetrator Unsubstantiated

According to policy (list allegation and classification definition from policy). This case is closed and classified as AUPU. There was no evidence to support the allegations of (allegation) per policy. Due to no evidence or imminent risk, this case is being closed and no further services or monitoring is needed.

Notice of Referral and Classification pursuant to 37-105 sent to Juvenile Court, District Attorney and Law Enforcement as applicable.



**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: 02/03/2015

Contact Method:

Contact Time: 10:35 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 02/03/2015

Completed date: 02/03/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/03/2015 11:18 AM      Entered By: [REDACTED]

This case is being submitted for closure as AUPU, as the child died from Natural Causes. This was the mother's only child, there are no other children residing in this home.



**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: 01/30/2015

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/10/2015

Completed date: 03/10/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 03/10/2015 02:44 PM      Entered By: [REDACTED]

CPSI [REDACTED] was assigned the case and conferenced with IL [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: 12/15/2014

Contact Method:

Contact Time: 10:22 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/26/2014

Completed date: 12/26/2014

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/26/2014 11:24 AM      Entered By: [REDACTED]

Case recording being entered by CPSI [REDACTED] for [REDACTED]. On this date and time the full autopsy report was obtained by Nursing Director [REDACTED] and provided to the [REDACTED] County DCS office. Child's manner of death was ruled as natural and the cause of death was determined to be that the child disseminated herpes simplex virus from mother at the time of the child's birth. Autopsy report will be placed in the family file for documentation. All investigative tasks have now been completed and a case summary will be entered for case closure.



**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: 11/28/2014

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/15/2015

Completed date: 03/15/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/15/2015 10:39 PM Entered By: [REDACTED]

During the month of Nov. the case continued to remain open due to DCS not having the autopsy. The autopsy at the death of the child, and requested, however was not received. CPSI had followed up with the provider for assistance.



**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: 10/31/2014

Contact Method:

Contact Time: 04:40 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/15/2015

Completed date: 03/15/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/15/2015 10:31 PM Entered By: [REDACTED]

During the month of Oct. the case was pending the autopsy results. The autopsy was requested, however was not received.

**Next Steps:**

CPSI will make contact with the provider to follow up with the records.



**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: 09/30/2014

Contact Method:

Contact Time: 04:40 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/15/2015

Completed date: 03/15/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 03/15/2015 10:27 PM Entered By: [REDACTED]

During the month of Sept. the case was pending the autopsy results. The autopsy was requested, however was not received.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 08/06/2014

Contact Method: Face To Face

Contact Time: 02:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 09/10/2014

Completed date: 09/10/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

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

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 09/10/2014 08:40 AM      Entered By: [REDACTED]

Case was presented at CPIT. Case classified as AUPU. The child's death was deemed to be accidental. The child contracted a virus from the mother during childbirth and subsequently died from this illness.

Next Steps: Case will be closed once the full autopsy report is received.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 07/21/2014	Contact Method:
Contact Time: 01:00 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/21/2014
Completed date: 07/21/2014	Completed By: [REDACTED]
Purpose(s): Service Planning	
Contact Type(s): Administrative Review	
Contact Sub Type:	

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

Narrative Type: Original      Entry Date/Time: 07/21/2014 01:19 PM      Entered By: [REDACTED]

Case conference on this date with CPSI [REDACTED]. Case received as P1 on 5/19/14 as Neglect Death with an unknown alleged perp. Child was 14 days old. CPIT was convened. [REDACTED] County Detective [REDACTED]. Autopsy was conducted but report not yet received. No other children in home. CPSI has attempted to refer parents to grief counseling. Medical records are located in hard copy of case file. It is believed that cause of death was due to viral infection.

