



# Notice of Child Death/Preliminary Near Death

Intake #:	██████████	Investigation #:	██████████	Date of Referral:	12/08/2014	
Type: (Please check one)	<input checked="" type="checkbox"/> DEATH	<input type="checkbox"/> PRELIMINARY NEAR DEATH	Date of Death/Preliminary Near Death:	██████████		
Child's Name:	██████████		DOB:	██████████	Person ID:	██████████
Gender:	<input type="checkbox"/> Male	<input checked="" type="checkbox"/> Female	Race/Ethnicity:	Black or African American	County/Region:	██████████
Parents' Names:	Mother:	██████████		Father:	██████████	
Alleged Perpetrator's Name:	██████████			Relationship to Victim:	Unknown	
Child in custody at time of incident?	<input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes	Adjudication:	Dependent and Neglected		
If child is in DCS custody, list placement type and name:	Medically Fragile Resource home of ██████████ ██████████ ██████████ ██████████					

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

██████████ (1 yr) is in DCS custody and she was placed in the ██████████ contract foster home of ██████████ ██████████. There is also a sibling group of three children placed in this foster home, ██████████ (17 yrs), ██████████ (9 yrs), and ██████████ (5 yrs). ██████████ mother is ██████████ and the reporter gave no information regarding ██████████ father. ██████████ has two other children, ██████████ (2 yrs) and ██████████ (9 months), who are in her care. ██████████ was born in ██████████ at 23 weeks gestation, weighing 13 ounces. ██████████ is a medically fragile child and she was in the hospital until July 2014, at which point ██████████ was placed in foster care, due to concerns regarding ██████████ ability to care for ██████████ and concerns about the home environment, due to her extensive medical issues. It was reported that ██████████ needed further education on how to care for ██████████ and that the plan was for ██████████ to be transitioned into ██████████ home. On 12/2/14, ██████████ was taken to ██████████ ██████████ for what was thought to be a cold. ██████████ was admitted and diagnosed with Respiratory Syncytial Virus Positive (RSVP). ██████████ condition started to decline today (12-8-2014), and the doctor (name unknown) reported that ██████████ is not expected to live through the night. The reporter did not have any concerns regarding neglect or abuse by ██████████. It was reported that ██████████ had a visit with ██████████ ██████████ and ██████████ on 11/26/14. It is believed that the visitation was supervised by ██████████ and possibly a ██████████ worker (name unknown). During the visit, ██████████ was kissing all on ██████████ and ██████████ was told that he needed to stop, as the child is medically fragile. It is unknown if ██████████ got sick from the visit or something else.

Upon Special Investigator's ██████████ arrival, ██████████ was unconscious, hooked up to several tubes, and heavily medicated. Child was in a medically induced coma and on a Morphine drip. The attending nurse, ██████████ ██████████ informed the Special Investigator that ██████████ was being made as comfortable as possible, as it was only a matter of time before she expired. She stated the illness initially started as a head cold. Ms. ██████████ informed the Special Investigator that when small children with seriously impaired lungs; develop a cold it could become very serious, and lead to death. When asked if human-to-human contact (kissing, touching, etc.) could have caused the illness. Ms. ██████████ stated anything could have caused the illness, and ██████████ could have gotten sick from someone sneezing at the grocery store. She stated there was no definitive way to detect where and when she got sick. ██████████ ██████████ condition continued to deteriorate throughout the night and she expired on 12/9/14 at 4:41 a.m. She was pronounced dead by ██████████

**If this is a preliminary 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:**

An interview was held with the resource mother, ██████████ ██████████ on 12/10/14. According to the resource parent, ██████████ she stated ██████████ was doing really well, and was at the point where her nursing care was going to be lessened or discontinued. She stated ██████████ ██████████ had weekly supervised visitations with her mother, ██████████ ██████████ and two siblings, ██████████ ██████████ 2 years and ██████████ ██████████ 8 months. She stated during the 11/26/14 visitation, the siblings, mother and the mother's support system were playing with the baby. She stated the two year old sibling had a running nose. She stated she told the mother not to allow the siblings to kiss ██████████ due to the runny nose and ██████████ compromised immune system. Ms. ██████████ further stated one of the nurses caring for ██████████ children had been sick with a virus, and the nurse still came to

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Distribution: Child's Case File



work. She stated a week after the visit is when [REDACTED] started showing signs of a cold. She stated when she noticed [REDACTED] coughing; she took her to the emergency room just in case to be on the safe side.

The Special Investigator spoke with [REDACTED] [REDACTED] [REDACTED] stated Ms. [REDACTED] was very protective of [REDACTED] and was very cautious about who was around her. He stated Ms. [REDACTED] told Ms. [REDACTED] [REDACTED] should not be kissing on [REDACTED] because he had a runny nose. He stated Ms. [REDACTED] took [REDACTED] to the hospital a few days later because she was not feeling well.

An interview with the mother is still pending. Attempts have been made to speak with the mother but she has not responded to phone calls and home visits have been unsuccessful.

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

[REDACTED] [REDACTED] signed a Voluntary Placement Agreement placing [REDACTED] in the temporary custody of the Department of Children Services. Ms. [REDACTED] felt like she was not able to take care of [REDACTED] due to her medical conditions. She had short bowel syndrome and was fed for 22 hours through a G-Tube. She was off her G-tube from 2pm-4pm. She had some respiratory problems and had to be on oxygen 24 hours a day. She was receiving Occupational Therapy and Physical Therapy services. She was placed in the home of Ms. [REDACTED] [REDACTED] on July 8, 2014.

**Describe disposition of body (Death):** The body was not observed at the time of death.

**Name of Medical Examiner/Coroner:** [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:** Drug Exposed Child and Drug Exposed Infant  
Lack of Supervision, Medical Maltreatment and Nutritional Neglect **Case #:** [REDACTED]

**Describe law enforcement or court involvement, if applicable:**

There is no involvement with law enforcement.

**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):**

The biological siblings [REDACTED] and [REDACTED] [REDACTED] are in the custody of the biological mother, [REDACTED] [REDACTED]. The Investigator has not been able to assess the safety of the siblings in the mother's custody. The Investigator attempted a home visit and the attempt was unsuccessful. The attempts to reach the mother via telephone have also been unsuccessful.

