Case # 2014.175

Tennessee Department of Children's Services

Notice of Child Death/Preliminary Near Death

Intake #:	[redacted]	**Investigation #:**	[redacted]	**Date of Referral:**	10/22/2014
Type: ***(Please check one)***	☒ **DEATH**	☐ **PRELIMINARY NEAR DEATH**	**Date of Death/Preliminary Near Death:**	10/22/2014	
Child's Name:	[redacted]	**DOB:**	[redacted]	**Person ID:**	[redacted]
Gender:	☒ **Male** ☐ **Female**	**Race/Ethnicity:**	Black or African Americ	**County/Region:**	[redacted]
Parents' Names:	**Mother:**	[redacted], [redacted]	**Father:**	[redacted] [redacted]	
Alleged Perpetrator's Name:	Unknown	**Relationship to Victim:**	Unknown		
Child in custody at time of incident?	☒ **No** ☐ **Yes**	**Adjudication:**	NA		
If child is in DCS custody, list placement type and name:	NA				

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

The eight-week old male child was found in his bassenette by the mother to be unresponsive around 7AM on 10/22/14. 911 was immediately called. The father, then the neighbor, administered CPR until EMS arrived. The child was transported via ambulance to [redacted] Medical Center in [redacted] Medical staff worked on the child for approximately thirty minutes until coded, and the child was pronouced deat at 9:05 AM on 10/22/14.

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

Name of Physician:	NA	**Telephone #**	( ) -
Street Address:	NA	**City/State/Zip:**	

Describe *(in detail)*interview with family:

The mother could not yet be interviewed due to being too distraught, then sedated by medical personnel.

The CPS Investigator [redacted] and Detective [redacted] with the [redacted] County Sheriff's Department conducted interviews with the three young siblings, which yielded no further information. CPS-I [redacted] and Detective [redacted] also interviewed the father.

The father reported that he fed the child around and put the child down in his bassenette around 3-3:30AM on 10/22/14. He said the mother then checked on the child, as usual, around 7AM and found the child unresponsive. She reportedly handed the child to the father, the baby was warm and was wearing a sleeper; the father said he tried to open the baby's eyes and immediately began CPR with two-finger compressions and breaths. The father said he then ran two houses down to get the mother's aunt, [redacted], (on whom CPS-I [redacted] actually has an open Unsubstantiated DEC case), [redacted] reportedly used to be a nurse and reportedly performed CPR until EMS arrived.

As part of the incidents prior to the fatality, the father said he put the child down on his stomach, with his face facing the wall, (as usual), and put a blanket, which is usually not in the baby's sleep environment, on the baby's feet area. The father said his son was found face down with the blanket still around his feet area. The father said they had just begun to use a new daycare, (name unknown at this time), due to the mother obtaining new employment. The child had been at the daycare on Monday night, 10/21, then had gone to the daycare around 1PM on Tuesday 10/22. The child was retrieved from the daycare between 1-3AM on 10/22, then the father fed the child and put him down in the bassenette as described above. The father reported the child was seen at [redacted] Children's Clinic on 10/10 and had wheezing, and that the child had recently been tested for Sickle Cell Anemia, but the results came back the child only has a trace, (the gene for the disease but not actual disease).

EMS reports finding a "new" liquid-like substance around the baby's head that could be vomit. There was "old" vomit found on the blanket at the baby's feet area. The mobile home was found to be clean, except for the parents' bedroom where they sleep in the bed with their three other young children, and the baby's basenette is in the room also; the room was reportedly cluttered with dirty clothes and trash, had an odor, and used diapers were found on top of the television.

The father reports an aunt and a grandmother and (maybe) a grandfather also live in the home. The aunt and grandmother were not home during the time of the incident but were assessed by CPS/LE as being appropriate to assist

Intake #:	[redacted]	Investigation #:	[redacted]	Date of Referral:	10/22/2014

caring for the siblings during the mother's acute grieving period.

According to CPS-I [redacted] and Detective [redacted] the child's medical appoitnment was verified by State Medical Examiner Dr. [redacted] the child reportedly had a cold on 10/10 and the medical staff had no concerns regarding the child's care.

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

The child was transported by EMS to [redacted] Medical Center in [redacted] TN; the medical staff reportedly attempted to revive the child for approximately thirty minutes and the child was pronounced dead at 9:05 AM, 10/22/14.