## Next Steps:

- 1) Take case to CPIT
- 2) Autopsy request to be made [REDACTED].
- 3) As parents are not returning phone calls, CPSI will mail them information on local grief resource.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 07/02/2014

Contact Method: Attempted Phone Call

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/17/2014 01:21 PM      Entered By: [REDACTED]

CPSI made a phone call attempt to follow-up with the family and left voicemail requesting their insurance information so that the Department could attempt to provide grievance services.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/30/2014

Contact Method:

Contact Time: 03:25 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 06/30/2014

Completed date: 06/30/2014

Completed By: [REDACTED]

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

Contact Type(s): Administrative Review

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 06/30/2014 03:38 PM Entered By: [REDACTED]

This case came in as a P1 Neglect Death, the victim is 14 day old [REDACTED] her parents are [REDACTED] and [REDACTED]. The parents noticed a decline in the infants appetite and the child appeared irritable. The pediatrician was contacted and told the parents to bring the child in on Monday since it was the weekend. The child got worse and her breathing was irregular and she was taken to [REDACTED] and from [REDACTED] to [REDACTED] were she passed away. This was Miss [REDACTED] first baby. LE does not suspect foul play.

Next Steps: Autopsy Report needs to be obtained.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 06/02/2014

Contact Method:

Contact Time: 08:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/17/2014 01:17 PM      Entered By: [REDACTED]

CPSI received medical records and they have since been placed in the file.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/22/2014

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/17/2014 01:15 PM      Entered By: [REDACTED]

CPSI sent fax then an email requesting medical records.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/21/2014

Contact Method: Attempted Phone Call

Contact Time: 08:58 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

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

Contact Type(s): Collateral Contact, Parent/Caretaker Interview

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 07/17/2014 01:14 PM Entered By: [REDACTED]

8:58am, CPSI made a phone call attempt to [REDACTED] Social Worker, [REDACTED] and left a voicemail.

9:01am, CPSI made a phone call attempt to Mr. [REDACTED] to follow-up with services and left a voicemail.

2:00pm, CPSI spoke with Ms. [REDACTED] and requested medical records.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/19/2014

Contact Method:

Contact Time: 08:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 07/17/2014

Completed date: 07/17/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 07/17/2014 01:22 PM      Entered By: [REDACTED]

Documentation of Initial SDM

Child Protective Services Investigator [REDACTED] (CPSI) completed the initial Safety Assessment. There are no current immediate harm factors or interventions. The safety decision is: 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.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/19/2014	Contact Method: Face To Face
Contact Time: 07:00 PM	Contact Duration: Less than 01 Hour
Entered By: [REDACTED]	Recorded For:
Location: Family Home	Created Date: 05/21/2014
Completed date: 05/21/2014	Completed By: [REDACTED]
Purpose(s): Safety - Child/Community	
Contact Type(s): Initial ACV Face To Face, Parent/Caretaker Interview	
Contact Sub Type:	

**Children Concerning**

[REDACTED]

**Participant(s)**

[REDACTED]

**Narrative Details**

Narrative Type: Original      Entry Date/Time: 05/21/2014 09:38 AM      Entered By: [REDACTED]

On 5/19/14, at approximately 7:00pm, Ms. [REDACTED] and Mr. [REDACTED] were interviewed by Child Protective Service Investigator (CPSI), [REDACTED] in their residence. Ms. [REDACTED] is a new mother and Mr. [REDACTED] reported to have two other children, ages 7, which reside with their mother. The mother was distraught and could barely speak without crying. Both parents were equally upset and sat on the baby's bedroom floor during the interview.