<b>Name:</b> [REDACTED]	<b>Age:</b> 2 years
<b>Name:</b> [REDACTED]	<b>Age:</b> 8 months
<b>Name:</b>	<b>Age:</b>
<b>Name:</b>	<b>Age:</b>
<b>Name:</b>	<b>Age:</b>

**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
12/04/2014	[REDACTED]	Drug Exposed Child and Infant	[REDACTED]	[REDACTED]	Open Investigation
09/25/2014	[REDACTED]	Lack of Supervision, Medical Maltreatment and Nutritional Neglect	[REDACTED]	[REDACTED]	Open Investigation
05/23/2014	[REDACTED]	Lack of Supervision and Environmental Neglect	[REDACTED]	[REDACTED]	Allegation Unsubstantiated Perpetrator Unsubstantiated

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<b>Intake #:</b>		<b>Investigation #:</b>		<b>Date of Referral:</b>	<b>Case # 2014-204</b>
08/06/2010		Medical Maltreatment and Lack of Supervision			Unable to Complete
05/18/2010		Lack of Supervision, Medical Maltreatment and Drug Exposed Chile			Unable to Complete
/ /					
/ /					
<b>Any media inquiry or is attention expected?</b>		<input checked="" type="checkbox"/> No	<input type="checkbox"/> Yes	<b>List organizations requesting information:</b>	
<b>Contact Person/Phone Number(s) (include CM, TL, and TC):</b>					
<b>Contact Person:</b>			<b>Telephone Number:</b>		
<b>Case Manager:</b>			<b>Telephone Number:</b>		
<b>Team Leader:</b>			<b>Telephone Number:</b>		
<b>Team Coordinator:</b>			<b>Telephone Number:</b>		
<b>ATTACH a copy of the TFACTS Incident Report or if TFACTS is inoperable, DCS Form CS-0496, Serious Incident Report to this notice.</b>					<input type="checkbox"/> No <input type="checkbox"/> Yes
<p><b>Email to:</b> [REDACTED]</p> <p><b>within forty-eight (48) hours of notification</b></p> <p><b>Include subject line (in RED): CHILD DEATH [secure email] or</b>  <b>CHILD PRELIMINARY NEAR DEATH [secure email]</b></p>					

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RDA 2993



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

**Intake**

Intake ID: [REDACTED]  
Intake Taken By: [REDACTED] Intake Date/Time: 12/08/2014 02:47 PM CT  
Track Assigned: [REDACTED] Priority Assigned: 1  
Screened By: [REDACTED]  
Date Screened: 12/08/2014

**Investigation**

Investigation ID: [REDACTED]  
First County/Region: [REDACTED]  
Date/Time Assigned : 12/09/2014 10:37 AM  
First Team Leader Assigned: [REDACTED] Date/Time 12/09/2014 12:00 AM  
First Case Manager [REDACTED] Date/Time 12/09/2014 12:00 AM

**Allegations**

Alleged Victim	Age	Allegation	Severe ?	Alleged Perpetrator	Relationship to Alleged Victim
[REDACTED]	2 Yrs 3 Mos	Lack of Supervision	Yes	Unknown Participant [REDACTED] Unknown	Other Non-relative

Preliminary Near Death: [REDACTED]

**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: E-mail

Narrative: THIS CHILD IS IN DCS CUSTODY

Family Case IDs: # [REDACTED] # [REDACTED]

Open Court Custody/FSS/FCIP Yes/# [REDACTED] FSW: [REDACTED] Supervisor: [REDACTED]

Closed Court Custody No

Open: INV # [REDACTED] LOS/MDM/NUN/9-25-14/No Classification/worker: [REDACTED] supervisor: [REDACTED]

Number of Screen Outs: 1

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

History (not listed above): Yes

5-23-14-INV # [REDACTED] /LOS/ENN/Unsubstantiated

8-6-10-ASMT # [REDACTED] /MDM/LOS/Unable to Complete

5-18-10-INV # [REDACTED] /LOS/MDM/DEC/Unable to Complete

2-23-12/ASMT # [REDACTED] ABN-Service Recommended/Accepted, PYA/PHA-No Services Needed

12-19-00-INV # [REDACTED] /Minor PHA/Unsubstantiated

03-07-02-INV # [REDACTED] /Minor PHA/Unsubstantiated

04-07-06-INV # [REDACTED] /ABN/Unsubstantiated

County: [REDACTED]

Notification: Email

School/ Daycare: None

Native American Descent: No

Directions: None given

Reporter's name/relationship: [REDACTED]

Reporter states:

THIS CHILD IS IN DCS CUSTODY

[REDACTED] [REDACTED] (1 yr) is in DCS custody and she was placed in the [REDACTED] contract foster home of [REDACTED] [REDACTED]. There is also a sibling group of three children placed in this foster home, [REDACTED] (17 yrs), [REDACTED] (9 yrs), and [REDACTED] (5 yrs). [REDACTED] mother is [REDACTED] [REDACTED] and the reporter gave no information regarding [REDACTED] father. [REDACTED] has two other children, [REDACTED] (2 yrs) and [REDACTED] (9 months), who are in her care.

[REDACTED] was born in [REDACTED] at 23 weeks gestation, weighing 13 ounces. [REDACTED] is a medically fragile child and she was in the hospital until July 2014, at which point [REDACTED] was placed in foster care, due to concerns regarding [REDACTED] ability to care for [REDACTED] and concerns about the home environment, due to her extensive medical issues. It was reported that [REDACTED] needed further education on how to care for [REDACTED] and that the plan was for [REDACTED] to be transitioned into [REDACTED] home.

On 12/2/14, [REDACTED] was taken to [REDACTED] [REDACTED] for what was thought to be a cold. [REDACTED] was admitted and diagnosed with RSV. [REDACTED] condition started to decline today, and the doctor (name unknown) reported that [REDACTED] is not expected to live through the night tonight. [REDACTED] is currently in [REDACTED]

The reporter has no concerns regarding neglect or abuse by [REDACTED]

It was reported that [REDACTED] had a visit with [REDACTED] [REDACTED] and [REDACTED] on 11/26/14. It is believed that the visitation was supervised by [REDACTED] and possibly a [REDACTED] worker (name unknown). During the visit, [REDACTED] was kissing all on [REDACTED] and [REDACTED] was told that he needed to stop, as the child is medically fragile. It is unknown if [REDACTED] got sick from the visit or something else.