Describe disposition of body *(Death)*:	The child's body was found on his stomach, face down, in his bassenette and was transported to the TN State Medical Examiner's Office in [redacted] after leaving the [redacted] hospital.			
Name of Medical Examiner/Coroner:	Assistant Medical Examiner, ME, [redacted] is conducting the autopsy requested by ME Dr. [redacted]	**Was autopsy requested?**	☐ **No**	☒ **Yes**
Did CPS open an investigation on this Death/Preliminary Near Death?	☐ **No**	☒ **Yes**		
Was there DCS involvement at the time of Death/Preliminary Near Death?	☒ **No**	☐ **Yes**		
Type:	NA	**Case #:**		

Describe law enforcement or court involvement, if applicable:

As described above, Detective [redacted] [redacted] with the [redacted] County Sheriff's Department is assigned the criminal case; he is the law enforcement partner for CPS-I [redacted] under the Child Protective Investigative Team, (CPIT), structure. Although the child was observably not in a "safe sleep" environment due to having the blanket in the bassenette and having "old" vomit on the blanket, it is not considered a suspicious death at this time.

There is no evidence of criminal and/or CPS Hx at this point. The CPIT investigation will continue.

On 10/23 law enforcement received information from the State Medical Examiner's Office regarding the preliminary autopsy report names cause of death as Undetermined. There are medical concerns in relation to contributing or cause of death; the child was found to be in general good health. IThe death remains non-suspicious at this time. Further details of the autopsy will be obtained as available.

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

CPS-I [redacted] and Detective [redacted] interviewed the young siblings and the other family members in the home; they assess the children as being safe in the home at this time. The extended family members are assisting with caregiving responsibilities during the parents' grieving period.

Name: [redacted].	**Age:** two years [redacted]
Name: [redacted]	**Age:** three years, [redacted]
Name [redacted]	**Age:** four years, [redacted]
Name:	**Age:**
Name:	**Age:**

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

Case #2014-175

Intake #:	[redacted]	Investigation #:	[redacted]	Date of Referral:	10/22/2014

classifications/adjudications *(if applicable)*:

Date	Case #	Allegations	Victims	Perpetrators	Classification/Adj
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					
/ /					

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: CPS-I [redacted]	**Telephone Number:** [redacted]
Case Manager: CPS-I [redacted]	**Telephone Number:** [redacted]
Team Leader: CPS-LI [redacted]	**Telephone Number:** [redacted]
Team Coordinator: CPS-IC [redacted]	**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

Email to: [redacted]

within forty-eight (48) hours of notification

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

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

RDA 2993

Case # 2014.175

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

Intake

Intake ID: [redacted]

Intake Taken By: [redacted]

Intake Date/Time: 10/22/2014 09:05 AM [redacted]

Track Assigned: Investigation

Priority Assigned: 1

Screened By: [redacted]

Date Screened: 10/22/2014

Investigation

Investigation ID: [redacted]

First County/Region [redacted]

Date/Time Assigned : 10/22/2014 04:46 PM

First Team Leader Assigned [redacted] Date/Time 10/22/2014 12:00 AM

First Case Manager [redacted] Date/Time 10/22/2014 12:00 AM

Allegations

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[redacted]	8 Mos	Neglect Death	Yes	Unknown Participant [redacted] Unknown	None

Referent(s)

Referent Name: [redacted]

Role to Alleged Victim(s): [redacted]

Referent Address: [redacted]

Referent Phone Number: [redacted]

Type of Contact: I-3 Phone

Notification: None

Narrative: *** The child is not in DCS / State's Custody ***

TFACTS:

Family Case IDs: None (0)

Open Court Custody/FSS/FCIP None (0)

Closed Court Custody None (0)

Open CPS None (0)

Substantiated None (0)

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

Death None (0)

Screened out None (0)

History (not listed above): None (0)

DUPLICATE REFERRAL: None

County: [redacted]
Notification: None
School/ Daycare: None
Native American Descent: None
Directions: None given.
Note: Address, demographics and applicable phone numbers are listed under the oldest child; [redacted].

Reporter's name/relationship [redacted]

Reporter states: *** The child is not in DCS / State's Custody ***

[redacted] (m/2 months) resides in the care of his mother [redacted] and father [redacted] in [redacted] County. There are no other children who live in the home at this time.