Ms. [REDACTED] stated, Saturday, 5/17/14, the baby started showing signs of not eating or sleeping well. On Sunday, 5/18/14, at approximately 4 or 5am, the mother called the child's nurse at [REDACTED] to get an assessment of the child's well-being. The mother was referred to bring the child to the doctor the following Monday during business hours. The baby last ate between 8:00am and 9:00am for approximately 10 minutes Sunday morning. Ms. [REDACTED] reported the baby had been eating every 3 hours for approximately 15 minutes per feeding before Sunday. When the baby would not nurse from her breast, she pumped into a bottle and attempted to feed the baby, but the baby was not receptive. The baby was irritable and would not sleep Sunday evening to Monday morning, 5/19/14. Mr. [REDACTED] reported, during the night of 5/18/14 to 5/19/14, the baby had outbursts of screams and he was unable to console the baby or get the baby to sleep. Mr. [REDACTED] aid the baby in the bassinette after midnight. Then at approximately 1:30 or 2:00am, he heard the baby cry so he rocked the bassinette that was sitting alongside their bed. Mr. [REDACTED] stated at 2:28am, Sunday, he heard the baby choking and when he put her on her back he saw she had drool on her face and it appeared to have a brown tint in color. Ms. [REDACTED] woke up at this time and held the baby. Mr. [REDACTED] continued to assess the baby's breathing and noticed she was taking short sudden breaths before she would pause in breathing. Mr. [REDACTED] then called his sister between 3:00 and 4:00am and reported his concerns and how he observed the child not breathing well. His sister told him to take the baby to the hospital. The parents then took the baby to the hospital immediately. The nurses at [REDACTED] immediately noticed the instability in the babies breathing and she was lethargic. The staff at [REDACTED] put a tube in her throat to assist in breathing and they attempted to put fluids in her. Mr. [REDACTED] reported her temperature was 94.6, her sugar was at 17% and her blood pressure was 64/24. The baby's veins began to collapse and the doctors could not find a vein to put a needle into. The hospital then attempted to use an ultrasound to locate a vein in her neck. The baby then began having seizures so she was transported, via ambulance, to [REDACTED] Hospital. The parents followed behind the ambulance. The child was reported deceased at 11:00am at [REDACTED] Hospital. The cause of death is unknown at this time; however, the parent's report they were told it was possibly a severe bacterial infection. The autopsy is scheduled for 5/20/14



**Tennessee Department of Children's Services**  
**Case Recording Summary**

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED] Region

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CPSI was unable to observe the infant as she was already removed from the hospital for an autopsy.

CPSI completed a walk-through of the residence and found the baby's room to be clean, appropriately furnished with a crib, clothing, diaper and wipes. The baby's bassinette was paced next to the parent's bed in their bedroom. The home was well-organized, clean, and CPSI observed no safety concerns.



**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]	Case Name: [REDACTED]
Case Status: Close	Organization: [REDACTED] Region

**Case Recording Details**

Recording ID: [REDACTED]	Status: Completed
Contact Date: 05/19/2014	Contact Method:
Contact Time: 05:00 PM	Contact Duration: Less than 15
Entered By: [REDACTED]	Recorded For:
Location:	Created Date: 07/02/2014
Completed date: 07/02/2014	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: 07/02/2014 03:49 PM      Entered By: [REDACTED]  
Case Assignment

Child Protective Services Investigator [REDACTED] (CPSI) was assigned this case alleging Neglect Death by an unknown perpetrator. It was assigned as a P(1), Investigative case. The referral was assessed and assigned by TL [REDACTED]. Response is due on 5/20/14.

**Referral Summary:**

[REDACTED] was taken to [REDACTED] Hospital at 5:00 am this morning (5/19/2014), due to having a lack of appetite over the last 24 hours. [REDACTED] Hospital sent the family to [REDACTED] Hospital. It is unknown what time the family was sent to [REDACTED] Hospital, or why they were sent to [REDACTED] Hospital. [REDACTED] was pronounced dead at 11:00 am today, 5/19/2014, and the cause of death is unknown at this time. The referent reported that an autopsy is scheduled for tomorrow to determine the cause of death.

This CPSI, [REDACTED], verified the family's history of involvement with DCS through a search of TFACTS and the following history was found:

Both parents had DCS history as minors (victims), but none as adult perpetrators.

Initial Family Composition: [REDACTED] was residing with her parents, [REDACTED] and [REDACTED] at [REDACTED].

Notification of referral was sent to the Judge. Notification of this referral was sent to the District Attorney.



**Tennessee Department of Children's Services**  
**SDM™ Safety Assessment**

**Assessment**

Family Name: [REDACTED]

TN DCS Intake ID #: [REDACTED]

County: [REDACTED]

Worker:

Date of Referral: 5/19/14 4:49 PM

Date of Assessment: 5/19/14 12:00 AM

Assessment Type: Initial

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 or 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.



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### 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.



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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: \_\_\_\_\_