The reporter has no further information and was unable to provide more information at this time, as the doctor was coming to talk to the family.

Special Needs or Disabilities: Yes

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

Perpetrator's location at this time: Unknown

Any other safety concerns for the child(ren) or worker who may respond: None known

Domestic Violence present in the home: None known

Per SDM: P1/Investigation. [REDACTED] CM 2 on 12-8-14 @ 3:35pm.

[REDACTED] 12-08-14 04:44:45 PM CST

12-08-14 04:46:34 PM CST [REDACTED]



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

Received





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

**Participant(s)**

**Name:** [REDACTED]

Gender: Male

Date of Birth:

Participant ID: [REDACTED]

SSN:

Race:

Age: 17 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

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:

Age: 5 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

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:

Age: 9 Yrs (Est)

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: Yes

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:

Age:

Address:

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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:** [REDACTED]

**Partipant ID:** [REDACTED]

**SSN:** [REDACTED]      **Race:** Black/African      **Age:** 2 Yrs 3 Mos

**Address:** [REDACTED]

**Deceased Date:**

**School/ ChildCare Comments:**

**Alleged Perpetrator:** No

**DCS Foster Child:** Yes

**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:

Age: 2 Yrs 8 Mos (Est)

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:

Age: 1 Yr 4 Mos (Est)

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:

Partipant ID: [REDACTED]

SSN:

Race:

Age:

Address: [REDACTED]

Deceased Date:

School/ ChildCare Comments:

Alleged Perpetrator: No

DCS Foster Child: No

Contact: [REDACTED]

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:**



**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: 12/08/2014

Assignment Date: [REDACTED]

Street Address: [REDACTED]

City/State/Zip: [REDACTED]

**B. Allegation**

#	Children's Name	DOB	Specific Allegation for Each Child	Alleged Perpetrator's Name	DOB	Classification	Severe Abuse	Classified By
		SSN			SSN			
1	[REDACTED]	[REDACTED]	Lack of Supervision	Unknown Participant [REDACTED]	[REDACTED]	Allegation Unsubstantiated / Perpetrator Unsubstantiated	Yes	[REDACTED] 05/28/2015

Preliminary Near Death: [REDACTED]

**C. Disposition Decision**

Disposition Decision: Assessed and Closed

Comments: The allegation could not be substantiated according to DCS policy. The Alleged Child Victim was appropriately supervised.

**D. Case Workers**

Case Worker: [REDACTED]

Date: 02/06/2015

Team Leader: [REDACTED]

Date: 05/28/2015

**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:**

12/8/14 - The Alleged Child Victim (ACV), [REDACTED] could not provide a statement due to her age and because she was comatose.

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

12/8/14 -SI [REDACTED] spoke to the attending nurse, [REDACTED] [REDACTED] who stated the ACV was brought to the hospital on December 2, 2014 for respiratory distress. She stated the ACV was admitted and diagnosed with Respiratory Syncytial Virus Positive (RSVP). She stated the ACV has bad lungs. She stated that the ACV was being made as comfortable as possible, as it was only a matter of time before she expired. She stated the illness initially started as a head cold. She stated ACV's condition started to decline, 12/8/14, and was not expected to survive through the night. She stated the ACV is on a lot of medications to support her heart and blood pressure. She stated the ACV's current stats were 44 45, but should be at 90 100. Ms. [REDACTED] informed that small children with seriously impaired lungs, such as [REDACTED] a cold could be very serious and lead to death. Ms. [REDACTED] stated anything could have caused the illness, as [REDACTED] could have gotten sick from



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

Case Name : ██████████

Investigation ID: ██████████

someone sneezing at the grocery store. She stated there was no definitive way to detect where and when she got sick.

12/10/14 - ██████████ stated the Alleged Child Victim, ██████████ had had a visitation with her mother and siblings. She stated the ACV's two older siblings were at the meeting and they were playing with her and kissing on her. Ms. ██████████ stated she said something to the mother about the children kissing on the ACV due to one of them having a cold (coughing and runny nose). She stated the ACV did not show any type of symptoms of a cold until a week later. She stated she immediately took her to ██████████ She stated the doctors initially thought it was a cold, as the initial testing did not show anything. She stated further testing revealed Respiratory Syncytial Virus. She stated the ACV's body started rejecting the medication and her health just declined. She stated the ACV had a series of health issues, high blood pressure, short-bowel syndrome, could not swallow on her on and issues with her kidney. She stated the ACV was placed on a lung transplant list.

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

The Alleged Perpetrator was unable to be identified.

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

N/A

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

N/A

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



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/29/2015

Contact Method:

Contact Time: 03:07 PM

Contact Duration: Less than 30

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/29/2015

Completed date: 05/29/2015

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: 05/29/2015 03:08 PM Entered By: [REDACTED]

Case reviewed and approved for closure by [REDACTED] IC [REDACTED] was given permission to close case in TFACTS.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/28/2015

Completed date: 05/28/2015

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: 05/28/2015 09:10 AM Entered By: [REDACTED]

740 and SDM completed. SDM rated as No Risk. The Alleged Child Victim (ACV), [REDACTED] expired at [REDACTED] after being ill.

All required forms are maintained in the custodial case and were not required for the [REDACTED] case file.

Notification was been sent to Juvenile Court and the DA.