On October 22, 2014 [redacted] was brought to the [redacted] ER with CPR already in progress. The parents contacted EMS due to [redacted] being unresponsive at the residence. When EMS arrived [redacted] remained unresponsive and not breathing. CPR was begun at the home and continued until the infant was transported to the [redacted] ER [redacted] was pronounced dead at 9:05am on October 22, 2014.

The parents are at the hospital at this time.

The parents stated he was fine when they went to sleep the previous night, but he was found unresponsive around 7am the next morning. EMS was contacted by the parents at 7:30am on October 22, 2014. There is no cause of death at this time that was determined by physicians at the [redacted] ER. The District Attorney and [redacted] County Sheriff's Office were notified and ordered for an autopsy to be performed on [redacted]

The [redacted] ER is waiting for transport for the infant's autopsy with Dr. [redacted] The [redacted] County Sheriff's Office is also present at this time. No other information was known at the time of intake.

NOTE: [redacted] with DCS is on the scene at the time of the DCS referral being created. Ms. [redacted] made the scene at 9:05am. The referral was backdated to reflect previous response time.

Special Needs or Disabilities: None
Child's current location/is the child safe at this time: [redacted] Medical Center
Perpetrator's location at this time: Unknown
Any other safety concerns for the child(ren) or worker who may respond: None
Domestic Violence: Unknown

Sex Offender Registry: None

Per SDM: Investigative Track, P1. [redacted] CM2 on 10/22/2014 @ 3:52pm

Emailed County

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

Participant(s)

Name: [redacted]

Gender: Male | Date of Birth: [redacted] | Partipant ID: [redacted]

SSN: | Race: Black/African | Age: 8 Mos

Address [redacted]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [redacted]

Contact Type: CELL

Contact Comments: Mother

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: | Partipant 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:

Partipant 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: Unknown Participant [redacted] Unknown

Gender: Date of Birth: Partipant ID: [redacted]

SSN: Race: Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: Yes

DCS Foster Child: No

Contact:

Contact Type:

Contact Comments:

External History Search Results:

DCS History Search Results:

DCS Intake Search Results:

Case # 2014.175

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: 10/22/2014

Assignment Date: 10/22/2014

Street Adress:

City/State/Zip:

B. Allegation

#	Children's Name	DOB / SSN	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB / SSN	Classification	Severe Abuse	Classified By / Classified Date
1	[redacted]	[redacted]	Neglect Death	Unknown Participant [redacted]		Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[redacted]. 11/07/2014

C. Disposition Decision

Disposition Decision: Assessed and Closed

Comments: This case will be closed as Allegations unsubstantiated perpetrator unsubstantiated. Autopsy results revealed cause of death for the ACV as undetermined.

D. Case Workers

Case Worker: [redacted]

Date: 03/19/2015

Team Leader: [redacted]

Date: 03/19/2015

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:

The deceased ACV was observed at [redacted] Medical Center. ACV will be sent for a full autopsy. The medical examiner found no red flags or concerns during initial observation.

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 full autopsy was completed by the medical examiner and cause of death was undetermined

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

Alleged perpetrators deny any abuse or neglect.

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

See referent descriptio on the CPS referral

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]

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

The criminal investigation being worked by [redacted] County Sheriff department is being closed with no criminal charges due to insufficient evidence for prosecution

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:	03/23/2015	Contact Method:	
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/23/2015
Completed date:	03/23/2015	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: 03/23/2015 09:36 AM Entered By: [redacted]

Safety- 3/23/15 ([redacted] Case Closure is approved at this time.

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:	03/19/2015	Contact Method:	
Contact Time:	02:17 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	03/19/2015
Completed date:	03/19/2015	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/19/2015 02:17 PM Entered By: [redacted]

CASE SUMMARY:

Child Protective Service Investigator (CPSI) [redacted] is assigned this referral on October 22, 2014 as a priority 1 for severe allegations of Neglect Death. The alleged perpetrator(s)is/ are (AP) [redacted] and [redacted]. The alleged child victim(s) (ACV) is/are [redacted] (8 weeks old). CPSI [redacted] searched Tennessee Family and Child Tracking System (TFACTS) and found the following CPS investigations:

No Child Protective Services Information found

No Social Services Management System information found.