Household Composition:

[REDACTED] - Resource Parent

Foster Children:

[REDACTED]



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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Narrative Type: Addendum 1    Entry Date/Time: 05/29/2015 11:33 AM    Entered By: [REDACTED]

Correction:

Notification has been sent to Juvenile Court and the DA.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/27/2015

Contact Method:

Contact Time: 12:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 05/27/2015

Completed date: 05/27/2015

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: 05/27/2015 12:11 PM Entered By: [REDACTED]

Closing Summary for Child Death Investigation

[REDACTED] [REDACTED]

The Department of Children Services (DCS) Special Investigations Unit received a referral on 12/08/14 with an allegation of Child Neglect Death regarding custodial child, [REDACTED] came into custody under a Voluntary Placement Agreement on 07/01/14 and was placed in the foster home of [REDACTED] on 07/01/14. [REDACTED] expired on 12/09/14 at [REDACTED] due to respiratory complications. [REDACTED] was brought to the hospital on 12/02/14 for respiratory distress. [REDACTED] was admitted and diagnosed with Respiratory Syncytial Virus Positive (RSVP). [REDACTED] had a history of medical issues. [REDACTED] was born at 23 weeks and only weighed .62 Kilograms, which is less than a pound. [REDACTED] medical history consisted of being born at 23 weeks and 5 days, chronic lung disease, secondary to neonatal respiratory distress syndrome, short-gut syndrome with gastrostomy feeding tube, retinopathy prematurity, and global development delay. [REDACTED] was admitted to [REDACTED] on 12/8/14 after a two day history of upper airway congestion and a cough that progressed. [REDACTED] condition started to decline, 12/8/14, and was not expected to survive through the night. [REDACTED] expired on 12/09/14 @ 4:41 a.m.

The report to DCS listed the alleged perpetrator of Child Neglect Death as Unknown. Interviews were conducted with the attending physician, attending nurse, and the foster mother, [REDACTED]. As part of the investigation, the attending physician, [REDACTED] and attending nurse, [REDACTED] were interviewed and reported [REDACTED] presented at the hospital with severe respiratory issues that continued to progress and became very severe on 12/08/14. She was not expected to survive throughout that night. [REDACTED] had a history of complicated medical issues. [REDACTED] most recent health assessment listed her with a diagnosis of Respiratory Failure Secondary to Respiratory Syncytial Virus Pneumonia with ARDS.

The foster mother reported [REDACTED] had a visitation on November 26, 2014 with her biological siblings and her mother. The foster mother stated one of the siblings was coughing and had a runny nose. The foster mother reported [REDACTED] started showing symptoms of a cold about a week later. The foster mother stated she took [REDACTED] to the hospital, as a precaution, due to her already having an issue with her lungs. The foster mother stated [REDACTED] was admitted to the hospital, where she expired on 12/09/14 at 4:41 a.m.



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

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Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

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DCS policy Work Aid 1 (E) defines the following criteria for Child Death Neglect:

1. Any unexplained death of a child when the cause of death is unknown or pending an autopsy.
2. Any child death is caused by abuse resulting from direct action of the child's caretaker or consequence of the child's caretaker's failure to stop another person's direct action that resulted in the death of a child. Child deaths are always treated as severe child abuse.
3. Any child death that is the result of the caretaker's failure to meet childcare responsibilities. Neglect death is always treated as severe child abuse.

The case was presented to the [REDACTED] County Child Protective Investigative Team on 03/13/15. Team members were in agreement that there was not sufficient evidence to substantiate the allegation of Child Death Neglect.

[REDACTED] foster mother, appears to have been supervising and caring for [REDACTED] appropriately prior to her hospitalization.

There is not a preponderance of evidence to substantiate the allegation of Child Death Neglect.

The case will be closed and classified as Allegation Unsubstantiated Perpetrator Unsubstantiated for the allegation of Child Death Neglect.



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

Case Id: [REDACTED]

Case Name: [REDACTED] [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 05/26/2015

Contact Method:

Contact Time: 10:02 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/26/2015

Completed date: 05/26/2015

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: 05/26/2015 10:03 AM      Entered By: [REDACTED]

Notification has been sent to Juvenile Court and the District attorney's office.



**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:	System Completed
Contact Date:	04/10/2015	Contact Method:	
Contact Time:	03:00 PM	Contact Duration:	Less than 30
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	04/10/2015
Completed date:	05/11/2015	Completed By:	System Completed
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:		Entered By:	
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**Tennessee Department of Children's Services**  
**Case Recording Summary**

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID: [REDACTED]

Status: Completed

Contact Date: 04/09/2015

Contact Method:

Contact Time: 12:02 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 04/09/2015

Completed date: 04/09/2015

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: 04/09/2015 12:03 PM Entered By: [REDACTED]

The case of [REDACTED] [REDACTED] has been reviewed. The child was admitted to the hospital on 12-2-14, and was diagnosed with Respiratory Syncytial Virus Positive (RSVP). The child had numerous health issues which resulted in her being placed into foster care. The child's condition began to decline and she passed away on 12-9-2014. The Investigator spoke with the resource parent who stated the child was a part of her family and she did all she could to care for her. The Investigator has made attempts to speak and meet with the birth mother, but the attempts have been unsuccessful. An autopsy report was not completed due to the child's health issues. Medical records have been received and have been uploaded into Tfacts. CPIT was convened and the allegation of lack of supervision was classified as 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: 03/26/2015

Contact Method:

Contact Time: 09:00 AM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 03/27/2015

Completed date: 03/27/2015

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: 03/27/2015 09:49 AM      Entered By: [REDACTED]

SI [REDACTED] obtained medical records pertaining to the ACV's last hospital stay. The medical records were numerous in pages and uploaded to Documents in TFACTS.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Completed
Contact Date:	03/13/2015	Contact Method:	Correspondence
Contact Time:	04:30 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/16/2015
Completed date:	03/16/2015	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: 03/16/2015 09:16 AM      Entered By: [REDACTED]

CPIT review response to classify as 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:	03/12/2015	Contact Method:	Correspondence
Contact Time:	09:30 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	DCS Office	Created Date:	03/12/2015
Completed date:	03/12/2015	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: 03/12/2015 09:33 AM      Entered By: [REDACTED]

Referred to CPIT review for staffing.



**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: 02/12/2015

Contact Method:

Contact Time: 04:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/13/2015

Completed date: 02/13/2015

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: 02/13/2015 09:07 AM      Entered By: [REDACTED]

Certified letter mailed to the mother, [REDACTED] advising her to make contact to speak with this SI concerning the death of her daughter, [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: 02/06/2015

Contact Method:

Contact Time: 03:15 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/06/2015

Completed date: 02/06/2015

Completed By: [REDACTED]

Purpose(s): Service Planning

Contact Type(s): Case Summary

Contact Sub Type:

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

Narrative Type: Original Entry Date/Time: 02/06/2015 03:27 PM Entered By: [REDACTED]

DCS policy defines Lack of Supervision as a failure of a parent or caretaker, who is able to do so, to provide adequate supervision. A determination of which means the child has been placed in a situation that requires actions beyond the child's level of maturity, physical or mental ability. This includes when a caregiver is with the child but inadequately supervises because they are unable or unwilling, for instance under the influence of alcohol or drugs, is depressed, sleeps during the day or has inadequate parenting knowledge or skills.

The allegation could not be substantiated according to DCS policy due to a lack of evidence. The Alleged Child Victim [REDACTED] was properly supervised while in the resource home. The ACV had a history of health complications - high blood pressure, short-bowel syndrome, could not swallow on her own and issues with her kidney. The ACV was hospitalized at [REDACTED] and subsequently diagnosed with Respiratory Syncytial Virus. The ACV's body started rejecting the medication and her health just declined. The ACV expired on 12/9/14; no autopsy was requested due to the ACV's history of health complications. Due to the Alleged Perpetrator being unable to be identified, the case has been classified as Allegation Unsubstantiated Perpetrator Unsubstantiated.

TFACTS SIU background check was completed on the Alleged Child Victim, [REDACTED] and no history was found. TFACTS background check was completed on the the resource parent, [REDACTED]. There was an investigation in 2013 - [REDACTED] for Lack of Supervision/Allegation Unsubstantiated Perpetrator Unsubstantiated. TFACTS background check was completed on the birth mother, [REDACTED]. There was no history found.

Initial case summary: The following referral was received through the Child Abuse Hotline on 12/08/14. The Investigation was assigned to SIU to Special Investigator [REDACTED] as a Priority 1.

ACV: [REDACTED]  
 Allegation: Lack of Supervision  
 AP: Unknown

The Department received a Priority 1 referral with the allegation of Lack of Supervision. [REDACTED] (1 yr) is in DCS custody and she was placed in the [REDACTED] contract foster home of [REDACTED]. There is also a sibling group of three children placed in this foster home [REDACTED] (17 yrs), [REDACTED] (9 yrs), and [REDACTED] (5 yrs). [REDACTED] mother



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

is [REDACTED] and the reporter gave no information regarding [REDACTED] father. [REDACTED] has two other children, [REDACTED] (2 yrs) and [REDACTED] (9 months), who are in her care.

[REDACTED] was born in [REDACTED] at 23 weeks gestation, weighing 13 ounces. [REDACTED] is a medically fragile child and she was in the hospital until July 2014, at which point [REDACTED] was placed in foster care, due to concerns regarding [REDACTED] ability to care for [REDACTED] and concerns about the home environment, due to her extensive medical issues. It was reported that [REDACTED] needed further education on how to care for [REDACTED] and that the plan was for [REDACTED] to be transitioned into [REDACTED] home.

On 12/2/14, [REDACTED] was taken to [REDACTED] [REDACTED] for what was thought to be a cold. [REDACTED] was admitted and diagnosed with RSV. [REDACTED] condition started to decline today, and the doctor (name unknown) reported that [REDACTED] is not expected to live through the night tonight. [REDACTED] is currently in room #512.

The reporter has no concerns regarding neglect or abuse by [REDACTED]

12/8/14 - The Alleged Child Victim, [REDACTED] [REDACTED] could not provide a statement due to her age. The Alleged Child Victim was hospitalized due to respiratory issues. SI [REDACTED] observed the ACV to be unconscious and hooked up to several machine. The ACV also had a morphine drip. The ACV expired on 12/9/14.

12/8/14 -SI [REDACTED] spoke to the attending nurse, [REDACTED] [REDACTED] who stated the ACV was brought to the hospital on December 2, 2014 for respiratory distress. She stated the ACV was admitted and diagnosed with Respiratory Syncytial Virus Positive (RSVP). She stated the ACV has bad lungs. She stated that the ACV was being made as comfortable as possible, as it was only a matter of time before she expired. She stated the illness initially started as a head cold. She stated ACV's condition started to decline, 12/8/14, and was not expected to survive through the night. She stated the ACV is on a lot of medications to support her heart and blood pressure. She stated the ACV's current stats were 44 45, but should be at 90 100. Ms. [REDACTED] informed that small children with seriously impaired lungs, such as [REDACTED] a cold could be very serious and lead to death. Ms. [REDACTED] stated anything could have caused the illness, as [REDACTED] could have gotten sick from someone sneezing at the grocery store. She stated there was no definitive way to detect where and when she got sick.

12/10/14 - [REDACTED] [REDACTED] stated the Alleged Child Victim, [REDACTED] [REDACTED] had had a visitation with her mother and siblings. She stated the ACV's two older siblings were at the meeting and they were playing with her and kissing on her. Ms. [REDACTED] stated she said something to the mother about the children kissing on the ACV due to one of them having a cold (coughing and runny nose). She stated the ACV did not show any type of symptoms of a cold until a week later. She stated she immediately took her to [REDACTED] She stated the doctors initially thought it was a cold, as the initial testing did not show anything. She stated further testing revealed Respiratory Syncytial Virus. She stated the ACV's body started rejecting the medication and her health just declined. She stated the ACV had a series of health issues, high blood pressure, short-bowel syndrome, could not swallow on her on and issues with her kidney. She stated the ACV was placed on a lung transplant list.



**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: 12/17/2014

Contact Method:

Contact Time: 07:02 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/05/2015

Completed date: 02/05/2015

Completed By: [REDACTED]

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

Contact Type(s): Notation

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 02/05/2015 03:52 PM      Entered By: [REDACTED]

SI [REDACTED] received notification from [REDACTED] DCS [REDACTED] that after revieweing information in TFACTS, an autopsy would not be ordered on the Alleged Child Victim, [REDACTED]. She stated the ACV was a medically fragile child who probably died of "natural" causes because of her complex medical problems. There was no autopsy.