The information regarding the Child Protective Services allegations will be sent to the Honorable [redacted] County Juvenile Court Magistrate, [redacted].

CPS intake referral stated the following information from the referent:
[redacted] (m/2 months) resides in the care of his mother [redacted] and father [redacted] in [redacted] County. There are no other children who live in the home at this time.
On October 22, 2014 [redacted] was brought to the [redacted] ER with CPR already in progress. The parents contacted EMS due to [redacted] being unresponsive at the residence. When EMS arrived [redacted] remained unresponsive and not breathing. CPR was begun at the home and continued until the infant was transported to the [redacted] ER. [redacted] was pronounced dead at 9:05am on October 22, 2014.
The parents are at the hospital at this time.
The parents stated he was fine when they went to sleep the previous night, but he was found unresponsive around 7am the next morning. EMS was contacted by the parents at 7:30am on October 22, 2014. There is no cause of death at this time that was determined by physicians at the [redacted] ER. The District Attorney and [redacted] County Sheriff's Office were notified and ordered for an autopsy to be performed on [redacted]
The [redacted] ER is waiting for transport for the infant's autopsy with Dr. [redacted] The [redacted] County Sheriff's Office is also present at this time. No other information was known at the time of intake. "

Tennessee Department of Children's Services

Case Recording Summary

Case Id:	[redacted]	Case Name:	[redacted]
Case Status:	Close	Organization:	[redacted]

The household reportedly consists of:
[redacted] Deceased ACV
[redacted], Mother of the ACV
[redacted], Father of the ACV
Maternal grandmother of the ACV
[redacted], sibling of the ACV
[redacted]s, sibling of the ACV
[redacted], sibling of the ACV
[redacted], maternal aunt of the ACV
[redacted], cousin of the ACV
[redacted], Cousin of the ACV
[redacted], cousin of the ACV

See CPS file for pictures

A genogram was not initiated

Copies of medical records and autopsy will be placed in the CPS file

A FAST was not initiated

Initial and closing Safety Assessments were completed and no Immediate Harm Factors were identified. Both initial and closing safety assessments were reviewed and approved by CPS TL [redacted].

Notification of Allegations and Perpetrators as Unsubstantiated (AUPU) will be completed will be sent to [redacted] County Honorable Magistrate [redacted].

This case is being closed as allegations unsubstantiated/perpetrator unsubstantiated.
There was insufficient evidence to substantiate allegations. Alleged child victims autopsy results ruled that cause of death was "Undetermined." Case will not be referred for prosecution and no criminal charges were filed.

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:	03/19/2015	Contact Method:	Attempted Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	03/19/2015
Completed date:	03/19/2015	Completed By:	[redacted]

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

Contact Type(s): Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted] Unknown Participant [redacted] unknown

Narrative Details

Narrative Type: Original Entry Date/Time: 03/19/2015 02:28 PM Entered By: [redacted]

CPSI [redacted] attempted a home visit with the family and there was no one at the residence.

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:	03/18/2015	Contact Method:	
Contact Time:	09:15 AM	Contact Duration:	Less than 05
Entered By:	[redacted].	Recorded For:	
Location:		Created Date:	03/19/2015
Completed date:	03/19/2015	Completed By:	[redacted]

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

[redacted] Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Type: Original Entry Date/Time: 03/19/2015 02:29 PM Entered By: [redacted]

Allegation of Neglect Death has been given a final classification as AUPU allegation unsubstantiated perpetrator unsubstantiated.

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:	03/18/2015	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	03/19/2015
Completed date:	03/19/2015	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	CPIT (Child Protective Investigative Team)		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/19/2015 02:09 PM Entered By: [redacted]

CPS [redacted] presented this case to the CPIT team with Autopsy results indicating the case of death for the alleged child victim [redacted] was "undertermined." The CPIT team was in agreement that this case will be classified as allegations unsubstantiated and perpetrator unsubstanitated. The criminal case being worked by CPIT Partner Detective [redacted] of the [redacted] County Sheriff Department will also be closed with no charges being filed against the parents of the alleged child victim due to autopsy results and no evidence to support wrongful or neglectful death.