**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: 12/10/2014

Contact Method:

Contact Time: 02:00 PM

Contact Duration: Less than 15

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 02/06/2015

Completed date: 02/06/2015

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: 02/06/2015 03:47 PM      Entered By: [REDACTED]

TFACTS SIU background check was completed on the Alleged Child Victim, [REDACTED] and no history was found. TFACTS background check was completed on the the resource parent, [REDACTED]. There was an investigation in 2013 - [REDACTED] for Lack of Supervision/Allegation Unsubstantiated Perpetrator Unsubstantiated. TFACTS background check was completed on the birth mother, [REDACTED]. There was no history found.



**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:	12/10/2014	Contact Method:	
Contact Time:	12:00 PM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:		Created Date:	05/26/2015
Completed date:	05/26/2015	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: 05/26/2015 10:10 AM      Entered By: [REDACTED]

Foster Home Family Composition  
 [REDACTED] Foster mother  
 [REDACTED], Other child in home  
 [REDACTED] Other child in home  
 [REDACTED] Other child in home  
 [REDACTED] Other child in home  
 [REDACTED], Other child in 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:	System Completed
Contact Date:	12/10/2014	Contact Method:	Attempted Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/05/2015
Completed date:	02/06/2015	Completed By:	System Completed
Purpose(s):	Safety - Child/Community,Service Planning,Well Being		
Contact Type(s):	Parent/Caretaker Interview		
Contact Sub Type:			

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

Narrative Type:	Original	Entry Date/Time:		Entered By:	
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**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:	12/10/2014	Contact Method:	Attempted Face To Face
Contact Time:	11:00 AM	Contact Duration:	Less than 05
Entered By:	[REDACTED]	Recorded For:	
Location:	Family Home	Created Date:	02/06/2015
Completed date:	02/06/2015	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: 02/06/2015 03:06 PM      Entered By: [REDACTED]

Parent: [REDACTED]

Address: [REDACTED]

SI [REDACTED] attempted to meet with the mother, [REDACTED] [REDACTED] to discuss the hospitalization and death of her daughter and Alleged Child Victim, [REDACTED] [REDACTED]. SI knocked on the door to the home, but received no answer. SI [REDACTED] left her business card asking the mother to contact her to discuss the referral.



**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:	12/10/2014	Contact Method:	Face To Face
Contact Time:	10:00 AM	Contact Duration:	Less than 45
Entered By:	[REDACTED]	Recorded For:	
Location:	Resource Home	Created Date:	12/29/2014
Completed date:	12/29/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/29/2014 03:59 PM      Entered By: [REDACTED]  
 Collateral

[REDACTED] (Resource Parent)

SI [REDACTED] met with the resource parent, [REDACTED] [REDACTED] to address the allegation of Lack of Supervision. Ms. [REDACTED] stated the Alleged Child Victim, [REDACTED] [REDACTED] had had a visitation with her mother and siblings. She stated the ACV's two older siblings were at the meeting and they were playing with her and kissing on her. Ms. [REDACTED] stated she said something to the mother about the children kissing on the ACV due to one of them having a cold (coughing and runny nose). She stated the people with the mother appeared to get offended due to what she said. She stated the ACV did not show any type of symptoms of a cold until a week later. She stated she immediately took her to [REDACTED]. She stated the doctors initially thought it was a cold, as the initial testing did not show anything. She stated further testing revealed Respiratory Syncytial Virus. She stated the ACV's body started rejecting the medication and her health just declined. She stated the ACV had a series of health issues, high blood pressure, short bowel syndrome, could not swallow on her own and issues with her kidney. She stated the ACV was placed on a lung transplant list. She stated although the ACV had health issues; she was doing well. She stated the ACV had nurses who came to the home to care for her. She stated she had a concern about one of the nurse due to the nurse's children having had a virus and the nurse returned to work. Ms. [REDACTED] stated she was very upset at the death of the ACV, as she was a big part of the family.

Narrative Type: Addendum 2      Entry Date/Time: 04/09/2015 11:50 AM      Entered By: [REDACTED]  
 Collateral

[REDACTED] (Resource Parent)

SI [REDACTED] met with the resource parent, [REDACTED] [REDACTED] to address the allegation of Lack of Supervision. Prior to discussing the allegation, [REDACTED] [REDACTED] was informed that the foster parent advocate could be present during the meeting. Ms. [REDACTED] declined to have a foster care representative present. Ms. [REDACTED] stated the Alleged Child Victim, [REDACTED] [REDACTED] had a visitation with her mother and siblings. She stated the ACV's two older siblings were at the meeting and they were playing with her and kissing on her. Ms. [REDACTED] stated she said something to the mother about the children kissing on the ACV due to one of



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

them having a cold (coughing and runny nose). She stated the people with the mother appeared to get offended due to what she said. She stated the ACV did not show any type of symptoms of a cold until a week later. She stated she immediately took her to [REDACTED]. She stated the doctors initially thought it was a cold, as the initial testing did not show anything. She stated further testing revealed Respiratory Syncytial Virus. She stated the ACV's body started rejecting the medication and her health just declined. She stated the ACV had a series of health issues, high blood pressure, short bowel syndrome, she could not swallow on her own, and issues with her kidney. She stated the ACV was placed on a lung transplant list. She stated although the ACV had health issues; she was doing well. She stated the ACV had nurses who came to the home to care for her. She stated she had a concern about one of the nurses due to the nurse's children having had a virus and the nurse returned to work. Ms. [REDACTED] stated she was very upset at the death of the ACV, as she was a big part of the family.

Narrative Type: Addendum 1    Entry Date/Time: 12/29/2014 04:14 PM    Entered By: [REDACTED]

Prior to discussing the allegation, [REDACTED] [REDACTED] was informed that the foster parent advocate could be present during the meeting. Ms. [REDACTED] declined to have a foster care representative present.



**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:	12/10/2014	Contact Method:	Face To Face
Contact Time:	09:30 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	School	Created Date:	12/29/2014
Completed date:	12/29/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/29/2014 02:57 PM      Entered By: [REDACTED]

Collateral

[REDACTED]

SI [REDACTED] met privately with [REDACTED] at her school to discuss the allegation of Lack of Supervision. [REDACTED] stated she liked living with [REDACTED]. She stated [REDACTED] took the Alleged Child Victim, [REDACTED] to the doctor because she was coughing. She stated the ACV was still at the doctor. She stated the ACV was always with [REDACTED]. [REDACTED] stated she loved [REDACTED] and [REDACTED] and [REDACTED] loves them.



**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:	12/10/2014	Contact Method:	Face To Face
Contact Time:	09:00 AM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	School	Created Date:	12/29/2014
Completed date:	12/29/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/29/2014 02:50 PM      Entered By: [REDACTED]  
 Collateral

[REDACTED]

SI [REDACTED] met with [REDACTED] foster child in the home with the deceased Alleged Child Victim, [REDACTED] to address the allegation of Lack of Supervision. [REDACTED] stated he has been in the home for about five months. He stated the ACV did not have any siblings in the home. He stated, "everything was good with [REDACTED] He stated he could not believe that she was gone. He stated the ACV went on supervised visits with her other siblings. He stated he ended up going to one of the supervised visits with the resource parent. He stated this was his first time seeing the ACV's family. He stated the ACV's siblings were playing with her, and one of them had a cold because he was coughing. [REDACTED] stated his resource mother, [REDACTED] is really upset with the death of the ACV, because she was really strict about people being around her. He stated Ms. [REDACTED] did whatever DCS told her to do concerning the ACV. He stated Ms. [REDACTED] took the ACV to appointments and always made sure she was safe. He stated Ms. [REDACTED] took the ACV to the hospital when she noticed the ACV may have a cold. He stated they never expected she would not come back home. He stated his younger sister and brother have not processed the ACV's death. SI [REDACTED] informed [REDACTED] that grief counseling could be provided; however, he declined.



**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: 12/09/2014

Contact Method:

Contact Time: 03:30 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 12/09/2014

Completed date: 12/09/2014

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: 12/09/2014 05:04 PM Entered By: [REDACTED]

The case of [REDACTED] was staffed with Investigator [REDACTED]. The child was born at 23 week gestation, weighing 13 ounces. The child has been a medically fragile child since birth. Child was hospitalized in July 2014, and entered foster care due to concerns about the mother's inability to care for her due to her extensive medical needs and the home environment. Child had a supervised visit with her birth mother [REDACTED] and her siblings on 11-26-2014; it was reported the siblings were kissing all over the child during this visit. The child was taken to [REDACTED] hospital on 12-2-2014 and diagnosed with Respiratory Syncytial Virus Positive (RSVP). Child's condition started to decline and the child passed away on 12-9-2014. The Investigator will complete the following tasks: observe and interview the siblings and foster parent, interview the birth mother [REDACTED] and observed siblings in her home, request medical records, and autopsy report. The Investigator will also update case recordings and complete the notice of child death form. The Investigator has been advised to offer grief counseling to the family. The case will be staffed again once these tasks have been completed.



**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: 12/09/2014

Contact Method: Attempted Phone Call

Contact Time: 02:00 PM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: DCS Office

Created Date: 12/29/2014

Completed date: 12/29/2014

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: 12/29/2014 04:17 PM      Entered By: [REDACTED]

SI [REDACTED] attempted to make contact with the mother, [REDACTED] [REDACTED] [REDACTED] to arrange a date and time to meet. SI [REDACTED] received no answer; however, she did leave a voicemail stating the nature of the call and asked that she return the 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: 12/09/2014

Contact Method:

Contact Time: 11:00 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 02/05/2015

Completed date: 02/05/2015

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: 02/05/2015 03:54 PM      Entered By: [REDACTED]

SI [REDACTED] was unable to see the Alleged Child Victim, [REDACTED] at [REDACTED] Hospital after she had expired because she had already been taken to the morgue.



**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: 12/09/2014

Contact Method:

Contact Time: 09:30 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location:

Created Date: 05/26/2015

Completed date: 05/26/2015

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: 05/26/2015 10:02 AM      Entered By: [REDACTED]

SIU safety and risk assessment completed. Risk is rated as low.



**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: 12/09/2014

Contact Method: Phone Call

Contact Time: 04:45 AM

Contact Duration: Less than 05

Entered By: [REDACTED]

Recorded For:

Location: Other Community Site

Created Date: 12/29/2014

Completed date: 12/29/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Collateral Contact

Contact Sub Type:

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

Narrative Type: Original      Entry Date/Time: 12/29/2014 12:00 PM      Entered By: [REDACTED]

Collateral [REDACTED]

According to [REDACTED] [REDACTED] condition continued to deteriorate throughout the night and she expired on 12/9/14 at 4:41 a.m. She was pronounced dead by [REDACTED] [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:	12/08/2014	Contact Method:	Face To Face
Contact Time:	07:15 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	12/29/2014
Completed date:	12/29/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community		
Contact Type(s):	Collateral Contact		
Contact Sub Type:			

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

Narrative Type: Original      Entry Date/Time: 12/29/2014 10:24 AM      Entered By: [REDACTED]  
 Collateral - [REDACTED]

The attending nurse, [REDACTED] informed that [REDACTED] was being made as comfortable as possible, as it was only a matter of time before she expired. She stated the illness initially started as a head cold. Ms. [REDACTED] informed that small children with seriously impaired lungs, such as [REDACTED] a cold could be very serious and lead to death. When asked if human-to-human contact (kissing, touching, etc) could have caused the illness. Ms. [REDACTED] stated anything could have caused the illness, as [REDACTED] could have gotten sick from someone sneezing at the grocery store. She stated there was no definitive way to detect where and when she got sick.



**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: 12/08/2014

Contact Method: Face To Face

Contact Time: 07:00 PM

Contact Duration: Less than 01 Hour

Entered By: [REDACTED]

Recorded For:

Location: Hospital

Created Date: 12/15/2014

Completed date: 12/15/2014

Completed By: [REDACTED]

Purpose(s): Safety - Child/Community

Contact Type(s): Initial ACV Face To Face

Contact Sub Type:

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/15/2014 05:35 PM      Entered By: [REDACTED]

ACV: [REDACTED]

SI [REDACTED] made the response time at [REDACTED] [REDACTED] [REDACTED] to see the Alleged Child Victim, [REDACTED] [REDACTED]. The ACV was comatose and unresponsive. SI [REDACTED] was informed the ACV's body was shutting down and it would only be a matter of time before she expired. The ACV expired 12/9 @ 4:41 a.m. Full case narratives will be implemented at a later date.