Case will be submitted 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:	02/19/2015	Contact Method:	Face To Face
Contact Time:	09:15 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	03/19/2015
Completed date:	03/19/2015	Completed By:	[redacted]

Purpose(s): Service Planning,Well Being

Contact Type(s): Parent/Caretaker Interview,Sibling Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 03/19/2015 02:36 PM Entered By: [redacted]

CPSI [redacted] met at the home with the mother [redacted]. Mrs. [redacted] reports that she is doing well and participating in grief counseling with her church. CPSI [redacted] observed Ms. [redacted] as she interacted with the siblings of the deceased ACV. Interaction was observed as appropriate and protective. CPSI [redacted] assessed needs and services. CPSI [redacted] discussed with Ms. [redacted] that the Department is still awaiting autopsy results and then the case will be closed accordingly.

CPSI [redacted] did not observed any environmental hazards. CPSI [redacted] observed all children in the home to be appropriately dressed and groomed, without marks, scars, or bruises of concern.

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:	11/07/2014	Contact Method:	
Contact Time:	01:46 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	11/07/2014
Completed date:	11/07/2014	Completed By:	[redacted]

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

Contact Type(s): Notation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 11/07/2014 01:47 PM Entered By: [redacted]

Per policy, an initial classification needs to be entered prior to 30 days of the investigation. Initial classification for allegations of "neglect Death" is Allegation unsubstantiated/perpetrator unsubstantiated (AUPU) and was entered into TFACTS on today by CPSI [redacted] This classification was justified due to the preliminary autopsy report not identifying any abuse or neglect resulting in the death of the alleged child victim. Classification will be updated when the final autopsy results are made available, at which time, the case will be reviewed with the Child Protective Servies Investigative (CPIT) team and the classification will be submitted for approval by Investigative Lead (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:	10/24/2014	Contact Method:	Attempted Phone Call
Contact Time:	12:39 PM	Contact Duration:	Less than 05
Entered By:	[redacted].	Recorded For:	
Location:		Created Date:	10/24/2014
Completed date:	10/24/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/24/2014 12:40 PM Entered By: [redacted]

CPSI [redacted] attempted to contact [redacted] Children's Clinic, the former pediatricians office of the ACV [redacted], for a collateral contact. However CPSI [redacted] was unable to speak with a nurse or doctor and left a voicemail requesting a returned telephone call.

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:	10/24/2014	Contact Method:	
Contact Time:	12:31 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/24/2014
Completed date:	10/24/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Well Being		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/24/2014 12:39 PM Entered By: [redacted]

CPS [redacted] requested the medical records for the ACV [redacted] from [redacted] Regional County Medical Center, [redacted] Children's Clinic, [redacted] Medical Center aka [redacted] Medical Center, and [redacted] Childrens clinic

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:	10/24/2014	Contact Method:	Attempted Phone Call
Contact Time:	12:29 PM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/24/2014
Completed date:	10/24/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/24/2014 12:31 PM Entered By: [redacted]

CPS [redacted] attempted to contact the pediatrician at [redacted] Children's Clinic. CPSI left a voicemail on the nurses contact line requesting a returned telephone call in reference to the medication history for the deceased ACV [redacted].

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:	10/23/2014	Contact Method:	
Contact Time:	01:22 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/23/2014
Completed date:	11/07/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Notation		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/23/2014 02:53 AM Entered By: [redacted]

The initial safety assessment (SDM) was completed by CPSI [redacted] and no immediate harm factors were identified. The assessment concluded that the children remaining in the home were assessed as "safe." assessment has been routed for approval by Lead Investigator [redacted].

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:	System Completed
Contact Date:	10/22/2014	Contact Method:	Face To Face
Contact Time:	01:48 PM	Contact Duration:	Less than 30
Entered By:	[redacted]	Recorded For:	
Location:	Family Home	Created Date:	10/23/2014
Completed date:	11/22/2014	Completed By:	System Completed

Purpose(s):

Contact Type(s): Collateral Contact,Other Persons Living in Home Interview/Observation

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/23/2014 02:47 AM Entered By: [redacted]