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

Case Id: [REDACTED]

Case Name: [REDACTED]

Case Status: Close

Organization: [REDACTED]

**Case Recording Details**

Recording ID:	[REDACTED]	Status:	Created In Error
Contact Date:	12/08/2014	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/29/2014
Completed date:	12/29/2014	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: 12/29/2014 10:13 AM      Entered By: [REDACTED]

Initial case summary:

ACV: [REDACTED]  
 Allegation: Lack of Supervision  
 AP: Unknown

The Department received a Priority 1 referral with the allegation of Lack of Supervision. [REDACTED] (1 yr) is in DCS custody and she was placed in the [REDACTED] contract foster home of [REDACTED]. There is also a sibling group of three children placed in this foster home, [REDACTED] (17 yrs), [REDACTED] (9 yrs), and [REDACTED] (5 yrs). [REDACTED] mother is [REDACTED] and the reporter gave no information regarding [REDACTED] father. [REDACTED] has two other children, [REDACTED] (2 yrs) and [REDACTED] (9 months), who are in her care.

[REDACTED] was born in April 2014 at 23 weeks gestation, weighing 13 ounces. [REDACTED] is a medically fragile child and she was in the hospital until July 2014, at which point [REDACTED] was placed in foster care, due to concerns regarding [REDACTED] ability to care for [REDACTED] and concerns about the home environment, due to her extensive medical issues. It was reported that [REDACTED] needed further education on how to care for [REDACTED] and that the plan was for [REDACTED] to be transitioned into [REDACTED] home.

On 12/2/14, [REDACTED] was taken to [REDACTED] [REDACTED] for what was thought to be a cold. [REDACTED] was admitted and diagnosed with RSV. [REDACTED] condition started to decline today, and the doctor (name unknown) reported that [REDACTED] is not expected to live through the night tonight. [REDACTED] is currently in [REDACTED].

The reporter has no concerns regarding neglect or abuse by [REDACTED].

Narrative Type: Created In Error      Entry Date/Time: 12/29/2014 10:17 AM      Entered By: [REDACTED]

Recorded the wrong 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:	12/08/2014	Contact Method:	
Contact Time:	06:00 PM	Contact Duration:	Less than 15
Entered By:	[REDACTED]	Recorded For:	
Location:	Other Community Site	Created Date:	12/29/2014
Completed date:	12/29/2014	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: 12/29/2014 10:19 AM      Entered By: [REDACTED]

Initial case summary:

ACV: [REDACTED]  
 Allegation: Lack of Supervision  
 AP: Unknown

The Department received a Priority 1 referral with the allegation of Lack of Supervision. [REDACTED] (1 yr) is in DCS custody and she was placed in the [REDACTED] contract foster home of [REDACTED]. There is also a sibling group of three children placed in this foster home [REDACTED] (17 yrs), [REDACTED] (9 yrs), and [REDACTED] (5 yrs). [REDACTED] mother is [REDACTED] and the reporter gave no information regarding [REDACTED] father. [REDACTED] has two other children, [REDACTED] (2 yrs) and [REDACTED] (9 months), who are in her care.

[REDACTED] was born in April 2014 at 23 weeks gestation, weighing 13 ounces. [REDACTED] is a medically fragile child and she was in the hospital until July 2014, at which point [REDACTED] was placed in foster care, due to concerns regarding [REDACTED] ability to care for [REDACTED] and concerns about the home environment, due to her extensive medical issues. It was reported that [REDACTED] needed further education on how to care for [REDACTED] and that the plan was for [REDACTED] to be transitioned into [REDACTED] home.

On 12/2/14, [REDACTED] was taken to [REDACTED] Hospital for what was thought to be a cold. [REDACTED] was admitted and diagnosed with RSV. [REDACTED] condition started to decline today, and the doctor (name unknown) reported that [REDACTED] is not expected to live through the night tonight. [REDACTED] is currently in [REDACTED]

The reporter has no concerns regarding neglect or abuse by [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:	12/08/2014	Contact Method:	Face To Face
Contact Time:	07:00 AM	Contact Duration:	Less than 01 Hour
Entered By:	[REDACTED]	Recorded For:	
Location:	Hospital	Created Date:	12/18/2014
Completed date:	12/18/2014	Completed By:	[REDACTED]
Purpose(s):	Safety - Child/Community, Well Being		
Contact Type(s):	Initial ACV Face To Face		
Contact Sub Type:			

**Children Concerning**

[REDACTED] [REDACTED]

**Participant(s)****Narrative Details**

Narrative Type: Original      Entry Date/Time: 12/18/2014 05:36 PM      Entered By: [REDACTED]

ACV: [REDACTED]  
[REDACTED]

SI [REDACTED] responded to the P-1. The Alleged Child Victim, [REDACTED] [REDACTED] was hospitalized due to respiratory issues. SI [REDACTED] observed the ACV to be unconscious and hooked up to several machine. The ACV also had a morphine drip. SI [REDACTED] spoke to the attending nurse, [REDACTED] [REDACTED] to obtain additional information. According to Ms. [REDACTED] the ACV was brought to the hospital on December 2, 2014 for respiratory distress. She stated she thought the foster mother brought the ACV to the hospital. She stated the ACV was admitted and diagnosed with Respiratory Syncytial Virus Positive (RSVP). She stated the ACV has bad lungs. She stated that the ACV was being made as comfortable as possible, as it was only a matter of time before she expired. She stated the illness initially started as a head cold. She stated ACV's condition started to decline, 12/8/14, and was not expected to survive through the night. She stated the ACV is on a lot of medications to support her heart and blood pressure. She stated the ACV's current stats were 44 45, but should be at 90 100. She stated the mother has been at the hospital, but had left to take a break. She stated the doctor who primarily treats the ACV, [REDACTED] had briefed the mother on the ACV's condition.



**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: 9/25/14 8:32 AM

Date of Assessment: 10/14/14 12:00 AM

Assessment Type: Initial

Number of Children in the Household: 3

**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.



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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: \_\_\_\_\_