CPSI [redacted] and Det. [redacted] [redacted] arrived at the family home located at [redacted]. CPSI [redacted] requested and was granted permission to enter the home by the maternal aunt of the alleged child victim (ACV), [redacted] Ms. [redacted] identified the bedroom in which the ACV was found and sleeps normally. Ms. [redacted] reports that the sleeps in a bassinet. CPSI [redacted] and Detective [redacted] observed the bedroom to be a small bedroom with one large bed, a television, a dresser, and a bassinet. The room was observed to have an odor and was cluttered and unclean. The room was observed to have trash and dirty clothing, along with other miscellaneous items thrown throughout the room. However, there were no medication bottles, or other hazards that would suggest immediate concerns or harm factors for the remaining children in the home observed. The bassinet was observed to have a brown blanket at the foot of the bassinet which appeared to contain vomit. Inside the bassinet, where the baby's head should be positioned, a brownish substance on the bassinet cover, which again resembled vomit. The bedding of the bassinet as well as the blanket were confiscated by Det [redacted] and will be further examined by law enforcement as evidence. Photographs of the scene were taken and will be placed in the CPS file. No reenactment of the crime scene was conducted due to Det. [redacted] not having a crime scene doll.

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:	10/22/2014	Contact Method:	
Contact Time:	01:30 PM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/23/2014
Completed date:	11/07/2014	Completed By:	[redacted]

Purpose(s): 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: 10/23/2014 02:49 AM Entered By: [redacted]

CPSI [redacted] case conferenced and provided case details/investigation progress to Lead Investigator [redacted] in regards to fatality review. CPSI [redacted] notified of next steps to observe and photograph the scene of the alleged neglect death. IL [redacted] also conducted a legal consult with DCS Assistant General Counsel, [redacted].

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:	System Completed
Contact Date:	10/22/2014	Contact Method:	Face To Face
Contact Time:	11:50 AM	Contact Duration:	Less than 03 Hour
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	10/23/2014
Completed date:	11/22/2014	Completed By:	System Completed

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

Contact Type(s): ACV Interview/Observation,Collateral Contact,Medical Exam,Other Persons Living in Home Interview/Observation,Parent/Caretaker Interview

Contact Sub Type:

Children Concerning

[redacted]

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/23/2014 01:56 AM Entered By: [redacted]

CPSI [redacted] and Detective [redacted] of the [redacted] County Sheriff Department met with the [redacted] County Systems Manager/Death Investigator [redacted] EMT-P, [redacted] County Police Chief and Detective. [redacted] County Police Chief and unidentified Detective assessed Law enforcement assistance being needed and county jurisdiction. Detective [redacted] reported that no immediate assistance would be needed and that [redacted] county Sheriffs Department would handle the criminal investigation due to the family residing in and location of incidence being located at [redacted] which is where the EMS services were called to respond to the ACV who was reportedly unresponsive at approximately 730 am on this morning.

CPSI [redacted] Det [redacted] and Death Investigator [redacted] proceeded with introduction and condolences to the family to include [redacted] (grandmother), [redacted] (mother), and [redacted] (father). Ms. [redacted] was observed holding the deceased ACV as he was wrapped in a blanket and visibly upset and crying. Mr. [redacted] was observed attempting to comfort Ms. [redacted] Out of respect for the family interview of Ms. [redacted] will be postponed until she is able to participate. Interview with Mr. [redacted] will occur after observing the family home, to allow the family appropriate respect and in an attempt to build engagement and rapport. Team met privately with the maternal grandmother [redacted] and the investigative process was explained to Ms. [redacted] Ms. [redacted] reported she resides in the home with the ACV and other family members. Ms. [redacted] support and assistance was requested to begin the investigation by assisting with removal of the family from the room with the deceased ACV [redacted]. The family was then removed from the examination room and observation of the ACV's body was conducted. Photographs of the ACV were taken and will be placed in the CPS file. The ACV was observed to be an African American/black male reportedly 8 weeks in age. The ACV was observed to have a tube placed in his mouth which was not removed due to an autopsy being requested by the [redacted] County Medical examiner. The ACV was observed to have a bruise on his chest consistent with CPR compressions being performed by first responders. The ACV was observed to have bandaids on both right and lateral legs below the knee where medical staff performed lab sticks. The ACV had blood and puncture marks on the left side of his neck between the folds of his neck reportedly from medical efforts to treat the ACV, which was consistent with marking. The ACV had no observable marks, scars, or bruising that were inconsistent with medical efforts or suggesting abuse and/or neglect. However, ACV was observed to have what appeared to be a diaper rash on his genital area. The ACV also had an enlarged belly button/navel

Tennessee Department of Children's Services

Case Recording Summary

Case Id: [redacted] Case Name: [redacted]

Case Status: Close Organization: [redacted] Region

consistent with that of a Umbilical Hernia. An umbilical hernia occurs when the umbilical ring is weak or large. With increased abdominal pressure, such as crying, a bulge of intra-abdominal contents through the ring can be seen. This does not require treatment, as most hernias of this type resolve spontaneously during the first year of life. Complications, such as strangulation of bowel, are extremely rare. Surgical correction is only considered for those who have large defects that are still open at several years of age.

CPSI [redacted] and Detective [redacted] again met with the maternal grandmother, [redacted] after examining the body of the deceased ACV. It was explained that the home and sleeping area of the ACV would need to be observed and photographed. CPSI [redacted] witnessed as Ms. [redacted] signed a consent for search of her home. Ms. [redacted] reported that her daughter, [redacted] was currently at the residence and would be available to allow entry to the home. Permission was given for CPSI [redacted] and Detective [redacted] to enter the home by Ms. [redacted] Ms. [redacted] also reported that the household composition consists of the following persons:
grandmother of the ACV, [redacted]
grandfather of the ACV [redacted]
maternal aunt of the ACV [redacted]
children of [redacted] /cousins to the ACV [redacted]
mother of the ACV [redacted]
siblings of the ACV/children of [redacted]
ACV [redacted]

Ms. [redacted] reported that the ACV was born in [redacted] at the hospital ([redacted] Regional) and originally was seeing a pediatrician at [redacted] Children's Clinic. ACV was reportedly then transferred to a new pediatrician at [redacted] Children's Clinic. Ms. [redacted] reported that the ACV had a check up with the pediatrician on 10/10/2014 and has an upcoming appointment that was scheduled for testing to evaluate if the ACV has sickle cell. Health concerns/history was assessed and Ms. [redacted] reports other than possible sickle cell the ACV was overweight but denies any additional medical concerns. Ms. [redacted] reported that the mother [redacted] recently began a new job and began on Monday taking the ACV to an overnight daycare due to her working overnight. Ms. [redacted] reports that the daycare was one of the daycares owned by [redacted] or [redacted] in [redacted] but was unable to provide the name of the childcare center or contact information. Ms. [redacted] reports that last night was the ACV's second night at the childcare center. Ms. [redacted] then reported that the mother has issues with high blood pressure and discussed her plans to have the mother evaluated by medical staff at the hospital prior to her leaving the hospital. It was discussed with Ms. [redacted] that an autopsy will be performed and upon completion the family will be contacted and the body of the ACV will be released to the funeral home of choice for the family. Ms. [redacted] reports that the family would like to have the ACV released to [redacted] Funeral Home in [redacted] TN.

Next steps: CPSI [redacted] and Detective [redacted] will conduct a home visit and photograph the scene of the alleged neglect death

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:	10/22/2014	Contact Method:	Phone Call
Contact Time:	11:37 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/23/2014
Completed date:	10/23/2014	Completed By:	[redacted]
Purpose(s):	Safety - Child/Community,Well Being		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/23/2014 02:33 AM Entered By: [redacted]

CPSI [redacted] spoke with Officer [redacted] of the [redacted] County Sheriff Department as a collateral contact. Officer [redacted] reports that an Officer with [redacted] County Sheriff Department reported to the home located at [redacted] where the ACV was removed from the home via ambulance and transported to the hospital in [redacted] TN. Officer [redacted] reports that a maternal aunt, name unknown was at the home but no one had a key to enter the home for the scene to be observed and photographed. It is reported that the aunt has reported the ACV was found unresponsive while sleeping in a bassinet in the room with both parents on this morning. It is reported that the ACV may have had sickle cell.

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:	System Completed
Contact Date:	10/22/2014	Contact Method:	Face To Face
Contact Time:	11:35 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Hospital	Created Date:	10/23/2014
Completed date:	11/22/2014	Completed By:	System Completed

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

Contact Type(s): Referent Interview

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/23/2014 01:39 AM Entered By: [redacted]

CPSI [redacted] and Detective [redacted] of the [redacted] County Sheriff Department arrived at [redacted]- [redacted] Medical Center location and met with the referent. It is reported that the alleged child victim (ACV) [redacted] was brought into the hospital via ambulance/EMS and despite efforts by the medical staff the ACV was pronounced deceased at 9:05am by the facilities medical staff. ACV reportedly was found unresponsive by his parents [redacted] and [redacted] Sr and EMS/911 was contacted immidiately. At this time cause of death is reportedly unknown, however there are no phsycial signs of abuse or neglect reported to be present on the ACV

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:	10/22/2014	Contact Method:	Face To Face
Contact Time:	10:01 AM	Contact Duration:	Less than 15
Entered By:	[redacted]	Recorded For:	
Location:	Other Community Site	Created Date:	10/23/2014
Completed date:	11/07/2014	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

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/23/2014 01:35 AM Entered By: [redacted].

Child Protective Services Investigator (CPSI) [redacted] convened the Child Protective Services Investigative Team (CPIT) with the executive director of the [redacted] County Child Advocacy Center [redacted], [redacted] County Sheriff Department Detective [redacted] who will be handling the criminal investigation, and [redacted] County District Attorney [redacted] at the [redacted] County Child Advocacy Center (CAC). CPSI [redacted] and Detective [redacted] discussed and outline a plan for the investigation and will report together to the [redacted] Medical Center location, where it is reported that the deceased alleged child victim (ACV) [redacted] and his family are currently located.

Lead Investigator [redacted] completed child fatality notifications as required

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:	10/22/2014	Contact Method:	
Contact Time:	10:00 AM	Contact Duration:	Less than 05
Entered By:	[redacted]	Recorded For:	
Location:		Created Date:	10/23/2014
Completed date:	10/23/2014	Completed By:	[redacted]

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

Contact Type(s): Case Summary

Contact Sub Type:

Children Concerning

Participant(s)

[redacted]

Narrative Details

Narrative Type: Original Entry Date/Time: 10/23/2014 01:27 AM Entered By: [redacted]

CASE ASSIGNMENT

Child Protective Service Investigator (CPSI) [redacted] is assigned this referral on October 22, 2014 as a priority 1 for severe allegations of Neglect Death. The alleged perpetrator(s)is/ are (AP) [redacted] and [redacted]. The alleged child victim(s) (ACV) is/are [redacted] (8 weeks old). CPSI [redacted] searched Tennessee Family and Child Tracking System (TFACTS) and found the following CPS investigations:

No Child Protective Services Information found

No Social Services Management System information found.

The information regarding the Child Protective Services allegations will be sent to the Honorable [redacted] County Juvenile Court Magistrate, [redacted].

Local law enforcement checks, the National Sex Offender Registry, TN Dept of Health Vulnerable Persons Abuse Registry, Meth Offender Registry and the Tennessee felony offender registry will be searched for all adults listed in the referral and the results will be included in the file.

Narrative Type: Addendum 1 Entry Date/Time: 10/24/2014 12:42 PM Entered By: [redacted]

CPSI intake referral stated the following information from the referent:

[redacted] (m/2 months) resides in the care of his mother [redacted] and father [redacted] in [redacted] County. There are no other children who live in the home at this time.

On October 22, 2014 [redacted] was brought to the [redacted] ER with CPR already in progress. The parents contacted EMS due to [redacted] being unresponsive at the residence. When EMS arrived [redacted] remained unresponsive and not breathing. CPR was begun at the home and continued until the infant was transported to the [redacted] ER. [redacted] was pronounced dead at 9:05am on October 22, 2014.

Tennessee Department of Children's Services

Case Recording Summary

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

The parents are at the hospital at this time.

The parents stated he was fine when they went to sleep the previous night, but he was found unresponsive around 7am the next morning. EMS was contacted by the parents at 7:30am on October 22, 2014. There is no cause of death at this time that was determined by physicians at the [redacted] ER. The District Attorney and [redacted] County Sheriff's Office were notified and ordered for an autopsy to be performed on [redacted]

The [redacted] ER is waiting for transport for the infant's autopsy with Dr. [redacted] The [redacted] County Sheriff's Office is also present at this time. No other information was known at the time of intake. "

Tennessee Department of Children's Services

SDM ™ Safety Assessment

Assessment

Family Name:	[redacted]	TN DCS Intake ID #:	[redacted]
County:	[redacted]	Worker:	[redacted]
Date of Referral:	10/22/14 9:05 AM	Date of Assessment:	10/22/14 12:00 AM
Assessment Type:	Initial	Number of Children in the Household:	4

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.

[X] 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:** _____